

SENATE
STATE OF MINNESOTA
NINETY-SECOND SESSION

S.F. No. 4410

(SENATE AUTHORS: ABELER, Hoffman and Utke)

DATE	D-PG	OFFICIAL STATUS
03/31/2022	5948	Introduction and first reading Referred to Human Services Reform Finance and Policy
04/07/2022	6762a	Comm report: To pass as amended and re-refer to Finance
04/21/2022	7005a	Comm report: To pass as amended
	7378	Second reading
04/26/2022		Authors added Hoffman; Utke Special Order: Amended Third reading Passed

1.1 A bill for an act

1.2 relating to health and human services; modifying provisions governing community

1.3 supports, continuing care for older adults, human services operations and licensing,

1.4 health care, behavioral health, children and family services, health, health-related

1.5 licensing boards, scope of practice, and background studies; establishing a

1.6 Department of Behavioral Health; establishing certain grants; establishing interstate

1.7 compacts for nurses, audiologists and speech language pathologists, and licensed

1.8 professional counselors; modifying the expiration dates and repealing certain

1.9 mandated reports; expanding and renaming the higher education facilities authority

1.10 to include nonprofit health care organizations; making human services forecast

1.11 adjustments; appropriating money; requiring reports; amending Minnesota Statutes

1.12 2020, sections 3.732, subdivision 1; 13.46, subdivision 7; 15A.0815, subdivision

1.13 2; 62J.692, subdivision 5; 62N.25, subdivision 5; 62Q.1055; 62Q.37, subdivision

1.14 7; 62Q.47; 103I.005, subdivisions 17a, 20a, by adding a subdivision; 136A.25;

1.15 136A.26; 136A.27; 136A.28; 136A.29, subdivisions 1, 3, 6, 9, 10, 14, 19, 20, 21,

1.16 22, by adding a subdivision; 136A.32, subdivision 4; 136A.33; 136A.34,

1.17 subdivisions 3, 4; 136A.36; 136A.38; 136A.41; 136A.42; 136F.67, subdivision

1.18 1; 137.68; 144.051, subdivision 6; 144.057, subdivision 1; 144.1222, subdivision

1.19 2d; 144.193; 144.294, subdivision 2; 144.4199, subdivision 8; 144.497; 144A.10,

1.20 subdivision 17; 144A.351, subdivision 1; 144A.483, subdivision 1; 144A.75,

1.21 subdivision 12; 144E.01, subdivisions 1, 4; 144E.35; 144G.45, subdivisions 6, 7;

1.22 145.4134; 145.4716, by adding a subdivision; 145.928, subdivision 13; 147.01,

1.23 subdivision 7; 147.03, subdivisions 1, 2; 147.037; 147A.28; 147C.15, subdivision

1.24 3; 147C.40, subdivision 5; 148.212, subdivision 1; 148F.11, by adding a

1.25 subdivision; 150A.10, subdivision 1a; 150A.105, subdivision 8; 151.01, subdivision

1.26 27; 151.065, subdivisions 1, 3, 7; 152.125; 169A.70, subdivisions 3, 4; 242.19,

1.27 subdivision 2; 245.4661, subdivision 10; 245.4889, subdivision 3, by adding a

1.28 subdivision; 245A.11, subdivisions 2, 2a, 7, 7a, by adding a subdivision; 245A.14,

1.29 subdivision 14; 245A.19; 245C.02, subdivision 17a, by adding a subdivision;

1.30 245C.04, subdivisions 1, 4a, by adding subdivisions; 245C.10, by adding

1.31 subdivisions; 245C.31, subdivisions 1, 2, by adding a subdivision; 245D.10,

1.32 subdivision 3a; 245D.12; 245F.03; 245F.04, subdivision 1; 245G.01, by adding a

1.33 subdivision; 245G.05, subdivision 2; 245G.06, subdivision 3, by adding a

1.34 subdivision; 245G.07, subdivision 1; 245G.08, subdivision 3; 245G.12; 245G.21,

1.35 by adding a subdivision; 245G.22, subdivision 2; 252.275, subdivisions 4c, 8;

1.36 253B.18, subdivision 6; 254A.19, subdivisions 1, 3, by adding subdivisions;

1.37 254B.01, subdivision 5, by adding subdivisions; 254B.03, subdivisions 1, 5;

1.38 254B.04, subdivision 2a, by adding subdivisions; 254B.05, subdivision 1; 256.01,

2.1 subdivision 29, by adding a subdivision; 256.021, subdivision 3; 256.042,
 2.2 subdivision 5; 256.045, subdivision 3; 256.9657, subdivision 8; 256.975,
 2.3 subdivisions 11, 12; 256B.0561, subdivision 4; 256B.057, subdivision 9;
 2.4 256B.0625, subdivisions 17a, 39; 256B.0659, subdivisions 1, 12, 19, 24;
 2.5 256B.0757, subdivisions 1, 2, 3, 4, 5, 8; 256B.0911, subdivision 5; 256B.0949,
 2.6 subdivisions 8, 17; 256B.49, subdivisions 13, 15, 23; 256B.4911, subdivisions 3,
 2.7 4, by adding a subdivision; 256B.4914, subdivisions 3, as amended, 4, as amended,
 2.8 8, as amended, 9, as amended, 10, as amended, 10a, as amended, 12, as amended,
 2.9 14, as amended; 256B.493, subdivisions 2, 4, 5, 6, by adding subdivisions;
 2.10 256B.5012, by adding subdivisions; 256B.69, subdivision 9d; 256B.85, by adding
 2.11 a subdivision; 256D.0515; 256D.09, subdivision 2a; 256E.28, subdivision 6;
 2.12 256E.33, subdivisions 1, 2; 256E.35, subdivisions 1, 2, 4a, 6, 7; 256G.02,
 2.13 subdivision 6; 256I.04, subdivision 3; 256I.05, by adding a subdivision; 256K.26,
 2.14 subdivisions 2, 6, 7; 256K.45, subdivision 6, by adding subdivisions; 256L.12,
 2.15 subdivision 8; 256N.26, subdivision 12; 256P.02, by adding a subdivision; 256P.03,
 2.16 subdivision 2; 256P.04, subdivision 11; 256Q.06, by adding a subdivision; 256R.02,
 2.17 subdivisions 16, 24, 26, 29, 34, by adding subdivisions; 256R.18; 256R.23,
 2.18 subdivisions 2, 3; 256R.24, subdivision 1; 256R.25; 256S.16; 257.0725; 260.012;
 2.19 260.775; 260B.157, subdivisions 1, 3; 260B.331, subdivision 1; 260C.001,
 2.20 subdivision 3; 260C.007, subdivision 27; 260C.151, subdivision 6; 260C.152,
 2.21 subdivision 5; 260C.175, subdivision 2; 260C.176, subdivision 2; 260C.178,
 2.22 subdivision 1; 260C.181, subdivision 2; 260C.193, subdivision 3; 260C.201,
 2.23 subdivisions 1, 2; 260C.202; 260C.203; 260C.204; 260C.212, subdivision 4a;
 2.24 260C.221; 260C.331, subdivision 1; 260C.513; 260C.607, subdivisions 2, 5;
 2.25 260C.613, subdivisions 1, 5; 260E.20, subdivision 1; 260E.22, subdivision 2;
 2.26 260E.24, subdivisions 2, 6; 260E.38, subdivision 3; 268.19, subdivision 1;
 2.27 297E.021, subdivision 3; 299A.299, subdivision 1; 354B.20, subdivision 7;
 2.28 477A.0126, subdivision 7, by adding a subdivision; 518A.43, subdivision 1;
 2.29 518A.77; 626.557, subdivision 12b; 626.5571, subdivision 1; Minnesota Statutes
 2.30 2021 Supplement, sections 10A.01, subdivision 35; 15.01; 15.06, subdivision 1;
 2.31 43A.08, subdivision 1a; 62A.673, subdivision 2; 144.551, subdivision 1; 144G.45,
 2.32 subdivisions 4, 5; 144G.81, subdivision 3; 148F.11, subdivision 1; 245.467,
 2.33 subdivisions 2, 3; 245.4871, subdivision 21; 245.4876, subdivisions 2, 3; 245.4889,
 2.34 subdivision 1; 245.735, subdivision 3; 245A.03, subdivision 7; 245C.03, subdivision
 2.35 5a, by adding subdivisions; 245C.05, subdivision 5; 245I.02, subdivisions 19, 36;
 2.36 245I.03, subdivision 9; 245I.04, subdivision 4; 245I.05, subdivision 3; 245I.08,
 2.37 subdivision 4; 245I.09, subdivision 2; 245I.10, subdivisions 2, 6; 245I.20,
 2.38 subdivision 5; 245I.23, subdivision 22; 254A.03, subdivision 3; 254A.19,
 2.39 subdivision 4; 254B.03, subdivision 2; 254B.04, subdivision 1; 254B.05,
 2.40 subdivisions 4, 5; 256.01, subdivision 42; 256.042, subdivision 4; 256B.0371,
 2.41 subdivision 4; 256B.0622, subdivision 2; 256B.0625, subdivisions 3b, 10, 17;
 2.42 256B.0659, subdivision 17a; 256B.0671, subdivision 6; 256B.0911, subdivisions
 2.43 3a, 3f; 256B.0946, subdivision 1; 256B.0947, subdivisions 2, 6; 256B.0949,
 2.44 subdivisions 2, 13; 256B.49, subdivision 28; 256B.4914, subdivision 5, as amended;
 2.45 256B.69, subdivision 9f; 256B.85, subdivisions 7, 7a; 256B.851, subdivision 5;
 2.46 256L.03, subdivision 2; 256P.01, subdivision 6a; 256P.02, subdivisions 1a, 2;
 2.47 256P.06, subdivision 3; 256S.205; 256S.2101; 260C.157, subdivision 3; 260C.212,
 2.48 subdivisions 1, 2; 260C.605, subdivision 1; 260C.607, subdivision 6; 260E.20,
 2.49 subdivision 2; 297E.02, subdivision 3; Laws 2009, chapter 79, article 13, section
 2.50 3, subdivision 10, as amended; Laws 2014, chapter 312, article 27, section 75;
 2.51 Laws 2020, First Special Session chapter 7, section 1, subdivision 1, as amended;
 2.52 Laws 2021, First Special Session chapter 7, article 2, section 74, by adding a
 2.53 subdivision; article 10, sections 1; 3; article 11, section 38; article 14, section 21,
 2.54 subdivision 4; article 16, sections 2, subdivisions 1, 24, 29, 31, 33; 5; article 17,
 2.55 sections 3; 6; 10; 11; 12; 14; 17, subdivision 3; 19; Laws 2021, First Special Session
 2.56 chapter 8, article 6, section 1, subdivision 7; Laws 2022, chapter 33, section 1,
 2.57 subdivisions 5a, 5b, 5c, 5d, 5e, 5f, 10c; by adding a subdivision; Laws 2022,
 2.58 chapter 40, sections 6; 7; proposing coding for new law in Minnesota Statutes,

3.1 chapters 103I; 144G; 145; 147A; 148; 148B; 151; 245A; 245D; 254A; 256; 256B;
 3.2 626; proposing coding for new law as Minnesota Statutes, chapter 256T; repealing
 3.3 Minnesota Statutes 2020, sections 62U.10, subdivision 3; 136A.29, subdivision
 3.4 4; 144.1911, subdivision 10; 144.564, subdivision 3; 144A.483, subdivision 2;
 3.5 147.02, subdivision 2a; 169A.70, subdivision 6; 245.981; 245G.22, subdivision
 3.6 19; 246.0136; 246.131; 246B.03, subdivision 2; 246B.035; 252.025, subdivision
 3.7 7; 252.035; 254A.02, subdivision 8a; 254A.04; 254A.16, subdivision 6; 254A.19,
 3.8 subdivisions 1a, 2; 254A.21; 254B.04, subdivisions 2b, 2c; 254B.041, subdivision
 3.9 2; 254B.14, subdivisions 1, 2, 3, 4, 6; 256.01, subdivision 31; 256B.0638,
 3.10 subdivision 7; Minnesota Statutes 2021 Supplement, sections 254A.19, subdivision
 3.11 5; 254B.14, subdivision 5; Laws 1998, chapter 382, article 1, section 23; Laws
 3.12 2022, chapter 33, section 1, subdivision 9a; Minnesota Rules, parts 9530.7000,
 3.13 subparts 1, 2, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 17a, 19, 20, 21; 9530.7005; 9530.7010;
 3.14 9530.7012; 9530.7015, subparts 1, 2a, 4, 5, 6; 9530.7020, subparts 1, 1a, 2;
 3.15 9530.7021; 9530.7022, subpart 1; 9530.7025; 9530.7030, subpart 1.

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

3.17 ARTICLE 1

3.18 COMMUNITY SUPPORTS

3.19 Section 1. Minnesota Statutes 2020, section 252.275, subdivision 4c, is amended to read:

3.20 Subd. 4c. **Review of funds; reallocation.** (a) After each quarter, the commissioner shall
 3.21 review county program expenditures. The commissioner may reallocate unexpended money
 3.22 at any time among those counties which have earned their full allocation.

3.23 (b) For each fiscal year, the commissioner shall determine if actual statewide expenditures
 3.24 by county boards are less than the fiscal year appropriation to provide semi-independent
 3.25 living services under this section. If actual statewide expenditures by county boards are less
 3.26 than the fiscal year appropriation to provide semi-independent living services under this
 3.27 section, the unexpended amount must be carried forward to the next fiscal year and allocated
 3.28 to grants in equal amounts to the eight organizations defined in section 268A.01, subdivision
 3.29 8, to expand services to support people with disabilities who are ineligible for medical
 3.30 assistance to live in their own homes and communities by providing accessibility
 3.31 modifications, independent living services, and public health program facilitation.

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

3.33 Sec. 2. Minnesota Statutes 2020, section 252.275, subdivision 8, is amended to read:

3.34 Subd. 8. **Use of federal funds and transfer of funds to medical assistance.** (a) The
 3.35 commissioner shall make every reasonable effort to maximize the use of federal funds for
 3.36 semi-independent living services.

3.37 ~~(b) The commissioner shall reduce the payments to be made under this section to each~~
 3.38 ~~county from January 1, 1994, to June 30, 1996, by the amount of the state share of medical~~

4.1 ~~assistance reimbursement for services other than residential services provided under the~~
 4.2 ~~home and community-based waiver program under section 256B.092 from January 1, 1994~~
 4.3 ~~to June 30, 1996, for clients for whom the county is financially responsible and who have~~
 4.4 ~~been transferred by the county from the semi-independent living services program to the~~
 4.5 ~~home and community-based waiver program. Unless otherwise specified, all reduced amounts~~
 4.6 ~~shall be transferred to the medical assistance state account.~~

4.7 ~~(c) For fiscal year 1997, the base appropriation available under this section shall be~~
 4.8 ~~reduced by the amount of the state share of medical assistance reimbursement for services~~
 4.9 ~~other than residential services provided under the home and community-based waiver~~
 4.10 ~~program authorized in section 256B.092 from January 1, 1995, to December 31, 1995, for~~
 4.11 ~~persons who have been transferred from the semi-independent living services program to~~
 4.12 ~~the home and community-based waiver program. The base appropriation for the medical~~
 4.13 ~~assistance state account shall be increased by the same amount.~~

4.14 ~~(d) For purposes of calculating the guaranteed floor under subdivision 4b and to establish~~
 4.15 ~~the calendar year 1996 allocations, each county's original allocation for calendar year 1995~~
 4.16 ~~shall be reduced by the amount transferred to the state medical assistance account under~~
 4.17 ~~paragraph (b) during the six months ending on June 30, 1995. For purposes of calculating~~
 4.18 ~~the guaranteed floor under subdivision 4b and to establish the calendar year 1997 allocations,~~
 4.19 ~~each county's original allocation for calendar year 1996 shall be reduced by the amount~~
 4.20 ~~transferred to the state medical assistance account under paragraph (b) during the six months~~
 4.21 ~~ending on December 31, 1995.~~

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

4.23 **Sec. 3. [256.4791] COMMUNITY ORGANIZATIONS GRANT PROGRAM.**

4.24 **Subdivision 1. Establishment.** The commissioner of human services shall establish the
 4.25 community organizations grant program to address violence prevention and provide street
 4.26 outreach services.

4.27 **Subd. 2. Applications.** Organizations seeking grants under this section shall apply to
 4.28 the commissioner. The grant applicant must include a description of the project that the
 4.29 applicant is proposing, the amount of money that the applicant is seeking, and a proposed
 4.30 budget describing how the applicant will spend the grant money.

4.31 **Subd. 3. Eligible applicants.** To be eligible for a grant under this section, applicants
 4.32 must address violence prevention, connect with youth and community members, and provide

5.1 street outreach services. Applicants must also be focused on prevention, intervention, and
5.2 restorative practices within the community, which may include:

5.3 (1) providing trauma-responsive care; and

5.4 (2) access to individual and group therapy services or community healing.

5.5 Subd. 4. **Use of grant money.** Grant recipients must use the funds to address violence
5.6 prevention, connect with youth and community members, and provide street outreach
5.7 services.

5.8 Subd. 5. **Reporting.** Grant recipients must provide an annual report to the commissioner
5.9 in a manner specified by the commissioner on the activities and outcomes of the project
5.10 funded by the grant program.

5.11 Sec. 4. **[256.4792] EMPLOYMENT FOR PERSONS EXPERIENCING**
5.12 **HOMELESSNESS OR SUBSTANCE USE DISORDER.**

5.13 (a) Nonprofit organizations, licensed providers, and other entities that receive funding
5.14 from the commissioner of human services to address homelessness or provide services to
5.15 individuals experiencing homelessness must incorporate into their program the facilitation
5.16 of full- or part-time employment and provide or make available employment services for
5.17 each client to the extent appropriate for each client.

5.18 (b) Nonprofit organizations, licensed providers, and other entities that receive funding
5.19 from the commissioner of human services to provide substance use disorder services or
5.20 treatment must incorporate into their program the facilitation of full- or part-time employment
5.21 and provide or make available employment services for each client to the extent appropriate
5.22 for each client.

5.23 Sec. 5. **[256.4795] RESIDENTIAL SETTING CLOSURE PREVENTION GRANTS.**

5.24 Subdivision 1. **Residential setting closure prevention grants established.** The
5.25 commissioner of human services shall establish a grant program to reduce the risk of
5.26 residential settings in financial distress from closing. The commissioner shall limit
5.27 expenditures under this subdivision to the amount appropriated for this purpose.

5.28 Subd. 2. **Definitions.** (a) For the purposes of this section, the terms in this subdivision
5.29 have the meaning given them.

6.1 (b) "At risk of closure" or "at risk of closing" means a residential setting is in significant
6.2 financial distress, and, in the judgment of the commissioner, the setting will close without
6.3 additional funding from the commissioner.

6.4 (c) "Residential setting" means any of the following: a nursing facility; an assisted living
6.5 facility with a majority of residents receiving services funded by medical assistance; a setting
6.6 exempt from assisted living facility licensure under section 144G.08, subdivision 7, clauses
6.7 (10) to (13), with a majority of residents receiving services funded by medical assistance;
6.8 an intermediate care facility for persons with developmental disabilities; or an adult foster
6.9 care setting, a community residential setting, or an integrated community supports setting.

6.10 Subd. 3. **Eligibility.** (a) A license holder operating a residential setting in significant
6.11 financial distress may apply to the commissioner for a grant under this section to relieve its
6.12 immediate financial distress.

6.13 (b) Lead agencies that suspect a residential setting is in significant financial distress may
6.14 refer the license holder to the commissioner for consideration by the commissioner for grant
6.15 funding under this section. Upon a referral from a lead agency under this section, the
6.16 commissioner shall immediately solicit an application from the license holder, providing
6.17 individualized technical assistance to the license holder regarding the application process.

6.18 (c) The commissioner must give priority for closure prevention grants to residential
6.19 settings that are the most significantly at risk of closing in violation of the applicable notice
6.20 requirements prior to the termination of services.

6.21 Subd. 4. **Criteria and limitations.** (a) Within available appropriations for this purpose,
6.22 the commissioner must award sufficient funding to a residential setting at risk of closure to
6.23 ensure that the residential setting remains open long enough to comply with the applicable
6.24 termination of services notification requirements.

6.25 (b) The commissioner may award additional funding to a residential setting at risk of
6.26 closure if, in the judgment of the commissioner, the residential setting is likely to remain
6.27 open and financially viable after receiving time-limited additional funding from the
6.28 commissioner.

6.29 (c) Before receiving any additional funding under paragraph (b), grantees must work
6.30 with the commissioner to develop a business plan and corrective action plan to reduce the
6.31 risk of future financial distress. No residential setting may receive additional funding under
6.32 paragraph (b) more than once.

7.1 Subd. 5. **Interagency coordination.** The commissioner must coordinate the grant
 7.2 activities under this section with any other impacted state agencies and lead agencies.

7.3 Subd. 6. **Administrative funding.** The commissioner may use up to 6.5 percent of the
 7.4 grant amounts awarded for the commissioner's costs related to administration of this program.

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

7.6 Sec. 6. Minnesota Statutes 2020, section 256B.0659, subdivision 1, is amended to read:

7.7 Subdivision 1. **Definitions.** (a) For the purposes of this section, the terms defined in
 7.8 paragraphs (b) to (r) have the meanings given unless otherwise provided in text.

7.9 (b) "Activities of daily living" means grooming, dressing, bathing, transferring, mobility,
 7.10 positioning, eating, and toileting.

7.11 (c) "Behavior," effective January 1, 2010, means a category to determine the home care
 7.12 rating and is based on the criteria found in this section. "Level I behavior" means physical
 7.13 aggression ~~towards~~ toward self, others, or destruction of property that requires the immediate
 7.14 response of another person.

7.15 (d) "Complex health-related needs," effective January 1, 2010, means a category to
 7.16 determine the home care rating and is based on the criteria found in this section.

7.17 (e) "Critical activities of daily living," effective January 1, 2010, means transferring,
 7.18 mobility, eating, and toileting.

7.19 (f) "Dependency in activities of daily living" means a person requires assistance to begin
 7.20 and complete one or more of the activities of daily living.

7.21 (g) "Extended personal care assistance service" means personal care assistance services
 7.22 included in a service plan under one of the home and community-based services waivers
 7.23 authorized under chapter 256S and sections 256B.092, subdivision 5, and 256B.49, which
 7.24 exceed the amount, duration, and frequency of the state plan personal care assistance services
 7.25 for participants who:

7.26 (1) need assistance provided periodically during a week, but less than daily will not be
 7.27 able to remain in their homes without the assistance, and other replacement services are
 7.28 more expensive or are not available when personal care assistance services are to be reduced;
 7.29 or

7.30 (2) need additional personal care assistance services beyond the amount authorized by
 7.31 the state plan personal care assistance assessment in order to ensure that their safety, health,
 7.32 and welfare are provided for in their homes.

8.1 (h) "Health-related procedures and tasks" means procedures and tasks that can be
8.2 delegated or assigned by a licensed health care professional under state law to be performed
8.3 by a personal care assistant.

8.4 (i) "Instrumental activities of daily living" means activities to include meal planning and
8.5 preparation; basic assistance with paying bills; shopping for food, clothing, and other
8.6 essential items; performing household tasks integral to the personal care assistance services;
8.7 communication by telephone and other media; and traveling, including to medical
8.8 appointments and to participate in the community. For purposes of this paragraph, traveling
8.9 includes driving and accompanying the recipient in the recipient's chosen mode of
8.10 transportation and according to the recipient's personal care assistance care plan.

8.11 (j) "Managing employee" has the same definition as Code of Federal Regulations, title
8.12 42, section 455.

8.13 (k) "Qualified professional" means a professional providing supervision of personal care
8.14 assistance services and staff as defined in section 256B.0625, subdivision 19c.

8.15 (l) "Personal care assistance provider agency" means a medical assistance enrolled
8.16 provider that provides or assists with providing personal care assistance services and includes
8.17 a personal care assistance provider organization, personal care assistance choice agency,
8.18 class A licensed nursing agency, and Medicare-certified home health agency.

8.19 (m) "Personal care assistant" or "PCA" means an individual employed by a personal
8.20 care assistance agency who provides personal care assistance services.

8.21 (n) "Personal care assistance care plan" means a written description of personal care
8.22 assistance services developed by the personal care assistance provider according to the
8.23 service plan.

8.24 (o) "Responsible party" means an individual who is capable of providing the support
8.25 necessary to assist the recipient to live in the community.

8.26 (p) "Self-administered medication" means medication taken orally, by injection, nebulizer,
8.27 or insertion, or applied topically without the need for assistance.

8.28 (q) "Service plan" means a written summary of the assessment and description of the
8.29 services needed by the recipient.

8.30 (r) "Wages and benefits" means wages and salaries, the employer's share of FICA taxes,
8.31 Medicare taxes, state and federal unemployment taxes, workers' compensation, mileage
8.32 reimbursement, health and dental insurance, life insurance, disability insurance, long-term
8.33 care insurance, uniform allowance, and contributions to employee retirement accounts.

9.1 **EFFECTIVE DATE.** This section is effective within 90 days following federal approval.
 9.2 The commissioner of human services shall notify the revisor of statutes when federal approval
 9.3 is obtained.

9.4 Sec. 7. Minnesota Statutes 2020, section 256B.0659, subdivision 12, is amended to read:

9.5 Subd. 12. **Documentation of personal care assistance services provided.** (a) Personal
 9.6 care assistance services for a recipient must be documented daily by each personal care
 9.7 assistant, on a time sheet form approved by the commissioner. All documentation may be
 9.8 web-based, electronic, or paper documentation. The completed form must be submitted on
 9.9 a monthly basis to the provider and kept in the recipient's health record.

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

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

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

9.16 (2) provider name and telephone numbers;

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

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

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

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

9.23 (7) any shared care provided, if applicable;

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

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

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

10.1 **EFFECTIVE DATE.** This section is effective within 90 days following federal approval.
 10.2 The commissioner of human services shall notify the revisor of statutes when federal approval
 10.3 is obtained.

10.4 Sec. 8. Minnesota Statutes 2021 Supplement, section 256B.0659, subdivision 17a, is
 10.5 amended to read:

10.6 Subd. 17a. **Enhanced rate.** An enhanced rate of ~~107.5~~ 143 percent of the rate paid for
 10.7 personal care assistance services shall be paid for services provided to persons who qualify
 10.8 for ten or more hours of personal care assistance services per day when provided by a
 10.9 personal care assistant who meets the requirements of subdivision 11, paragraph (d). Any
 10.10 change in the eligibility criteria for the enhanced rate for personal care assistance services
 10.11 as described in this subdivision and referenced in subdivision 11, paragraph (d), does not
 10.12 constitute a change in a term or condition for individual providers as defined in section
 10.13 256B.0711, and is not subject to the state's obligation to meet and negotiate under chapter
 10.14 179A.

10.15 Sec. 9. Minnesota Statutes 2020, section 256B.0659, subdivision 19, is amended to read:

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

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

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

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

10.25 (4) ~~effective January 1, 2010,~~ supervise and evaluate the personal care assistant with the
 10.26 qualified professional, who is required to visit the recipient at least every 180 days;

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

10.29 (6) engage in an annual face-to-face reassessment to determine continuing eligibility
 10.30 and service authorization; ~~and~~

11.1 (7) use the same personal care assistance choice provider agency if shared personal
11.2 assistance care is being used; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12.5 **EFFECTIVE DATE.** This section is effective within 90 days following federal approval.
12.6 The commissioner of human services shall notify the revisor of statutes when federal approval
12.7 is obtained.

12.8 Sec. 10. Minnesota Statutes 2020, section 256B.0659, subdivision 24, is amended to read:

12.9 Subd. 24. **Personal care assistance provider agency; general duties.** A personal care
12.10 assistance provider agency shall:

12.11 (1) enroll as a Medicaid provider meeting all provider standards, including completion
12.12 of the required provider training;

12.13 (2) comply with general medical assistance coverage requirements;

12.14 (3) demonstrate compliance with law and policies of the personal care assistance program
12.15 to be determined by the commissioner;

12.16 (4) comply with background study requirements;

12.17 (5) verify and keep records of hours worked by the personal care assistant and qualified
12.18 professional;

12.19 (6) not engage in any agency-initiated direct contact or marketing in person, by phone,
12.20 or other electronic means to potential recipients, guardians, or family members;

12.21 (7) pay the personal care assistant and qualified professional based on actual hours of
12.22 services provided;

12.23 (8) withhold and pay all applicable federal and state taxes;

12.24 (9) document that the agency uses a minimum of 72.5 percent of the revenue generated
12.25 by the medical assistance rate for personal care assistance services for employee personal
12.26 care assistant wages and benefits. The revenue generated by the qualified professional and
12.27 the reasonable costs associated with the qualified professional shall not be used in making
12.28 this calculation;

12.29 (10) make the arrangements and pay unemployment insurance, taxes, workers'
12.30 compensation, liability insurance, and other benefits, if any;

12.31 (11) enter into a written agreement under subdivision 20 before services are provided;

13.1 (12) report suspected neglect and abuse to the common entry point according to section
13.2 256B.0651;

13.3 (13) provide the recipient with a copy of the home care bill of rights at start of service;

13.4 (14) request reassessments at least 60 days prior to the end of the current authorization
13.5 for personal care assistance services, on forms provided by the commissioner;

13.6 (15) comply with the labor market reporting requirements described in section 256B.4912,
13.7 subdivision 1a; ~~and~~

13.8 (16) document that the agency uses the additional revenue due to the enhanced rate under
13.9 subdivision 17a for the wages and benefits of the PCAs whose services meet the requirements
13.10 under subdivision 11, paragraph (d); and

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

13.14 **EFFECTIVE DATE.** This section is effective within 90 days following federal approval.
13.15 The commissioner of human services shall notify the revisor of statutes when federal approval
13.16 is obtained.

13.17 Sec. 11. **[256B.0909] LONG-TERM CARE DECISION REVIEWS.**

13.18 Subdivision 1. **Notice of intent to deny, reduce, suspend, or terminate required.** At
13.19 least ten calendar days prior to issuing a written notice of action, a lead agency must provide
13.20 in a format accessible to the person or the person's legal representative, if any, a notice of
13.21 the lead agency's intent to deny, reduce, suspend, or terminate the person's access to or
13.22 eligibility for:

13.23 (1) home and community-based waivers, including level of care determinations, under
13.24 sections 256B.092 and 256B.49;

13.25 (2) specific home and community-based services available under sections 256B.092 and
13.26 256B.49;

13.27 (3) consumer-directed community supports;

13.28 (4) the following state plan services:

13.29 (i) personal care assistance services under section 256B.0625, subdivisions 19a and 19c;

13.30 (ii) consumer support grants under section 256.476; or

13.31 (iii) community first services and supports under section 256B.85;

14.1 (5) semi-independent living services under section 252.275;

14.2 (6) relocation targeted case management services available under section 256B.0621,
14.3 subdivision 2, clause (4);

14.4 (7) case management services targeted to vulnerable adults or people with developmental
14.5 disabilities under section 256B.0924;

14.6 (8) case management services targeted to people with developmental disabilities under
14.7 Minnesota Rules, part 9525.0016; and

14.8 (9) necessary diagnostic information to gain access to or determine eligibility under
14.9 clauses (5) to (8).

14.10 Subd. 2. **Opportunity to respond required.** A lead agency must provide the person,
14.11 or the person's legal representative, if any, the opportunity to respond to the agency's intent
14.12 to deny, reduce, suspend, or terminate eligibility or access to the services described in
14.13 subdivision 1. A lead agency must provide the person or the person's legal representative,
14.14 if any, ten days to respond. If the person or the person's legal representative, if any, responds,
14.15 the agency must initiate a decision review.

14.16 Subd. 3. **Decision review.** (a) A lead agency must initiate a decision review for any
14.17 person who responds under subdivision 2.

14.18 (b) The lead agency must conduct the decision review in a manner that allows an
14.19 opportunity for interactive communication between the person and a representative of the
14.20 lead agency who has specific knowledge of the proposed decision and the basis for the
14.21 decision. The interactive communication must be in a format that is accessible to the recipient,
14.22 and may include a phone call, written exchange, in-person meeting, or other format as
14.23 chosen by the person or the person's legal representative, if any.

14.24 (c) During the decision review, the representative of the lead agency must provide a
14.25 thorough explanation of the lead agency's intent to deny, reduce, suspend, or terminate
14.26 eligibility or access to the services described in subdivision 1 and provide the person or the
14.27 person's legal representative, if any, an opportunity to ask questions about the decision. If
14.28 the lead agency's explanation of the decision is based on a misunderstanding of the person's
14.29 circumstances, incomplete information, missing documentation, or similar missing or
14.30 inaccurate information, the lead agency must provide the person or the person's legal
14.31 representative, if any, an opportunity to provide clarifying or additional information.

14.32 (d) A person with a representative is not required to participate in the decision review.
14.33 A person may also have someone of the person's choosing participate in the decision review.

15.1 Subd. 4. **Continuation of services.** During the decision review and until the lead agency
 15.2 issues a written notice of action to deny, reduce, suspend, or terminate the eligibility or
 15.3 access, the person must continue to receive covered services.

15.4 Subd. 5. **Notice of action.** Following a decision review, a lead agency may issue a notice
 15.5 of action to deny, reduce, suspend, or terminate the eligibility or access after considering
 15.6 the discussions and information provided during the decision review.

15.7 Subd. 6. **Appeal rights.** Nothing in this section affects a person's appeal rights under
 15.8 section 245.045.

15.9 Sec. 12. Minnesota Statutes 2020, section 256B.49, subdivision 13, is amended to read:

15.10 Subd. 13. **Case management.** (a) Each recipient of a home and community-based waiver
 15.11 shall be provided case management services by qualified vendors as described in the federally
 15.12 approved waiver application. The case management service activities provided must include:

15.13 (1) finalizing the person-centered written coordinated service and support plan within
 15.14 the timelines established by the commissioner and section 256B.0911, subdivision 3a,
 15.15 paragraph (e). Prior to finalizing the portion of the written coordinated service and support
 15.16 plan that identifies the amount and frequency of customized living component services to
 15.17 be provided to the person, if any, the case manager must consider the recommendations of
 15.18 the provider or proposed provider;

15.19 (2) informing the recipient or the recipient's legal guardian or conservator of service
 15.20 options, including all service options available under the waiver plans;

15.21 (3) assisting the recipient in the identification of potential service providers of chosen
 15.22 services, including:

15.23 (i) available options for case management service and providers;

15.24 (ii) providers of services provided in a non-disability-specific setting;

15.25 (iii) employment service providers;

15.26 (iv) providers of services provided in settings that are not community residential settings;

15.27 and

15.28 (v) providers of financial management services;

15.29 (4) assisting the recipient to access services and assisting with appeals under section
 15.30 256.045; and

16.1 (5) coordinating, evaluating, and monitoring of the services identified in the service
16.2 plan.

16.3 (b) The case manager may delegate certain aspects of the case management service
16.4 activities to another individual provided there is oversight by the case manager. The case
16.5 manager may not delegate those aspects which require professional judgment including:

16.6 (1) finalizing the person-centered coordinated service and support plan;

16.7 (2) ongoing assessment and monitoring of the person's needs and adequacy of the
16.8 approved person-centered coordinated service and support plan; and

16.9 (3) adjustments to the person-centered coordinated service and support plan.

16.10 (c) Case management services must be provided by a public or private agency that is
16.11 enrolled as a medical assistance provider determined by the commissioner to meet all of
16.12 the requirements in the approved federal waiver plans. Case management services must not
16.13 be provided to a recipient by a private agency that has any financial interest in the provision
16.14 of any other services included in the recipient's coordinated service and support plan. For
16.15 purposes of this section, "private agency" means any agency that is not identified as a lead
16.16 agency under section 256B.0911, subdivision 1a, paragraph (e).

16.17 (d) For persons who need a positive support transition plan as required in chapter 245D,
16.18 the case manager shall participate in the development and ongoing evaluation of the plan
16.19 with the expanded support team. At least quarterly, the case manager, in consultation with
16.20 the expanded support team, shall evaluate the effectiveness of the plan based on progress
16.21 evaluation data submitted by the licensed provider to the case manager. The evaluation must
16.22 identify whether the plan has been developed and implemented in a manner to achieve the
16.23 following within the required timelines:

16.24 (1) phasing out the use of prohibited procedures;

16.25 (2) acquisition of skills needed to eliminate the prohibited procedures within the plan's
16.26 timeline; and

16.27 (3) accomplishment of identified outcomes.

16.28 If adequate progress is not being made, the case manager shall consult with the person's
16.29 expanded support team to identify needed modifications and whether additional professional
16.30 support is required to provide consultation.

16.31 (e) The Department of Human Services shall offer ongoing education in case management
16.32 to case managers. Case managers shall receive no less than ten hours of case management

17.1 education and disability-related training each year. The education and training must include
17.2 person-centered planning and the commissioner's standards and documentation requirements
17.3 for determining the amount and frequency of customized living component services to be
17.4 provided to a person. For the purposes of this section, "person-centered planning" or
17.5 "person-centered" has the meaning given in section 256B.0911, subdivision 1a, paragraph
17.6 (f).

17.7 Sec. 13. Minnesota Statutes 2020, section 256B.49, subdivision 15, is amended to read:

17.8 Subd. 15. **Coordinated service and support plan; comprehensive transitional service**
17.9 **plan; maintenance service plan.** (a) Each recipient of home and community-based waived
17.10 services shall be provided a copy of the written coordinated service and support plan which
17.11 meets the requirements in section 256B.092, subdivision 1b. If the written coordinated
17.12 service and support plan departs from the recommendations of the provider or proposed
17.13 provider regarding the amount and frequency of customized living component services to
17.14 be provided to the person, the case manager must include in the written coordinated service
17.15 and support plan a written policy or clinical justification for the departure from the
17.16 recommendations. If a person believes that the amount and frequency of customized living
17.17 component services identified in the written coordinated service and support plan are not
17.18 based on the person's assessed needs, preferences, and available resources, the person may
17.19 appeal under section 256.045, subdivision 3, paragraph (a), clause (6), the amount and
17.20 frequency of customized living component services to be provided to the person.

17.21 (b) In developing the comprehensive transitional service plan, the individual receiving
17.22 services, the case manager, and the guardian, if applicable, will identify the transitional
17.23 service plan fundamental service outcome and anticipated timeline to achieve this outcome.
17.24 Within the first 20 days following a recipient's request for an assessment or reassessment,
17.25 the transitional service planning team must be identified. A team leader must be identified
17.26 who will be responsible for assigning responsibility and communicating with team members
17.27 to ensure implementation of the transition plan and ongoing assessment and communication
17.28 process. The team leader should be an individual, such as the case manager or guardian,
17.29 who has the opportunity to follow the recipient to the next level of service.

17.30 Within ten days following an assessment, a comprehensive transitional service plan must
17.31 be developed incorporating elements of a comprehensive functional assessment and including
17.32 short-term measurable outcomes and timelines for achievement of and reporting on these
17.33 outcomes. Functional milestones must also be identified and reported according to the
17.34 timelines agreed upon by the transitional service planning team. In addition, the

18.1 comprehensive transitional service plan must identify additional supports that may assist
18.2 in the achievement of the fundamental service outcome such as the development of greater
18.3 natural community support, increased collaboration among agencies, and technological
18.4 supports.

18.5 The timelines for reporting on functional milestones will prompt a reassessment of
18.6 services provided, the units of services, rates, and appropriate service providers. It is the
18.7 responsibility of the transitional service planning team leader to review functional milestone
18.8 reporting to determine if the milestones are consistent with observable skills and that
18.9 milestone achievement prompts any needed changes to the comprehensive transitional
18.10 service plan.

18.11 For those whose fundamental transitional service outcome involves the need to procure
18.12 housing, a plan for the recipient to seek the resources necessary to secure the least restrictive
18.13 housing possible should be incorporated into the plan, including employment and public
18.14 supports such as housing access and shelter needy funding.

18.15 (c) Counties and other agencies responsible for funding community placement and
18.16 ongoing community supportive services are responsible for the implementation of the
18.17 comprehensive transitional service plans. Oversight responsibilities include both ensuring
18.18 effective transitional service delivery and efficient utilization of funding resources.

18.19 (d) Following one year of transitional services, the transitional services planning team
18.20 will make a determination as to whether or not the individual receiving services requires
18.21 the current level of continuous and consistent support in order to maintain the recipient's
18.22 current level of functioning. Recipients who are determined to have not had a significant
18.23 change in functioning for 12 months must move from a transitional to a maintenance service
18.24 plan. Recipients on a maintenance service plan must be reassessed to determine if the
18.25 recipient would benefit from a transitional service plan at least every 12 months and at other
18.26 times when there has been a significant change in the recipient's functioning. This assessment
18.27 should consider any changes to technological or natural community supports.

18.28 (e) When a county is evaluating denials, reductions, or terminations of home and
18.29 community-based services under this section for an individual, the case manager shall offer
18.30 to meet with the individual or the individual's guardian in order to discuss the prioritization
18.31 of service needs within the coordinated service and support plan, comprehensive transitional
18.32 service plan, or maintenance service plan. The reduction in the authorized services for an
18.33 individual due to changes in funding for waived services may not exceed the amount

19.1 needed to ensure medically necessary services to meet the individual's health, safety, and
19.2 welfare.

19.3 **Sec. 14. [256B.4909] HOME AND COMMUNITY-BASED SERVICES;**
19.4 **HOMEMAKER RATES.**

19.5 Subdivision 1. **Application.** (a) Notwithstanding any law to the contrary, the payment
19.6 methodologies for homemaker services defined in this section apply to those homemaker
19.7 services offered under:

19.8 (1) home and community-based services waivers under sections 256B.092 and 256B.49;

19.9 (2) alternative care under section 256B.0913;

19.10 (3) essential community supports under section 256B.0922; and

19.11 (4) elderly waiver, elderly waiver customized living, and elderly waiver foster care under
19.12 chapter 256S.

19.13 (b) This section does not change existing waiver policies and procedures.

19.14 Subd. 2. **Definition.** For purposes of this section, "homemaker services" means
19.15 homemaker services and assistance with personal care, homemaker services and cleaning,
19.16 and homemaker services and home management under chapter 256S and similar services
19.17 offered under home and community-based services waivers under sections 256B.092 and
19.18 256B.49, alternative care under section 256B.0913, and essential community supports under
19.19 section 256B.0922.

19.20 Subd. 3. **Rate methodology.** (a) Beginning January 1, 2023, the rate methodology for
19.21 each homemaker service must be determined under sections 256S.211, subdivision 1, and
19.22 256S.212 to 256S.215, as adjusted by paragraph (b).

19.23 (b) As applicable to this section, on November 1, 2024, based on the most recently
19.24 available wage data by standard occupational classification (SOC) from the Bureau of Labor
19.25 Statistics, the commissioner shall update for each homemaker service the base wage index
19.26 in section 256S.212, publish these updated values, and load them into the appropriate rate
19.27 system.

19.28 Subd. 4. **Spending requirements.** (a) At least 80 percent of the marginal increase in
19.29 revenue for homemaker services resulting from the implementation of the new rate
19.30 methodology under this section, including any subsequent rate adjustments, for services
19.31 rendered on or after the day of implementation of the new rate methodology or applicable

20.1 rate adjustment must be used to increase compensation-related costs for employees directly
 20.2 employed by the program.

20.3 (b) For the purposes of this subdivision, compensation-related costs include:

20.4 (1) wages and salaries;

20.5 (2) the employer's share of FICA taxes, Medicare taxes, state and federal unemployment
 20.6 taxes, workers' compensation, and mileage reimbursement;

20.7 (3) the employer's paid share of health and dental insurance, life insurance, disability
 20.8 insurance, long-term care insurance, uniform allowance, pensions, and contributions to
 20.9 employee retirement accounts; and

20.10 (4) benefits that address direct support professional workforce needs above and beyond
 20.11 what employees were offered prior to implementation of the new rate methodology or
 20.12 applicable rate adjustment.

20.13 (c) Compensation-related costs for persons employed in the central office of a corporation
 20.14 or entity that has an ownership interest in the provider or exercises control over the provider,
 20.15 or for persons paid by the provider under a management contract, do not count toward the
 20.16 80 percent requirement under this subdivision.

20.17 (d) A provider agency or individual provider that receives additional revenue subject to
 20.18 the requirements of this subdivision shall prepare, and upon request submit to the
 20.19 commissioner, a distribution plan that specifies the amount of money the provider expects
 20.20 to receive that is subject to the requirements of this subdivision, including how that money
 20.21 was or will be distributed to increase compensation-related costs for employees. Within 60
 20.22 days of final implementation of the new rate methodology or any rate adjustment subject
 20.23 to the requirements of this subdivision, the provider must post the distribution plan and
 20.24 leave it posted for a period of at least six months in an area of the provider's operation to
 20.25 which all direct support professionals have access. The posted distribution plan must include
 20.26 instructions regarding how to contact the commissioner, or the commissioner's representative,
 20.27 if an employee has not received the compensation-related increase described in the plan.

20.28 Sec. 15. Minnesota Statutes 2020, section 256B.4911, subdivision 3, is amended to read:

20.29 Subd. 3. **Expansion and increase of budget exceptions.** (a) The commissioner of human
 20.30 services must provide up to 30 percent more funds for either:

20.31 (1) consumer-directed community supports participants under sections 256B.092 and
 20.32 256B.49 who have a coordinated service and support plan which identifies the need for

21.1 more services or supports under consumer-directed community supports than the amount
 21.2 the participants are currently receiving under the consumer-directed community supports
 21.3 budget methodology to:

21.4 (i) increase the amount of time a person works or otherwise improves employment
 21.5 opportunities;

21.6 (ii) plan a transition to, move to, or live in a setting described in section 256D.44,
 21.7 subdivision 5, paragraph (g), clause (1), item (iii); or

21.8 (iii) develop and implement a positive behavior support plan; or

21.9 (2) home and community-based waiver participants under sections 256B.092 and 256B.49
 21.10 who are currently using licensed providers for: (i) employment supports or services during
 21.11 the day; or (ii) residential services, either of which cost more annually than the person would
 21.12 spend under a consumer-directed community supports plan for any or all of the supports
 21.13 needed to meet a goal identified in clause (1), item (i), (ii), or (iii). For people moving from
 21.14 a community residential setting to their own home, this exception is no longer available
 21.15 after June 30, 2023, or upon implementation of subdivision 4, paragraph (d), whichever is
 21.16 later.

21.17 (b) The exception under paragraph (a), clause (1), is limited to persons who can
 21.18 demonstrate that they will have to discontinue using consumer-directed community supports
 21.19 and accept other non-self-directed waiver services because their supports needed for a goal
 21.20 described in paragraph (a), clause (1), item (i), (ii), or (iii), cannot be met within the
 21.21 consumer-directed community supports budget limits.

21.22 (c) The exception under paragraph (a), clause (2), is limited to persons who can
 21.23 demonstrate that, upon choosing to become a consumer-directed community supports
 21.24 participant, the total cost of services, including the exception, will be less than the cost of
 21.25 current waiver services.

21.26 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
 21.27 whichever is later. The commissioner of human services shall notify the revisor of statutes
 21.28 when federal approval is obtained.

21.29 Sec. 16. Minnesota Statutes 2020, section 256B.4911, subdivision 4, is amended to read:

21.30 Subd. 4. **Budget exception for persons leaving institutions and crisis residential**
 21.31 **settings.** (a) The commissioner must establish an institutional and crisis bed
 21.32 consumer-directed community supports budget exception process in the home and

22.1 community-based services waivers under sections 256B.092 and 256B.49. This budget
22.2 exception process must be available for any individual who:

22.3 (1) is not offered available and appropriate services within 60 days since approval for
22.4 discharge from the individual's current institutional setting; and

22.5 (2) requires services that are more expensive than appropriate services provided in a
22.6 noninstitutional setting using the consumer-directed community supports option.

22.7 (b) Institutional settings for purposes of ~~this exception~~ paragraph (a) include intermediate
22.8 care facilities for persons with developmental disabilities, nursing facilities, acute care
22.9 hospitals, Anoka Metro Regional Treatment Center, Minnesota Security Hospital, and crisis
22.10 beds.

22.11 (c) The budget exception under paragraph (a) must be renewed each year as necessary
22.12 and consistent with the individual's needs and must be limited to no more than the amount
22.13 of appropriate services provided in a noninstitutional setting as determined by the lead
22.14 agency managing the individual's home and community-based services waiver. The lead
22.15 agency must notify the ~~Department of Human Services~~ commissioner of the budget exception.

22.16 (d) Consistent with informed choice and informed decision making, the commissioner
22.17 must establish in the home and community-based services waivers under sections 256B.092
22.18 and 256B.49, a consumer-directed community supports budget exception process for
22.19 individuals living in licensed community residential settings whose cost of residential
22.20 services may otherwise exceed their available consumer-directed community supports
22.21 budget. The budget exception process must be available to individuals living in licensed
22.22 community residential settings who are moving to their own home. This exception is available
22.23 to people who move from a community residential setting on or after July 1, 2023.

22.24 (e) The budget exceptions under paragraph (d) must be renewed each year as necessary
22.25 and consistent with the individual's needs and must be limited to no more than the cost of
22.26 the community residential services previously authorized for the individual. The lead agency
22.27 must notify the commissioner of the budget exception.

22.28 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
22.29 whichever is later. The commissioner of human services shall notify the revisor of statutes
22.30 when federal approval is obtained.

23.1 Sec. 17. Minnesota Statutes 2020, section 256B.4911, is amended by adding a subdivision
23.2 to read:

23.3 Subd. 6. **Services provided by parents and spouses.** (a) Upon federal approval, this
23.4 subdivision limits medical assistance payments under the consumer-directed community
23.5 supports option for personal assistance services provided by a parent to the parent's minor
23.6 child or by a spouse. This subdivision applies to the consumer-directed community supports
23.7 option available under all of the following:

23.8 (1) alternative care program;

23.9 (2) brain injury waiver;

23.10 (3) community alternative care waiver;

23.11 (4) community access for disability inclusion waiver;

23.12 (5) developmental disabilities waiver;

23.13 (6) elderly waiver; and

23.14 (7) Minnesota senior health option.

23.15 (b) For the purposes of this subdivision, "parent" means a parent, stepparent, or legal
23.16 guardian of a minor.

23.17 (c) If multiple parents are providing personal assistance services to their minor child or
23.18 children, each parent may provide up to 40 hours of personal assistance services in any
23.19 seven-day period regardless of the number of children served. The total number of hours
23.20 of personal assistance services provided by all of the parents must not exceed 80 hours in
23.21 a seven-day period regardless of the number of children served.

23.22 (d) If only one parent is providing personal assistance services to a minor child or
23.23 children, the parent may provide up to 60 hours of personal assistance services in a seven-day
23.24 period regardless of the number of children served.

23.25 (e) If a spouse is providing personal assistance services, the spouse may provide up to
23.26 60 hours of personal assistance services in a seven-day period.

23.27 (f) This subdivision must not be construed to permit an increase in the total authorized
23.28 consumer-directed community supports budget for an individual.

23.29 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
23.30 whichever is later. The commissioner of human services shall notify the revisor of statutes
23.31 when federal approval is obtained.

24.1 Sec. 18. Minnesota Statutes 2020, section 256B.4914, subdivision 3, as amended by Laws
 24.2 2022, chapter 33, section 1, is amended to read:

24.3 Subd. 3. **Applicable services.** Applicable services are those authorized under the state's
 24.4 home and community-based services waivers under sections 256B.092 and 256B.49,
 24.5 including the following, as defined in the federally approved home and community-based
 24.6 services plan:

24.7 (1) 24-hour customized living;

24.8 (2) adult day services;

24.9 (3) adult day services bath;

24.10 (4) community residential services;

24.11 (5) customized living;

24.12 (6) day support services;

24.13 (7) employment development services;

24.14 (8) employment exploration services;

24.15 (9) employment support services;

24.16 (10) family residential services;

24.17 (11) individualized home supports;

24.18 (12) individualized home supports with family training;

24.19 (13) individualized home supports with training;

24.20 (14) integrated community supports;

24.21 (15) night supervision;

24.22 (16) positive support services;

24.23 (17) prevocational services;

24.24 (18) residential support services;

24.25 (19) ~~respite services;~~

24.26 ~~(20)~~ transportation services; and

24.27 ~~(21)~~ (20) other services as approved by the federal government in the state home and
 24.28 community-based services waiver plan.

25.1 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
25.2 whichever is later. The commissioner of human services shall notify the revisor of statutes
25.3 when federal approval is obtained.

25.4 Sec. 19. Minnesota Statutes 2020, section 256B.4914, subdivision 4, as amended by Laws
25.5 2022, chapter 33, section 1, is amended to read:

25.6 Subd. 4. **Data collection for rate determination.** (a) Rates for applicable home and
25.7 community-based waived services, including customized rates under subdivision 12, are
25.8 set by the rates management system.

25.9 (b) Data and information in the rates management system must be used to calculate an
25.10 individual's rate.

25.11 (c) Service providers, with information from the coordinated service and support plan
25.12 and oversight by lead agencies, shall provide values and information needed to calculate
25.13 an individual's rate in the rates management system. The determination of service levels
25.14 must be part of a discussion with members of the support team as defined in section 245D.02,
25.15 subdivision 34. This discussion must occur prior to the final establishment of each individual's
25.16 rate. The values and information include:

25.17 (1) shared staffing hours;

25.18 (2) individual staffing hours;

25.19 (3) direct registered nurse hours;

25.20 (4) direct licensed practical nurse hours;

25.21 (5) staffing ratios;

25.22 (6) information to document variable levels of service qualification for variable levels
25.23 of reimbursement in each framework;

25.24 (7) shared or individualized arrangements for unit-based services, including the staffing
25.25 ratio;

25.26 (8) number of trips and miles for transportation services; and

25.27 (9) service hours provided through monitoring technology.

25.28 (d) Updates to individual data must include:

25.29 (1) data for each individual that is updated annually when renewing service plans; and

26.1 (2) requests by individuals or lead agencies to update a rate whenever there is a change
 26.2 in an individual's service needs, with accompanying documentation.

26.3 (e) Lead agencies shall review and approve all services reflecting each individual's needs,
 26.4 and the values to calculate the final payment rate for services with variables under
 26.5 subdivisions 6 to ~~9a~~ 9 for each individual. Lead agencies must notify the individual and the
 26.6 service provider of the final agreed-upon values and rate, and provide information that is
 26.7 identical to what was entered into the rates management system. If a value used was
 26.8 mistakenly or erroneously entered and used to calculate a rate, a provider may petition lead
 26.9 agencies to correct it. Lead agencies must respond to these requests. When responding to
 26.10 the request, the lead agency must consider:

26.11 (1) meeting the health and welfare needs of the individual or individuals receiving
 26.12 services by service site, identified in their coordinated service and support plan under section
 26.13 245D.02, subdivision 4b, and any addendum under section 245D.02, subdivision 4c;

26.14 (2) meeting the requirements for staffing under subdivision 2, paragraphs (h), (n), and
 26.15 (o); and meeting or exceeding the licensing standards for staffing required under section
 26.16 245D.09, subdivision 1; and

26.17 (3) meeting the staffing ratio requirements under subdivision 2, paragraph (o), and
 26.18 meeting or exceeding the licensing standards for staffing required under section 245D.31.

26.19 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
 26.20 whichever is later. The commissioner of human services shall notify the revisor of statutes
 26.21 when federal approval is obtained.

26.22 Sec. 20. Minnesota Statutes 2021 Supplement, section 256B.4914, subdivision 5, as
 26.23 amended by Laws 2022, chapter 33, section 1, is amended to read:

26.24 Subd. 5. **Base wage index; establishment and updates.** (a) The base wage index is
 26.25 established to determine staffing costs associated with providing services to individuals
 26.26 receiving home and community-based services. For purposes of calculating the base wage,
 26.27 Minnesota-specific wages taken from job descriptions and standard occupational
 26.28 classification (SOC) codes from the Bureau of Labor Statistics as defined in the Occupational
 26.29 Handbook must be used.

26.30 (b) The commissioner shall update the base wage index in subdivision 5a, publish these
 26.31 updated values, and load them into the rate management system as follows:

26.32 (1) on January 1, 2022, based on wage data by SOC from the Bureau of Labor Statistics
 26.33 available as of December 31, 2019;

27.1 (2) on January 1, 2023, based on wage data by SOC from the Bureau of Labor Statistics
 27.2 available as of December 31, 2020;

27.3 (3) ~~on November 1, 2024~~ January 1, 2025, based on wage data by SOC from the Bureau
 27.4 of Labor Statistics available as of December 31, ~~2021~~ 2022; and

27.5 ~~(3)~~ (4) ~~on July 1, 2026~~ January 1, 2027, and every two years thereafter, based on wage
 27.6 data by SOC from the Bureau of Labor Statistics available ~~30~~ 24 months and one day prior
 27.7 to the scheduled update.

27.8 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
 27.9 whichever is later. The commissioner of human services shall notify the revisor of statutes
 27.10 when federal approval is obtained.

27.11 Sec. 21. Minnesota Statutes 2020, section 256B.4914, subdivision 8, as amended by Laws
 27.12 2022, chapter 33, section 1, subdivision 8, is amended to read:

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

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

27.20 (1) competitive workforce factor: 4.7 percent;

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

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

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

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

27.25 (6) client programming and support ratio: 4.7 percent, updated as specified in subdivision
 27.26 5b;

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

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

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

28.1 (c) A unit of service for unit-based services with programming is 15 minutes, except for
28.2 individualized home supports with training where a unit of service is one hour or 15 minutes.

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

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

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

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

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

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

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

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

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

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

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

28.26 (11) this is the subtotal rate;

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

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

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

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

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

29.7 (iii) for individualized home supports with training and individualized home supports
29.8 with family training, divide by the number of service recipients, not to exceed ~~two~~ three;
29.9 and

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

29.12 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
29.13 whichever occurs later, except paragraph (c) is effective July 1, 2022. The commissioner
29.14 of human services shall notify the revisor of statutes when federal approval is obtained.

29.15 Sec. 22. Minnesota Statutes 2020, section 256B.4914, subdivision 9, as amended by Laws
29.16 2022, chapter 33, section 1, is amended to read:

29.17 Subd. 9. **Unit-based services without programming; component values and**
29.18 **calculation of payment rates.** (a) For the purposes of this section, unit-based services
29.19 without programming include individualized home supports without training and night
29.20 supervision provided to an individual outside of any service plan for a day program or
29.21 residential support service. Unit-based services without programming do not include respite.

29.22 (b) Component values for unit-based services without programming are:

29.23 (1) competitive workforce factor: 4.7 percent;

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

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

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

29.27 (5) program plan support ratio: 7.0 percent;

29.28 (6) client programming and support ratio: 2.3 percent, updated as specified in subdivision
29.29 5b;

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

- 30.1 (8) program-related expense ratio: 2.9 percent; and
- 30.2 (9) absence and utilization factor ratio: 3.9 percent.
- 30.3 (c) A unit of service for unit-based services without programming is 15 minutes.
- 30.4 (d) Payments for unit-based services without programming must be calculated as follows
- 30.5 unless the services are reimbursed separately as part of a residential support services or day
- 30.6 program payment rate:
- 30.7 (1) determine the number of units of service to meet a recipient's needs;
- 30.8 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
- 30.9 provided in subdivisions 5 to 5a;
- 30.10 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the
- 30.11 product of one plus the competitive workforce factor;
- 30.12 (4) for a recipient requiring customization for deaf and hard-of-hearing language
- 30.13 accessibility under subdivision 12, add the customization rate provided in subdivision 12
- 30.14 to the result of clause (3);
- 30.15 (5) multiply the number of direct staffing hours by the appropriate staff wage;
- 30.16 (6) multiply the number of direct staffing hours by the product of the supervisory span
- 30.17 of control ratio and the appropriate supervisory staff wage in subdivision 5a, clause (1);
- 30.18 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
- 30.19 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing
- 30.20 rate;
- 30.21 (8) for program plan support, multiply the result of clause (7) by one plus the program
- 30.22 plan support ratio;
- 30.23 (9) for employee-related expenses, multiply the result of clause (8) by one plus the
- 30.24 employee-related cost ratio;
- 30.25 (10) for client programming and supports, multiply the result of clause (9) by one plus
- 30.26 the client programming and support ratio;
- 30.27 (11) this is the subtotal rate;
- 30.28 (12) sum the standard general administrative support ratio, the program-related expense
- 30.29 ratio, and the absence and utilization factor ratio;
- 30.30 (13) divide the result of clause (11) by one minus the result of clause (12). This is the
- 30.31 total payment amount;

31.1 (14) for individualized home supports without training provided in a shared manner,
 31.2 divide the total payment amount in clause (13) by the number of service recipients, not to
 31.3 exceed ~~two~~ three; and

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

31.6 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
 31.7 whichever occurs later. The commissioner of human services shall notify the revisor of
 31.8 statutes when federal approval is obtained.

31.9 Sec. 23. Minnesota Statutes 2020, section 256B.4914, subdivision 10, as amended by
 31.10 Laws 2022, chapter 33, section 1, is amended to read:

31.11 Subd. 10. **Evaluation of information and data.** (a) The commissioner shall, within
 31.12 available resources, conduct research and gather data and information from existing state
 31.13 systems or other outside sources on the following items:

31.14 (1) differences in the underlying cost to provide services and care across the state;

31.15 (2) mileage, vehicle type, lift requirements, incidents of individual and shared rides, and
 31.16 units of transportation for all day services, which must be collected from providers using
 31.17 the rate management worksheet and entered into the rates management system; and

31.18 (3) the distinct underlying costs for services provided by a license holder under sections
 31.19 245D.05, 245D.06, 245D.07, 245D.071, 245D.081, and 245D.09, and for services provided
 31.20 by a license holder certified under section 245D.33.

31.21 (b) The commissioner, in consultation with stakeholders, shall review and evaluate the
 31.22 following values already in subdivisions 6 to ~~9a~~ 9, or issues that impact all services, including,
 31.23 but not limited to:

31.24 (1) values for transportation rates;

31.25 (2) values for services where monitoring technology replaces staff time;

31.26 (3) values for indirect services;

31.27 (4) values for nursing;

31.28 (5) values for the facility use rate in day services, and the weightings used in the day
 31.29 service ratios and adjustments to those weightings;

31.30 (6) values for workers' compensation as part of employee-related expenses;

31.31 (7) values for unemployment insurance as part of employee-related expenses;

32.1 (8) direct care workforce labor market measures;

32.2 (9) any changes in state or federal law with a direct impact on the underlying cost of
32.3 providing home and community-based services;

32.4 (10) outcome measures, determined by the commissioner, for home and community-based
32.5 services rates determined under this section; and

32.6 (11) different competitive workforce factors by service, as determined under subdivision
32.7 10b.

32.8 (c) The commissioner shall report to the chairs and the ranking minority members of
32.9 the legislative committees and divisions with jurisdiction over health and human services
32.10 policy and finance with the information and data gathered under paragraphs (a) and (b) on
32.11 January 15, 2021, with a full report, and a full report once every four years thereafter.

32.12 (d) Beginning July 1, 2022, the commissioner shall renew analysis and implement
32.13 changes to the regional adjustment factors once every six years. Prior to implementation,
32.14 the commissioner shall consult with stakeholders on the methodology to calculate the
32.15 adjustment.

32.16 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
32.17 whichever is later. The commissioner of human services shall notify the revisor of statutes
32.18 when federal approval is obtained.

32.19 Sec. 24. Minnesota Statutes 2020, section 256B.4914, subdivision 10a, as amended by
32.20 Laws 2022, chapter 33, section 1, is amended to read:

32.21 Subd. 10a. **Reporting and analysis of cost data.** (a) The commissioner must ensure
32.22 that wage values and component values in subdivisions 5 to ~~9a~~ 9 reflect the cost to provide
32.23 the service. As determined by the commissioner, in consultation with stakeholders identified
32.24 in subdivision 17, a provider enrolled to provide services with rates determined under this
32.25 section must submit requested cost data to the commissioner to support research on the cost
32.26 of providing services that have rates determined by the disability waiver rates system.

32.27 Requested cost data may include, but is not limited to:

32.28 (1) worker wage costs;

32.29 (2) benefits paid;

32.30 (3) supervisor wage costs;

32.31 (4) executive wage costs;

- 33.1 (5) vacation, sick, and training time paid;
- 33.2 (6) taxes, workers' compensation, and unemployment insurance costs paid;
- 33.3 (7) administrative costs paid;
- 33.4 (8) program costs paid;
- 33.5 (9) transportation costs paid;
- 33.6 (10) vacancy rates; and
- 33.7 (11) other data relating to costs required to provide services requested by the
33.8 commissioner.
- 33.9 (b) At least once in any five-year period, a provider must submit cost data for a fiscal
33.10 year that ended not more than 18 months prior to the submission date. The commissioner
33.11 shall provide each provider a 90-day notice prior to its submission due date. If a provider
33.12 fails to submit required reporting data, the commissioner shall provide notice to providers
33.13 that have not provided required data 30 days after the required submission date, and a second
33.14 notice for providers who have not provided required data 60 days after the required
33.15 submission date. The commissioner shall temporarily suspend payments to the provider if
33.16 cost data is not received 90 days after the required submission date. Withheld payments
33.17 shall be made once data is received by the commissioner.
- 33.18 (c) The commissioner shall conduct a random validation of data submitted under
33.19 paragraph (a) to ensure data accuracy.
- 33.20 (d) The commissioner shall analyze cost data submitted under paragraph (a) and, in
33.21 consultation with stakeholders identified in subdivision 17, may submit recommendations
33.22 on component values and inflationary factor adjustments to the chairs and ranking minority
33.23 members of the legislative committees with jurisdiction over human services once every
33.24 four years beginning January 1, 2021. The commissioner shall make recommendations in
33.25 conjunction with reports submitted to the legislature according to subdivision 10, paragraph
33.26 (c).
- 33.27 (e) The commissioner shall release cost data in an aggregate form, and cost data from
33.28 individual providers shall not be released except as provided for in current law.
- 33.29 (f) The commissioner, in consultation with stakeholders identified in subdivision 17,
33.30 shall develop and implement a process for providing training and technical assistance
33.31 necessary to support provider submission of cost documentation required under paragraph
33.32 (a).

34.1 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
34.2 whichever is later. The commissioner of human services shall notify the revisor of statutes
34.3 when federal approval is obtained.

34.4 Sec. 25. Minnesota Statutes 2020, section 256B.4914, subdivision 12, as amended by
34.5 Laws 2022, chapter 33, section 1, is amended to read:

34.6 Subd. 12. **Customization of rates for individuals.** (a) For persons determined to have
34.7 higher needs based on being deaf or hard-of-hearing, the direct-care costs must be increased
34.8 by an adjustment factor prior to calculating the rate under subdivisions 6 to ~~9a~~ 9. The
34.9 customization rate with respect to deaf or hard-of-hearing persons shall be \$2.50 per hour
34.10 for waiver recipients who meet the respective criteria as determined by the commissioner.

34.11 (b) For the purposes of this section, "deaf and hard-of-hearing" means:

34.12 (1) the person has a developmental disability and:

34.13 (i) an assessment score which indicates a hearing impairment that is severe or that the
34.14 person has no useful hearing;

34.15 (ii) an expressive communications score that indicates the person uses single signs or
34.16 gestures, uses an augmentative communication aid, or does not have functional
34.17 communication, or the person's expressive communications is unknown; and

34.18 (iii) a communication score which indicates the person comprehends signs, gestures,
34.19 and modeling prompts or does not comprehend verbal, visual, or gestural communication,
34.20 or that the person's receptive communication score is unknown; or

34.21 (2) the person receives long-term care services and has an assessment score that indicates
34.22 the person hears only very loud sounds, the person has no useful hearing, or a determination
34.23 cannot be made; and the person receives long-term care services and has an assessment that
34.24 indicates the person communicates needs with sign language, symbol board, written
34.25 messages, gestures, or an interpreter; communicates with inappropriate content, makes
34.26 garbled sounds or displays echolalia, or does not communicate needs.

34.27 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
34.28 whichever is later. The commissioner of human services shall notify the revisor of statutes
34.29 when federal approval is obtained.

35.1 Sec. 26. Minnesota Statutes 2020, section 256B.4914, subdivision 14, as amended by
35.2 Laws 2022, chapter 33, section 1, is amended to read:

35.3 Subd. 14. **Exceptions.** (a) In a format prescribed by the commissioner, lead agencies
35.4 must identify individuals with exceptional needs that cannot be met under the disability
35.5 waiver rate system. The commissioner shall use that information to evaluate and, if necessary,
35.6 approve an alternative payment rate for those individuals. Whether granted, denied, or
35.7 modified, the commissioner shall respond to all exception requests in writing. The
35.8 commissioner shall include in the written response the basis for the action and provide
35.9 notification of the right to appeal under paragraph (h).

35.10 (b) Lead agencies must act on an exception request within 30 days and notify the initiator
35.11 of the request of their recommendation in writing. A lead agency shall submit all exception
35.12 requests along with its recommendation to the commissioner.

35.13 (c) An application for a rate exception may be submitted for the following criteria:

35.14 (1) an individual has service needs that cannot be met through additional units of service;

35.15 (2) an individual's rate determined under subdivisions 6 to ~~9a~~ 9 is so insufficient that it
35.16 has resulted in an individual receiving a notice of discharge from the individual's provider;
35.17 or

35.18 (3) an individual's service needs, including behavioral changes, require a level of service
35.19 which necessitates a change in provider or which requires the current provider to propose
35.20 service changes beyond those currently authorized.

35.21 (d) Exception requests must include the following information:

35.22 (1) the service needs required by each individual that are not accounted for in subdivisions
35.23 6 to ~~9a~~ 9;

35.24 (2) the service rate requested and the difference from the rate determined in subdivisions
35.25 6 to ~~9a~~ 9;

35.26 (3) a basis for the underlying costs used for the rate exception and any accompanying
35.27 documentation; and

35.28 (4) any contingencies for approval.

35.29 (e) Approved rate exceptions shall be managed within lead agency allocations under
35.30 sections 256B.092 and 256B.49.

35.31 (f) Individual disability waiver recipients, an interested party, or the license holder that
35.32 would receive the rate exception increase may request that a lead agency submit an exception

36.1 request. A lead agency that denies such a request shall notify the individual waiver recipient,
36.2 interested party, or license holder of its decision and the reasons for denying the request in
36.3 writing no later than 30 days after the request has been made and shall submit its denial to
36.4 the commissioner in accordance with paragraph (b). The reasons for the denial must be
36.5 based on the failure to meet the criteria in paragraph (c).

36.6 (g) The commissioner shall determine whether to approve or deny an exception request
36.7 no more than 30 days after receiving the request. If the commissioner denies the request,
36.8 the commissioner shall notify the lead agency and the individual disability waiver recipient,
36.9 the interested party, and the license holder in writing of the reasons for the denial.

36.10 (h) The individual disability waiver recipient may appeal any denial of an exception
36.11 request by either the lead agency or the commissioner, pursuant to sections 256.045 and
36.12 256.0451. When the denial of an exception request results in the proposed demission of a
36.13 waiver recipient from a residential or day habilitation program, the commissioner shall issue
36.14 a temporary stay of demission, when requested by the disability waiver recipient, consistent
36.15 with the provisions of section 256.045, subdivisions 4a and 6, paragraph (c). The temporary
36.16 stay shall remain in effect until the lead agency can provide an informed choice of
36.17 appropriate, alternative services to the disability waiver.

36.18 (i) Providers may petition lead agencies to update values that were entered incorrectly
36.19 or erroneously into the rate management system, based on past service level discussions
36.20 and determination in subdivision 4, without applying for a rate exception.

36.21 (j) The starting date for the rate exception will be the later of the date of the recipient's
36.22 change in support or the date of the request to the lead agency for an exception.

36.23 (k) The commissioner shall track all exception requests received and their dispositions.
36.24 The commissioner shall issue quarterly public exceptions statistical reports, including the
36.25 number of exception requests received and the numbers granted, denied, withdrawn, and
36.26 pending. The report shall include the average amount of time required to process exceptions.

36.27 (l) Approved rate exceptions remain in effect in all cases until an individual's needs
36.28 change as defined in paragraph (c).

36.29 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
36.30 whichever is later. The commissioner of human services shall notify the revisor of statutes
36.31 when federal approval is obtained.

37.1 Sec. 27. Minnesota Statutes 2020, section 256B.493, subdivision 4, is amended to read:

37.2 Subd. 4. **Review and approval process.** (a) To be considered for conditional approval,
37.3 an application must include:

37.4 (1) a description of the proposed closure plan, which must identify the home or homes
37.5 and occupied beds for which a planned closure rate adjustment is requested;

37.6 (2) the proposed timetable for any proposed closure, including the proposed dates for
37.7 notification to residents and the affected lead agencies, commencement of closure, and
37.8 completion of closure;

37.9 (3) the proposed relocation plan jointly developed by the counties of financial
37.10 responsibility, the residents and their legal representatives, if any, who wish to continue to
37.11 receive services from the provider, and the providers for current residents of any adult foster
37.12 care home or community residential setting designated for closure; and

37.13 (4) documentation in a format approved by the commissioner that all the adult foster
37.14 care homes or community residential settings receiving a planned closure rate adjustment
37.15 under the plan have accepted joint and several liability for recovery of overpayments under
37.16 section 256B.0641, subdivision 2, for the facilities designated for closure under this plan.

37.17 (b) In reviewing and approving closure proposals, the commissioner shall give first
37.18 priority to proposals that:

37.19 (1) target counties and geographic areas which have:

37.20 (i) need for other types of services;

37.21 (ii) need for specialized services;

37.22 (iii) higher than average per capita use of foster care settings where the license holder
37.23 does not reside; or

37.24 (iv) residents not living in the geographic area of their choice;

37.25 (2) demonstrate savings of medical assistance expenditures; ~~and~~

37.26 (3) demonstrate that alternative services are based on the recipient's choice of provider
37.27 and are consistent with federal law, state law, and federally approved waiver plans;

37.28 (4) demonstrate alternative services based on the recipient's choices are available and
37.29 secured at time of closure application; and

37.30 (5) provide proof of referral to the regional Center for Independent Living for resident
37.31 transition support.

38.1 The commissioner shall ~~also consider~~ prioritize consideration of any information provided
 38.2 by service recipients, their legal representatives, family members, or the lead agency on the
 38.3 impact of the planned closure on the recipients and the services they need.

38.4 (c) The commissioner shall select proposals that best meet the criteria established in this
 38.5 subdivision for planned closure of adult foster care or community residential settings. The
 38.6 commissioner shall notify license holders of the selections conditionally approved by the
 38.7 commissioner. Approval of closure is obtained following confirmation that every individual
 38.8 impacted by the planned closure has an established plan to continue services in an equivalent
 38.9 residential setting or in a less restrictive setting in the community of their choice.

38.10 (d) For each proposal conditionally approved by the commissioner, a contract must be
 38.11 established between the commissioner, the counties of financial responsibility, and the
 38.12 participating license holder.

38.13 Sec. 28. Minnesota Statutes 2020, section 256B.493, subdivision 5, is amended to read:

38.14 Subd. 5. **Notification of conditionally approved proposal.** (a) Once the license holder
 38.15 receives notification from the commissioner that the proposal has been conditionally
 38.16 approved, the license holder shall provide written notification within five working days to:

38.17 (1) the lead agencies responsible for authorizing the licensed services for the residents
 38.18 of the affected adult foster care settings; and

38.19 (2) current and prospective residents, any legal representatives, and family members
 38.20 involved.

38.21 (b) This notification must occur at least 45 90 days prior to the implementation of the
 38.22 closure proposal.

38.23 Sec. 29. Minnesota Statutes 2020, section 256B.493, is amended by adding a subdivision
 38.24 to read:

38.25 Subd. 5a. **Notification of conditionally approved proposal to Centers for Independent**
 38.26 **Living.** (a) Once conditional approval has been sent to the license holder, the commissioner
 38.27 shall provide written notice within five working days to the regional Center for Independent
 38.28 Living.

38.29 (b) The commissioner must provide in the written notice the number of persons affected
 38.30 by closure, location of group homes, provider information, and contact information of
 38.31 persons or current guardians to coordinate transition support of residents.

39.1 Sec. 30. Minnesota Statutes 2020, section 256B.493, is amended by adding a subdivision
39.2 to read:

39.3 Subd. 5b. **Approval for planned closure.** The commissioner may finalize approval of
39.4 conditional applications for planned closure after the license holder takes the following
39.5 actions and submits proof of documentation to the commissioner:

39.6 (1) all parties were provided notice within five business days of receiving conditional
39.7 approval and residents, support team, and family members were provided 90 days' notice
39.8 prior to the implementation of the closure proposal;

39.9 (2) information regarding rights to appeal service termination and seek a temporary
39.10 order to stay the termination of services according to the procedures in section 256.045,
39.11 subdivision 4a or 6, paragraph (c), were provided to the resident, family, and support team
39.12 at time of closure notice;

39.13 (3) residents were provided options to live in the geographic community of their own
39.14 choice; and

39.15 (4) residents were provided options to live in a community residential or own-home
39.16 setting with the services and supports of their choice.

39.17 Sec. 31. Minnesota Statutes 2020, section 256B.493, subdivision 6, is amended to read:

39.18 **Subd. 6. Adjustment to rates.** (a) For purposes of this section, the commissioner shall
39.19 establish enhanced medical assistance payment rates under sections 256B.092 and 256B.49
39.20 to facilitate an orderly transition for persons with disabilities from adult foster care or
39.21 community residential settings to other community-based settings.

39.22 (b) The enhanced payment rate shall be effective the day after the first resident has
39.23 moved until the day the last resident has moved, not to exceed six months.

39.24 Sec. 32. Minnesota Statutes 2020, section 256B.493, is amended by adding a subdivision
39.25 to read:

39.26 Subd. 7. **Termination of license or satellite license upon approved closure**
39.27 **date.** Following approval of a planned closure, the commissioner shall confirm termination
39.28 of licensure for the residence location, whether satellite or home and community-based
39.29 license for single residence as referenced in section 245D.23. The commissioner must
39.30 provide written notice confirming termination of licensure to the provider.

40.1 Sec. 33. Minnesota Statutes 2020, section 256B.5012, is amended by adding a subdivision
40.2 to read:

40.3 Subd. 19. **ICF/DD rate increase effective July 1, 2022.** (a) Effective July 1, 2022, the
40.4 daily operating payment rate for a class A intermediate care facility for persons with
40.5 developmental disabilities is increased by \$50.

40.6 (b) Effective July 1, 2022, the daily operating payment rate for a class B intermediate
40.7 care facility for persons with developmental disabilities is increased by \$50.

40.8 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
40.9 whichever is later. The commissioner of human services shall notify the revisor of statutes
40.10 when federal approval is obtained.

40.11 Sec. 34. Minnesota Statutes 2020, section 256B.5012, is amended by adding a subdivision
40.12 to read:

40.13 Subd. 20. **ICF/DD minimum daily operating payment rates.** (a) The minimum daily
40.14 operating payment rate for a class A intermediate care facility for persons with developmental
40.15 disabilities is \$300.

40.16 (b) The minimum daily operating payment rate for a class B intermediate care facility
40.17 for persons with developmental disabilities is \$400.

40.18 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
40.19 whichever is later. The commissioner of human services shall notify the revisor of statutes
40.20 when federal approval is obtained.

40.21 Sec. 35. Minnesota Statutes 2020, section 256B.5012, is amended by adding a subdivision
40.22 to read:

40.23 Subd. 21. **Spending requirements.** (a) At least 80 percent of the marginal increase in
40.24 revenue resulting from implementation of the rate increases under subdivisions 19 and 20
40.25 for services rendered on or after the day of implementation of the increases must be used
40.26 to increase compensation-related costs for employees directly employed by the facility.

40.27 (b) For the purposes of this subdivision, compensation-related costs include:

40.28 (1) wages and salaries;

40.29 (2) the employer's share of FICA taxes, Medicare taxes, state and federal unemployment
40.30 taxes, workers' compensation, and mileage reimbursement;

41.1 (3) the employer's paid share of health and dental insurance, life insurance, disability
 41.2 insurance, long-term care insurance, uniform allowance, pensions, and contributions to
 41.3 employee retirement accounts; and

41.4 (4) benefits that address direct support professional workforce needs above and beyond
 41.5 what employees were offered prior to implementation of the rate increases.

41.6 (c) Compensation-related costs for persons employed in the central office of a corporation
 41.7 or entity that has an ownership interest in the provider or exercises control over the provider,
 41.8 or for persons paid by the provider under a management contract, do not count toward the
 41.9 80 percent requirement under this subdivision.

41.10 (d) A provider agency or individual provider that receives additional revenue subject to
 41.11 the requirements of this subdivision shall prepare, and upon request submit to the
 41.12 commissioner, a distribution plan that specifies the amount of money the provider expects
 41.13 to receive that is subject to the requirements of this subdivision, including how that money
 41.14 was or will be distributed to increase compensation-related costs for employees. Within 60
 41.15 days of final implementation of the new rate methodology or any rate adjustment subject
 41.16 to the requirements of this subdivision, the provider must post the distribution plan and
 41.17 leave it posted for a period of at least six months in an area of the provider's operation to
 41.18 which all direct support professionals have access. The posted distribution plan must include
 41.19 instructions regarding how to contact the commissioner, or the commissioner's representative,
 41.20 if an employee has not received the compensation-related increase described in the plan.

41.21 Sec. 36. Minnesota Statutes 2021 Supplement, section 256B.85, subdivision 7, is amended
 41.22 to read:

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

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

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

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

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

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

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

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

42.8 (6) services provided by a consultation services provider as defined under subdivision
 42.9 17, that is under contract with the department and enrolled as a Minnesota health care
 42.10 program provider;

42.11 (7) services provided by an FMS provider as defined under subdivision 13a, that is an
 42.12 enrolled provider with the department;

42.13 (8) CFSS services provided by a support worker who is a parent, stepparent, or legal
 42.14 guardian of a participant under age 18, or who is the participant's spouse. ~~These support~~
 42.15 ~~workers shall not:~~ Covered services under this clause are subject to the limitations described
 42.16 in subdivision 7b; and

42.17 ~~(i) provide any medical assistance home and community-based services in excess of 40~~
 42.18 ~~hours per seven-day period regardless of the number of parents providing services,~~
 42.19 ~~combination of parents and spouses providing services, or number of children who receive~~
 42.20 ~~medical assistance services; and~~

42.21 ~~(ii) have a wage that exceeds the current rate for a CFSS support worker including the~~
 42.22 ~~wage, benefits, and payroll taxes; and~~

42.23 (9) worker training and development services as described in subdivision 18a.

42.24 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
 42.25 whichever is later. The commissioner of human services shall notify the revisor of statutes
 42.26 when federal approval is obtained.

42.27 Sec. 37. Minnesota Statutes 2021 Supplement, section 256B.85, subdivision 7a, is amended
 42.28 to read:

42.29 Subd. 7a. **Enhanced rate.** An enhanced rate of ~~107.5~~ 143 percent of the rate paid for
 42.30 CFSS must be paid for services provided to persons who qualify for ten or more hours of
 42.31 CFSS per day when provided by a support worker who meets the requirements of subdivision
 42.32 16, paragraph (e). Any change in the eligibility criteria for the enhanced rate for CFSS as

43.1 described in this subdivision and referenced in subdivision 16, paragraph (e), does not
43.2 constitute a change in a term or condition for individual providers as defined in section
43.3 256B.0711, and is not subject to the state's obligation to meet and negotiate under chapter
43.4 179A.

43.5 Sec. 38. Minnesota Statutes 2020, section 256B.85, is amended by adding a subdivision
43.6 to read:

43.7 Subd. 7b. **Services provided by parents and spouses.** (a) This subdivision applies to
43.8 services and supports described in subdivision 7, clause (8).

43.9 (b) If multiple parents are support workers providing CFSS services to their minor child
43.10 or children, each parent may provide up to 40 hours of medical assistance home and
43.11 community-based services in any seven-day period regardless of the number of children
43.12 served. The total number of hours of medical assistance home and community-based services
43.13 provided by all of the parents must not exceed 80 hours in a seven-day period regardless of
43.14 the number of children served.

43.15 (c) If only one parent is a support worker providing CFSS services to the parent's minor
43.16 child or children, the parent may provide up to 60 hours of medical assistance home and
43.17 community-based services in a seven-day period regardless of the number of children served.

43.18 (d) If a spouse is a support worker providing CFSS services, the spouse may provide up
43.19 to 60 hours of medical assistance home and community-based services in a seven-day period.

43.20 (e) Paragraphs (b) to (d) must not be construed to permit an increase in either the total
43.21 authorized service budget for an individual or the total number of authorized service units.

43.22 (f) A parent or spouse must not receive a wage that exceeds the current rate for a CFSS
43.23 support worker, including the wage, benefits, and payroll taxes.

43.24 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
43.25 whichever is later. The commissioner of human services shall notify the revisor of statutes
43.26 when federal approval is obtained.

43.27 Sec. 39. Minnesota Statutes 2021 Supplement, section 256B.851, subdivision 5, is amended
43.28 to read:

43.29 **Subd. 5. Payment rates; component values.** (a) The commissioner must use the
43.30 following component values:

43.31 (1) employee vacation, sick, and training factor, 8.71 percent;

44.1 (2) employer taxes and workers' compensation factor, 11.56 percent;

44.2 (3) employee benefits factor, 12.04 percent;

44.3 (4) client programming and supports factor, 2.30 percent;

44.4 (5) program plan support factor, 7.00 percent;

44.5 (6) general business and administrative expenses factor, 13.25 percent;

44.6 (7) program administration expenses factor, 2.90 percent; and

44.7 (8) absence and utilization factor, 3.90 percent.

44.8 (b) For purposes of implementation, the commissioner shall use the following
44.9 implementation components:

44.10 (1) personal care assistance services and CFSS: ~~75.45~~ 83.5 percent;

44.11 (2) enhanced rate personal care assistance services and enhanced rate CFSS: ~~75.45~~ 83.5
44.12 percent; and

44.13 (3) qualified professional services and CFSS worker training and development: ~~75.45~~
44.14 83.5 percent.

44.15 **EFFECTIVE DATE.** This section is effective January 1, 2023, or 60 days following
44.16 federal approval, whichever is later. The commissioner of human services shall notify the
44.17 revisor of statutes when federal approval is obtained.

44.18 Sec. 40. Minnesota Statutes 2020, section 256I.04, subdivision 3, is amended to read:

44.19 Subd. 3. **Moratorium on development of housing support beds.** (a) Agencies shall
44.20 not enter into agreements for new housing support beds with total rates in excess of the
44.21 MSA equivalent rate except:

44.22 (1) for establishments licensed under chapter 245D provided the facility is needed to
44.23 meet the census reduction targets for persons with developmental disabilities at regional
44.24 treatment centers;

44.25 (2) up to 80 beds in a single, specialized facility located in Hennepin County that will
44.26 provide housing for chronic inebriates who are repetitive users of detoxification centers and
44.27 are refused placement in emergency shelters because of their state of intoxication, and
44.28 planning for the specialized facility must have been initiated before July 1, 1991, in
44.29 anticipation of receiving a grant from the Housing Finance Agency under section 462A.05,
44.30 subdivision 20a, paragraph (b);

45.1 (3) notwithstanding the provisions of subdivision 2a, for up to 226 supportive housing
45.2 units in Anoka, Carver, Dakota, Hennepin, or Ramsey, Scott, or Washington County for
45.3 homeless adults with a disability, including but not limited to mental illness, a history of
45.4 substance abuse, or human immunodeficiency virus or acquired immunodeficiency syndrome.
45.5 For purposes of this ~~section~~ clause, "homeless adult" means a person who is (i) living on
45.6 the street or in a shelter or (ii) discharged from a regional treatment center, community
45.7 hospital, or residential treatment program and has no appropriate housing available and
45.8 lacks the resources and support necessary to access appropriate housing. ~~At least 70 percent~~
45.9 ~~of the supportive housing units must serve homeless adults with mental illness, substance~~
45.10 ~~abuse problems, or human immunodeficiency virus or acquired immunodeficiency syndrome~~
45.11 ~~who are about to be or, within the previous six months, have been discharged from a regional~~
45.12 ~~treatment center, or a state-contracted psychiatric bed in a community hospital, or a residential~~
45.13 ~~mental health or chemical dependency treatment program.~~ If a person meets the requirements
45.14 of subdivision 1, paragraph (a) or (b), and receives a federal or state housing subsidy, the
45.15 housing support rate for that person is limited to the supplementary rate under section
45.16 256I.05, subdivision 1a, ~~and is determined by subtracting the amount of the person's~~
45.17 ~~countable income that exceeds the MSA equivalent rate from the housing support~~
45.18 ~~supplementary service rate.~~ A resident in a demonstration project site who no longer
45.19 participates in the demonstration program shall retain eligibility for a housing support
45.20 payment in an amount determined under section 256I.06, subdivision 8, using the MSA
45.21 equivalent rate. ~~Service funding under section 256I.05, subdivision 1a, will end June 30,~~
45.22 ~~1997, if federal matching funds are available and the services can be provided through a~~
45.23 ~~managed care entity. If federal matching funds are not available, then service funding will~~
45.24 ~~continue under section 256I.05, subdivision 1a;~~

45.25 (4) for an additional two beds, resulting in a total of 32 beds, for a facility located in
45.26 Hennepin County providing services for recovering and chemically dependent men that has
45.27 had a housing support contract with the county and has been licensed as a board and lodge
45.28 facility with special services since 1980;

45.29 (5) for a housing support provider located in the city of St. Cloud, or a county contiguous
45.30 to the city of St. Cloud, that operates a 40-bed facility, that received financing through the
45.31 Minnesota Housing Finance Agency Ending Long-Term Homelessness Initiative and serves
45.32 chemically dependent clientele, providing 24-hour-a-day supervision;

45.33 (6) for a new 65-bed facility in Crow Wing County that will serve chemically dependent
45.34 persons, operated by a housing support provider that currently operates a 304-bed facility
45.35 in Minneapolis, and a 44-bed facility in Duluth;

46.1 (7) for a housing support provider that operates two ten-bed facilities, one located in
 46.2 Hennepin County and one located in Ramsey County, that provide community support and
 46.3 24-hour-a-day supervision to serve the mental health needs of individuals who have
 46.4 chronically lived unsheltered; and

46.5 (8) for a facility authorized for recipients of housing support in Hennepin County with
 46.6 a capacity of up to 48 beds that has been licensed since 1978 as a board and lodging facility
 46.7 and that until August 1, 2007, operated as a licensed chemical dependency treatment program.

46.8 (b) An agency may enter into a housing support agreement for beds with rates in excess
 46.9 of the MSA equivalent rate in addition to those currently covered under a housing support
 46.10 agreement if the additional beds are only a replacement of beds with rates in excess of the
 46.11 MSA equivalent rate which have been made available due to closure of a setting, a change
 46.12 of licensure or certification which removes the beds from housing support payment, or as
 46.13 a result of the downsizing of a setting authorized for recipients of housing support. The
 46.14 transfer of available beds from one agency to another can only occur by the agreement of
 46.15 both agencies.

46.16 Sec. 41. Minnesota Statutes 2020, section 256I.05, is amended by adding a subdivision
 46.17 to read:

46.18 Subd. 1s. **Supplemental rate; Douglas County.** Notwithstanding the provisions in this
 46.19 section, a county agency shall negotiate a supplemental rate for up to 20 beds in addition
 46.20 to the rate specified in subdivision 1, not to exceed the maximum rate allowed under
 46.21 subdivision 1a, including any legislatively authorized inflationary adjustments, for a housing
 46.22 support provider located in Douglas County that operates two facilities and provides room
 46.23 and board and supplementary services to adult males recovering from substance use disorder,
 46.24 mental illness, or housing instability.

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

46.26 Sec. 42. Laws 2014, chapter 312, article 27, section 75, is amended to read:

46.27 **Sec. 75. PROVIDER RATE AND GRANT INCREASES EFFECTIVE JULY 1, 2014.**

46.28 (a) The commissioner of human services shall increase reimbursement rates, grants,
 46.29 allocations, individual limits, and rate limits, as applicable, by five percent for the rate period
 46.30 beginning July 1, 2014, for services rendered on or after July 1, 2014. County or tribal
 46.31 contracts for services, grants, and programs under paragraph (b) must be amended to pass
 46.32 through these rate increases by September 1, 2014.

- 47.1 (b) The rate changes described in this section must be provided to:
- 47.2 (1) home and community-based waived services for persons with developmental
47.3 disabilities, including consumer-directed community supports, under Minnesota Statutes,
47.4 section 256B.092;
- 47.5 (2) waived services under community alternatives for disabled individuals, including
47.6 consumer-directed community supports, under Minnesota Statutes, section 256B.49;
- 47.7 (3) community alternative care waived services, including consumer-directed
47.8 community supports, under Minnesota Statutes, section 256B.49;
- 47.9 (4) brain injury waived services, including consumer-directed community supports,
47.10 under Minnesota Statutes, section 256B.49;
- 47.11 (5) home and community-based waived services for the elderly under Minnesota
47.12 Statutes, section 256B.0915;
- 47.13 (6) nursing services and home health services under Minnesota Statutes, section
47.14 256B.0625, subdivision 6a;
- 47.15 (7) personal care services and qualified professional supervision of personal care services
47.16 under Minnesota Statutes, section 256B.0625, subdivisions 6a and 19a;
- 47.17 (8) private duty nursing services under Minnesota Statutes, section 256B.0625,
47.18 subdivision 7;
- 47.19 (9) community first services and supports under Minnesota Statutes, section 256B.85;
- 47.20 (10) essential community supports under Minnesota Statutes, section 256B.0922;
- 47.21 (11) day training and habilitation services for adults with developmental disabilities
47.22 under Minnesota Statutes, sections 252.41 to 252.46, ~~including the additional cost to counties~~
47.23 ~~of the rate adjustments on day training and habilitation services, provided as a social service;~~
- 47.24 (12) alternative care services under Minnesota Statutes, section 256B.0913;
- 47.25 (13) living skills training programs for persons with intractable epilepsy who need
47.26 assistance in the transition to independent living under Laws 1988, chapter 689;
- 47.27 (14) semi-independent living services (SILS) under Minnesota Statutes, section 252.275;
- 47.28 (15) consumer support grants under Minnesota Statutes, section 256.476;
- 47.29 (16) family support grants under Minnesota Statutes, section 252.32;
- 47.30 (17) housing access grants under Minnesota Statutes, section 256B.0658;

- 48.1 (18) self-advocacy grants under Laws 2009, chapter 101;
- 48.2 (19) technology grants under Laws 2009, chapter 79;
- 48.3 (20) aging grants under Minnesota Statutes, sections 256.975 to 256.977 and 256B.0917;
- 48.4 (21) deaf and hard-of-hearing grants, including community support services for deaf
48.5 and hard-of-hearing adults with mental illness who use or wish to use sign language as their
48.6 primary means of communication under Minnesota Statutes, section 256.01, subdivision 2;
- 48.7 (22) deaf and hard-of-hearing grants under Minnesota Statutes, sections 256C.233,
48.8 256C.25, and 256C.261;
- 48.9 (23) Disability Linkage Line grants under Minnesota Statutes, section 256.01, subdivision
48.10 24;
- 48.11 (24) transition initiative grants under Minnesota Statutes, section 256.478;
- 48.12 (25) employment support grants under Minnesota Statutes, section 256B.021, subdivision
48.13 6; and
- 48.14 (26) grants provided to people who are eligible for the Housing Opportunities for Persons
48.15 with AIDS program under Minnesota Statutes, section 256B.492.
- 48.16 (c) A managed care plan or county-based purchasing plan receiving state payments for
48.17 the services grants and programs in paragraph (b) must include these increases in their
48.18 payments to providers. To implement the rate increase in paragraph (a), capitation rates
48.19 paid by the commissioner to managed care plans and county-based purchasing plans under
48.20 Minnesota Statutes, section 256B.69, shall reflect a five percent increase for the services
48.21 and programs specified in paragraph (b) for the period beginning July 1, 2014.
- 48.22 (d) Counties shall increase the budget for each recipient of consumer-directed community
48.23 supports by the amount in paragraph (a) on July 1, 2014.
- 48.24 (e) To receive the rate increase described in this section, providers under paragraphs (a)
48.25 and (b) must submit to the commissioner documentation that identifies a quality improvement
48.26 project that the provider will implement by June 30, 2015. Documentation must be provided
48.27 in a format specified by the commissioner. Projects must:
- 48.28 (1) improve the quality of life of home and community-based services recipients in a
48.29 meaningful way;
- 48.30 (2) improve the quality of services in a measurable way; or

49.1 (3) deliver good quality service more efficiently while using the savings to enhance
49.2 services for the participants served.

49.3 Providers listed in paragraph (b), clauses (7), (9), (10), and (13) to (26), are not subject to
49.4 this requirement.

49.5 (f) For a provider that fails to submit documentation described in paragraph (e) by a date
49.6 or in a format specified by the commissioner, the commissioner shall reduce the provider's
49.7 rate by one percent effective January 1, 2015.

49.8 (g) Providers that receive a rate increase under paragraph (a) shall use 80 percent of the
49.9 additional revenue to increase compensation-related costs for employees directly employed
49.10 by the program on or after July 1, 2014, except:

49.11 (1) persons employed in the central office of a corporation or entity that has an ownership
49.12 interest in the provider or exercises control over the provider; and

49.13 (2) persons paid by the provider under a management contract.

49.14 This requirement is subject to audit by the commissioner.

49.15 (h) Compensation-related costs include:

49.16 (1) wages and salaries;

49.17 (2) the employer's share of FICA taxes, Medicare taxes, state and federal unemployment
49.18 taxes, workers' compensation, and mileage reimbursement;

49.19 (3) the employer's share of health and dental insurance, life insurance, disability insurance,
49.20 long-term care insurance, uniform allowance, pensions, and contributions to employee
49.21 retirement accounts; and

49.22 (4) other benefits provided and workforce needs, including the recruiting and training
49.23 of employees as specified in the distribution plan required under paragraph (m).

49.24 (i) For public employees under a collective bargaining agreement, the increase for wages
49.25 and benefits is available and pay rates must be increased only to the extent that the increases
49.26 comply with laws governing public employees' collective bargaining. Money received by
49.27 a provider for pay increases for public employees under paragraph (g) must be used only
49.28 for pay increases implemented between July 1, 2014, and August 1, 2014.

49.29 (j) For a provider that has employees that are represented by an exclusive bargaining
49.30 representative, the provider shall obtain a letter of acceptance of the distribution plan required
49.31 under paragraph (m), in regard to the members of the bargaining unit, signed by the exclusive
49.32 bargaining agent. Upon receipt of the letter of acceptance, the provider shall be deemed to

50.1 have met all the requirements of this section in regard to the members of the bargaining
50.2 unit. Upon request, the provider shall produce the letter of acceptance for the commissioner.

50.3 (k) The commissioner shall amend state grant contracts that include direct
50.4 personnel-related grant expenditures to include the allocation for the portion of the contract
50.5 related to employee compensation. Grant contracts for compensation-related services must
50.6 be amended to pass through these adjustments by September 1, 2014, and must be retroactive
50.7 to July 1, 2014.

50.8 (l) The Board on Aging and its area agencies on aging shall amend their grants that
50.9 include direct personnel-related grant expenditures to include the rate adjustment for the
50.10 portion of the grant related to employee compensation. Grants for compensation-related
50.11 services must be amended to pass through these adjustments by September 1, 2014, and
50.12 must be retroactive to July 1, 2014.

50.13 (m) A provider that receives a rate adjustment under paragraph (a) that is subject to
50.14 paragraph (g) shall prepare, and upon request submit to the commissioner, a distribution
50.15 plan that specifies the amount of money the provider expects to receive that is subject to
50.16 the requirements of paragraph (g), including how that money will be distributed to increase
50.17 compensation for employees. The commissioner may recover funds from a provider that
50.18 fails to comply with this requirement.

50.19 (n) By January 1, 2015, the provider shall post the distribution plan required under
50.20 paragraph (m) for a period of at least six weeks in an area of the provider's operation to
50.21 which all eligible employees have access and shall provide instructions for employees who
50.22 do not believe they have received the wage and other compensation-related increases
50.23 specified in the distribution plan. The instructions must include a mailing address, e-mail
50.24 address, and telephone number that the employee may use to contact the commissioner or
50.25 the commissioner's representative.

50.26 (o) For providers with rates established under Minnesota Statutes, section 256B.4914,
50.27 and with a historical rate established under Minnesota Statutes, section 256B.4913,
50.28 subdivision 4a, paragraph (b), that is greater than the rate established under Minnesota
50.29 Statutes, section 256B.4914, the requirements in paragraph (g) must only apply to the portion
50.30 of the rate increase that exceeds the difference between the rate established under Minnesota
50.31 Statutes, section 256B.4914, and the banding value established under Minnesota Statutes,
50.32 section 256B.4913, subdivision 4a, paragraph (b).

51.1 Sec. 43. Laws 2021, First Special Session chapter 7, article 17, section 14, is amended to
51.2 read:

51.3 Sec. 14. **TASK FORCE ON ELIMINATING SUBMINIMUM WAGES.**

51.4 Subdivision 1. **Establishment; purpose.** The Task Force on ~~Eliminating~~ Subminimum
51.5 Wages is established to develop a plan and make recommendations to ~~phase out payment~~
51.6 ~~of subminimum wages to people with disabilities on or before August 1, 2025~~ promote
51.7 independence and increase opportunities for people with disabilities to earn competitive
51.8 wages.

51.9 Subd. 2. **Definitions.** For the purposes of this section, "subminimum wage" means wages
51.10 authorized under section 14(c) of the federal Fair Labor Standards Act, Minnesota Statutes,
51.11 section 177.28, subdivision 5, or Minnesota Rules, parts 5200.0030 and 5200.0040.

51.12 Subd. 3. **Membership.** (a) The task force consists of ~~16~~ 20 members, appointed as
51.13 follows:

51.14 (1) the commissioner of human services or a designee;

51.15 (2) the commissioner of labor and industry or a designee;

51.16 (3) the commissioner of education or a designee;

51.17 (4) the commissioner of employment and economic development or a designee;

51.18 (5) a representative of the Department of Employment and Economic Development's
51.19 Vocational Rehabilitation Services Division appointed by the commissioner of employment
51.20 and economic development;

51.21 (6) one member appointed by the Minnesota Disability Law Center;

51.22 (7) one member appointed by The Arc of Minnesota;

51.23 (8) ~~three~~ four members who are persons with disabilities appointed by the commissioner
51.24 of human services, at least one of whom ~~must be~~ is neurodiverse, ~~and~~ at least one of whom
51.25 ~~must have~~ has a significant physical disability, and at least one of whom at the time of the
51.26 appointment is being paid a subminimum wage;

51.27 (9) two representatives of employers authorized to pay subminimum wage and one
51.28 representative of an employer who successfully transitioned away from payment of
51.29 subminimum wages to people with disabilities, appointed by the commissioner of human
51.30 services;

52.1 (10) one member appointed by the Minnesota Organization for Habilitation and
52.2 Rehabilitation;

52.3 (11) one member appointed by ARRM; ~~and~~

52.4 (12) one member appointed by the State Rehabilitation Council; and

52.5 (13) three members who are parents or guardians of persons with disabilities appointed
52.6 by the commissioner of human services, at least one of whom is a parent or guardian of a
52.7 person who is neurodiverse, at least one of whom is a parent or guardian of a person with
52.8 a significant physical disability, and at least one of whom is a parent or guardian of a person
52.9 being paid a subminimum wage as of the date of the appointment.

52.10 (b) To the extent possible, membership on the task force under paragraph (a) shall reflect
52.11 geographic parity throughout the state and representation from Black, Indigenous, and
52.12 communities of color.

52.13 Subd. 4. **Appointment deadline; first meeting; chair.** Appointing authorities must
52.14 complete member selections by January 1, 2022. The commissioner of human services shall
52.15 convene the first meeting of the task force by February 15, 2022. The task force shall select
52.16 a chair from among its members at its first meeting.

52.17 Subd. 5. **Compensation.** Members shall be compensated and may be reimbursed for
52.18 expenses as provided in Minnesota Statutes, section 15.059, subdivision 3.

52.19 Subd. 6. **Duties; plan and recommendations.** The task force shall:

52.20 (1) develop a plan to ~~phase out the payment of subminimum wages to people with~~
52.21 ~~disabilities by August 1, 2025~~ promote independence and increase opportunities for people
52.22 with disabilities to earn competitive wages;

52.23 (2) consult with and advise the commissioner of human services on statewide plans for
52.24 ~~limiting~~ reducing reliance on subminimum wages in medical assistance home and
52.25 community-based services waivers under Minnesota Statutes, sections 256B.092 and
52.26 256B.49;

52.27 (3) engage with employees with disabilities paid subminimum wages and conduct
52.28 community education on the payment of subminimum wages to people with disabilities in
52.29 Minnesota;

52.30 (4) identify and collaborate with employees, employers, businesses, organizations,
52.31 agencies, and stakeholders ~~impacted by the phase out of subminimum wage~~ on how to
52.32 implement the plan and create sustainable work opportunities for employees with disabilities;

53.1 (5) propose a plan to establish and evaluate benchmarks for measuring annual progress
53.2 toward ~~eliminating~~ reducing reliance on subminimum wages;

53.3 (6) propose a plan to monitor and track outcomes of employees with disabilities, including
53.4 those who transition to competitive employment;

53.5 (7) identify initiatives, investment, training, and services designed to improve wages,
53.6 reduce unemployment rates, and provide support and sustainable work opportunities for
53.7 persons with disabilities;

53.8 (8) identify benefits to the state ~~in eliminating~~ in reducing reliance on subminimum ~~wage~~
53.9 ~~by August 1, 2025~~ wages;

53.10 (9) identify barriers to eliminating subminimum ~~wage by August 1, 2025~~ wages, including
53.11 the cost of implementing and providing ongoing employment services, training, and support
53.12 for employees with disabilities ~~and~~, the cost of paying minimum ~~wage~~ wages to employees
53.13 with disabilities, and the potential impact on persons with disabilities who would be unable
53.14 to find sustainable employment in the absence of a subminimum wage or who would not
53.15 choose competitive employment;

53.16 (10) make recommendations to eliminate the barriers identified in clause (9); and

53.17 (11) identify and make recommendations for sustainable financial support, funding, and
53.18 resources for ~~eliminating~~ reducing reliance on subminimum ~~wage by August 1, 2025~~ wages.

53.19 Subd. 7. **Duties; provider reinvention grants.** (a) The commissioner of human services
53.20 shall establish a provider reinvention grant program to promote independence and increase
53.21 opportunities for people with disabilities to earn competitive wages. The commissioner
53.22 shall make the grants available to at least the following:

53.23 (1) providers of disability services under Minnesota Statutes, sections 256B.092 and
53.24 256B.49, for developing and implementing a business plan to shift the providers' business
53.25 models away from paying waiver participants subminimum wages;

53.26 (2) organizations to develop peer-to-peer mentoring for people with disabilities who
53.27 have successfully transitioned to earning competitive wages;

53.28 (3) organizations to facilitate provider-to-provider mentoring to promote shifting away
53.29 from paying employees with disabilities a subminimum wage; and

53.30 (4) organizations to conduct family outreach and education on working with people with
53.31 disabilities who are transitioning from subminimum wage employment to competitive
53.32 employment.

54.1 (b) The provider reinvention grant program must be competitive. The commissioner of
 54.2 human services must develop criteria for evaluating responses to requests for proposals.
 54.3 Criteria for evaluating grant applications must be finalized no later than November 1, 2021.
 54.4 The commissioner of human services shall administer grants in compliance with Minnesota
 54.5 Statutes, sections 16B.97 and 16B.98, and related policies set forth by the Department of
 54.6 Administration's Office of Grants Management.

54.7 (c) Grantees must work with the commissioner to develop their business model and, as
 54.8 a condition of receiving grant funds, grantees must fully phase out the use of subminimum
 54.9 wage by April 1, 2024, unless the grantee receives a waiver from the commissioner of
 54.10 human services for a demonstrated need.

54.11 (d) Of the total amount available for provider reinvention grants, the commissioner may
 54.12 award up to 25 percent of the grant funds to providers who have already successfully shifted
 54.13 their business model away from paying employees with disabilities subminimum wages to
 54.14 provide provider-to-provider mentoring to providers receiving a provider reinvention grant.

54.15 Subd. 8. **Report.** By February 15, 2023, the task force shall submit to the chairs and
 54.16 ranking minority members of the committees and divisions in the senate and house of
 54.17 representatives with jurisdiction over employment and wages and over health and human
 54.18 services a report with recommendations to ~~eliminate by August 1, 2025, the payment of~~
 54.19 ~~subminimum wage~~ increase opportunities for people with disabilities to earn competitive
 54.20 wages, and any changes to statutes, laws, or rules required to implement the recommendations
 54.21 of the task force. The task force must include in the report a recommendation concerning
 54.22 continuing the task force beyond its scheduled expiration.

54.23 Subd. 9. **Administrative support.** The commissioner of human services shall provide
 54.24 meeting space and administrative services to the task force.

54.25 Subd. 10. **Expiration.** The task force shall conclude their duties and expire on March
 54.26 31, 2024.

54.27 **EFFECTIVE DATE.** This section is effective the day following final enactment. The
 54.28 commissioner of human services must make the additional appointments required under
 54.29 this section within 30 days following final enactment.

54.30 Sec. 44. Laws 2022, chapter 33, section 1, subdivision 5a, is amended to read:

54.31 Subd. 5a. **Base wage index; calculations.** The base wage index must be calculated as
 54.32 follows:

55.1 (1) for supervisory staff, 100 percent of the median wage for community and social
55.2 services specialist (SOC code 21-1099), with the exception of the supervisor of positive
55.3 supports professional, positive supports analyst, and positive supports specialist, which is
55.4 100 percent of the median wage for clinical counseling and school psychologist (SOC code
55.5 19-3031);

55.6 (2) for registered nurse staff, 100 percent of the median wage for registered nurses (SOC
55.7 code 29-1141);

55.8 (3) for licensed practical nurse staff, 100 percent of the median wage for licensed practical
55.9 nurses (SOC code 29-2061);

55.10 (4) for residential asleep-overnight staff, the minimum wage in Minnesota for large
55.11 employers, with the exception of asleep-overnight staff for family residential services, which
55.12 is 36 percent of the minimum wage in Minnesota for large employers;

55.13 (5) for residential direct care staff, the sum of:

55.14 (i) 15 percent of the subtotal of 50 percent of the median wage for home health and
55.15 personal care aide (SOC code 31-1120); 30 percent of the median wage for nursing assistant
55.16 (SOC code 31-1131); and 20 percent of the median wage for social and human services
55.17 aide (SOC code 21-1093); and

55.18 (ii) 85 percent of the subtotal of 40 percent of the median wage for home health and
55.19 personal care aide (SOC code 31-1120); 20 percent of the median wage for nursing assistant
55.20 (SOC code 31-1014); 20 percent of the median wage for psychiatric technician (SOC code
55.21 29-2053); and 20 percent of the median wage for social and human services aide (SOC code
55.22 21-1093);

55.23 (6) for adult day services staff, 70 percent of the median wage for nursing assistant (SOC
55.24 code 31-1131); and 30 percent of the median wage for home health and personal care aide
55.25 (SOC code 31-1120);

55.26 (7) for day support services staff and prevocational services staff, 20 percent of the
55.27 median wage for nursing assistant (SOC code 31-1131); 20 percent of the median wage for
55.28 psychiatric technician (SOC code 29-2053); and 60 percent of the median wage for social
55.29 and human services aide (SOC code 21-1093);

55.30 (8) for positive supports analyst staff, 100 percent of the median wage for substance
55.31 abuse, behavioral disorder, and mental health counselor (SOC code 21-1018);

55.32 (9) for positive supports professional staff, 100 percent of the median wage for clinical
55.33 counseling and school psychologist (SOC code 19-3031);

56.1 (10) for positive supports specialist staff, 100 percent of the median wage for psychiatric
56.2 technicians (SOC code 29-2053);

56.3 (11) for individualized home supports with family training staff, 20 percent of the median
56.4 wage for nursing aide (SOC code 31-1131); 30 percent of the median wage for community
56.5 social service specialist (SOC code 21-1099); 40 percent of the median wage for social and
56.6 human services aide (SOC code 21-1093); and ten percent of the median wage for psychiatric
56.7 technician (SOC code 29-2053);

56.8 (12) for individualized home supports with training services staff, 40 percent of the
56.9 median wage for community social service specialist (SOC code 21-1099); 50 percent of
56.10 the median wage for social and human services aide (SOC code 21-1093); and ten percent
56.11 of the median wage for psychiatric technician (SOC code 29-2053);

56.12 (13) for employment support services staff, 50 percent of the median wage for
56.13 rehabilitation counselor (SOC code 21-1015); and 50 percent of the median wage for
56.14 community and social services specialist (SOC code 21-1099);

56.15 (14) for employment exploration services staff, 50 percent of the median wage for
56.16 ~~rehabilitation counselor (SOC code 21-1015)~~ education, guidance, school, and vocational
56.17 counselors (SOC code 21-1012); and 50 percent of the median wage for community and
56.18 social services specialist (SOC code 21-1099);

56.19 (15) for employment development services staff, 50 percent of the median wage for
56.20 education, guidance, school, and vocational counselors (SOC code 21-1012); and 50 percent
56.21 of the median wage for community and social services specialist (SOC code 21-1099);

56.22 (16) for individualized home support without training staff, 50 percent of the median
56.23 wage for home health and personal care aide (SOC code 31-1120); and 50 percent of the
56.24 median wage for nursing assistant (SOC code 31-1131); and

56.25 (17) for night supervision staff, 40 percent of the median wage for home health and
56.26 personal care aide (SOC code 31-1120); 20 percent of the median wage for nursing assistant
56.27 (SOC code 31-1131); 20 percent of the median wage for psychiatric technician (SOC code
56.28 29-2053); and 20 percent of the median wage for social and human services aide (SOC code
56.29 21-1093); ~~and~~

56.30 ~~(18) for respite staff, 50 percent of the median wage for home health and personal care~~
56.31 ~~aide (SOC code 31-1131); and 50 percent of the median wage for nursing assistant (SOC~~
56.32 ~~code 31-1014).~~

57.1 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
 57.2 whichever is later. The commissioner of human services shall notify the revisor of statutes
 57.3 when federal approval is obtained.

57.4 Sec. 45. Laws 2022, chapter 33, section 1, subdivision 5b, is amended to read:

57.5 Subd. 5b. **Standard component value adjustments.** The commissioner shall update
 57.6 the client and programming support, transportation, and program facility cost component
 57.7 values as required in subdivisions 6 to ~~9a~~ 9 for changes in the Consumer Price Index. The
 57.8 commissioner shall adjust these values higher or lower, publish these updated values, and
 57.9 load them into the rate management system as follows:

57.10 (1) on January 1, 2022, by the percentage change in the CPI-U from the date of the
 57.11 previous update to the data available on December 31, 2019;

57.12 (2) on January 1, 2023, by the percentage change in the CPI-U from the date of previous
 57.13 update to the data available on December 31, 2021;

57.14 (3) ~~on November 1, 2024~~ January 1, 2025, by the percentage change in the CPI-U from
 57.15 the date of the previous update to the data available as of December 31, ~~2024~~ 2023; and

57.16 ~~(3)~~ (4) ~~on July 1, 2026~~ January 1, 2027, and every two years thereafter, by the percentage
 57.17 change in the CPI-U from the date of the previous update to the data available ~~30~~ 12 months
 57.18 and one day prior to the scheduled update.

57.19 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
 57.20 whichever is later. The commissioner of human services shall notify the revisor of statutes
 57.21 when federal approval is obtained.

57.22 Sec. 46. Laws 2022, chapter 33, section 1, subdivision 5c, is amended to read:

57.23 Subd. 5c. **Removal of after-framework adjustments.** Any rate adjustments applied to
 57.24 the service rates calculated under this section outside of the cost components and rate
 57.25 methodology specified in this section shall be removed from rate calculations upon
 57.26 implementation of the updates under subdivisions 5 ~~and~~, 5b, and 5f.

57.27 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
 57.28 whichever is later. The commissioner of human services shall notify the revisor of statutes
 57.29 when federal approval is obtained.

58.1 Sec. 47. Laws 2022, chapter 33, section 1, subdivision 5d, is amended to read:

58.2 Subd. 5d. **Unavailable data for updates and adjustments.** If Bureau of Labor Statistics
58.3 occupational codes or Consumer Price Index items specified in subdivisions 5 ~~a~~, 5b, or 5f
58.4 are unavailable in the future, the commissioner shall recommend to the legislature codes or
58.5 items to update and replace.

58.6 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
58.7 whichever is later. The commissioner of human services shall notify the revisor of statutes
58.8 when federal approval is obtained.

58.9 Sec. 48. Laws 2022, chapter 33, section 1, subdivision 5e, is amended to read:

58.10 Subd. 5e. **Inflationary update spending requirement.** (a) At least 80 percent of the
58.11 marginal increase in revenue from the rate adjustment applied to the service rates calculated
58.12 under subdivisions 5 and 5b beginning on January 1, 2022, for services rendered between
58.13 January 1, 2022, and March 31, 2024, must be used to increase compensation-related costs
58.14 for employees directly employed by the program on or after January 1, 2022.

58.15 (b) For the purposes of this subdivision, compensation-related costs include:

58.16 (1) wages and salaries;

58.17 (2) the employer's share of FICA taxes, Medicare taxes, state and federal unemployment
58.18 taxes, workers' compensation, and mileage reimbursement;

58.19 (3) the employer's paid share of health and dental insurance, life insurance, disability
58.20 insurance, long-term care insurance, uniform allowance, pensions, and contributions to
58.21 employee retirement accounts; and

58.22 (4) benefits that address direct support professional workforce needs above and beyond
58.23 what employees were offered prior to ~~January 1, 2022~~ implementation of the applicable
58.24 rate adjustment, including retention and recruitment bonuses and tuition reimbursement.

58.25 (c) Compensation-related costs for persons employed in the central office of a corporation
58.26 or entity that has an ownership interest in the provider or exercises control over the provider,
58.27 or for persons paid by the provider under a management contract, do not count toward the
58.28 80 percent requirement under this subdivision.

58.29 (d) A provider agency or individual provider that receives a rate subject to the
58.30 requirements of this subdivision shall prepare, and upon request submit to the commissioner,
58.31 a distribution plan that specifies the amount of money the provider expects to receive that
58.32 is subject to the requirements of this subdivision, including how that money was or will be

59.1 distributed to increase compensation-related costs for employees. Within 60 days of final
 59.2 implementation of a rate adjustment subject to the requirements of this subdivision, the
 59.3 provider must post the distribution plan and leave it posted for a period of at least six months
 59.4 in an area of the provider's operation to which all direct support professionals have access.
 59.5 The posted distribution plan must include instructions regarding how to contact the
 59.6 commissioner or commissioner's representative if an employee believes the employee has
 59.7 not received the compensation-related increase described in the plan.

59.8 (e) ~~This subdivision expires June 30, 2024~~ At least 80 percent of the marginal increase
 59.9 in revenue from the rate adjustments applied to service rates calculated under subdivisions
 59.10 5, 5b, and 5f beginning on January 1, 2023, and on January 1, 2025, for services rendered
 59.11 on or after those dates must be used to increase compensation-related costs for employees
 59.12 directly employed by the program.

59.13 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
 59.14 whichever is later. The commissioner of human services shall notify the revisor of statutes
 59.15 when federal approval is obtained.

59.16 Sec. 49. Laws 2022, chapter 33, section 1, is amended by adding a subdivision to read:

59.17 Subd. 5f. **Competitive workforce factor adjustments.** (a) On January 1, 2023, and
 59.18 every two years thereafter, the commissioner shall update the competitive workforce factor
 59.19 to equal the differential between:

59.20 (1) the most recently available wage data by SOC code for the weighted average wage
 59.21 for direct care staff for residential services and direct care staff for day services; and

59.22 (2) the most recently available wage data by SOC code of the weighted average wage
 59.23 of comparable occupations.

59.24 (b) For each update of the competitive workforce factor, the update shall not decrease
 59.25 the competitive workforce factor by more than 2.0. If the competitive workforce factor is
 59.26 less than or equal to zero, then the competitive workforce factor is zero.

59.27 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
 59.28 whichever is later. The commissioner of human services shall notify the revisor of statutes
 59.29 when federal approval is obtained.

59.30 Sec. 50. Laws 2022, chapter 33, section 1, subdivision 10c, is amended to read:

59.31 Subd. 10c. **Reporting and analysis of competitive workforce factor.** (a) Beginning
 59.32 February 1, 2021, ~~2024~~, and every two years thereafter, the commissioner shall report to the

60.1 chairs and ranking minority members of the legislative committees and divisions with
 60.2 jurisdiction over health and human services policy and finance an analysis of the competitive
 60.3 workforce factor.

60.4 (b) The report must include ~~recommendations to update the competitive workforce factor~~
 60.5 ~~using:~~

60.6 (1) the most recently available wage data by SOC code for the weighted average wage
 60.7 for direct care staff for residential services and direct care staff for day services;

60.8 (2) the most recently available wage data by SOC code of the weighted average wage
 60.9 of comparable occupations; and

60.10 (3) workforce data as required under subdivision 10b.

60.11 (c) ~~The commissioner shall not recommend an increase or decrease of the competitive~~
 60.12 ~~workforce factor from the current value by more than two percentage points. If, after a~~
 60.13 ~~biennial analysis for the next report, the competitive workforce factor is less than or equal~~
 60.14 ~~to zero, the commissioner shall recommend a competitive workforce factor of zero~~ This
 60.15 subdivision expires upon submission of the calendar year 2030 report.

60.16 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
 60.17 whichever is later. The commissioner of human services shall notify the revisor of statutes
 60.18 when federal approval is obtained.

60.19 Sec. 51. Laws 2022, chapter 40, section 6, is amended to read:

60.20 **Sec. 6. COMMISSIONER OF HUMAN SERVICES; TEMPORARY STAFFING**
 60.21 **POOL; APPROPRIATION.**

60.22 (a) The commissioner of human services shall establish a temporary emergency staffing
 60.23 pool for congregate settings and for providers or recipients of home- and community-based
 60.24 services experiencing staffing crises. Vendor contracts may include retention bonuses,
 60.25 sign-on bonuses, and payment for hours on call. The commissioner may pay for necessary
 60.26 training, travel, and lodging expenses of the temporary staff. Contracts for temporary staffing
 60.27 executed under this section: (1) should minimize the recruitment away from providers'
 60.28 current workforces; and (2) may not be executed with an individual until at least 30 days
 60.29 since the individual was last employed in Minnesota by one of the types of facilities,
 60.30 providers, or individuals listed in paragraph (g).

60.31 (b) Temporary staff, at the request of the commissioner, may be deployed to providers
 60.32 of home- and community-based services, individual recipients of home- and

61.1 community-based services, and long-term care facilities and other congregate care residential
 61.2 facilities and programs experiencing an emergency staffing crisis on or after the effective
 61.3 date of this section. Temporary staff must be provided at no cost to the provider, individual
 61.4 recipient, facility, or program receiving the temporary staff.

61.5 (c) Members of the temporary staffing pool under this section are not state employees.

61.6 (d) The commissioner must coordinate the activities under this section with any other
 61.7 impacted state agencies, to appropriately prioritize locations to deploy contracted temporary
 61.8 staff.

61.9 (e) The commissioner must give priority for deploying staff to providers, individual
 61.10 recipients, facilities, and programs with the most significant staffing crises and where, but
 61.11 for this assistance, residents or service recipients would be at significant risk of injury due
 61.12 to the need to transfer to ~~another~~ a facility or a hospital for adequately staffed care.

61.13 (f) A provider, individual recipient, facility, or program may seek onetime assistance
 61.14 per setting or individual service recipient from the temporary staffing pool only after the
 61.15 provider, individual recipient, facility, or program has used all resources available to obtain
 61.16 temporary staff but is unable to meet the provider's, individual's, facility's, or program's
 61.17 temporary staffing needs. A provider, individual, facility, or program may apply for
 61.18 temporary staff for up to 21 days. Applicants must submit a proposed plan for ensuring
 61.19 resident safety at the end of that time period.

61.20 (g) Providers, individuals, facilities, and programs eligible to obtain temporary staff
 61.21 from the temporary staffing pool include:

61.22 (1) nursing facilities;

61.23 (2) assisted living facilities;

61.24 (3) intermediate care facilities for persons with developmental disabilities;

61.25 (4) adult foster care ~~or~~ , community residential settings, or integrated community supports
 61.26 settings;

61.27 (5) licensed substance use disorder treatment facilities;

61.28 (6) unlicensed county-based substance use disorder treatment facilities;

61.29 (7) licensed facilities for adults with mental illness;

61.30 (8) licensed detoxification programs;

61.31 (9) licensed withdrawal management programs;

- 62.1 (10) licensed children's residential facilities;
- 62.2 (11) licensed child foster residence settings;
- 62.3 (12) unlicensed, Tribal-certified facilities that perform functions similar to the licensed
- 62.4 facilities listed in this paragraph;
- 62.5 (13) boarding care homes;
- 62.6 (14) board and lodging establishments serving people with disabilities or disabling
- 62.7 conditions;
- 62.8 (15) board and lodging establishments with special services;
- 62.9 (16) supervised living facilities;
- 62.10 (17) supportive housing;
- 62.11 (18) sober homes;
- 62.12 (19) community-based halfway houses for people exiting the correctional system;
- 62.13 (20) shelters serving people experiencing homelessness;
- 62.14 (21) drop-in centers for people experiencing homelessness;
- 62.15 (22) homeless outreach services for unsheltered individuals;
- 62.16 (23) shelters for people experiencing domestic violence; ~~and~~
- 62.17 (24) temporary isolation spaces for people who test positive for COVID-19;
- 62.18 (25) individuals who use consumer-directed community supports;
- 62.19 (26) individuals who use the personal care assistance choice program;
- 62.20 (27) personal care assistance provider agencies;
- 62.21 (28) individuals who use the community first services and supports budget model;
- 62.22 (29) agency-providers of community first services and supports; and
- 62.23 (30) providers of individualized home supports.
- 62.24 (h) Notwithstanding Minnesota Statutes, chapter 16C, the commissioner may maintain,
- 62.25 extend, or renew contracts for temporary staffing entered into on or after September 1, 2020.
- 62.26 The commissioner may also enter into new contracts with eligible entities for temporary
- 62.27 staff deployed in the temporary staffing pool. The commissioner may use up to 6.5 percent
- 62.28 of this funding for the commissioner's costs related to administration of this program.

63.1 (i) The commissioner shall seek all allowable FEMA reimbursement for the costs of this
63.2 activity.

63.3 **Sec. 52. PERSONAL CARE ASSISTANCE ENHANCED RATE FOR PERSONS**
63.4 **WHO USE CONSUMER-DIRECTED COMMUNITY SUPPORTS.**

63.5 The commissioner of human services shall increase the annual budgets for participants
63.6 who use consumer-directed community supports under Minnesota Statutes, sections
63.7 256B.0913, subdivision 5, clause (17); 256B.092, subdivision 1b, paragraph (a), clause (4);
63.8 256B.49, subdivision 16, paragraph (c); and chapter 256S, by 43 percent for participants
63.9 who are determined by assessment to be eligible for ten or more hours of personal care
63.10 assistance services or community first services and supports per day when the participant
63.11 uses direct support services provided by a worker employed by the participant who has
63.12 completed training identified in Minnesota Statutes, section 256B.0659, subdivision 11,
63.13 paragraph (d), or 256B.85, subdivision 16, paragraph (e).

63.14 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
63.15 whichever occurs later. The commissioner of human services shall notify the revisor of
63.16 statutes when federal approval is obtained.

63.17 **Sec. 53. RATE INCREASE FOR CERTAIN HOME CARE SERVICES.**

63.18 **Subdivision 1. Rate increases.** (a) Effective January 1, 2023, or upon federal approval,
63.19 whichever is later, the commissioner of human services shall increase payment rates for
63.20 home health aide visits by 14 percent from the rates in effect on December 31, 2022. The
63.21 commissioner must apply the annual rate increases under Minnesota Statutes, section
63.22 256B.0653, subdivision 8, to the rates resulting from the application of the rate increases
63.23 under this paragraph.

63.24 (b) Effective January 1, 2023, or upon federal approval, whichever is later, the
63.25 commissioner shall increase payment rates for respiratory therapy under Minnesota Rules,
63.26 part 9505.0295, subpart 2, item E, and for home health services and home care nursing
63.27 services under Minnesota Statutes, section 256B.0651, subdivision 2, clauses (1) to (3),
63.28 except home health aide visits, by 38.8 percent from the rates in effect on December 31,
63.29 2022. The commissioner must apply the annual rate increases under Minnesota Statutes,
63.30 sections 256B.0653, subdivision 8, and 256B.0654, subdivision 5, to the rates resulting
63.31 from the application of the rate increase under this paragraph.

63.32 **Subd. 2. Spending requirements.** (a) At least 80 percent of the marginal increase in
63.33 revenue for home care services resulting from implementation of the rate increases under

64.1 this section for services rendered on or after the day of implementation of the increase must
64.2 be used to increase compensation-related costs for employees directly employed by the
64.3 provider to provide the services.

64.4 (b) For the purposes of this subdivision, compensation-related costs include:

64.5 (1) wages and salaries;

64.6 (2) the employer's share of FICA taxes, Medicare taxes, state and federal unemployment
64.7 taxes, workers' compensation, and mileage reimbursement;

64.8 (3) the employer's paid share of health and dental insurance, life insurance, disability
64.9 insurance, long-term care insurance, uniform allowance, pensions, and contributions to
64.10 employee retirement accounts; and

64.11 (4) benefits that address direct support professional workforce needs above and beyond
64.12 what employees were offered prior to implementation of the rate increases.

64.13 (c) Compensation-related costs for persons employed in the central office of a corporation
64.14 or entity that has an ownership interest in the provider or exercises control over the provider,
64.15 or for persons paid by the provider under a management contract, do not count toward the
64.16 80 percent requirement under this subdivision.

64.17 (d) A provider agency or individual provider that receives additional revenue subject to
64.18 the requirements of this subdivision shall prepare, and upon request submit to the
64.19 commissioner, a distribution plan that specifies the amount of money the provider expects
64.20 to receive that is subject to the requirements of this subdivision, including how that money
64.21 was or will be distributed to increase compensation-related costs for employees. Within 60
64.22 days of final implementation of the new rate methodology or any rate adjustment subject
64.23 to the requirements of this subdivision, the provider must post the distribution plan and
64.24 leave it posted for a period of at least six months in an area of the provider's operation to
64.25 which all direct support professionals have access. The posted distribution plan must include
64.26 instructions regarding how to contact the commissioner, or the commissioner's representative,
64.27 if an employee has not received the compensation-related increase described in the plan.

64.28 **Sec. 54. DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**
64.29 **ADDITIONAL DWRS RATE INCREASES.**

64.30 Subdivision 1. **Additional rate increases.** (a) In addition to the rate increases described
64.31 in the amendments contained in this act to Minnesota Statutes, section 256B.4914, the
64.32 commissioner shall further adjust the rates as described in paragraphs (b) to (f) until the net
64.33 increase in the rates established under Minnesota Statutes, section 256B.4914, as amended

65.1 in this act, and under this section are equivalent to a three-year appropriation of \$253,001,000
65.2 for fiscal years 2023, 2024, and 2025. The commissioner shall apply the rate changes in
65.3 this section after applying other changes contained in this act. The commissioner shall apply
65.4 the rate changes in this section in the order presented in the following paragraphs. If the
65.5 three-year appropriation target is reached after applying the provisions of a paragraph, the
65.6 commissioner shall not apply the provisions in the remaining paragraphs.

65.7 (b) Notwithstanding Minnesota Statutes, section 256B.4914, subdivision 5, paragraph
65.8 (b), clause (2), as added by amendment in this act, on January 1, 2023, the commissioner
65.9 shall adjust the data used to update the base wage index by using up to the most recently
65.10 available wage data by SOC code from the Bureau of Labor Statistics. If the estimated cost
65.11 of fully implementing the rate adjustment in this paragraph exceeds the three-year
65.12 appropriation target, the commissioner shall proportionately reduce the estimated change
65.13 to the wage index to reach the target.

65.14 (c) Notwithstanding Minnesota Statutes, section 256B.4914, subdivision 5b, clause (2),
65.15 as added by amendment in this act, on January 1, 2023, the commissioner shall adjust the
65.16 data used to update the client and programming support, transportation, and program facility
65.17 cost component values by using up to the most recently available data. If the estimated cost
65.18 of fully implementing the rate adjustment in this paragraph exceeds the three-year
65.19 appropriation target, the commissioner shall proportionately reduce the estimated change
65.20 to component values to reach the target.

65.21 (d) Notwithstanding the provision in Minnesota Statutes, section 256B.4914, subdivision
65.22 5f, paragraph (a), as added by amendment in this act, requiring a biennial update of the
65.23 competitive workforce factor, on January 1, 2024, the commissioner shall update the
65.24 competitive workforce factor. If the estimated cost of fully implementing the rate adjustment
65.25 in this paragraph exceeds the three-year appropriation target, the commissioner shall cap
65.26 the increase in the competitive workforce factor to reach the target.

65.27 (e) Notwithstanding the provision in Minnesota Statutes, section 256B.4914, subdivision
65.28 5, paragraph (b), as amended in this act, on January 1, 2024, the commissioner shall update
65.29 the base wage index in Minnesota Statutes, section 256B.4914, subdivision 5a, based on
65.30 the most recently available wage data by SOC from the Bureau of Labor Statistics. If the
65.31 estimated cost of fully implementing the rate adjustment in this paragraph exceeds the
65.32 three-year appropriation target, the commissioner shall proportionately reduce the estimated
65.33 change to component values to reach the target.

66.1 (f) Notwithstanding the provision in Minnesota Statutes, section 256B.4914, subdivision
66.2 5b, as amended in this act, on January 1, 2024, the commissioner shall update the client and
66.3 programming support, transportation, and program facility cost component values based
66.4 on the most recently available wage data by SOC from the Bureau of Labor Statistics. If
66.5 the estimated cost of fully implementing the rate adjustment in this paragraph exceeds the
66.6 three-year appropriation target, the commissioner shall proportionately reduce the estimated
66.7 change to component values to reach the target.

66.8 Subd. 2. **Spending requirements.** A program or provider that receives a rate increase
66.9 under this section is subject to the requirements of Minnesota Statutes, section 256B.4914,
66.10 subdivision 5e.

66.11 **Sec. 55. DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**
66.12 **APPLICATION OF ICF/DD RATE INCREASES.**

66.13 The commissioner of human services shall apply the rate increases under Minnesota
66.14 Statutes, section 256B.5012, subdivisions 19 and 20, as follows:

66.15 (1) apply Minnesota Statutes, section 256B.5012, subdivision 19; and

66.16 (2) apply any required rate increase as required under Minnesota Statutes, section
66.17 256B.5012, subdivision 20, to the results of clause (1).

66.18 **Sec. 56. DIRECTION TO COMMISSIONER OF HUMAN SERVICES; BUDGET**
66.19 **EXCEPTIONS FOR COMMUNITY RESIDENTIAL SETTINGS.**

66.20 The commissioner of human services must take steps to inform individuals, families,
66.21 and lead agencies of the amendments to Minnesota Statutes, section 256B.4911, subdivision
66.22 4, and widely disseminate easily understood instructions for quickly applying for a budget
66.23 exception under that section.

66.24 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
66.25 whichever is later. The commissioner of human services shall notify the revisor of statutes
66.26 when federal approval is obtained.

66.27 **Sec. 57. DIRECTION TO COMMISSIONER; DISABILITY WAIVER SHARED**
66.28 **SERVICES RATES.**

66.29 The commissioner of human services shall establish a rate system for shared homemaker
66.30 services and shared chore services provided under Minnesota Statutes, sections 256B.092
66.31 and 256B.49. For two persons sharing services, the rate paid to a provider must not exceed

67.1 1-1/2 times the rate paid for serving a single individual, and for three persons sharing
67.2 services, the rate paid to a provider must not exceed two times the rate paid for serving a
67.3 single individual. These rates apply only when all of the criteria for the shared service have
67.4 been met.

67.5 Sec. 58. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; SHARED**
67.6 **SERVICES.**

67.7 (a) By December 1, 2022, the commissioner of human services shall seek any necessary
67.8 changes to home and community-based services waiver plans regarding sharing services in
67.9 order to:

67.10 (1) permit shared services for more services, including chore, homemaker, and night
67.11 supervision;

67.12 (2) permit shared services for some services for higher ratios, including individualized
67.13 home supports without training, individualized home supports with training, and
67.14 individualized home supports with family training for a ratio of one staff person to three
67.15 recipients;

67.16 (3) ensure that individuals who are seeking to share services permitted under the waiver
67.17 plans in an own-home setting are not required to live in a licensed setting in order to share
67.18 services so long as all other requirements are met; and

67.19 (4) issue guidance for shared services, including:

67.20 (i) informed choice for all individuals sharing the services;

67.21 (ii) guidance for when multiple shared services by different providers occur in one home
67.22 and how lead agencies and individuals shall determine that shared service is appropriate to
67.23 meet the needs, health, and safety of each individual for whom the lead agency provides
67.24 case management or care coordination; and

67.25 (iii) guidance clarifying that an individual's decision to share services does not reduce
67.26 any determination of the individual's overall or assessed needs for services.

67.27 (b) The commissioner shall develop or provide guidance outlining:

67.28 (1) instructions for shared services support planning;

67.29 (2) person-centered approaches and informed choice in shared services support planning;
67.30 and

67.31 (3) required contents of shared services agreements.

68.1 (c) The commissioner shall seek and utilize stakeholder input for any proposed changes
68.2 to waiver plans and any shared services guidance.

68.3 **Sec. 59. DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**
68.4 **LIFE-SHARING SERVICES.**

68.5 **Subdivision 1. Recommendations required.** The commissioner of human services shall
68.6 develop recommendations for establishing life sharing as a covered medical assistance
68.7 waiver service.

68.8 **Subd. 2. Definition.** For the purposes of this section, "life sharing" means a
68.9 relationship-based living arrangement between an adult with a disability and an individual
68.10 or family in which they share their lives and experiences while the adult with a disability
68.11 receives support from the individual or family using person-centered practices.

68.12 **Subd. 3. Stakeholder engagement and consultation.** (a) The commissioner must
68.13 proactively solicit participation in the development of the life-sharing medical assistance
68.14 service through a robust stakeholder engagement process that results in the inclusion of a
68.15 racially, culturally, and geographically diverse group of interested stakeholders from each
68.16 of the following groups:

68.17 (1) providers currently providing or interested in providing life-sharing services;

68.18 (2) people with disabilities accessing or interested in accessing life-sharing services;

68.19 (3) disability advocacy organizations; and

68.20 (4) lead agencies.

68.21 (b) The commissioner must proactively seek input into and assistance with the
68.22 development of recommendations for establishing the life-sharing service from interested
68.23 stakeholders.

68.24 (c) The commissioner must provide a method for the commissioner and interested
68.25 stakeholders to cofacilitate public meetings. The first meeting must occur before January
68.26 31, 2023. The commissioner must host the cofacilitated meetings at least monthly through
68.27 December 31, 2023. All meetings must be accessible to all interested stakeholders, recorded,
68.28 and posted online within one week of the meeting date.

68.29 **Subd. 4. Required topics to be discussed during development of the**
68.30 **recommendations.** The commissioner and the interested stakeholders must discuss the
68.31 following topics:

68.32 (1) the distinction between life sharing and adult family foster care;

- 69.1 (2) successful life-sharing models used in other states;
- 69.2 (3) services and supports that could be included in a life-sharing service;
- 69.3 (4) potential barriers to providing or accessing life-sharing services;
- 69.4 (5) solutions to remove identified barriers to providing or accessing life-sharing services;
- 69.5 (6) potential medical assistance payment methodologies for life-sharing services;
- 69.6 (7) expanding awareness of the life-sharing model; and
- 69.7 (8) draft language for legislation necessary to define and implement life-sharing services.

69.8 Subd. 5. **Report to the legislature.** By December 31, 2023, the commissioner must

69.9 provide to the chairs and ranking minority members of the house of representatives and

69.10 senate committees and divisions with jurisdiction over direct care services a report

69.11 summarizing the discussions between the commissioner and the interested stakeholders and

69.12 the commissioner's recommendations. The report must also include any draft legislation

69.13 necessary to define and implement life-sharing services.

69.14 Sec. 60. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; FINANCIAL**

69.15 **MANAGEMENT SERVICES PROVIDERS.**

69.16 The commissioner of human services shall accept on a rolling basis proposals submitted

69.17 in response to "Request for Proposals for Qualified Grantees to Provide Vendor

69.18 Fiscal/Employer Agent Financial Management Services," published on May 2, 2016.

69.19 Responders must comply with all proposal instructions and requirements as set forth in the

69.20 request for proposals except the submission deadlines. The commissioner shall evaluate all

69.21 responsive proposals submitted under this section regardless of the date on which the proposal

69.22 is submitted. The commissioner shall conduct phase I and phase II evaluations using the

69.23 same procedures and evaluation standards set forth in the request for proposals. The

69.24 commissioner shall contact responders who submit substantially complete proposals to

69.25 provide further or missing information or to clarify the responder's proposal. The

69.26 commissioner shall select all responders that successfully move on to phase III evaluation.

69.27 For all proposals that move on to phase III evaluation, the commissioner shall not exercise

69.28 the commissioner's right to reject any or all proposals. The commissioner shall not compare

69.29 proposals that successfully move on to phase III evaluation. The commissioner shall not

69.30 reject a proposal that successfully moved on to phase III evaluation after determining that

69.31 another proposal is more advantageous to the state. This section expires upon publication

69.32 of a new request for proposals related to financial management services providers.

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

70.2 Sec. 61. **REPEALER.**

70.3 Laws 2022, chapter 33, section 1, subdivision 9a, is repealed.

70.4 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
 70.5 whichever is later. The commissioner of human services shall notify the revisor of statutes
 70.6 when federal approval is obtained.

70.7 **ARTICLE 2**

70.8 **CONTINUING CARE FOR OLDER ADULTS**

70.9 Section 1. Minnesota Statutes 2020, section 256R.02, subdivision 16, is amended to read:

70.10 Subd. 16. **Dietary costs.** "Dietary costs" means the costs for ~~the salaries and wages of~~
 70.11 ~~the dietary supervisor, dietitians, chefs, cooks, dishwashers, and other employees assigned~~
 70.12 ~~to the kitchen and dining room, and associated fringe benefits and payroll taxes. Dietary~~
 70.13 ~~costs also includes~~ the salaries or fees of dietary consultants, dietary supplies, and food
 70.14 preparation and serving.

70.15 **EFFECTIVE DATE.** This section is effective for the rate year beginning January 1,
 70.16 2024, or upon federal approval, whichever occurs later. The commissioner of human services
 70.17 shall notify the revisor of statutes when federal approval is obtained.

70.18 Sec. 2. Minnesota Statutes 2020, section 256R.02, is amended by adding a subdivision to
 70.19 read:

70.20 Subd. 16a. **Dietary labor costs.** "Dietary labor costs" means the costs for the salaries
 70.21 and wages of the dietary supervisor, dietitians, chefs, cooks, dishwashers, and other
 70.22 employees assigned to the kitchen and dining room, and associated fringe benefits and
 70.23 payroll taxes.

70.24 **EFFECTIVE DATE.** This section is effective for the rate year beginning January 1,
 70.25 2024, or upon federal approval, whichever occurs later. The commissioner of human services
 70.26 shall notify the revisor of statutes when federal approval is obtained.

70.27 Sec. 3. Minnesota Statutes 2020, section 256R.02, subdivision 24, is amended to read:

70.28 Subd. 24. **Housekeeping costs.** "Housekeeping costs" means ~~the costs for the salaries~~
 70.29 ~~and wages of the housekeeping supervisor, housekeepers, and other cleaning employees~~

71.1 ~~and associated fringe benefits and payroll taxes. It also includes~~ the cost of housekeeping
71.2 supplies, including, but not limited to, cleaning and lavatory supplies and contract services.

71.3 **EFFECTIVE DATE.** This section is effective for the rate year beginning January 1,
71.4 2024, or upon federal approval, whichever occurs later. The commissioner of human services
71.5 shall notify the revisor of statutes when federal approval is obtained.

71.6 Sec. 4. Minnesota Statutes 2020, section 256R.02, is amended by adding a subdivision to
71.7 read:

71.8 Subd. 24a. **Housekeeping labor costs.** "Housekeeping labor costs" means the costs for
71.9 the salaries and wages of the housekeeping supervisor, housekeepers, and other cleaning
71.10 employees, and associated fringe benefits and payroll taxes.

71.11 **EFFECTIVE DATE.** This section is effective for the rate year beginning January 1,
71.12 2024, or upon federal approval, whichever occurs later. The commissioner of human services
71.13 shall notify the revisor of statutes when federal approval is obtained.

71.14 Sec. 5. Minnesota Statutes 2020, section 256R.02, is amended by adding a subdivision to
71.15 read:

71.16 Subd. 25b. **Known cost change factor.** "Known cost change factor" means 1.00 plus
71.17 the forecasted percentage change in the CPI-U index from July 1 of the reporting period to
71.18 July 1 of the rate year as determined by the national economic consultant used by the
71.19 commissioner of management and budget.

71.20 **EFFECTIVE DATE.** This section is effective for the rate year beginning January 1,
71.21 2024, or upon federal approval, whichever occurs later. The commissioner of human services
71.22 shall notify the revisor of statutes when federal approval is obtained.

71.23 Sec. 6. Minnesota Statutes 2020, section 256R.02, subdivision 26, is amended to read:

71.24 ~~Subd. 26. **Laundry costs.** "Laundry costs" means the costs for the salaries and wages~~
71.25 ~~of the laundry supervisor and other laundry employees, associated fringe benefits, and~~
71.26 ~~payroll taxes. It also includes the costs of linen and bedding, the laundering of resident~~
71.27 ~~clothing, laundry supplies, and contract services.~~

71.28 **EFFECTIVE DATE.** This section is effective for the rate year beginning January 1,
71.29 2024, or upon federal approval, whichever occurs later. The commissioner of human services
71.30 shall notify the revisor of statutes when federal approval is obtained.

72.1 Sec. 7. Minnesota Statutes 2020, section 256R.02, is amended by adding a subdivision to
72.2 read:

72.3 Subd. 26a. **Laundry labor costs.** "Laundry labor costs" means the costs for the salaries
72.4 and wages of the laundry supervisor and other laundry employees, and associated fringe
72.5 benefits and payroll taxes.

72.6 **EFFECTIVE DATE.** This section is effective for the rate year beginning January 1,
72.7 2024, or upon federal approval, whichever occurs later. The commissioner of human services
72.8 shall notify the revisor of statutes when federal approval is obtained.

72.9 Sec. 8. Minnesota Statutes 2020, section 256R.02, subdivision 29, is amended to read:

72.10 Subd. 29. **Maintenance and plant operations costs.** "Maintenance and plant operations
72.11 costs" means ~~the costs for the salaries and wages of the maintenance supervisor, engineers,~~
72.12 ~~heating-plant employees, and other maintenance employees and associated fringe benefits~~
72.13 ~~and payroll taxes. It also includes~~ identifiable costs for maintenance and operation of the
72.14 building and grounds, including, but not limited to, fuel, electricity, medical waste and
72.15 garbage removal, water, sewer, supplies, tools, and repairs.

72.16 **EFFECTIVE DATE.** This section is effective for the rate year beginning January 1,
72.17 2024, or upon federal approval, whichever occurs later. The commissioner of human services
72.18 shall notify the revisor of statutes when federal approval is obtained.

72.19 Sec. 9. Minnesota Statutes 2020, section 256R.02, is amended by adding a subdivision to
72.20 read:

72.21 Subd. 29a. **Maintenance and plant operations labor costs.** "Maintenance and plant
72.22 operations labor costs" means the costs for the salaries and wages of the maintenance
72.23 supervisor, engineers, heating-plant employees, and other maintenance employees, and
72.24 associated fringe benefits and payroll taxes.

72.25 **EFFECTIVE DATE.** This section is effective for the rate year beginning January 1,
72.26 2024, or upon federal approval, whichever occurs later. The commissioner of human services
72.27 shall notify the revisor of statutes when federal approval is obtained.

72.28 Sec. 10. Minnesota Statutes 2020, section 256R.02, subdivision 34, is amended to read:

72.29 Subd. 34. **Other care-related costs.** "Other care-related costs" means the sum of activities
72.30 costs, other direct care costs, raw food costs, dietary labor costs, housekeeping labor costs,

73.1 laundry labor costs, maintenance and plant operations labor costs, therapy costs, and social
73.2 services costs.

73.3 **EFFECTIVE DATE.** This section is effective for the rate year beginning January 1,
73.4 2024, or upon federal approval, whichever occurs later. The commissioner of human services
73.5 shall notify the revisor of statutes when federal approval is obtained.

73.6 Sec. 11. Minnesota Statutes 2020, section 256R.23, subdivision 2, is amended to read:

73.7 Subd. 2. **Calculation of direct care cost per standardized day.** Each facility's direct
73.8 care cost per standardized day is the product of the facility's direct care costs and the known
73.9 cost change factor, divided by the sum of the facility's standardized days. A facility's direct
73.10 care cost per standardized day is the facility's cost per day for direct care services associated
73.11 with a case mix index of 1.00.

73.12 **EFFECTIVE DATE.** This section is effective for the rate year beginning January 1,
73.13 2024, or upon federal approval, whichever occurs later. The commissioner of human services
73.14 shall notify the revisor of statutes when federal approval is obtained.

73.15 Sec. 12. Minnesota Statutes 2020, section 256R.23, subdivision 3, is amended to read:

73.16 Subd. 3. **Calculation of other care-related cost per resident day.** Each facility's other
73.17 care-related cost per resident day is the product of its other care-related costs and the known
73.18 cost change factor, divided by the sum of the facility's resident days.

73.19 **EFFECTIVE DATE.** This section is effective for the rate year beginning January 1,
73.20 2024, or upon federal approval, whichever occurs later. The commissioner of human services
73.21 shall notify the revisor of statutes when federal approval is obtained.

73.22 Sec. 13. Minnesota Statutes 2020, section 256R.24, subdivision 1, is amended to read:

73.23 Subdivision 1. **Determination of other operating cost per day.** Each facility's other
73.24 operating cost per day is the product of its other operating costs and the known cost change
73.25 factor, divided by the sum of the facility's resident days.

73.26 **EFFECTIVE DATE.** This section is effective for the rate year beginning January 1,
73.27 2024, or upon federal approval, whichever occurs later. The commissioner of human services
73.28 shall notify the revisor of statutes when federal approval is obtained.

74.1 Sec. 14. Minnesota Statutes 2020, section 256R.25, is amended to read:

74.2 **256R.25 EXTERNAL FIXED COSTS PAYMENT RATE.**

74.3 (a) The payment rate for external fixed costs is the sum of the amounts in paragraphs
74.4 (b) to (o).

74.5 (b) For a facility licensed as a nursing home, the portion related to the provider surcharge
74.6 under section 256.9657 is equal to \$8.86 per resident day. For a facility licensed as both a
74.7 nursing home and a boarding care home, the portion related to the provider surcharge under
74.8 section 256.9657 is equal to \$8.86 per resident day multiplied by the result of its number
74.9 of nursing home beds divided by its total number of licensed beds.

74.10 (c) The portion related to the licensure fee under section 144.122, paragraph (d), is the
74.11 amount of the fee divided by the sum of the facility's resident days.

74.12 (d) The portion related to development and education of resident and family advisory
74.13 councils under section 144A.33 is \$5 per resident day divided by 365.

74.14 (e) The portion related to scholarships is determined under section 256R.37.

74.15 (f) The portion related to planned closure rate adjustments is as determined under section
74.16 256R.40, subdivision 5, and Minnesota Statutes 2010, section 256B.436.

74.17 (g) The portion related to consolidation rate adjustments shall be as determined under
74.18 section 144A.071, subdivisions 4c, paragraph (a), clauses (5) and (6), and 4d.

74.19 (h) The portion related to single-bed room incentives is as determined under section
74.20 256R.41.

74.21 (i) The portions related to real estate taxes, special assessments, and payments made in
74.22 lieu of real estate taxes directly identified or allocated to the nursing facility are the allowable
74.23 amounts divided by the sum of the facility's resident days. Allowable costs under this
74.24 paragraph for payments made by a nonprofit nursing facility that are in lieu of real estate
74.25 taxes shall not exceed the amount which the nursing facility would have paid to a city or
74.26 township and county for fire, police, sanitation services, and road maintenance costs had
74.27 real estate taxes been levied on that property for those purposes.

74.28 (j) The portion related to employer health insurance costs is the product of the allowable
74.29 costs and the known cost change factor, divided by the sum of the facility's resident days.

74.30 (k) The portion related to the Public Employees Retirement Association is the allowable
74.31 costs divided by the sum of the facility's resident days.

75.1 (l) The portion related to quality improvement incentive payment rate adjustments is
75.2 the amount determined under section 256R.39.

75.3 (m) The portion related to performance-based incentive payments is the amount
75.4 determined under section 256R.38.

75.5 (n) The portion related to special dietary needs is the amount determined under section
75.6 256R.51.

75.7 (o) The portion related to the rate adjustments for border city facilities is the amount
75.8 determined under section 256R.481.

75.9 EFFECTIVE DATE. This section is effective for the rate year beginning January 1,
75.10 2024, or upon federal approval, whichever occurs later. The commissioner of human services
75.11 shall notify the revisor of statutes when federal approval is obtained.

75.12 Sec. 15. Minnesota Statutes 2020, section 256S.16, is amended to read:

75.13 **256S.16 AUTHORIZATION OF ELDERLY WAIVER SERVICES AND SERVICE**
75.14 **RATES.**

75.15 Subdivision 1. Service rates; generally. A lead agency must use the service rates and
75.16 service rate limits published by the commissioner to authorize services.

75.17 Subd. 2. Shared services; rates. The commissioner shall establish a rate system for
75.18 shared homemaker services and shared chore services, based on homemaker rates for a
75.19 single individual under section 256S.215, subdivisions 9 to 11, and the chore rate for a
75.20 single individual under section 256S.215, subdivision 7. For two persons sharing services,
75.21 the rate paid to a provider must not exceed 1-1/2 times the rate paid for serving a single
75.22 individual, and for three persons sharing services, the rate paid to a provider must not exceed
75.23 two times the rate paid for serving a single individual. These rates apply only when all of
75.24 the criteria for the shared service have been met.

75.25 Sec. 16. Minnesota Statutes 2021 Supplement, section 256S.205, is amended to read:

75.26 **256S.205 CUSTOMIZED LIVING SERVICES; DISPROPORTIONATE SHARE**
75.27 **RATE ADJUSTMENTS.**

75.28 Subdivision 1. **Definitions.** (a) For the purposes of this section, the terms in this
75.29 subdivision have the meanings given.

75.30 (b) "Application year" means a year in which a facility submits an application for
75.31 designation as a disproportionate share facility.

76.1 (c) ~~"Assisted living facility" or "facility" means an assisted living facility licensed under~~
 76.2 ~~chapter 144G.~~ "Customized living resident" means a resident of a facility who is receiving
 76.3 either 24-hour customized living services or customized living services authorized under
 76.4 the elderly waiver, the brain injury waiver, or the community access for disability inclusion
 76.5 waiver.

76.6 (d) "Disproportionate share facility" means a facility designated by
 76.7 the commissioner under subdivision 4.

76.8 (e) "Facility" means either an assisted living facility licensed under chapter 144G or a
 76.9 setting that is exempt from assisted living licensure under section 144G.08, subdivision 7,
 76.10 clauses (10) to (13).

76.11 (f) "Rate year" means January 1 to December 31 of the year following an application
 76.12 year.

76.13 Subd. 2. **Rate adjustment application.** ~~An assisted living~~ A facility may apply to the
 76.14 commissioner for designation as a disproportionate share facility. Applications must be
 76.15 submitted annually between ~~October~~ September 1 and ~~October 31~~ September 30. The
 76.16 applying facility must apply in a manner determined by the commissioner. The applying
 76.17 facility must document ~~as a percentage the census of elderly waiver participants~~ each of the
 76.18 following on the application:

76.19 (1) the number of customized living residents in the facility on September 1 of the
 76.20 application year, broken out by specific waiver program; and

76.21 (2) the total number of people residing in the facility on ~~October~~ September 1 of the
 76.22 application year.

76.23 Subd. 3. **Rate adjustment eligibility criteria.** Only facilities ~~with a census of at least~~
 76.24 ~~80 percent elderly waiver participants~~ satisfying all of the following conditions on ~~October~~
 76.25 September 1 of the application year are eligible for designation as a disproportionate share
 76.26 facility:

76.27 (1) at least 80 percent of the residents of the facility are customized living residents; and

76.28 (2) at least 50 percent of the customized living residents are elderly waiver participants.

76.29 Subd. 4. **Designation as a disproportionate share facility.** (a) ~~By November~~ October
 76.30 15 of each application year, the commissioner must designate as a disproportionate share
 76.31 facility a facility that complies with the application requirements of subdivision 2 and meets
 76.32 the eligibility criteria of subdivision 3.

77.1 (b) An annual designation is effective for one rate year.

77.2 Subd. 5. **Rate adjustment; rate floor.** (a) Notwithstanding the 24-hour customized
77.3 living monthly service rate limits under section 256S.202, subdivision 2, and the component
77.4 service rates established under section 256S.201, subdivision 4, the commissioner must
77.5 establish a rate floor equal to ~~\$119~~ \$139 per resident per day for 24-hour customized living
77.6 services provided to an elderly waiver participant in a designated disproportionate share
77.7 facility ~~for the purpose of ensuring the minimal level of staffing required to meet the health~~
77.8 ~~and safety needs of elderly waiver participants.~~

77.9 (b) The commissioner must apply the rate floor to the services described in paragraph
77.10 (a) provided during the rate year.

77.11 ~~(b)~~ (c) The commissioner must adjust the rate floor ~~at least annually in the manner~~
77.12 ~~described under section 256S.18, subdivisions 5 and 6~~ by the same amount and at the same
77.13 time as any adjustment to the 24-hour customized living monthly service rate limits under
77.14 section 256S.202, subdivision 2.

77.15 ~~(e)~~ (d) The commissioner shall not implement the rate floor under this section if the
77.16 customized living rates established under sections 256S.21 to 256S.215 will be implemented
77.17 at 100 percent on January 1 of the year following an application year.

77.18 Subd. 6. **Budget cap disregard.** The value of the rate adjustment under this section
77.19 must not be included in an elderly waiver client's monthly case mix budget cap.

77.20 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
77.21 whichever is later, and applies to services provided on or after October 1, 2022, or on or
77.22 after the date upon which federal approval is obtained, whichever is later. The commissioner
77.23 of human services shall notify the revisor of statutes when federal approval is obtained.

77.24 Sec. 17. Minnesota Statutes 2021 Supplement, section 256S.2101, is amended to read:

77.25 **256S.2101 RATE SETTING; PHASE-IN.**

77.26 Subdivision 1. **Phase-in for disability waiver customized living rates.** All rates and
77.27 rate components for community access for disability inclusion customized living and brain
77.28 injury customized living under section 256B.4914 shall be the sum of ~~ten~~ 27.2 percent of
77.29 the rates calculated under sections 256S.211 to 256S.215 and ~~90~~ 72.8 percent of the rates
77.30 calculated using the rate methodology in effect as of June 30, 2017.

77.31 Subd. 2. **Phase-in for elderly waiver rates.** Except for home-delivered meals as
77.32 described in section 256S.215, subdivision 15, all rates and rate components for elderly

78.1 waiver, elderly waiver customized living, and elderly waiver foster care under this chapter;
 78.2 alternative care under section 256B.0913; and essential community supports under section
 78.3 256B.0922 shall be the sum of ~~18.8~~ 27.2 percent of the rates calculated under sections
 78.4 256S.211 to 256S.215, and ~~81.2~~ 72.8 percent of the rates calculated using the rate
 78.5 methodology in effect as of June 30, 2017. The rate for home-delivered meals shall be the
 78.6 sum of the service rate in effect as of January 1, 2019, and the increases described in section
 78.7 256S.215, subdivision 15.

78.8 Subd. 3. **Spending requirements.** (a) At least 80 percent of the marginal increase in
 78.9 revenue from the implementation of adjusted phase-in proportions under this section,
 78.10 including any concurrent or subsequent adjustments to the base wage indices, for services
 78.11 rendered on or after the day of implementation of the modified phase-in proportion or
 78.12 applicable adjustment to the base wage indices must be used to increase compensation-related
 78.13 costs for employees directly employed by the provider.

78.14 (b) For the purposes of this subdivision, compensation-related costs include:

78.15 (1) wages and salaries;

78.16 (2) the employer's share of FICA taxes, Medicare taxes, state and federal unemployment
 78.17 taxes, workers' compensation, and mileage reimbursement;

78.18 (3) the employer's paid share of health and dental insurance, life insurance, disability
 78.19 insurance, long-term care insurance, uniform allowance, pensions, and contributions to
 78.20 employee retirement accounts; and

78.21 (4) benefits that address direct support professional workforce needs above and beyond
 78.22 what employees were offered prior to the implementation of adjusted phase-in proportions
 78.23 under this section, including any concurrent or subsequent adjustments to the base wage
 78.24 indices.

78.25 (c) Compensation-related costs for persons employed in the central office of a corporation
 78.26 or entity that has an ownership interest in the provider or exercises control over the provider,
 78.27 or for persons paid by the provider under a management contract, do not count toward the
 78.28 80 percent requirement under this subdivision.

78.29 (d) A provider or individual provider that receives additional revenue subject to the
 78.30 requirements of this subdivision shall prepare, and upon request submit to the commissioner,
 78.31 a distribution plan that specifies the amount of money the provider expects to receive that
 78.32 is subject to the requirements of this subdivision, including how that money was or will be
 78.33 distributed to increase compensation-related costs for employees. Within 60 days of final

79.1 implementation of the new phase-in proportion or adjustment to the base wage indices
 79.2 subject to the requirements of this subdivision, the provider must post the distribution plan
 79.3 and leave it posted for a period of at least six months in an area of the provider's operation
 79.4 to which all direct support professionals have access. The posted distribution plan must
 79.5 include instructions regarding how to contact the commissioner, or the commissioner's
 79.6 representative, if an employee has not received the compensation-related increase described
 79.7 in the plan.

79.8 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
 79.9 whichever is later. The commissioner of human services shall notify the revisor of statutes
 79.10 when federal approval is obtained.

79.11 **Sec. 18. NURSING FACILITY FUNDING.**

79.12 (a) Effective July 1, 2022, through December 31, 2024, the total payment rate for all
 79.13 facilities reimbursed under this section must be increased by \$28.65 per resident day.

79.14 (b) To be eligible to receive a payment under this section, a nursing facility must attest
 79.15 to the commissioner of human services that the additional revenue will be used exclusively
 79.16 to increase compensation-related costs for employees directly employed by the facility on
 79.17 or after July 1, 2022, excluding:

79.18 (1) owners of the building and operation;

79.19 (2) persons employed in the central office of an entity that has any ownership interest
 79.20 in the nursing facility or exercises control over the nursing facility;

79.21 (3) persons paid by the nursing facility under a management contract; and

79.22 (4) persons providing separately billable services.

79.23 (c) Contracted housekeeping, dietary, and laundry employees providing services on site
 79.24 at the nursing facility are eligible for compensation-related cost increases under this section,
 79.25 provided the agency that employs them submits to the nursing facility proof of the costs of
 79.26 the increases provided to those employees.

79.27 (d) For purposes of this section, compensation-related costs include:

79.28 (1) permanent new increases to wages and salaries implemented on or after July 1, 2022,
 79.29 and before September 1, 2022, for nursing facility employees;

79.30 (2) permanent new increases to wages and salaries implemented on or after July 1, 2022,
 79.31 and before September 1, 2022, for employees in the organization's shared services

80.1 departments of hospital-attached nursing facilities for the nursing facility allocated share
80.2 of wages; and

80.3 (3) the employer's share of FICA taxes, Medicare taxes, state and federal unemployment
80.4 taxes, PERA, workers' compensation, and pension and employee retirement accounts directly
80.5 associated with the wage and salary increases in clauses (1) and (2) incurred no later than
80.6 December 31, 2024, and paid for no later than June 30, 2025.

80.7 (e) A facility that receives a rate increase under this section must complete a distribution
80.8 plan in the form and manner determined by the commissioner. This plan must specify the
80.9 total amount of money the facility is estimated to receive from this rate increase and how
80.10 that money will be distributed to increase the allowable compensation-related costs described
80.11 in paragraph (d) for employees described in paragraphs (b) and (c). This estimate must be
80.12 computed by multiplying \$28.65 by the sum of the medical assistance and private pay
80.13 resident days as defined in Minnesota Statutes, section 256R.02, subdivision 45, for the
80.14 period beginning October 1, 2020, through September 30, 2021, dividing this sum by 365
80.15 and multiplying the result by 915. A facility must submit its distribution plan to the
80.16 commissioner by October 1, 2022. The commissioner may review the distribution plan to
80.17 ensure that the payment rate adjustment per resident day is used in accordance with this
80.18 section. The commissioner may allow for a distribution plan amendment under exceptional
80.19 circumstances to be determined at the sole discretion of the commissioner.

80.20 (f) By September 1, 2022, a facility must post the distribution plan summary and leave
80.21 it posted for a period of at least six months in an area of the facility to which all employees
80.22 have access. The posted distribution plan summary must be in the form and manner
80.23 determined by the commissioner. The distribution plan summary must include instructions
80.24 regarding how to contact the commissioner or the commissioner's representative if an
80.25 employee believes the employee is covered by paragraph (b) or (c) and has not received the
80.26 compensation-related increases described in paragraph (d). The instruction to such employees
80.27 must include the e-mail address and telephone number that may be used by the employee
80.28 to contact the commissioner's representative. The posted distribution plan summary must
80.29 demonstrate how the increase in paragraph (a) received by the nursing facility from July 1,
80.30 2022, through December 1, 2024, will be used in full to pay the compensation-related costs
80.31 in paragraph (d) for employees described in paragraphs (b) and (c).

80.32 (g) If the nursing facility expends less on new compensation-related costs than the amount
80.33 that was made available by the rate increase in this section for that purpose, the amount of
80.34 this rate adjustment must be reduced to equal the amount utilized by the facility for purposes
80.35 authorized under this section. If the facility fails to post the distribution plan summary in

81.1 its facility as required, fails to submit its distribution plan to the commissioner by the due
 81.2 date, or uses these funds for unauthorized purposes, these rate increases must be treated as
 81.3 an overpayment and subsequently recovered.

81.4 (h) The commissioner shall not treat payments received under this section as an applicable
 81.5 credit for purposes of setting total payment rates under Minnesota Statutes, chapter 256R.

81.6 **Sec. 19. DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**
 81.7 **IMPLEMENTATION OF DISPROPORTIONATE SHARE RATE ADJUSTMENTS.**

81.8 Subdivision 1. **Definitions.** For the purposes of this section, the definitions in Minnesota
 81.9 Statutes, section 256S.205, apply.

81.10 Subd. 2. **Modified implementation of rate years 2022 and 2023.** (a) Notwithstanding
 81.11 the provisions of Minnesota Statutes, section 256S.205, subdivisions 2 to 5, regarding
 81.12 application dates, eligibility dates, designation dates, and payment adjustment dates, a
 81.13 facility may apply between July 1, 2022, and July 31, 2022, to be designated a
 81.14 disproportionate share facility on the basis of the conditions outlined in Minnesota Statutes,
 81.15 section 256S.205, subdivision 3, as of July 1, 2022. The commissioner shall designate
 81.16 disproportionate share facilities by August 15, 2022. Between October 1, 2022, and December
 81.17 31, 2023, the commissioner shall apply the rate floor under Minnesota Statutes, section
 81.18 256S.205, as amended in this act, to eligible customized living services provided in
 81.19 disproportionate share facilities between those dates. On January 1, 2023, the commissioner
 81.20 shall adjust the rate floor amount as directed in Minnesota Statutes, section 256S.205,
 81.21 subdivision 5, paragraph (c).

81.22 Subd. 3. **Rate year 2023.** The commissioner shall not administer an application between
 81.23 September 1, 2022, and September 30, 2022, as described in Minnesota Statutes, section
 81.24 256S.205, subdivisions 2 to 4, for the purposes of rate year 2023.

81.25 Subd. 4. **Treatment of prior rate adjustments.** (a) The commissioner shall apply rate
 81.26 adjustments required under Minnesota Statutes 2021 Supplement, section 256S.205, until
 81.27 September 30, 2022. Beginning October 1, 2022, the commissioner shall remove all rate
 81.28 adjustments required under Minnesota Statutes 2021 Supplement, section 256S.205.

81.29 (b) A disproportionate share facility receiving a rate adjustment under Minnesota Statutes
 81.30 2021 Supplement, section 256S.205, as of July 1, 2022, may apply for an adjustment under
 81.31 this section.

81.32 **EFFECTIVE DATE.** (a) Subdivisions 1 to 3 are effective July 1, 2022, or upon federal
 81.33 approval, whichever is later, and apply to services provided on or after October 1, 2022, or

82.1 on or after the date upon which federal approval is obtained, whichever is later. The
 82.2 commissioner of human services shall notify the revisor of statutes when federal approval
 82.3 is obtained.

82.4 (b) Subdivision 4 is effective July 1, 2022.

82.5 Sec. 20. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; ELDERLY**
 82.6 **WAIVER BASE WAGE INDEX ADJUSTMENTS.**

82.7 On January 1, 2023, the commissioner shall update the base wage indices in Minnesota
 82.8 Statutes, section 256S.212, based on the most recently available Minneapolis-St.
 82.9 Paul-Bloomington, MN-WI MetroSA average wage data from the Bureau of Labor Statistics.

82.10 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
 82.11 whichever occurs later. The commissioner of human services shall inform the revisor of
 82.12 statutes when federal approval is obtained.

82.13 **ARTICLE 3**
 82.14 **HEALTH CARE**

82.15 Section 1. Minnesota Statutes 2020, section 137.68, is amended to read:

82.16 **137.68 MINNESOTA RARE DISEASE ADVISORY COUNCIL ON RARE**
 82.17 **DISEASES.**

82.18 Subdivision 1. **Establishment.** ~~The University of Minnesota is requested to establish~~
 82.19 There is established an advisory council on rare diseases to provide advice on policies,
 82.20 access, equity, research, diagnosis, treatment, and education related to rare diseases. The
 82.21 advisory council is established in honor of Chloe Barnes and her experiences in the health
 82.22 care system. For purposes of this section, "rare disease" has the meaning given in United
 82.23 States Code, title 21, section 360bb. The council shall be called the ~~Chloe Barnes Advisory~~
 82.24 ~~Council on Rare Diseases~~ Minnesota Rare Disease Advisory Council. The Council on
 82.25 Disability shall provide meeting and office space and administrative support to the advisory
 82.26 council but does not have authority over the work of the advisory council.

82.27 Subd. 2. **Membership.** (a) The advisory council ~~may~~ shall consist of at least 17 public
 82.28 members who reflect statewide representation. Except for initial members, members are
 82.29 appointed by the Board of Regents or a designee the governor according to paragraph (b)
 82.30 and. Four members of the legislature are appointed according to paragraph (c).

82.31 (b) ~~The Board of Regents or a designee is requested to~~ The governor shall appoint at
 82.32 least the following public members according to section 15.0597:

83.1 (1) three physicians licensed and practicing in the state with experience researching,
83.2 diagnosing, or treating rare diseases, including one specializing in pediatrics;

83.3 (2) one registered nurse or advanced practice registered nurse licensed and practicing
83.4 in the state with experience treating rare diseases;

83.5 (3) at least two hospital administrators, or their designees, from hospitals in the state
83.6 that provide care to persons diagnosed with a rare disease. One administrator or designee
83.7 appointed under this clause must represent a hospital in which the scope of service focuses
83.8 on rare diseases of pediatric patients;

83.9 (4) three persons age 18 or older who either have a rare disease or are a caregiver of a
83.10 person with a rare disease. One person appointed under this clause must reside in rural
83.11 Minnesota;

83.12 (5) a representative of a rare disease patient organization that operates in the state;

83.13 (6) a social worker with experience providing services to persons diagnosed with a rare
83.14 disease;

83.15 (7) a pharmacist with experience with drugs used to treat rare diseases;

83.16 (8) a dentist licensed and practicing in the state with experience treating rare diseases;

83.17 (9) a representative of the biotechnology industry;

83.18 (10) a representative of health plan companies;

83.19 (11) a medical researcher with experience conducting research on rare diseases; ~~and~~

83.20 (12) a genetic counselor with experience providing services to persons diagnosed with
83.21 a rare disease or caregivers of those persons; and

83.22 (13) representatives with other areas of expertise as identified by the advisory council.

83.23 (c) The advisory council shall include two members of the senate, one appointed by the
83.24 majority leader and one appointed by the minority leader; and two members of the house
83.25 of representatives, one appointed by the speaker of the house and one appointed by the
83.26 minority leader. Members appointed under this paragraph serve until their successors are
83.27 appointed.

83.28 (d) The commissioner of health or a designee, a representative of Mayo Medical School,
83.29 and a representative of the University of Minnesota Medical School shall serve as ex officio,
83.30 nonvoting members of the advisory council.

84.1 (e) ~~Initial appointments to the advisory council shall be made no later than September~~
84.2 ~~1, 2019.~~ Members appointed according to paragraph (b) shall serve for a term of three years,
84.3 except that the initial members appointed according to paragraph (b) ~~shall have an initial~~
84.4 ~~term of two, three, or four years determined by lot by the chairperson.~~ Members appointed
84.5 according to paragraph (b) shall serve until their successors have been appointed.

84.6 (f) Members may be reappointed for up to two full additional terms according to the
84.7 advisory council's operating procedures.

84.8 (g) Members may be removed as provided in section 15.059, subdivision 4.

84.9 (h) Public members serve without compensation, but may have expenses reimbursed as
84.10 provided in section 15.059, subdivision 3. Legislative members may receive per diem
84.11 according to the rules of their respective bodies.

84.12 Subd. 3. **Meetings.** ~~The Board of Regents or a designee is requested to convene the first~~
84.13 ~~meeting of the advisory council no later than October 1, 2019.~~ The advisory council shall
84.14 meet at the call of the chairperson or at the request of a majority of advisory council members.
84.15 Meetings of the advisory council are subject to section 13D.01, and notice of its meetings
84.16 is governed by section 13D.04.

84.17 Subd. 3a. **Chairperson; executive director; staff; executive committee.** (a) The
84.18 advisory council shall elect a chairperson and other officers as it deems necessary and in
84.19 accordance with the advisory council's operating procedures.

84.20 (b) The advisory council shall be governed by an executive committee elected by the
84.21 members of the advisory council. One member of the executive committee must be the
84.22 advisory council chairperson.

84.23 (c) The advisory council shall appoint an executive director. The executive director
84.24 serves as an ex officio nonvoting member of the executive committee. The advisory council
84.25 may delegate to the executive director any powers and duties under this section that do not
84.26 require advisory council approval. The executive director serves in the unclassified service
84.27 and may be removed at any time by a majority vote of the advisory council. The executive
84.28 director may employ and direct staff necessary to carry out advisory council mandates,
84.29 policies, activities, and objectives.

84.30 (d) The executive committee may appoint additional subcommittees and work groups
84.31 as necessary to fulfill the duties of the advisory council.

84.32 Subd. 4. **Duties.** (a) The advisory council's duties may include, but are not limited to:

85.1 (1) in conjunction with the state's medical schools, the state's schools of public health,
85.2 and hospitals in the state that provide care to persons diagnosed with a rare disease,
85.3 developing resources or recommendations relating to quality of and access to treatment and
85.4 services in the state for persons with a rare disease, including but not limited to:

85.5 (i) a list of existing, publicly accessible resources on research, diagnosis, treatment, and
85.6 education relating to rare diseases;

85.7 (ii) identifying best practices for rare disease care implemented in other states, at the
85.8 national level, and at the international level that will improve rare disease care in the state
85.9 and seeking opportunities to partner with similar organizations in other states and countries;

85.10 (iii) identifying and addressing problems faced by patients with a rare disease when
85.11 changing health plans, including recommendations on how to remove obstacles faced by
85.12 these patients to finding a new health plan and how to improve the ease and speed of finding
85.13 a new health plan that meets the needs of patients with a rare disease; ~~and~~

85.14 (iv) identifying and addressing barriers faced by patients with a rare disease to obtaining
85.15 care, caused by prior authorization requirements in private and public health plans; and

85.16 ~~(iv)~~ (v) identifying, recommending, and implementing best practices to ensure health
85.17 care providers are adequately informed of the most effective strategies for recognizing and
85.18 treating rare diseases; ~~and~~

85.19 (2) advising, consulting, and cooperating with the Department of Health, including the
85.20 Advisory Committee on Heritable and Congenital Disorders; the Department of Human
85.21 Services, including the Drug Utilization Review Board and the Drug Formulary Committee;
85.22 and other agencies of state government in developing recommendations, information, and
85.23 programs for the public and the health care community relating to diagnosis, treatment, and
85.24 awareness of rare diseases;

85.25 (3) advising on policy issues and advancing policy initiatives at the state and federal
85.26 levels; and

85.27 (4) receiving funds and issuing grants.

85.28 (b) The advisory council shall collect additional topic areas for study and evaluation
85.29 from the general public. In order for the advisory council to study and evaluate a topic, the
85.30 topic must be approved for study and evaluation by the advisory council.

85.31 (c) Legislative members may not deliberate about or vote on decisions related to the
85.32 issuance of grants of state money.

86.1 Subd. 5. **Conflict of interest.** Advisory council members are subject to the ~~Board of~~
86.2 ~~Regents policy on conflicts~~ advisory council's conflict of interest policy as outlined in the
86.3 advisory council's operating procedures.

86.4 Subd. 6. **Annual report.** By January 1 of each year, beginning January 1, 2020, the
86.5 advisory council shall report to the chairs and ranking minority members of the legislative
86.6 committees with jurisdiction over higher education and health care policy on the advisory
86.7 council's activities under subdivision 4 and other issues on which the advisory council may
86.8 choose to report.

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

86.10 Sec. 2. Minnesota Statutes 2021 Supplement, section 256B.0371, subdivision 4, is amended
86.11 to read:

86.12 Subd. 4. **Dental utilization report.** (a) The commissioner shall submit an annual report
86.13 beginning March 15, 2022, and ending March 15, 2026, to the chairs and ranking minority
86.14 members of the legislative committees with jurisdiction over health and human services
86.15 policy and finance that includes the percentage for adults and children one through 20 years
86.16 of age for the most recent complete calendar year receiving at least one dental visit for both
86.17 fee-for-service and the prepaid medical assistance program. The report must include:

86.18 (1) statewide utilization for both fee-for-service and for the prepaid medical assistance
86.19 program;

86.20 (2) utilization by county;

86.21 (3) utilization by children receiving dental services through fee-for-service and through
86.22 a managed care plan or county-based purchasing plan;

86.23 (4) utilization by adults receiving dental services through fee-for-service and through a
86.24 managed care plan or county-based purchasing plan.

86.25 (b) The report must also include a description of any corrective action plans required to
86.26 be submitted under subdivision 2.

86.27 (c) The initial report due on March 15, 2022, must include the utilization metrics described
86.28 in paragraph (a) for each of the following calendar years: 2017, 2018, 2019, and 2020.

86.29 (d) In the annual report due on March 15, 2023, and in each report due thereafter, the
86.30 commissioner shall include the following:

86.31 (1) the number of dentists enrolled with the commissioner as a medical assistance dental
86.32 provider and the congressional district or districts in which the dentist provides services;

87.1 (2) the number of enrolled dentists who provided fee-for-service dental services to
 87.2 medical assistance or MinnesotaCare patients within the previous calendar year in the
 87.3 following increments: one to nine patients, ten to 100 patients, and over 100 patients;

87.4 (3) the number of enrolled dentists who provided dental services to medical assistance
 87.5 or MinnesotaCare patients through a managed care plan or county-based purchasing plan
 87.6 within the previous calendar year in the following increments: one to nine patients, ten to
 87.7 100 patients, and over 100 patients; and

87.8 (4) the number of dentists who provided dental services to a new patient who was enrolled
 87.9 in medical assistance or MinnesotaCare within the previous calendar year.

87.10 (e) The report due on March 15, 2023, must include the metrics described in paragraph
 87.11 (d) for each of the following years: 2017, 2018, 2019, 2020, and 2021.

87.12 Sec. 3. Minnesota Statutes 2020, section 256B.057, subdivision 9, is amended to read:

87.13 **Subd. 9. Employed persons with disabilities.** (a) Medical assistance may be paid for
 87.14 a person who is employed and who:

87.15 (1) but for excess earnings or assets, meets the definition of disabled under the
 87.16 Supplemental Security Income program;

87.17 (2) meets the asset limits in paragraph (d); and

87.18 (3) pays a premium and other obligations under paragraph (e).

87.19 (b) For purposes of eligibility, there is a \$65 earned income disregard. To be eligible
 87.20 for medical assistance under this subdivision, a person must have more than \$65 of earned
 87.21 income. Earned income must have Medicare, Social Security, and applicable state and
 87.22 federal taxes withheld. The person must document earned income tax withholding. Any
 87.23 spousal income or assets shall be disregarded for purposes of eligibility and premium
 87.24 determinations.

87.25 (c) After the month of enrollment, a person enrolled in medical assistance under this
 87.26 subdivision who:

87.27 (1) is temporarily unable to work and without receipt of earned income due to a medical
 87.28 condition, as verified by a physician, advanced practice registered nurse, or physician
 87.29 assistant; or

87.30 (2) loses employment for reasons not attributable to the enrollee, and is without receipt
 87.31 of earned income may retain eligibility for up to four consecutive months after the month
 87.32 of job loss. To receive a four-month extension, enrollees must verify the medical condition

88.1 or provide notification of job loss. All other eligibility requirements must be met and the
88.2 enrollee must pay all calculated premium costs for continued eligibility.

88.3 (d) For purposes of determining eligibility under this subdivision, a person's assets must
88.4 not exceed \$20,000, excluding:

88.5 (1) all assets excluded under section 256B.056;

88.6 (2) retirement accounts, including individual accounts, 401(k) plans, 403(b) plans, Keogh
88.7 plans, and pension plans;

88.8 (3) medical expense accounts set up through the person's employer; and

88.9 (4) spousal assets, including spouse's share of jointly held assets.

88.10 (e) All enrollees must pay a premium to be eligible for medical assistance under this
88.11 subdivision, except as provided under clause (1), item (i), and clause (5).

88.12 (1) An enrollee must pay ~~the greater of a \$35 premium or the premium calculated based~~
88.13 ~~on~~ by applying the following sliding premium fee scale to the person's gross earned and
88.14 unearned income and the applicable family size ~~using a sliding fee scale established by the~~
88.15 ~~commissioner, which begins at one percent of income at 100 percent of the federal poverty~~
88.16 ~~guidelines and increases to 7.5 percent of income for those with incomes at or above 300~~
88.17 ~~percent of the federal poverty guidelines.:~~

88.18 (i) for enrollees with income less than 200 percent of federal poverty guidelines, the
88.19 premium shall be zero percent of income;

88.20 (ii) for enrollees with income from 200 to 250 percent of federal poverty guidelines, the
88.21 sliding premium fee scale shall begin at zero percent of income and increase to 2.5 percent;

88.22 (iii) for enrollees with income from 250 to 300 percent of federal poverty guidelines,
88.23 the sliding premium fee scale shall begin at 2.5 percent of income and increase to 4.5 percent;

88.24 (iv) for enrollees with income from 300 to 400 percent of federal poverty guidelines,
88.25 the sliding premium fee scale shall begin at 4.5 percent of income and increase to six percent;

88.26 (v) for enrollees with income from 400 to 500 percent of federal poverty guidelines, the
88.27 sliding premium fee scale shall begin at six percent of income and increase to 7.5 percent;

88.28 and

88.29 (vi) for enrollees with income greater than 500 percent of federal poverty guidelines,
88.30 the premium shall be 7.5 percent of income.

89.1 (2) Annual adjustments in the premium schedule based upon changes in the federal
89.2 poverty guidelines shall be effective for premiums due in July of each year.

89.3 (3) All enrollees who receive unearned income must pay one-half of one percent of
89.4 unearned income in addition to the premium amount, except as provided under clause (5).

89.5 (4) Increases in benefits under title II of the Social Security Act shall not be counted as
89.6 income for purposes of this subdivision until July 1 of each year.

89.7 (5) Effective July 1, 2009, American Indians are exempt from paying premiums as
89.8 required by section 5006 of the American Recovery and Reinvestment Act of 2009, Public
89.9 Law 111-5. For purposes of this clause, an American Indian is any person who meets the
89.10 definition of Indian according to Code of Federal Regulations, title 42, section 447.50.

89.11 (f) A person's eligibility and premium shall be determined by the local county agency.
89.12 Premiums must be paid to the commissioner. All premiums are dedicated to the
89.13 commissioner.

89.14 (g) Any required premium shall be determined at application and redetermined at the
89.15 enrollee's six-month income review or when a change in income or household size is reported.
89.16 Enrollees must report any change in income or household size within ten days of when the
89.17 change occurs. A decreased premium resulting from a reported change in income or
89.18 household size shall be effective the first day of the next available billing month after the
89.19 change is reported. Except for changes occurring from annual cost-of-living increases, a
89.20 change resulting in an increased premium shall not affect the premium amount until the
89.21 next six-month review.

89.22 (h) Premium payment is due upon notification from the commissioner of the premium
89.23 amount required. Premiums may be paid in installments at the discretion of the commissioner.

89.24 (i) Nonpayment of the premium shall result in denial or termination of medical assistance
89.25 unless the person demonstrates good cause for nonpayment. "Good cause" means an excuse
89.26 for the enrollee's failure to pay the required premium when due because the circumstances
89.27 were beyond the enrollee's control or not reasonably foreseeable. The commissioner shall
89.28 determine whether good cause exists based on the weight of the supporting evidence
89.29 submitted by the enrollee to demonstrate good cause. Except when an installment agreement
89.30 is accepted by the commissioner, all persons disenrolled for nonpayment of a premium must
89.31 pay any past due premiums as well as current premiums due prior to being reenrolled.
89.32 Nonpayment shall include payment with a returned, refused, or dishonored instrument. The
89.33 commissioner may require a guaranteed form of payment as the only means to replace a
89.34 returned, refused, or dishonored instrument.

90.1 (j) For enrollees whose income does not exceed 200 percent of the federal poverty
90.2 guidelines and who are also enrolled in Medicare, the commissioner shall reimburse the
90.3 enrollee for Medicare Part B premiums under section 256B.0625, subdivision 15, paragraph
90.4 (a).

90.5 Sec. 4. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 10, is
90.6 amended to read:

90.7 Subd. 10. **Laboratory, x-ray, and opioid testing services.** (a) Medical assistance covers
90.8 laboratory and x-ray services.

90.9 (b) Medical assistance covers screening and urinalysis tests for opioids without lifetime
90.10 or annual limits.

90.11 (c) Medical assistance covers laboratory tests ordered and performed by a licensed
90.12 pharmacist, according to the requirements of section 151.01, subdivision 27, clause (3), at
90.13 no less than the rate for which the same services are covered when provided by any other
90.14 licensed practitioner.

90.15 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
90.16 whichever is later. The commissioner of human services shall notify the revisor of statutes
90.17 when federal approval is obtained.

90.18 Sec. 5. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 17, is
90.19 amended to read:

90.20 Subd. 17. **Transportation costs.** (a) "Nonemergency medical transportation service"
90.21 means motor vehicle transportation provided by a public or private person that serves
90.22 Minnesota health care program beneficiaries who do not require emergency ambulance
90.23 service, as defined in section 144E.001, subdivision 3, to obtain covered medical services.

90.24 (b) Medical assistance covers medical transportation costs incurred solely for obtaining
90.25 emergency medical care or transportation costs incurred by eligible persons in obtaining
90.26 emergency or nonemergency medical care when paid directly to an ambulance company,
90.27 nonemergency medical transportation company, or other recognized providers of
90.28 transportation services. Medical transportation must be provided by:

90.29 (1) nonemergency medical transportation providers who meet the requirements of this
90.30 subdivision;

90.31 (2) ambulances, as defined in section 144E.001, subdivision 2;

91.1 (3) taxicabs that meet the requirements of this subdivision;

91.2 (4) public transit, as defined in section 174.22, subdivision 7; or

91.3 (5) not-for-hire vehicles, including volunteer drivers, as defined in section 65B.472,
91.4 subdivision 1, paragraph (h).

91.5 (c) Medical assistance covers nonemergency medical transportation provided by
91.6 nonemergency medical transportation providers enrolled in the Minnesota health care
91.7 programs. All nonemergency medical transportation providers must comply with the
91.8 operating standards for special transportation service as defined in sections 174.29 to 174.30
91.9 and Minnesota Rules, chapter 8840, and all drivers must be individually enrolled with the
91.10 commissioner and reported on the claim as the individual who provided the service. All
91.11 nonemergency medical transportation providers shall bill for nonemergency medical
91.12 transportation services in accordance with Minnesota health care programs criteria. Publicly
91.13 operated transit systems, volunteers, and not-for-hire vehicles are exempt from the
91.14 requirements outlined in this paragraph.

91.15 (d) An organization may be terminated, denied, or suspended from enrollment if:

91.16 (1) the provider has not initiated background studies on the individuals specified in
91.17 section 174.30, subdivision 10, paragraph (a), clauses (1) to (3); or

91.18 (2) the provider has initiated background studies on the individuals specified in section
91.19 174.30, subdivision 10, paragraph (a), clauses (1) to (3), and:

91.20 (i) the commissioner has sent the provider a notice that the individual has been
91.21 disqualified under section 245C.14; and

91.22 (ii) the individual has not received a disqualification set-aside specific to the special
91.23 transportation services provider under sections 245C.22 and 245C.23.

91.24 (e) The administrative agency of nonemergency medical transportation must:

91.25 (1) adhere to the policies defined by the commissioner in consultation with the
91.26 Nonemergency Medical Transportation Advisory Committee;

91.27 (2) pay nonemergency medical transportation providers for services provided to
91.28 Minnesota health care programs beneficiaries to obtain covered medical services;

91.29 (3) provide data monthly to the commissioner on appeals, complaints, no-shows, canceled
91.30 trips, and number of trips by mode; and

91.31 (4) by July 1, 2016, in accordance with subdivision 18e, utilize a web-based single
91.32 administrative structure assessment tool that meets the technical requirements established

92.1 by the commissioner, reconciles trip information with claims being submitted by providers,
92.2 and ensures prompt payment for nonemergency medical transportation services.

92.3 (f) Until the commissioner implements the single administrative structure and delivery
92.4 system under subdivision 18e, clients shall obtain their level-of-service certificate from the
92.5 commissioner or an entity approved by the commissioner that does not dispatch rides for
92.6 clients using modes of transportation under paragraph (i), clauses (4), (5), (6), and (7).

92.7 (g) The commissioner may use an order by the recipient's attending physician, advanced
92.8 practice registered nurse, or a medical or mental health professional to certify that the
92.9 recipient requires nonemergency medical transportation services. Nonemergency medical
92.10 transportation providers shall perform driver-assisted services for eligible individuals, when
92.11 appropriate. Driver-assisted service includes passenger pickup at and return to the individual's
92.12 residence or place of business, assistance with admittance of the individual to the medical
92.13 facility, and assistance in passenger securement or in securing of wheelchairs, child seats,
92.14 or stretchers in the vehicle.

92.15 Nonemergency medical transportation providers must take clients to the health care
92.16 provider using the most direct route, and must not exceed 30 miles for a trip to a primary
92.17 care provider or 60 miles for a trip to a specialty care provider, unless the client receives
92.18 authorization from the local agency.

92.19 Nonemergency medical transportation providers may not bill for separate base rates for
92.20 the continuation of a trip beyond the original destination. Nonemergency medical
92.21 transportation providers must maintain trip logs, which include pickup and drop-off times,
92.22 signed by the medical provider or client, whichever is deemed most appropriate, attesting
92.23 to mileage traveled to obtain covered medical services. Clients requesting client mileage
92.24 reimbursement must sign the trip log attesting mileage traveled to obtain covered medical
92.25 services.

92.26 (h) The administrative agency shall use the level of service process established by the
92.27 commissioner in consultation with the Nonemergency Medical Transportation Advisory
92.28 Committee to determine the client's most appropriate mode of transportation. If public transit
92.29 or a certified transportation provider is not available to provide the appropriate service mode
92.30 for the client, the client may receive a onetime service upgrade.

92.31 (i) The covered modes of transportation are:

92.32 (1) client reimbursement, which includes client mileage reimbursement provided to
92.33 clients who have their own transportation, or to family or an acquaintance who provides
92.34 transportation to the client;

93.1 (2) volunteer transport, which includes transportation by volunteers using their own
93.2 vehicle;

93.3 (3) unassisted transport, which includes transportation provided to a client by a taxicab
93.4 or public transit. If a taxicab or public transit is not available, the client can receive
93.5 transportation from another nonemergency medical transportation provider;

93.6 (4) assisted transport, which includes transport provided to clients who require assistance
93.7 by a nonemergency medical transportation provider;

93.8 (5) lift-equipped/ramp transport, which includes transport provided to a client who is
93.9 dependent on a device and requires a nonemergency medical transportation provider with
93.10 a vehicle containing a lift or ramp;

93.11 (6) protected transport, which includes transport provided to a client who has received
93.12 a prescreening that has deemed other forms of transportation inappropriate and who requires
93.13 a provider: (i) with a protected vehicle that is not an ambulance or police car and has safety
93.14 locks, a video recorder, and a transparent thermoplastic partition between the passenger and
93.15 the vehicle driver; and (ii) who is certified as a protected transport provider; and

93.16 (7) stretcher transport, which includes transport for a client in a prone or supine position
93.17 and requires a nonemergency medical transportation provider with a vehicle that can transport
93.18 a client in a prone or supine position.

93.19 (j) The local agency shall be the single administrative agency and shall administer and
93.20 reimburse for modes defined in paragraph (i) according to paragraphs (m) and (n) when the
93.21 commissioner has developed, made available, and funded the web-based single administrative
93.22 structure, assessment tool, and level of need assessment under subdivision 18e. The local
93.23 agency's financial obligation is limited to funds provided by the state or federal government.

93.24 (k) The commissioner shall:

93.25 (1) in consultation with the Nonemergency Medical Transportation Advisory Committee,
93.26 verify that the mode and use of nonemergency medical transportation is appropriate;

93.27 (2) verify that the client is going to an approved medical appointment; and

93.28 (3) investigate all complaints and appeals.

93.29 (l) The administrative agency shall pay for the services provided in this subdivision and
93.30 seek reimbursement from the commissioner, if appropriate. As vendors of medical care,
93.31 local agencies are subject to the provisions in section 256B.041, the sanctions and monetary
93.32 recovery actions in section 256B.064, and Minnesota Rules, parts 9505.2160 to 9505.2245.

94.1 (m) Payments for nonemergency medical transportation must be paid based on the client's
94.2 assessed mode under paragraph (h), not the type of vehicle used to provide the service. The
94.3 medical assistance reimbursement rates for nonemergency medical transportation services
94.4 that are payable by or on behalf of the commissioner for nonemergency medical
94.5 transportation services are:

94.6 (1) \$0.22 per mile for client reimbursement;

94.7 (2) up to 100 percent of the Internal Revenue Service business deduction rate for volunteer
94.8 transport;

94.9 (3) equivalent to the standard fare for unassisted transport when provided by public
94.10 transit, and ~~\$11~~ \$12.93 for the base rate and ~~\$1.30~~ \$1.53 per mile when provided by a
94.11 nonemergency medical transportation provider;

94.12 (4) ~~\$13~~ \$15.28 for the base rate and ~~\$1.30~~ \$1.53 per mile for assisted transport;

94.13 (5) ~~\$18~~ \$21.15 for the base rate and ~~\$1.55~~ \$1.82 per mile for lift-equipped/ramp transport;

94.14 (6) \$75 for the base rate and \$2.40 per mile for protected transport; and

94.15 (7) \$60 for the base rate and \$2.40 per mile for stretcher transport, and \$9 per trip for
94.16 an additional attendant if deemed medically necessary.

94.17 (n) The base rate for nonemergency medical transportation services in areas defined
94.18 under RUCA to be super rural is equal to 111.3 percent of the respective base rate in
94.19 paragraph (m), clauses (1) to (7). The mileage rate for nonemergency medical transportation
94.20 services in areas defined under RUCA to be rural or super rural areas is:

94.21 (1) for a trip equal to 17 miles or less, equal to 125 percent of the respective mileage
94.22 rate in paragraph (m), clauses (1) to (7); and

94.23 (2) for a trip between 18 and 50 miles, equal to 112.5 percent of the respective mileage
94.24 rate in paragraph (m), clauses (1) to (7).

94.25 (o) For purposes of reimbursement rates for nonemergency medical transportation
94.26 services under paragraphs (m) and (n), the zip code of the recipient's place of residence
94.27 shall determine whether the urban, rural, or super rural reimbursement rate applies.

94.28 (p) For purposes of this subdivision, "rural urban commuting area" or "RUCA" means
94.29 a census-tract based classification system under which a geographical area is determined
94.30 to be urban, rural, or super rural.

95.1 (q) The commissioner, when determining reimbursement rates for nonemergency medical
 95.2 transportation under paragraphs (m) and (n), shall exempt all modes of transportation listed
 95.3 under paragraph (i) from Minnesota Rules, part 9505.0445, item R, subitem (2).

95.4 (r) Effective for the first day of each calendar quarter in which the price of gasoline as
 95.5 posted publicly by the United States Energy Information Administration exceeds \$3.00 per
 95.6 gallon, the commissioner shall adjust the rate paid per mile in paragraph (m) by one percent
 95.7 up or down for every increase or decrease of ten cents for the price of gasoline. The increase
 95.8 or decrease must be calculated using a base gasoline price of \$3.00. The percentage increase
 95.9 or decrease must be calculated using the average of the most recently available price of all
 95.10 grades of gasoline for Minnesota as posted publicly by the United States Energy Information
 95.11 Administration.

95.12 Sec. 6. Minnesota Statutes 2020, section 256B.0625, subdivision 17a, is amended to read:

95.13 Subd. 17a. **Payment for ambulance services.** (a) Medical assistance covers ambulance
 95.14 services. Providers shall bill ambulance services according to Medicare criteria.
 95.15 Nonemergency ambulance services shall not be paid as emergencies. Effective for services
 95.16 rendered on or after July 1, 2001, medical assistance payments for ambulance services shall
 95.17 be paid at the Medicare reimbursement rate or at the medical assistance payment rate in
 95.18 effect on July 1, 2000, whichever is greater.

95.19 (b) Effective for services provided on or after July 1, 2016, medical assistance payment
 95.20 rates for ambulance services identified in this paragraph are increased by five percent.
 95.21 Capitation payments made to managed care plans and county-based purchasing plans for
 95.22 ambulance services provided on or after January 1, 2017, shall be increased to reflect this
 95.23 rate increase. The increased rate described in this paragraph applies to ambulance service
 95.24 providers whose base of operations as defined in section 144E.10 is located:

95.25 (1) outside the metropolitan counties listed in section 473.121, subdivision 4, and outside
 95.26 the cities of Duluth, Mankato, Moorhead, St. Cloud, and Rochester; or

95.27 (2) within a municipality with a population of less than 1,000.

95.28 (c) Effective for the first day of each calendar quarter in which the price of gasoline as
 95.29 posted publicly by the United Sates Energy Information Administration exceeds \$3.00 per
 95.30 gallon, the commissioner shall adjust the rate paid per mile in paragraphs (a) and (b) by one
 95.31 percent up or down for every increase or decrease of ten cents for the price of gasoline. The
 95.32 increase or decrease must be calculated using a base gasoline price of \$3.00. The percentage
 95.33 increase or decrease must be calculated using the average of the most recently available

96.1 price of all grades of gasoline for Minnesota as posted publicly by the United States Energy
 96.2 Information Administration.

96.3 Sec. 7. Minnesota Statutes 2020, section 256B.0625, subdivision 39, is amended to read:

96.4 Subd. 39. **Childhood Immunizations.** (a) Providers who administer pediatric vaccines
 96.5 within the scope of their licensure, and who are enrolled as a medical assistance provider,
 96.6 must enroll in the pediatric vaccine administration program established by section 13631
 96.7 of the Omnibus Budget Reconciliation Act of 1993. Medical assistance shall pay for
 96.8 administration of the vaccine to children eligible for medical assistance. Medical assistance
 96.9 does not pay for vaccines that are available at no cost from the pediatric vaccine
 96.10 administration program.

96.11 (b) Medical assistance covers vaccines initiated, ordered, or administered by a licensed
 96.12 pharmacist, according to the requirements of section 151.01, subdivision 27, clause (6), at
 96.13 no less than the rate for which the same services are covered when provided by any other
 96.14 licensed practitioner.

96.15 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
 96.16 whichever is later. The commissioner of human services shall notify the revisor of statutes
 96.17 when federal approval is obtained.

96.18 Sec. 8. Minnesota Statutes 2021 Supplement, section 256B.69, subdivision 9f, is amended
 96.19 to read:

96.20 Subd. 9f. **Annual report on provider reimbursement rates.** (a) The commissioner,
 96.21 by December 15 of each year, ~~beginning December 15, 2021,~~ shall submit to the chairs and
 96.22 ranking minority members of the legislative committees with jurisdiction over health care
 96.23 policy and finance a report on managed care and county-based purchasing plan provider
 96.24 reimbursement rates.

96.25 (b) The report must include, for each managed care and county-based purchasing plan,
 96.26 the mean and median provider reimbursement rates by county for the calendar year preceding
 96.27 the reporting year, for the five most common billing codes statewide across all plans, in
 96.28 each of the following provider service categories if within the county there are more than
 96.29 three medical assistance enrolled providers providing the specific service within the specific
 96.30 category:

96.31 (1) physician prenatal services;

96.32 (2) physician preventive services;

97.1 (3) physician services other than prenatal or preventive;

97.2 (4) dental services;

97.3 (5) inpatient hospital services;

97.4 (6) outpatient hospital services; ~~and~~

97.5 (7) mental health services; and

97.6 (8) substance use disorder services.

97.7 (c) The commissioner shall also include in the report:

97.8 (1) the mean and median reimbursement rates across all plans by county for the calendar
97.9 year preceding the reporting year for the billing codes and provider service categories
97.10 described in paragraph (b); and

97.11 (2) the mean and median fee-for-service reimbursement rates by county for the calendar
97.12 year preceding the reporting year for the billing codes and provider service categories
97.13 described in paragraph (b).

97.14 **Sec. 9. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
97.15 **ENTERAL NUTRITION AND SUPPLIES.**

97.16 Notwithstanding Minnesota Statutes, section 256B.766, paragraph (i), but subject to
97.17 Minnesota Statutes, section 256B.766, paragraph (l), effective for dates of service on or
97.18 after the effective date of this section through June 30, 2023, the commissioner of human
97.19 services shall not adjust rates paid for enteral nutrition and supplies.

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

97.21 **Sec. 10. TEMPORARY TELEPHONE-ONLY TELEHEALTH AUTHORIZATION.**

97.22 Beginning July 1, 2021, and until the COVID-19 federal public health emergency ends
97.23 or July 1, 2023, whichever is earlier, telehealth visits, as described in Minnesota Statutes,
97.24 section 256B.0625, subdivision 3b, provided through telephone may satisfy the face-to-face
97.25 requirements for reimbursement under the payment methods that apply to a federally qualified
97.26 health center, rural health clinic, Indian health service, 638 Tribal clinic, and certified
97.27 community behavioral health clinic, if the service would have otherwise qualified for
97.28 payment if performed in person.

97.29 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2021, and
97.30 expires when the COVID-19 federal public health emergency ends or July 1, 2023, whichever

98.1 is earlier. The commissioner of human services shall notify the revisor of statutes when this
98.2 section expires.

98.3 **Sec. 11. NONEMERGENCY MEDICAL TRANSPORTATION SPENDING**
98.4 **REQUIREMENTS.**

98.5 (a) At least 80 percent of the marginal increase in revenue from the implementation of
98.6 rate increases in this act under Minnesota Statutes, section 256B.0625, subdivision 17,
98.7 paragraph (m), clauses (3) to (5), for services rendered on or after the day of implementation
98.8 of the rate increases must be used to increase compensation-related costs for drivers.

98.9 (b) For the purposes of this subdivision, compensation-related costs include:

98.10 (1) wages and salaries;

98.11 (2) the employer's share of FICA taxes, Medicare taxes, state and federal unemployment
98.12 taxes, workers' compensation, and mileage reimbursement;

98.13 (3) the employer's paid share of health and dental insurance, life insurance, disability
98.14 insurance, long-term care insurance, uniform allowance, pensions, and contributions to
98.15 employee retirement accounts; and

98.16 (4) benefits that address direct support professional workforce needs above and beyond
98.17 what employees were offered prior to the implementation of the rate increases.

98.18 (c) Compensation-related costs for persons employed in the central office of a corporation
98.19 or entity that has an ownership interest in the provider or exercises control over the provider,
98.20 or for persons paid by the provider under a management contract, do not count toward the
98.21 80 percent requirement under this subdivision.

98.22 (d) A provider or individual provider that receives additional revenue subject to the
98.23 requirements of this subdivision shall prepare, and upon request submit to the commissioner,
98.24 a distribution plan that specifies the amount of money the provider expects to receive that
98.25 is subject to the requirements of this section, including how that money was or will be
98.26 distributed to increase compensation-related costs for drivers. Within 60 days of final
98.27 implementation of the new phase-in proportion or adjustment to the base wage indices
98.28 subject to the requirements of this subdivision, the provider must post the distribution plan
98.29 and leave it posted for a period of at least six months in an area of the provider's operation
98.30 to which all drivers have access. The posted distribution plan must include instructions
98.31 regarding how to contact the commissioner, or the commissioner's representative, if a driver
98.32 has not received the compensation-related increase described in the plan.

99.1 **Sec. 12. PRESCRIPTION DIGITAL THERAPEUTICS PILOT PROGRAM.**

99.2 (a) The commissioner of human services shall allocate \$8,091,000 in round three of the
99.3 federal opioid response grant program to be used to establish a pilot program to explore the
99.4 effectiveness of using FDA authorized prescription digital therapeutics for the treatment of
99.5 substance use disorders within the medical assistance program. The pilot program shall
99.6 include at least one clinic or practice site located within the seven county metropolitan area
99.7 and at least one clinic or practice site located outside the seven county metropolitan area.
99.8 The clinic or practice site must be capable of incorporating in the pilot program a minimum
99.9 of 1,000 patients enrolled in medical assistance who represent different demographics and
99.10 who are receiving or are eligible to receive substance use disorder services, including
99.11 treatment with medication or behavioral health services, or both. Participation in the pilot
99.12 program by a patient is voluntary. The clinic or practice site must obtain informed consent
99.13 from each patient before enrolling the patient in the pilot program.

99.14 (b) By July 1, 2024, the commissioner of human services shall submit a report to the
99.15 chairs and ranking minority members of the legislative committee with jurisdiction over
99.16 health and human services policy and finances on the prescription digital therapeutics pilot
99.17 program. The report must include the following:

99.18 (1) a description of each clinic or practice site and the demographics of the patient
99.19 population included in the pilot program;

99.20 (2) the successes and challenges of the pilot program, including but not limited to patient
99.21 access to treatment; patient satisfaction; and successful completion of patient treatment
99.22 goals;

99.23 (3) the impact of the pilot program on health equity issues;

99.24 (4) a comparison of hospitalization rates for the pilot program patient population as
99.25 compared to the medical assistance population at large and as compared to patients who
99.26 did not chose to participate in the pilot program; and

99.27 (5) any recommendations on providing medical assistance coverage for prescription
99.28 digital therapeutics for the treatment of substance use disorders.

99.29 (c) Of the allocation in paragraph (a), up to \$810,000 may be used by the commissioner
99.30 for the administration of the pilot program. Any funds allocated under this section are
99.31 available until expended or until March 1, 2024, whichever occurs first.

100.1 Sec. 13. **INITIAL MEMBERS AND FIRST MEETING; MINNESOTA RARE**
100.2 **DISEASE ADVISORY COUNCIL.**

100.3 Public members serving on the University of Minnesota's Advisory Council on Rare
100.4 Diseases on June 30, 2022, are the initial public members of the Minnesota Rare Disease
100.5 Advisory Council. The terms of the members begin on July 1, 2022. The governor must
100.6 designate six members to serve a two-year term; six members to serve a three-year term;
100.7 and five members to serve a four-year term. The governor may appoint additional members
100.8 under Minnesota Statutes, section 137.68, subdivision 2, paragraph (b), clause (13), and
100.9 must set their terms so that roughly one-third of the members' terms expire after two years,
100.10 one-third after three years, and one-third after four years. Legislative members of the
100.11 University of Minnesota's Advisory Council on Rare Disease serve on the Minnesota Rare
100.12 Disease Advisory Council until appointing authorities appoint successors. The person serving
100.13 as chair of the executive subcommittee of the University of Minnesota's Advisory Council
100.14 on Rare Diseases shall convene the first meeting of the Minnesota Rare Disease Advisory
100.15 Council by September 1, 2022.

100.16 Sec. 14. **APPROPRIATIONS.**

100.17 In accordance with Minnesota Statutes, section 15.039, subdivision 6, the unexpended
100.18 balance of money appropriated from the general fund to the Board of Regents of the
100.19 University of Minnesota for purposes of the advisory council on rare diseases under
100.20 Minnesota Statutes, section 137.68, shall be under the control of the Minnesota Rare Disease
100.21 Advisory Council and the Council on Disability.

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

100.23 Sec. 15. **REVISOR INSTRUCTION.**

100.24 The revisor of statutes shall renumber as Minnesota Statutes, section 256.4835, the
100.25 Minnesota Rare Disease Advisory Council that is currently coded as Minnesota Statutes,
100.26 section 137.68. The revisor shall also make necessary cross-reference changes consistent
100.27 with the renumbering.

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

101.1

ARTICLE 4

101.2

BEHAVIORAL HEALTH

101.3 Section 1. Minnesota Statutes 2020, section 13.46, subdivision 7, is amended to read:

101.4 Subd. 7. **Mental health data.** (a) Mental health data are private data on individuals and
101.5 shall not be disclosed, except:

101.6 (1) pursuant to section 13.05, as determined by the responsible authority for the
101.7 community mental health center, mental health division, or provider;

101.8 (2) pursuant to court order;

101.9 (3) pursuant to a statute specifically authorizing access to or disclosure of mental health
101.10 data or as otherwise provided by this subdivision;

101.11 (4) to personnel of the welfare system working in the same program or providing services
101.12 to the same individual or family to the extent necessary to coordinate services, provided
101.13 that a health record may be disclosed only as provided under section 144.293;

101.14 (5) to a health care provider governed by sections 144.291 to 144.298, to the extent
101.15 necessary to coordinate services; or

101.16 (6) with the consent of the client or patient.

101.17 (b) An agency of the welfare system may not require an individual to consent to the
101.18 release of mental health data as a condition for receiving services or for reimbursing a
101.19 community mental health center, mental health division of a county, or provider under
101.20 contract to deliver mental health services.

101.21 (c) Notwithstanding section 245.69, subdivision 2, paragraph (f), or any other law to the
101.22 contrary, ~~the responsible authority~~ for a community mental health center, mental health
101.23 division of a county, or a mental health provider must disclose mental health data to a law
101.24 enforcement agency if the law enforcement agency provides the name of a client or patient
101.25 and communicates that the:

101.26 (1) client or patient is currently involved in ~~an emergency interaction with a mental~~
101.27 health crisis as defined in section 256B.0624, subdivision 2, paragraph (j), to which the law
101.28 enforcement agency has responded; and

101.29 (2) data is necessary to protect the health or safety of the client or patient or of another
101.30 person.

101.31 The scope of disclosure under this paragraph is limited to the minimum necessary for
101.32 law enforcement to safely respond to the emergency mental health crisis. Disclosure under

102.1 this paragraph may include, ~~but is not limited to~~, the name and telephone number of the
102.2 psychiatrist, psychologist, therapist, mental health professional, practitioner, or case manager
102.3 of the client or patient, if known; and strategies to address the mental health crisis. A law
102.4 enforcement agency that obtains mental health data under this paragraph shall maintain a
102.5 record of the requestor, the provider of the ~~information~~ data, and the client or patient name.
102.6 Mental health data obtained by a law enforcement agency under this paragraph are private
102.7 data on individuals and must not be used by the law enforcement agency for any other
102.8 purpose. A law enforcement agency that obtains mental health data under this paragraph
102.9 shall inform the subject of the data that mental health data was obtained.

102.10 (d) In the event of a request under paragraph (a), clause (6), a community mental health
102.11 center, county mental health division, or provider must release mental health data to Criminal
102.12 Mental Health Court personnel in advance of receiving a copy of a consent if the Criminal
102.13 Mental Health Court personnel communicate that the:

102.14 (1) client or patient is a defendant in a criminal case pending in the district court;

102.15 (2) data being requested is limited to information that is necessary to assess whether the
102.16 defendant is eligible for participation in the Criminal Mental Health Court; and

102.17 (3) client or patient has consented to the release of the mental health data and a copy of
102.18 the consent will be provided to the community mental health center, county mental health
102.19 division, or provider within 72 hours of the release of the data.

102.20 For purposes of this paragraph, "Criminal Mental Health Court" refers to a specialty
102.21 criminal calendar of the Hennepin County District Court for defendants with mental illness
102.22 and brain injury where a primary goal of the calendar is to assess the treatment needs of the
102.23 defendants and to incorporate those treatment needs into voluntary case disposition plans.
102.24 The data released pursuant to this paragraph may be used for the sole purpose of determining
102.25 whether the person is eligible for participation in mental health court. This paragraph does
102.26 not in any way limit or otherwise extend the rights of the court to obtain the release of mental
102.27 health data pursuant to court order or any other means allowed by law.

102.28 Sec. 2. Minnesota Statutes 2020, section 62N.25, subdivision 5, is amended to read:

102.29 Subd. 5. **Benefits.** Community integrated service networks must offer the health
102.30 maintenance organization benefit set, as defined in chapter 62D, and other laws applicable
102.31 to entities regulated under chapter 62D. Community networks and chemical dependency
102.32 facilities under contract with a community network shall use the assessment criteria in

103.1 ~~Minnesota Rules, parts 9530.6600 to 9530.6655, section 245G.05~~ when assessing enrollees
 103.2 for chemical dependency treatment.

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

103.4 Sec. 3. Minnesota Statutes 2020, section 62Q.1055, is amended to read:

103.5 **62Q.1055 CHEMICAL DEPENDENCY.**

103.6 All health plan companies shall use the assessment criteria in ~~Minnesota Rules, parts~~
 103.7 ~~9530.6600 to 9530.6655, section 245G.05~~ when assessing and ~~placing~~ treating enrollees
 103.8 for chemical dependency treatment.

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

103.10 Sec. 4. Minnesota Statutes 2020, section 62Q.47, is amended to read:

103.11 **62Q.47 ALCOHOLISM, MENTAL HEALTH, AND CHEMICAL DEPENDENCY**
 103.12 **SERVICES.**

103.13 (a) All health plans, as defined in section 62Q.01, that provide coverage for alcoholism,
 103.14 mental health, or chemical dependency services, must comply with the requirements of this
 103.15 section.

103.16 (b) Cost-sharing requirements and benefit or service limitations for outpatient mental
 103.17 health and outpatient chemical dependency and alcoholism services, except for persons
 103.18 ~~placed in~~ seeking chemical dependency services under ~~Minnesota Rules, parts 9530.6600~~
 103.19 ~~to 9530.6655~~ section 245G.05, must not place a greater financial burden on the insured or
 103.20 enrollee, or be more restrictive than those requirements and limitations for outpatient medical
 103.21 services.

103.22 (c) Cost-sharing requirements and benefit or service limitations for inpatient hospital
 103.23 mental health and inpatient hospital and residential chemical dependency and alcoholism
 103.24 services, except for persons ~~placed in~~ seeking chemical dependency services under ~~Minnesota~~
 103.25 ~~Rules, parts 9530.6600 to 9530.6655~~ section 245G.05, must not place a greater financial
 103.26 burden on the insured or enrollee, or be more restrictive than those requirements and
 103.27 limitations for inpatient hospital medical services.

103.28 (d) A health plan company must not impose an NQTL with respect to mental health and
 103.29 substance use disorders in any classification of benefits unless, under the terms of the health
 103.30 plan as written and in operation, any processes, strategies, evidentiary standards, or other
 103.31 factors used in applying the NQTL to mental health and substance use disorders in the
 103.32 classification are comparable to, and are applied no more stringently than, the processes,

104.1 strategies, evidentiary standards, or other factors used in applying the NQTL with respect
104.2 to medical and surgical benefits in the same classification.

104.3 (e) All health plans must meet the requirements of the federal Mental Health Parity Act
104.4 of 1996, Public Law 104-204; Paul Wellstone and Pete Domenici Mental Health Parity and
104.5 Addiction Equity Act of 2008; the Affordable Care Act; and any amendments to, and federal
104.6 guidance or regulations issued under, those acts.

104.7 (f) The commissioner may require information from health plan companies to confirm
104.8 that mental health parity is being implemented by the health plan company. Information
104.9 required may include comparisons between mental health and substance use disorder
104.10 treatment and other medical conditions, including a comparison of prior authorization
104.11 requirements, drug formulary design, claim denials, rehabilitation services, and other
104.12 information the commissioner deems appropriate.

104.13 (g) Regardless of the health care provider's professional license, if the service provided
104.14 is consistent with the provider's scope of practice and the health plan company's credentialing
104.15 and contracting provisions, mental health therapy visits and medication maintenance visits
104.16 shall be considered primary care visits for the purpose of applying any enrollee cost-sharing
104.17 requirements imposed under the enrollee's health plan.

104.18 (h) By June 1 of each year, beginning June 1, 2021, the commissioner of commerce, in
104.19 consultation with the commissioner of health, shall submit a report on compliance and
104.20 oversight to the chairs and ranking minority members of the legislative committees with
104.21 jurisdiction over health and commerce. The report must:

104.22 (1) describe the commissioner's process for reviewing health plan company compliance
104.23 with United States Code, title 42, section 18031(j), any federal regulations or guidance
104.24 relating to compliance and oversight, and compliance with this section and section 62Q.53;

104.25 (2) identify any enforcement actions taken by either commissioner during the preceding
104.26 12-month period regarding compliance with parity for mental health and substance use
104.27 disorders benefits under state and federal law, summarizing the results of any market conduct
104.28 examinations. The summary must include: (i) the number of formal enforcement actions
104.29 taken; (ii) the benefit classifications examined in each enforcement action; and (iii) the
104.30 subject matter of each enforcement action, including quantitative and nonquantitative
104.31 treatment limitations;

104.32 (3) detail any corrective action taken by either commissioner to ensure health plan
104.33 company compliance with this section, section 62Q.53, and United States Code, title 42,
104.34 section 18031(j); and

105.1 (4) describe the information provided by either commissioner to the public about
105.2 alcoholism, mental health, or chemical dependency parity protections under state and federal
105.3 law.

105.4 The report must be written in nontechnical, readily understandable language and must be
105.5 made available to the public by, among other means as the commissioners find appropriate,
105.6 posting the report on department websites. Individually identifiable information must be
105.7 excluded from the report, consistent with state and federal privacy protections.

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

105.9 Sec. 5. Minnesota Statutes 2020, section 144.294, subdivision 2, is amended to read:

105.10 Subd. 2. **Disclosure to law enforcement agency.** Notwithstanding section 144.293,
105.11 subdivisions 2 and 4, a provider must disclose health records relating to a patient's mental
105.12 health to a law enforcement agency if the law enforcement agency provides the name of
105.13 the patient and communicates that the:

105.14 (1) patient is currently involved in ~~an emergency interaction with~~ a mental health crisis
105.15 as defined in section 256B.0624, subdivision 2, paragraph (j), to which the law enforcement
105.16 agency has responded; and

105.17 (2) disclosure of the records is necessary to protect the health or safety of the patient or
105.18 of another person.

105.19 The scope of disclosure under this subdivision is limited to the minimum necessary for
105.20 law enforcement to safely respond to the emergency mental health crisis. The disclosure
105.21 may include the name and telephone number of the psychiatrist, psychologist, therapist,
105.22 mental health professional, practitioner, or case manager of the patient, if known; and
105.23 strategies to address the mental health crisis. A law enforcement agency that obtains health
105.24 records under this subdivision shall maintain a record of the requestor, the provider of the
105.25 information, and the patient's name. Health records obtained by a law enforcement agency
105.26 under this subdivision are private data on individuals as defined in section 13.02, subdivision
105.27 12, and must not be used by law enforcement for any other purpose. A law enforcement
105.28 agency that obtains health records under this subdivision shall inform the patient that health
105.29 records were obtained.

105.30 Sec. 6. Minnesota Statutes 2020, section 169A.70, subdivision 3, is amended to read:

105.31 Subd. 3. **Assessment report.** (a) The assessment report must be on a form prescribed
105.32 by the commissioner and shall contain an evaluation of the convicted defendant concerning

106.1 the defendant's prior traffic and criminal record, characteristics and history of alcohol and
 106.2 chemical use problems, and amenability to rehabilitation through the alcohol safety program.
 106.3 The report is classified as private data on individuals as defined in section 13.02, subdivision
 106.4 12.

106.5 (b) The assessment report must include:

106.6 (1) a diagnosis of the nature of the offender's chemical and alcohol involvement;

106.7 (2) an assessment of the severity level of the involvement;

106.8 (3) a recommended level of care for the offender in accordance with the criteria contained
 106.9 in ~~rules adopted by the commissioner of human services under section 254A.03, subdivision~~
 106.10 ~~3 (chemical dependency treatment rules)~~ section 245G.05;

106.11 (4) an assessment of the offender's placement needs;

106.12 (5) recommendations for other appropriate remedial action or care, including aftercare
 106.13 services in section 254B.01, subdivision 3, that may consist of educational programs,
 106.14 one-on-one counseling, a program or type of treatment that addresses mental health concerns,
 106.15 or a combination of them; and

106.16 (6) a specific explanation why no level of care or action was recommended, if applicable.

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

106.18 Sec. 7. Minnesota Statutes 2020, section 169A.70, subdivision 4, is amended to read:

106.19 Subd. 4. **Assessor standards; rules; assessment time limits.** A chemical use assessment
 106.20 required by this section must be conducted by an assessor appointed by the court. The
 106.21 assessor must meet the training and qualification requirements of ~~rules adopted by the~~
 106.22 ~~commissioner of human services under section 254A.03, subdivision 3 (chemical dependency~~
 106.23 ~~treatment rules)~~ section 245G.11, subdivisions 1 and 5. Notwithstanding section 13.82 (law
 106.24 enforcement data), the assessor shall have access to any police reports, laboratory test results,
 106.25 and other law enforcement data relating to the current offense or previous offenses that are
 106.26 necessary to complete the evaluation. ~~An assessor providing an assessment under this section~~
 106.27 ~~may not have any direct or shared financial interest or referral relationship resulting in~~
 106.28 ~~shared financial gain with a treatment provider, except as authorized under section 254A.19,~~
 106.29 ~~subdivision 3. If an independent assessor is not available, the court may use the services of~~
 106.30 ~~an assessor authorized to perform assessments for the county social services agency under~~
 106.31 ~~a variance granted under rules adopted by the commissioner of human services under section~~
 106.32 ~~254A.03, subdivision 3.~~ An appointment for the defendant to undergo the assessment must

107.1 be made by the court, a court services probation officer, or the court administrator as soon
107.2 as possible but in no case more than one week after the defendant's court appearance. The
107.3 assessment must be completed no later than three weeks after the defendant's court
107.4 appearance. If the assessment is not performed within this time limit, the county where the
107.5 defendant is to be sentenced shall perform the assessment. The county of financial
107.6 responsibility must be determined under chapter 256G.

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

107.8 Sec. 8. Minnesota Statutes 2021 Supplement, section 245.4889, subdivision 1, is amended
107.9 to read:

107.10 Subdivision 1. **Establishment and authority.** (a) The commissioner is authorized to
107.11 make grants from available appropriations to assist:

107.12 (1) counties;

107.13 (2) Indian tribes;

107.14 (3) children's collaboratives under section 124D.23 or 245.493; or

107.15 (4) mental health service providers.

107.16 (b) The following services are eligible for grants under this section:

107.17 (1) services to children with emotional disturbances as defined in section 245.4871,
107.18 subdivision 15, and their families;

107.19 (2) transition services under section 245.4875, subdivision 8, for young adults under
107.20 age 21 and their families;

107.21 (3) respite care services for children with emotional disturbances or severe emotional
107.22 disturbances who are at risk of out-of-home placement or already in out-of-home placement
107.23 in family foster settings as defined in chapter 245A and at risk of change in out-of-home
107.24 placement or placement in a residential facility or other higher level of care. Allowable
107.25 activities and expenses for respite care services are defined under subdivision 4. A child is
107.26 not required to have case management services to receive respite care services;

107.27 (4) children's mental health crisis services;

107.28 (5) mental health services for people from cultural and ethnic minorities, including
107.29 supervision of clinical trainees who are Black, indigenous, or people of color;

107.30 (6) children's mental health screening and follow-up diagnostic assessment and treatment;

108.1 (7) services to promote and develop the capacity of providers to use evidence-based
108.2 practices in providing children's mental health services;

108.3 (8) school-linked mental health services under section 245.4901;

108.4 (9) building evidence-based mental health intervention capacity for children birth to age
108.5 five;

108.6 (10) suicide prevention and counseling services that use text messaging statewide;

108.7 (11) mental health first aid training;

108.8 (12) training for parents, collaborative partners, and mental health providers on the
108.9 impact of adverse childhood experiences and trauma and development of an interactive
108.10 website to share information and strategies to promote resilience and prevent trauma;

108.11 (13) transition age services to develop or expand mental health treatment and supports
108.12 for adolescents and young adults 26 years of age or younger;

108.13 (14) early childhood mental health consultation;

108.14 (15) evidence-based interventions for youth at risk of developing or experiencing a first
108.15 episode of psychosis, and a public awareness campaign on the signs and symptoms of
108.16 psychosis;

108.17 (16) psychiatric consultation for primary care practitioners; and

108.18 (17) providers to begin operations and meet program requirements when establishing a
108.19 new children's mental health program. These may be start-up grants.

108.20 (c) Services under paragraph (b) must be designed to help each child to function and
108.21 remain with the child's family in the community and delivered consistent with the child's
108.22 treatment plan. Transition services to eligible young adults under this paragraph must be
108.23 designed to foster independent living in the community.

108.24 (d) As a condition of receiving grant funds, a grantee shall obtain all available third-party
108.25 reimbursement sources, if applicable.

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

108.27 Sec. 9. Minnesota Statutes 2020, section 245.4889, is amended by adding a subdivision
108.28 to read:

108.29 **Subd. 4. Respite care services.** Respite care services under subdivision 1, paragraph
108.30 (b), clause (3), include hourly or overnight stays at a licensed foster home or with a qualified

109.1 and approved family member or friend and may occur at a child's or provider's home. Respite
 109.2 care services may also include the following activities and expenses:

109.3 (1) recreational, sport, and nonsport extracurricular activities and programs for the child
 109.4 including camps, clubs, lessons, group outings, sports, or other activities and programs;

109.5 (2) family activities, camps, and retreats that the family does together and provide a
 109.6 break from the family's circumstance;

109.7 (3) cultural programs and activities for the child and family designed to address the
 109.8 unique needs of individuals who share a common language, racial, ethnic, or social
 109.9 background; and

109.10 (4) costs of transportation, food, supplies, and equipment directly associated with
 109.11 approved respite care services and expenses necessary for the child and family to access
 109.12 and participate in respite care services.

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

109.14 Sec. 10. Minnesota Statutes 2020, section 245F.03, is amended to read:

109.15 **245F.03 APPLICATION.**

109.16 (a) This chapter establishes minimum standards for withdrawal management programs
 109.17 licensed by the commissioner that serve one or more unrelated persons.

109.18 (b) This chapter does not apply to a withdrawal management program licensed as a
 109.19 hospital under sections 144.50 to 144.581. A withdrawal management program located in
 109.20 a hospital licensed under sections 144.50 to 144.581 that chooses to be licensed under this
 109.21 chapter is deemed to be in compliance with section 245F.13.

109.22 ~~(c) Minnesota Rules, parts 9530.6600 to 9530.6655, do not apply to withdrawal~~
 109.23 ~~management programs licensed under this chapter.~~

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

109.25 Sec. 11. Minnesota Statutes 2020, section 245G.05, subdivision 2, is amended to read:

109.26 Subd. 2. **Assessment summary.** (a) An alcohol and drug counselor must complete an
 109.27 assessment summary within three calendar days from the day of service initiation for a
 109.28 residential program and within three calendar days on which a treatment session has been
 109.29 provided from the day of service initiation for a client in a nonresidential program. The
 109.30 comprehensive assessment summary is complete upon a qualified staff member's dated
 109.31 signature. If the comprehensive assessment is used to authorize the treatment service, the

110.1 alcohol and drug counselor must prepare an assessment summary on the same date the
110.2 comprehensive assessment is completed. If the comprehensive assessment and assessment
110.3 summary are to authorize treatment services, the assessor must determine appropriate level
110.4 of care and services for the client using the ~~dimensions in Minnesota Rules, part 9530.6622~~
110.5 criteria established in section 254B.04, subdivision 4, and document the recommendations.

110.6 (b) An assessment summary must include:

110.7 (1) a risk description according to section 245G.05 for each dimension listed in paragraph
110.8 (c);

110.9 (2) a narrative summary supporting the risk descriptions; and

110.10 (3) a determination of whether the client has a substance use disorder.

110.11 (c) An assessment summary must contain information relevant to treatment service
110.12 planning and recorded in the dimensions in clauses (1) to (6). The license holder must
110.13 consider:

110.14 (1) Dimension 1, acute intoxication/withdrawal potential; the client's ability to cope with
110.15 withdrawal symptoms and current state of intoxication;

110.16 (2) Dimension 2, biomedical conditions and complications; the degree to which any
110.17 physical disorder of the client would interfere with treatment for substance use, and the
110.18 client's ability to tolerate any related discomfort. The license holder must determine the
110.19 impact of continued substance use on the unborn child, if the client is pregnant;

110.20 (3) Dimension 3, emotional, behavioral, and cognitive conditions and complications;
110.21 the degree to which any condition or complication is likely to interfere with treatment for
110.22 substance use or with functioning in significant life areas and the likelihood of harm to self
110.23 or others;

110.24 (4) Dimension 4, readiness for change; the support necessary to keep the client involved
110.25 in treatment service;

110.26 (5) Dimension 5, relapse, continued use, and continued problem potential; the degree
110.27 to which the client recognizes relapse issues and has the skills to prevent relapse of either
110.28 substance use or mental health problems; and

110.29 (6) Dimension 6, recovery environment; whether the areas of the client's life are
110.30 supportive of or antagonistic to treatment participation and recovery.

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

111.1 Sec. 12. Minnesota Statutes 2020, section 245G.07, subdivision 1, is amended to read:

111.2 Subdivision 1. **Treatment service.** (a) A licensed residential treatment program must
111.3 offer the treatment services in clauses (1) to (5) to each client, unless clinically inappropriate
111.4 and the justifying clinical rationale is documented. A nonresidential treatment program must
111.5 offer all treatment services in clauses (1) to (5) and document in the individual treatment
111.6 plan the specific services for which a client has an assessed need and the plan to provide
111.7 the services:

111.8 (1) individual and group counseling to help the client identify and address needs related
111.9 to substance use and develop strategies to avoid harmful substance use after discharge and
111.10 to help the client obtain the services necessary to establish a lifestyle free of the harmful
111.11 effects of substance use disorder;

111.12 (2) client education strategies to avoid inappropriate substance use and health problems
111.13 related to substance use and the necessary lifestyle changes to regain and maintain health.
111.14 Client education must include information on tuberculosis education on a form approved
111.15 by the commissioner, the human immunodeficiency virus according to section 245A.19,
111.16 other sexually transmitted diseases, drug and alcohol use during pregnancy, and hepatitis.
111.17 Client education must also include education on naloxone by a formalized training program
111.18 or onsite registered nurse, and must include the process for the administration of naloxone,
111.19 overdose awareness, and locations where naloxone can be obtained;

111.20 (3) a service to help the client integrate gains made during treatment into daily living
111.21 and to reduce the client's reliance on a staff member for support;

111.22 (4) a service to address issues related to co-occurring disorders, including client education
111.23 on symptoms of mental illness, the possibility of comorbidity, and the need for continued
111.24 medication compliance while recovering from substance use disorder. A group must address
111.25 co-occurring disorders, as needed. When treatment for mental health problems is indicated,
111.26 the treatment must be integrated into the client's individual treatment plan; and

111.27 (5) treatment coordination provided one-to-one by an individual who meets the staff
111.28 qualifications in section 245G.11, subdivision 7. Treatment coordination services include:

111.29 (i) assistance in coordination with significant others to help in the treatment planning
111.30 process whenever possible;

111.31 (ii) assistance in coordination with and follow up for medical services as identified in
111.32 the treatment plan;

112.1 (iii) facilitation of referrals to substance use disorder services as indicated by a client's
112.2 medical provider, comprehensive assessment, or treatment plan;

112.3 (iv) facilitation of referrals to mental health services as identified by a client's
112.4 comprehensive assessment or treatment plan;

112.5 (v) assistance with referrals to economic assistance, social services, housing resources,
112.6 and prenatal care according to the client's needs;

112.7 (vi) life skills advocacy and support accessing treatment follow-up, disease management,
112.8 and education services, including referral and linkages to long-term services and supports
112.9 as needed; and

112.10 (vii) documentation of the provision of treatment coordination services in the client's
112.11 file.

112.12 (b) A treatment service provided to a client must be provided according to the individual
112.13 treatment plan and must consider cultural differences and special needs of a client.

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

112.15 Sec. 13. Minnesota Statutes 2020, section 245G.08, subdivision 3, is amended to read:

112.16 Subd. 3. **Standing order protocol.** A license holder ~~that maintains~~ must maintain a
112.17 proper supply of naloxone available for emergency treatment of opioid overdose on site in
112.18 a conspicuous location and must have a written standing order protocol by a physician who
112.19 is licensed under chapter 147 or advanced practice registered nurse who is licensed under
112.20 chapter 148, that permits the license holder to maintain a supply of naloxone on site. A
112.21 license holder must require staff to undergo training in the specific mode of administration
112.22 used at the program, which may include intranasal administration, intramuscular injection,
112.23 or both.

112.24 Sec. 14. Minnesota Statutes 2020, section 245G.21, is amended by adding a subdivision
112.25 to read:

112.26 Subd. 9. **Denial of medication.** A license holder cannot deny medications and
112.27 pharmacotherapies to a client if such medications and pharmacotherapies are prescribed by
112.28 a licensed physician.

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

113.1 Sec. 15. Minnesota Statutes 2020, section 245G.22, subdivision 2, is amended to read:

113.2 Subd. 2. **Definitions.** (a) For purposes of this section, the terms defined in this subdivision
113.3 have the meanings given them.

113.4 (b) "Diversion" means the use of a medication for the treatment of opioid addiction being
113.5 diverted from intended use of the medication.

113.6 (c) "Guest dose" means administration of a medication used for the treatment of opioid
113.7 addiction to a person who is not a client of the program that is administering or dispensing
113.8 the medication.

113.9 (d) "Medical director" means a practitioner licensed to practice medicine in the
113.10 jurisdiction that the opioid treatment program is located who assumes responsibility for
113.11 administering all medical services performed by the program, either by performing the
113.12 services directly or by delegating specific responsibility to a practitioner of the opioid
113.13 treatment program.

113.14 (e) "Medication used for the treatment of opioid use disorder" means a medication
113.15 approved by the Food and Drug Administration for the treatment of opioid use disorder.

113.16 (f) "Minnesota health care programs" has the meaning given in section 256B.0636.

113.17 (g) "Opioid treatment program" has the meaning given in Code of Federal Regulations,
113.18 title 42, section 8.12, and includes programs licensed under this chapter.

113.19 ~~(h) "Placing authority" has the meaning given in Minnesota Rules, part 9530.6605,~~
113.20 ~~subpart 21a.~~

113.21 ~~(h)~~ (h) "Practitioner" means a staff member holding a current, unrestricted license to
113.22 practice medicine issued by the Board of Medical Practice or nursing issued by the Board
113.23 of Nursing and is currently registered with the Drug Enforcement Administration to order
113.24 or dispense controlled substances in Schedules II to V under the Controlled Substances Act,
113.25 United States Code, title 21, part B, section 821. Practitioner includes an advanced practice
113.26 registered nurse and physician assistant if the staff member receives a variance by the state
113.27 opioid treatment authority under section 254A.03 and the federal Substance Abuse and
113.28 Mental Health Services Administration.

113.29 ~~(i)~~ (i) "Unsupervised use" means the use of a medication for the treatment of opioid use
113.30 disorder dispensed for use by a client outside of the program setting.

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

114.1 Sec. 16. Minnesota Statutes 2021 Supplement, section 254A.03, subdivision 3, is amended
114.2 to read:

114.3 Subd. 3. **Rules for substance use disorder care.** (a) ~~The commissioner of human~~
114.4 ~~services shall establish by rule criteria to be used in determining the appropriate level of~~
114.5 ~~chemical dependency care for each recipient of public assistance seeking treatment for~~
114.6 ~~substance misuse or substance use disorder. Upon federal approval of a comprehensive~~
114.7 ~~assessment as a Medicaid benefit, or on July 1, 2018, whichever is later, and notwithstanding~~
114.8 ~~the criteria in Minnesota Rules, parts 9530.6600 to 9530.6655, An eligible vendor of~~
114.9 ~~comprehensive assessments under section 254B.05 may determine and approve the~~
114.10 ~~appropriate level of substance use disorder treatment for a recipient of public assistance.~~
114.11 ~~The process for determining an individual's financial eligibility for the behavioral health~~
114.12 ~~fund or determining an individual's enrollment in or eligibility for a publicly subsidized~~
114.13 ~~health plan is not affected by the individual's choice to access a comprehensive assessment~~
114.14 ~~for placement.~~

114.15 (b) The commissioner shall develop and implement a utilization review process for
114.16 publicly funded treatment placements to monitor and review the clinical appropriateness
114.17 and timeliness of all publicly funded placements in treatment.

114.18 (c) If a screen result is positive for alcohol or substance misuse, a brief screening for
114.19 alcohol or substance use disorder that is provided to a recipient of public assistance within
114.20 a primary care clinic, hospital, or other medical setting or school setting establishes medical
114.21 necessity and approval for an initial set of substance use disorder services identified in
114.22 section 254B.05, subdivision 5. The initial set of services approved for a recipient whose
114.23 screen result is positive may include any combination of up to four hours of individual or
114.24 group substance use disorder treatment, two hours of substance use disorder treatment
114.25 coordination, or two hours of substance use disorder peer support services provided by a
114.26 qualified individual according to chapter 245G. A recipient must obtain an assessment
114.27 pursuant to paragraph (a) to be approved for additional treatment services. ~~Minnesota Rules,~~
114.28 ~~parts 9530.6600 to 9530.6655, and A comprehensive assessment pursuant to section 245G.05~~
114.29 ~~are not applicable~~ is not required to receive the initial set of services allowed under this
114.30 subdivision. A positive screen result establishes eligibility for the initial set of services
114.31 allowed under this subdivision.

114.32 (d) ~~Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655, An individual~~
114.33 ~~may choose to obtain a comprehensive assessment as provided in section 245G.05.~~
114.34 Individuals obtaining a comprehensive assessment may access any enrolled provider that
114.35 is licensed to provide the level of service authorized pursuant to section 254A.19, subdivision

115.1 ~~3, paragraph (d).~~ If the individual is enrolled in a prepaid health plan, the individual must
 115.2 comply with any provider network requirements or limitations. ~~This paragraph expires July~~
 115.3 ~~1, 2022.~~

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

115.5 Sec. 17. **[254A.087] SOBER HOUSES.**

115.6 Subdivision 1. **Definition.** "Sober house" means a cooperative living residence, a room
 115.7 and board residence, an apartment, or any other living accommodation that:

115.8 (1) provides temporary housing to persons with alcohol or other drug dependency or
 115.9 abuse problems in exchange for compensation;

115.10 (2) stipulates that residents must abstain from using alcohol or drugs not prescribed by
 115.11 a licensed physician, and meet other requirements as a condition of living in the residence;

115.12 (3) does not provide direct counseling or treatment services to the residents;

115.13 (4) does not deny medications or pharmacotherapies as prescribed by a licensed physician;

115.14 (5) provides lockboxes, controlled medication count, and urinalysis testing; and

115.15 (6) properly maintains a supply of naloxone on site in a conspicuous location.

115.16 Subd. 2. **Provision of counseling services.** Persons with alcohol or drug dependency
 115.17 or abuse problems residing in sober houses shall be:

115.18 (1) provided with naloxone training and education by a formalized training program or
 115.19 trained house manager. The training must include the process for administration of naloxone
 115.20 and a supply of naloxone must be kept on site in a conspicuous location; and

115.21 (2) provided with counseling and related services by alcohol and drug counselors licensed
 115.22 under chapter 148C, or referred by the sober house to counseling and related services
 115.23 provided by alcohol and drug counselors licensed under chapter 148C.

115.24 Subd. 3. **Notice; alternative living arrangements; referral for counseling.** Persons
 115.25 with alcohol or drug dependency or abuse problems receiving residential services shall be:

115.26 (1) provided with 48 hours written notice prior to discharge or termination of services,
 115.27 stating the reason for discharge and proposed alternative living arrangements as recommended
 115.28 by an assessment under Minnesota Rules, parts 9530.6600 to 9530.6655. Weekends and
 115.29 legal holidays are excluded when calculating the 48 hours' notice;

116.1 (2) provided alternative living arrangements to meet their needs as recommended by an
116.2 assessment under Minnesota Rules, parts 9530.6600 to 9530.6655, if discharge from the
116.3 program must occur prior to the expiration of 48 hours is deemed necessary by the facility;

116.4 (3) provided with information in writing who to contact to appeal the proposed discharge;

116.5 (4) informed of their right to request that designated individuals receive immediate notice
116.6 of the proposed discharge by telephone, fax, or other means of communication. Weekends
116.7 and legal holidays are excluded when calculating the 48 hours' notice; and

116.8 (5) referred to emergency services, detoxification services, or crisis facilities if relapse
116.9 is the reason for discharge. The referral must be provided in a written form or by telephone,
116.10 fax, or other means of communication.

116.11 Subd. 4. **Services by licensed providers.** (a) Residential or outpatient facilities licensed
116.12 under chapter 245A shall only refer persons with alcohol or drug dependency or abuse
116.13 problems, or their family members or others affected by the person's dependency or abuse,
116.14 to persons licensed under chapter 148C or to facilities licensed under chapter 245A.

116.15 (b) If a referring facility has an economic interest in the referral, this interest shall be
116.16 disclosed in writing and two alternative referrals shall be provided. A release of information
116.17 for both parties must be presented to the person with alcohol or drug dependency or abuse
116.18 or their family members or others affected by the person's dependency or abuse.

116.19 (c) Organizations and groups that do not receive compensation for their services, such
116.20 as 12-step programs, are excluded from the requirements of this subdivision.

116.21 Subd. 5. **Resident property upon service termination.** Upon the service termination
116.22 of a resident, a sober house must:

116.23 (1) return all property that belonged to a resident upon that resident's service termination
116.24 regardless of that resident's service termination status;

116.25 (2) retain the resident's property for a minimum of seven days after the resident's service
116.26 termination, if the resident did not claim the resident's property upon service termination;
116.27 and

116.28 (3) retain the resident's property for a minimum of 30 days after the resident's service
116.29 termination, if the resident did not claim the resident's property upon service termination
116.30 and received room and board, emergency services, crisis services, detoxification services,
116.31 or facility transfer.

116.32 Subd. 6. **Sober house management.** A sober house must:

117.1 (1) have written procedures for scheduled drug monitoring;

117.2 (2) have written procedures for counting and documenting a resident's controlled
 117.3 medications, including a standardized data collection tool for collecting, documenting, and
 117.4 filing daily controlled medications counts that includes the date, time, and the signature of
 117.5 the staff member taking the daily count of scheduled medications;

117.6 (3) have a statement that no medication supply for one resident shall be provided to
 117.7 another resident; and

117.8 (4) file and store controlled medications counts for a minimum of two years.

117.9 **EFFECTIVE DATE.** This section is effective May 1, 2023.

117.10 Sec. 18. Minnesota Statutes 2020, section 254A.19, subdivision 1, is amended to read:

117.11 Subdivision 1. **Persons arrested outside of home county of residence.** When a chemical
 117.12 use assessment is required under Minnesota Rules, parts 9530.6600 to 9530.6655, for a
 117.13 person who is arrested and taken into custody by a peace officer outside of the person's
 117.14 county of residence, the assessment must be completed by the person's county of residence
 117.15 no later than three weeks after the assessment is initially requested. If the assessment is not
 117.16 performed within this time limit, the county where the person is to be sentenced shall perform
 117.17 the assessment county where the person is detained must facilitate access to an assessor
 117.18 qualified under subdivision 3. The county of financial responsibility is determined under
 117.19 chapter 256G.

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

117.21 Sec. 19. Minnesota Statutes 2020, section 254A.19, subdivision 3, is amended to read:

117.22 Subd. 3. **Financial conflicts of interest Comprehensive assessments.** (a) Except as
 117.23 provided in paragraph (b), (c), or (d), an assessor conducting a chemical use assessment
 117.24 under Minnesota Rules, parts 9530.6600 to 9530.6655, may not have any direct or shared
 117.25 financial interest or referral relationship resulting in shared financial gain with a treatment
 117.26 provider.

117.27 (b) A county may contract with an assessor having a conflict described in paragraph (a)
 117.28 if the county documents that:

117.29 (1) ~~the assessor is employed by a culturally specific service provider or a service provider~~
 117.30 ~~with a program designed to treat individuals of a specific age, sex, or sexual preference;~~

118.1 ~~(2) the county does not employ a sufficient number of qualified assessors and the only~~
 118.2 ~~qualified assessors available in the county have a direct or shared financial interest or a~~
 118.3 ~~referral relationship resulting in shared financial gain with a treatment provider; or~~

118.4 ~~(3) the county social service agency has an existing relationship with an assessor or~~
 118.5 ~~service provider and elects to enter into a contract with that assessor to provide both~~
 118.6 ~~assessment and treatment under circumstances specified in the county's contract, provided~~
 118.7 ~~the county retains responsibility for making placement decisions.~~

118.8 ~~(e) The county may contract with a hospital to conduct chemical assessments if the~~
 118.9 ~~requirements in subdivision 1a are met.~~

118.10 ~~An assessor under this paragraph may not place clients in treatment. The assessor shall~~
 118.11 ~~gather required information and provide it to the county along with any required~~
 118.12 ~~documentation. The county shall make all placement decisions for clients assessed by~~
 118.13 ~~assessors under this paragraph.~~

118.14 ~~(d) An eligible vendor under section 254B.05 conducting a comprehensive assessment~~
 118.15 ~~for an individual seeking treatment shall approve the nature, intensity level, and duration~~
 118.16 ~~of treatment service if a need for services is indicated, but the individual assessed can access~~
 118.17 ~~any enrolled provider that is licensed to provide the level of service authorized, including~~
 118.18 ~~the provider or program that completed the assessment. If an individual is enrolled in a~~
 118.19 ~~prepaid health plan, the individual must comply with any provider network requirements~~
 118.20 ~~or limitations. An eligible vendor of a comprehensive assessment must provide information,~~
 118.21 ~~in a format provided by the commissioner, on medical assistance and the behavioral health~~
 118.22 ~~fund to individuals seeking an assessment.~~

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

118.24 Sec. 20. Minnesota Statutes 2021 Supplement, section 254A.19, subdivision 4, is amended
 118.25 to read:

118.26 Subd. 4. **Civil commitments.** ~~A Rule 25 assessment, under Minnesota Rules, part~~
 118.27 ~~9530.6615, For the purposes of determining level of care, a comprehensive assessment does~~
 118.28 ~~not need to be completed for an individual being committed as a chemically dependent~~
 118.29 ~~person, as defined in section 253B.02, and for the duration of a civil commitment under~~
 118.30 ~~section 253B.065, 253B.09, or 253B.095 in order for a county to access the behavioral~~
 118.31 ~~health fund under section 254B.04. The county must determine if the individual meets the~~
 118.32 ~~financial eligibility requirements for the behavioral health fund under section 254B.04.~~

119.1 ~~Nothing in this subdivision prohibits placement in a treatment facility or treatment program~~
119.2 ~~governed under this chapter or Minnesota Rules, parts 9530.6600 to 9530.6655.~~

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

119.4 Sec. 21. Minnesota Statutes 2020, section 254A.19, is amended by adding a subdivision
119.5 to read:

119.6 Subd. 6. **Assessments for detoxification programs.** For detoxification programs licensed
119.7 under chapter 245A according to Minnesota Rules, parts 9530.6510 to 9530.6590, a
119.8 "chemical use assessment" means a comprehensive assessment and assessment summary
119.9 completed according to section 245G.05 and a "chemical dependency assessor" or "assessor"
119.10 means an individual who meets the qualifications of section 245G.11, subdivisions 1 and
119.11 5.

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

119.13 Sec. 22. Minnesota Statutes 2020, section 254A.19, is amended by adding a subdivision
119.14 to read:

119.15 Subd. 7. **Assessments for children's residential facilities.** For children's residential
119.16 facilities licensed under chapter 245A according to Minnesota Rules, parts 2960.0010 to
119.17 2960.0220 and 2960.0430 to 2960.0500, a "chemical use assessment" means a comprehensive
119.18 assessment and assessment summary completed according to section 245G.05 by an
119.19 individual who meets the qualifications of section 245G.11, subdivisions 1 and 5.

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

119.21 Sec. 23. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
119.22 to read:

119.23 Subd. 2a. **Behavioral health fund.** "Behavioral health fund" means money allocated
119.24 for payment of treatment services under this chapter.

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

119.26 Sec. 24. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
119.27 to read:

119.28 Subd. 2b. **Client.** "Client" means an individual who has requested substance use disorder
119.29 services, or for whom substance use disorder services have been requested.

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

120.1 Sec. 25. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
120.2 to read:

120.3 Subd. 2c. **Co-payment.** "Co-payment" means the amount an insured person is obligated
120.4 to pay before the person's third-party payment source is obligated to make a payment, or
120.5 the amount an insured person is obligated to pay in addition to the amount the person's
120.6 third-party payment source is obligated to pay.

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

120.8 Sec. 26. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
120.9 to read:

120.10 Subd. 4c. **Department.** "Department" means the Department of Human Services.

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

120.12 Sec. 27. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
120.13 to read:

120.14 Subd. 4d. **Drug and alcohol abuse normative evaluation system or DAANES.** "Drug
120.15 and alcohol abuse normative evaluation system" or "DAANES" means the reporting system
120.16 used to collect substance use disorder treatment data across all levels of care and providers.

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

120.18 Sec. 28. Minnesota Statutes 2020, section 254B.01, subdivision 5, is amended to read:

120.19 Subd. 5. **Local agency.** "Local agency" means the agency designated by a board of
120.20 county commissioners, a local social services agency, or a human services board to make
120.21 placements and submit state invoices according to Laws 1986, chapter 394, sections 8 to
120.22 20 authorized under section 254B.03, subdivision 1, to determine financial eligibility for
120.23 the behavioral health fund.

120.24 Sec. 29. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
120.25 to read:

120.26 Subd. 6a. **Minor child.** "Minor child" means an individual under the age of 18 years.

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

121.1 Sec. 30. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
121.2 to read:

121.3 Subd. 6b. **Policy holder.** "Policy holder" means a person who has a third-party payment
121.4 policy under which a third-party payment source has an obligation to pay all or part of a
121.5 client's treatment costs.

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

121.7 Sec. 31. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
121.8 to read:

121.9 Subd. 9. **Responsible relative.** "Responsible relative" means a person who is a member
121.10 of the client's household and is a client's spouse or the parent of a minor child who is a
121.11 client.

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

121.13 Sec. 32. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
121.14 to read:

121.15 Subd. 10. **Third-party payment source.** "Third-party payment source" means a person,
121.16 entity, or public or private agency other than medical assistance or general assistance medical
121.17 care that has a probable obligation to pay all or part of the costs of a client's substance use
121.18 disorder treatment.

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

121.20 Sec. 33. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
121.21 to read:

121.22 Subd. 11. **Vendor.** "Vendor" means a provider of substance use disorder treatment
121.23 services that meets the criteria established in section 254B.05 and that has applied to
121.24 participate as a provider in the medical assistance program according to Minnesota Rules,
121.25 part 9505.0195.

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

121.27 Sec. 34. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
121.28 to read:

121.29 Subd. 12. **American Society of Addiction Medicine criteria or ASAM**
121.30 **criteria.** "American Society of Addiction Medicine criteria" or "ASAM criteria" means the

122.1 clinical guidelines for purposes of the assessment, treatment, placement, and transfer or
 122.2 discharge of individuals with substance use disorders. The ASAM criteria are contained in
 122.3 the current edition of the ASAM Criteria: Treatment Criteria for Addictive,
 122.4 Substance-Related, and Co-Occurring Conditions.

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

122.6 Sec. 35. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
 122.7 to read:

122.8 Subd. 13. **Skilled treatment services.** "Skilled treatment services" means the "treatment
 122.9 services" described by section 245G.07, subdivisions 1, paragraph (a), clauses (1) to (4);
 122.10 and 2, clauses (1) to (6). Skilled treatment services must be provided by qualified
 122.11 professionals as identified in section 245G.07, subdivision 3.

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

122.13 Sec. 36. Minnesota Statutes 2020, section 254B.03, subdivision 1, is amended to read:

122.14 Subdivision 1. **Local agency duties.** (a) Every local agency ~~shall~~ must determine financial
 122.15 eligibility for substance use disorder services and provide chemical dependency substance
 122.16 use disorder services to persons residing within its jurisdiction who meet criteria established
 122.17 by the commissioner for placement in a chemical dependency residential or nonresidential
 122.18 treatment service. Chemical dependency money must be administered by the local agencies
 122.19 according to law and rules adopted by the commissioner under sections 14.001 to 14.69.

122.20 (b) In order to contain costs, the commissioner of human services shall select eligible
 122.21 vendors of chemical dependency services who can provide economical and appropriate
 122.22 treatment. Unless the local agency is a social services department directly administered by
 122.23 a county or human services board, the local agency shall not be an eligible vendor under
 122.24 section 254B.05. The commissioner may approve proposals from county boards to provide
 122.25 services in an economical manner or to control utilization, with safeguards to ensure that
 122.26 necessary services are provided. If a county implements a demonstration or experimental
 122.27 medical services funding plan, the commissioner shall transfer the money as appropriate.

122.28 ~~(e) A culturally specific vendor that provides assessments under a variance under~~
 122.29 ~~Minnesota Rules, part 9530.6610, shall be allowed to provide assessment services to persons~~
 122.30 ~~not covered by the variance.~~

122.31 ~~(d) Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655,~~ (c) An individual
 122.32 may choose to obtain a comprehensive assessment as provided in section 245G.05.

123.1 Individuals obtaining a comprehensive assessment may access any enrolled provider that
 123.2 is licensed to provide the level of service authorized pursuant to section 254A.19, subdivision
 123.3 3, ~~paragraph (d)~~. If the individual is enrolled in a prepaid health plan, the individual must
 123.4 comply with any provider network requirements or limitations.

123.5 ~~(e)~~ (d) Beginning July 1, 2022, local agencies shall not make placement location
 123.6 determinations.

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

123.8 Sec. 37. Minnesota Statutes 2021 Supplement, section 254B.03, subdivision 2, is amended
 123.9 to read:

123.10 Subd. 2. **Behavioral health fund payment.** (a) Payment from the behavioral health
 123.11 fund is limited to payments for services identified in section 254B.05, other than
 123.12 detoxification licensed under Minnesota Rules, parts 9530.6510 to 9530.6590, and
 123.13 detoxification provided in another state that would be required to be licensed as a chemical
 123.14 dependency program if the program were in the state. Out of state vendors must also provide
 123.15 the commissioner with assurances that the program complies substantially with state licensing
 123.16 requirements and possesses all licenses and certifications required by the host state to provide
 123.17 chemical dependency treatment. Vendors receiving payments from the behavioral health
 123.18 fund must not require co-payment from a recipient of benefits for services provided under
 123.19 this subdivision. The vendor is prohibited from using the client's public benefits to offset
 123.20 the cost of services paid under this section. The vendor shall not require the client to use
 123.21 public benefits for room or board costs. This includes but is not limited to cash assistance
 123.22 benefits under chapters 119B, 256D, and 256J, or SNAP benefits. Retention of SNAP
 123.23 benefits is a right of a client receiving services through the behavioral health fund or through
 123.24 state contracted managed care entities. Payment from the behavioral health fund shall be
 123.25 made for necessary room and board costs provided by vendors meeting the criteria under
 123.26 section 254B.05, subdivision 1a, or in a community hospital licensed by the commissioner
 123.27 of health according to sections 144.50 to 144.56 to a client who is:

123.28 (1) determined to meet the criteria for placement in a residential chemical dependency
 123.29 treatment program according to rules adopted under section 254A.03, subdivision 3; and

123.30 (2) concurrently receiving a chemical dependency treatment service in a program licensed
 123.31 by the commissioner and reimbursed by the behavioral health fund.

123.32 ~~(b) A county may, from its own resources, provide chemical dependency services for~~
 123.33 ~~which state payments are not made. A county may elect to use the same invoice procedures~~

124.1 ~~and obtain the same state payment services as are used for chemical dependency services~~
 124.2 ~~for which state payments are made under this section if county payments are made to the~~
 124.3 ~~state in advance of state payments to vendors. When a county uses the state system for~~
 124.4 ~~payment, the commissioner shall make monthly billings to the county using the most recent~~
 124.5 ~~available information to determine the anticipated services for which payments will be made~~
 124.6 ~~in the coming month. Adjustment of any overestimate or underestimate based on actual~~
 124.7 ~~expenditures shall be made by the state agency by adjusting the estimate for any succeeding~~
 124.8 ~~month.~~

124.9 ~~(e)~~ (b) The commissioner shall coordinate chemical dependency services and determine
 124.10 whether there is a need for any proposed expansion of chemical dependency treatment
 124.11 services. The commissioner shall deny vendor certification to any provider that has not
 124.12 received prior approval from the commissioner for the creation of new programs or the
 124.13 expansion of existing program capacity. The commissioner shall consider the provider's
 124.14 capacity to obtain clients from outside the state based on plans, agreements, and previous
 124.15 utilization history, when determining the need for new treatment services.

124.16 ~~(d)~~ (c) At least 60 days prior to submitting an application for new licensure under chapter
 124.17 245G, the applicant must notify the county human services director in writing of the
 124.18 applicant's intent to open a new treatment program. The written notification must include,
 124.19 at a minimum:

124.20 (1) a description of the proposed treatment program; and

124.21 (2) a description of the target population to be served by the treatment program.

124.22 ~~(e)~~ (d) The county human services director may submit a written statement to the
 124.23 commissioner, within 60 days of receiving notice from the applicant, regarding the county's
 124.24 support of or opposition to the opening of the new treatment program. The written statement
 124.25 must include documentation of the rationale for the county's determination. The commissioner
 124.26 shall consider the county's written statement when determining whether there is a need for
 124.27 the treatment program as required by paragraph ~~(e)~~ (b).

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

124.29 Sec. 38. Minnesota Statutes 2020, section 254B.03, subdivision 5, is amended to read:

124.30 Subd. 5. **Rules; appeal.** The commissioner shall adopt rules as necessary to implement
 124.31 this chapter. ~~The commissioner shall establish an appeals process for use by recipients when~~
 124.32 ~~services certified by the county are disputed. The commissioner shall adopt rules and~~

125.1 ~~standards for the appeal process to assure adequate redress for persons referred to~~
 125.2 ~~inappropriate services.~~

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

125.4 Sec. 39. Minnesota Statutes 2021 Supplement, section 254B.04, subdivision 1, is amended
 125.5 to read:

125.6 Subdivision 1. **Client eligibility.** (a) Persons eligible for benefits under Code of Federal
 125.7 Regulations, title 25, part 20, who meet the income standards of section 256B.056,
 125.8 subdivision 4, and are not enrolled in medical assistance, are entitled to behavioral health
 125.9 fund services. State money appropriated for this paragraph must be placed in a separate
 125.10 account established for this purpose.

125.11 (b) Persons with dependent children who are determined to be in need of chemical
 125.12 dependency treatment pursuant to an assessment under section 260E.20, subdivision 1, or
 125.13 a case plan under section 260C.201, subdivision 6, or 260C.212, shall be assisted by the
 125.14 local agency to access needed treatment services. Treatment services must be appropriate
 125.15 for the individual or family, which may include long-term care treatment or treatment in a
 125.16 facility that allows the dependent children to stay in the treatment facility. The county shall
 125.17 pay for out-of-home placement costs, if applicable.

125.18 (c) Notwithstanding paragraph (a), persons enrolled in medical assistance are eligible
 125.19 for room and board services under section 254B.05, subdivision 5, paragraph (b), clause
 125.20 ~~(12)~~ (11).

125.21 (d) A client is eligible to have substance use disorder treatment paid for with funds from
 125.22 the behavioral health fund if:

125.23 (1) the client is eligible for MFIP as determined under chapter 256J;

125.24 (2) the client is eligible for medical assistance as determined under Minnesota Rules,
 125.25 parts 9505.0010 to 9505.0150;

125.26 (3) the client is eligible for general assistance or work readiness as determined under
 125.27 Minnesota Rules, parts 9500.1200 to 9500.1272; or

125.28 (4) the client's income is within current household size and income guidelines for entitled
 125.29 persons, as defined in this subdivision and subdivision 7.

125.30 (e) Clients who meet the financial eligibility requirement in paragraph (a) and who have
 125.31 a third-party payment source are eligible for the behavioral health fund if the third-party

126.1 payment source pays less than 100 percent of the cost of treatment services for eligible
126.2 clients.

126.3 (f) A client is ineligible to have substance use disorder treatment services paid for by
126.4 the behavioral health fund if the client:

126.5 (1) has an income that exceeds current household size and income guidelines for entitled
126.6 persons, as defined in this subdivision and subdivision 7; or

126.7 (2) has an available third-party payment source that will pay the total cost of the client's
126.8 treatment.

126.9 (g) A client who is disenrolled from a state prepaid health plan during a treatment episode
126.10 is eligible for continued treatment service paid for by the behavioral health fund until the
126.11 treatment episode is completed or the client is re-enrolled in a state prepaid health plan if
126.12 the client:

126.13 (1) continues to be enrolled in MinnesotaCare, medical assistance, or general assistance
126.14 medical care; or

126.15 (2) is eligible according to paragraphs (a) and (b) and is determined eligible by a local
126.16 agency under this section.

126.17 (h) If a county commits a client under chapter 253B to a regional treatment center for
126.18 substance use disorder services and the client is ineligible for the behavioral health fund,
126.19 the county is responsible for payment to the regional treatment center according to section
126.20 254B.05, subdivision 4.

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

126.22 Sec. 40. Minnesota Statutes 2020, section 254B.04, subdivision 2a, is amended to read:

126.23 Subd. 2a. **Eligibility for treatment in residential settings room and board services**
126.24 **for persons in outpatient substance use disorder treatment.** ~~Notwithstanding provisions~~
126.25 ~~of Minnesota Rules, part 9530.6622, subparts 5 and 6, related to an assessor's discretion in~~
126.26 ~~making placements to residential treatment settings;~~ A person eligible for room and board
126.27 services under this section 254B.05, subdivision 5, paragraph (b), clause (12), must score
126.28 at level 4 on assessment dimensions related to readiness to change, relapse, continued use,
126.29 or recovery environment ~~in order~~ to be assigned to services with a room and board component
126.30 reimbursed under this section. Whether a treatment facility has been designated an institution
126.31 for mental diseases under United States Code, title 42, section 1396d, shall not be a factor
126.32 in making placements.

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

127.2 Sec. 41. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
127.3 to read:

127.4 Subd. 4. **Assessment criteria and risk descriptions.** (a) The level of care determination
127.5 must follow criteria approved by the commissioner.

127.6 (b) Dimension 1: the vendor must use the criteria in Dimension 1 to determine a client's
127.7 acute intoxication and withdrawal potential.

127.8 (1) "0" The client displays full functioning with good ability to tolerate and cope with
127.9 withdrawal discomfort. The client displays no signs or symptoms of intoxication or
127.10 withdrawal or diminishing signs or symptoms.

127.11 (2) "1" The client can tolerate and cope with withdrawal discomfort. The client displays
127.12 mild to moderate intoxication or signs and symptoms interfering with daily functioning but
127.13 does not immediately endanger self or others. The client poses minimal risk of severe
127.14 withdrawal.

127.15 (3) "2" The client has some difficulty tolerating and coping with withdrawal discomfort.
127.16 The client's intoxication may be severe, but the client responds to support and treatment
127.17 such that the client does not immediately endanger self or others. The client displays moderate
127.18 signs and symptoms with moderate risk of severe withdrawal.

127.19 (4) "3" The client tolerates and copes with withdrawal discomfort poorly. The client has
127.20 severe intoxication, such that the client endangers self or others, or has intoxication that has
127.21 not abated with less intensive services. The client displays severe signs and symptoms, risk
127.22 of severe but manageable withdrawal, or worsening withdrawal despite detoxification at a
127.23 less intensive level.

127.24 (5) "4" The client is incapacitated with severe signs and symptoms. The client displays
127.25 severe withdrawal and is a danger to self or others.

127.26 (c) Dimension 2: the vendor must use the criteria in Dimension 2 to determine a client's
127.27 biomedical conditions and complications.

127.28 (1) "0" The client displays full functioning with good ability to cope with physical
127.29 discomfort.

127.30 (2) "1" The client tolerates and copes with physical discomfort and is able to get the
127.31 services that the client needs.

128.1 (3) "2" The client has difficulty tolerating and coping with physical problems or has
128.2 other biomedical problems that interfere with recovery and treatment. The client neglects
128.3 or does not seek care for serious biomedical problems.

128.4 (4) "3" The client tolerates and copes poorly with physical problems or has poor general
128.5 health. The client neglects the client's medical problems without active assistance.

128.6 (5) "4" The client is unable to participate in substance use disorder treatment and has
128.7 severe medical problems, has a condition that requires immediate intervention, or is
128.8 incapacitated.

128.9 (d) Dimension 3: the vendor must use the criteria in Dimension 3 to determine a client's
128.10 emotional, behavioral, and cognitive conditions and complications.

128.11 (1) "0" The client has good impulse control and coping skills and presents no risk of
128.12 harm to self or others. The client functions in all life areas and displays no emotional,
128.13 behavioral, or cognitive problems or the problems are stable.

128.14 (2) "1" The client has impulse control and coping skills. The client presents a mild to
128.15 moderate risk of harm to self or others or displays symptoms of emotional, behavioral, or
128.16 cognitive problems. The client has a mental health diagnosis and is stable. The client
128.17 functions adequately in significant life areas.

128.18 (3) "2" The client has difficulty with impulse control and lacks coping skills. The client
128.19 has thoughts of suicide or harm to others without means; however, the thoughts may interfere
128.20 with participation in some activities. The client has difficulty functioning in significant life
128.21 areas. The client has moderate symptoms of emotional, behavioral, or cognitive problems.
128.22 The client is able to participate in most treatment activities.

128.23 (4) "3" The client has a severe lack of impulse control and coping skills. The client also
128.24 has frequent thoughts of suicide or harm to others, including a plan and the means to carry
128.25 out the plan. In addition, the client is severely impaired in significant life areas and has
128.26 severe symptoms of emotional, behavioral, or cognitive problems that interfere with the
128.27 client's participation in treatment activities.

128.28 (5) "4" The client has severe emotional or behavioral symptoms that place the client or
128.29 others at acute risk of harm. The client also has intrusive thoughts of harming self or others.
128.30 The client is unable to participate in treatment activities.

128.31 (e) Dimension 4: the vendor must use the criteria in Dimension 4 to determine a client's
128.32 readiness for change.

129.1 (1) "0" The client admits to problems and is cooperative, motivated, ready to change,
129.2 committed to change, and engaged in treatment as a responsible participant.

129.3 (2) "1" The client is motivated with active reinforcement to explore treatment and
129.4 strategies for change but ambivalent about the client's illness or need for change.

129.5 (3) "2" The client displays verbal compliance but lacks consistent behaviors, has low
129.6 motivation for change, and is passively involved in treatment.

129.7 (4) "3" The client displays inconsistent compliance, has minimal awareness of either
129.8 the client's addiction or mental disorder, and is minimally cooperative.

129.9 (5) "4" The client is:

129.10 (i) noncompliant with treatment and has no awareness of addiction or mental disorder
129.11 and does not want or is unwilling to explore change or is in total denial of the client's illness
129.12 and its implications; or

129.13 (ii) dangerously oppositional to the extent that the client is a threat of imminent harm
129.14 to self and others.

129.15 (f) Dimension 5: the vendor must use the criteria in Dimension 5 to determine a client's
129.16 relapse, continued substance use, and continued problem potential.

129.17 (1) "0" The client recognizes risk well and is able to manage potential problems.

129.18 (2) "1" The client recognizes relapse issues and prevention strategies, but displays some
129.19 vulnerability for further substance use or mental health problems.

129.20 (3) "2" The client has minimal recognition and understanding of relapse and recidivism
129.21 issues and displays moderate vulnerability for further substance use or mental health
129.22 problems. The client has some coping skills inconsistently applied.

129.23 (4) "3" The client has poor recognition and understanding of relapse and recidivism
129.24 issues and displays moderately high vulnerability for further substance use or mental health
129.25 problems. The client has few coping skills and rarely applies coping skills.

129.26 (5) "4" The client has no coping skills to arrest mental health or addiction illnesses or
129.27 to prevent relapse. The client has no recognition or understanding of relapse and recidivism
129.28 issues and displays high vulnerability for further substance use or mental health problems.

129.29 (g) Dimension 6: the vendor must use the criteria in Dimension 6 to determine a client's
129.30 recovery environment.

130.1 (1) "0" The client is engaged in structured, meaningful activity and has a supportive
130.2 significant other, family, and living environment.

130.3 (2) "1" The client has passive social network support or the client's family and significant
130.4 other are not interested in the client's recovery. The client is engaged in structured, meaningful
130.5 activity.

130.6 (3) "2" The client is engaged in structured, meaningful activity, but the client's peers,
130.7 family, significant other, and living environment are unsupportive, or there is criminal
130.8 justice system involvement by the client or among the client's peers or significant other or
130.9 in the client's living environment.

130.10 (4) "3" The client is not engaged in structured, meaningful activity and the client's peers,
130.11 family, significant other, and living environment are unsupportive, or there is significant
130.12 criminal justice system involvement.

130.13 (5) "4" The client has:

130.14 (i) a chronically antagonistic significant other, living environment, family, or peer group
130.15 or long-term criminal justice system involvement that is harmful to the client's recovery or
130.16 treatment progress; or

130.17 (ii) an actively antagonistic significant other, family, work, or living environment, with
130.18 an immediate threat to the client's safety and well-being.

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

130.20 Sec. 42. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
130.21 to read:

130.22 Subd. 5. **Scope and applicability.** This section governs administration of the behavioral
130.23 health fund, establishes the criteria to be applied by local agencies to determine a client's
130.24 financial eligibility under the behavioral health fund, and determines a client's obligation
130.25 to pay for substance use disorder treatment services.

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

130.27 Sec. 43. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
130.28 to read:

130.29 Subd. 6. **Local agency responsibility to provide services.** The local agency may employ
130.30 individuals to conduct administrative activities and facilitate access to substance use disorder
130.31 treatment services.

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

131.2 Sec. 44. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
131.3 to read:

131.4 Subd. 7. **Local agency to determine client financial eligibility.** (a) The local agency
131.5 shall determine a client's financial eligibility for the behavioral health fund according to
131.6 subdivision 1 with the income calculated prospectively for one year from the date of
131.7 comprehensive assessment. The local agency shall pay for eligible clients according to
131.8 chapter 256G. The local agency shall enter the financial eligibility span within ten calendar
131.9 days of request. Client eligibility must be determined using forms prescribed by the
131.10 commissioner. The local agency must determine a client's eligibility as follows:

131.11 (1) The local agency must determine the client's income. A client who is a minor child
131.12 must not be deemed to have income available to pay for substance use disorder treatment,
131.13 unless the minor child is responsible for payment under section 144.347 for substance use
131.14 disorder treatment services sought under section 144.343, subdivision 1.

131.15 (2) The local agency must determine the client's household size according to the
131.16 following:

131.17 (i) If the client is a minor child, the household size includes the following persons living
131.18 in the same dwelling unit:

131.19 (A) the client;

131.20 (B) the client's birth or adoptive parents; and

131.21 (C) the client's siblings who are minors.

131.22 (ii) If the client is an adult, the household size includes the following persons living in
131.23 the same dwelling unit:

131.24 (A) the client;

131.25 (B) the client's spouse;

131.26 (C) the client's minor children; and

131.27 (D) the client's spouse's minor children.

131.28 (iii) Household size includes a person listed in items (i) and (ii) who is in out-of-home
131.29 placement if a person listed in item (i) or (ii) is contributing to the cost of care of the person
131.30 in out-of-home placement.

132.1 (3) The local agency must determine the client's current prepaid health plan enrollment
132.2 and the availability of a third-party payment source, including the availability of total or
132.3 partial payment and the amount of co-payment.

132.4 (4) The local agency must provide the required eligibility information to the commissioner
132.5 in the manner specified by the commissioner.

132.6 (5) The local agency must require the client and policyholder to conditionally assign to
132.7 the department the client's and policyholder's rights and the rights of minor children to
132.8 benefits or services provided to the client if the commissioner is required to collect from a
132.9 third-party payment source.

132.10 (b) The local agency must redetermine a client's eligibility for the behavioral health fund
132.11 every 12 months.

132.12 (c) A client, responsible relative, and policyholder must provide income or wage
132.13 verification and household size verification under paragraph (a), clause (3), and must make
132.14 an assignment of third-party payment rights under paragraph (a), clause (5). If a client,
132.15 responsible relative, or policyholder does not comply with this subdivision, the client is
132.16 ineligible for behavioral health fund payment for substance use disorder treatment, and the
132.17 client and responsible relative are obligated to pay the full cost of substance use disorder
132.18 treatment services provided to the client.

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

132.20 Sec. 45. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
132.21 to read:

132.22 Subd. 8. **Client fees.** A client whose household income is within current household size
132.23 and income guidelines for entitled persons as defined in subdivision 1 must pay no fee.

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

132.25 Sec. 46. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
132.26 to read:

132.27 Subd. 9. **Vendor must participate in DAANES.** To be eligible for payment under the
132.28 behavioral health fund, a vendor must participate in DAANES or submit to the commissioner
132.29 the information required in DAANES in the format specified by the commissioner.

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

133.1 Sec. 47. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 4, is amended
133.2 to read:

133.3 Subd. 4. **Regional treatment centers.** Regional treatment center chemical dependency
133.4 treatment units are eligible vendors. The commissioner may expand the capacity of chemical
133.5 dependency treatment units beyond the capacity funded by direct legislative appropriation
133.6 to serve individuals who are referred for treatment by counties and whose treatment will be
133.7 paid for by funding under this chapter or other funding sources. Notwithstanding the
133.8 provisions of sections 254B.03 to ~~254B.04~~ 254B.04, payment for any person committed
133.9 at county request to a regional treatment center under chapter 253B for chemical dependency
133.10 treatment and determined to be ineligible under the behavioral health fund, shall become
133.11 the responsibility of the county.

133.12 Sec. 48. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 5, is amended
133.13 to read:

133.14 Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for substance
133.15 use disorder services and service enhancements funded under this chapter.

133.16 (b) Eligible substance use disorder treatment services include:

133.17 ~~(1) outpatient treatment services that are licensed according to sections 245G.01 to~~
133.18 ~~245G.17, or applicable tribal license;~~

133.19 (1) outpatient treatment services licensed under sections 245G.01 to 245G.17, or
133.20 applicable Tribal license, including:

133.21 (i) ASAM 1.0 outpatient: zero to eight hours per week of skilled treatment services for
133.22 adults and zero to five hours per week for adolescents. Peer recovery and treatment
133.23 coordination may be provided beyond the skilled treatment service hours allowable per
133.24 week; and

133.25 (ii) ASAM 2.1 intensive outpatient: nine or more hours per week of skilled treatment
133.26 services for adults and six or more hours per week for adolescents in accordance with the
133.27 limitations in paragraph (h). Peer recovery and treatment coordination may be provided
133.28 beyond the skilled treatment service hours allowable per week;

133.29 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),
133.30 and 245G.05;

133.31 (3) ~~care~~treatment coordination services provided according to section 245G.07,
133.32 subdivision 1, paragraph (a), clause (5);

134.1 (4) peer recovery support services provided according to section 245G.07, subdivision
134.2 2, clause (8);

134.3 (5) on July 1, 2019, or upon federal approval, whichever is later, withdrawal management
134.4 services provided according to chapter 245F;

134.5 (6) medication-assisted therapy services that are licensed according to sections 245G.01
134.6 to 245G.17 and 245G.22, or applicable tribal license;

134.7 ~~(7) medication-assisted therapy plus enhanced treatment services that meet the~~
134.8 ~~requirements of clause (6) and provide nine hours of clinical services each week;~~

134.9 ~~(8)~~ (7) high, medium, and low intensity residential treatment services that are licensed
134.10 according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license ~~which that~~
134.11 provide, respectively, 30, 15, and five hours of clinical services each treatment week. For
134.12 purposes of this section, residential treatment services provided by a program that meets
134.13 the American Society of Addiction Medicine (ASAM) level 3.3 standards for care, must
134.14 be considered high intensity, including when the program makes and appropriately documents
134.15 clinically supported modifications to, or reductions in, the hours of services provided to
134.16 better meet the needs of individuals with cognitive deficits;

134.17 ~~(9)~~ (8) hospital-based treatment services that are licensed according to sections 245G.01
134.18 to 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
134.19 144.56;

134.20 ~~(10)~~ (9) adolescent treatment programs that are licensed as outpatient treatment programs
134.21 according to sections 245G.01 to 245G.18 or as residential treatment programs according
134.22 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
134.23 applicable tribal license;

134.24 ~~(11)~~ (10) high-intensity residential treatment services that are licensed according to
134.25 sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license, ~~which that~~ provide
134.26 30 hours of clinical services each week provided by a state-operated vendor or to clients
134.27 who have been civilly committed to the commissioner, present the most complex and difficult
134.28 care needs, and are a potential threat to the community; and

134.29 ~~(12)~~ (11) room and board facilities that meet the requirements of subdivision 1a.

134.30 (c) The commissioner shall establish higher rates for programs that meet the requirements
134.31 of paragraph (b) and one of the following additional requirements:

134.32 (1) programs that serve parents with their children if the program:

- 135.1 (i) provides on-site child care during the hours of treatment activity that:
- 135.2 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
- 135.3 9503; or
- 135.4 (B) meets the licensure exclusion criteria of section 245A.03, subdivision 2, paragraph
- 135.5 (a), clause (6), and meets the requirements under section 245G.19, subdivision 4; or
- 135.6 (ii) arranges for off-site child care during hours of treatment activity at a facility that is
- 135.7 licensed under chapter 245A as:
- 135.8 (A) a child care center under Minnesota Rules, chapter 9503; or
- 135.9 (B) a family child care home under Minnesota Rules, chapter 9502;
- 135.10 (2) culturally specific or culturally responsive programs as defined in section 254B.01,
- 135.11 subdivision 4a;
- 135.12 (3) disability responsive programs as defined in section 254B.01, subdivision 4b;
- 135.13 (4) programs that offer medical services delivered by appropriately credentialed health
- 135.14 care staff in an amount equal to two hours per client per week if the medical needs of the
- 135.15 client and the nature and provision of any medical services provided are documented in the
- 135.16 client file; or
- 135.17 (5) programs that offer services to individuals with co-occurring mental health and
- 135.18 chemical dependency problems if:
- 135.19 (i) the program meets the co-occurring requirements in section 245G.20;
- 135.20 (ii) ~~25 percent of the program employs sufficient counseling staff, including at least one~~
- 135.21 full-time equivalent staff member, who are licensed mental health professionals, as defined
- 135.22 in section 245.462, subdivision 18, clauses (1) to (6) under section 245I.04, subdivision 2,
- 135.23 or are students or licensing candidates under the supervision of a licensed alcohol and drug
- 135.24 counselor supervisor and licensed mental health professional under section 245I.04,
- 135.25 subdivision 2, except that no more than 50 percent of the mental health staff may be students
- 135.26 or licensing candidates with time documented to be directly related to provisions of
- 135.27 co-occurring to meet the need for client services;
- 135.28 (iii) clients scoring positive on a standardized mental health screen receive a mental
- 135.29 health diagnostic assessment within ten days of admission;
- 135.30 (iv) the program has standards for multidisciplinary case review that include a monthly
- 135.31 review for each client that, at a minimum, includes a licensed mental health professional
- 135.32 and licensed alcohol and drug counselor, and their involvement in the review is documented;

136.1 (v) family education is offered that addresses mental health and substance abuse disorders
136.2 and the interaction between the two; and

136.3 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder
136.4 training annually.

136.5 (d) ~~In order to~~To be eligible for a higher rate under paragraph (c), clause (1), a program
136.6 that provides arrangements for off-site child care must maintain current documentation at
136.7 the chemical dependency facility of the child care provider's current licensure to provide
136.8 child care services. Programs that provide child care according to paragraph (c), clause (1),
136.9 must be deemed in compliance with the licensing requirements in section 245G.19.

136.10 (e) Adolescent residential programs that meet the requirements of Minnesota Rules,
136.11 parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements
136.12 in paragraph (c), clause (4), items (i) to (iv).

136.13 (f) Subject to federal approval, substance use disorder services that are otherwise covered
136.14 as direct face-to-face services may be provided via telehealth as defined in section 256B.0625,
136.15 subdivision 3b. The use of telehealth to deliver services must be medically appropriate to
136.16 the condition and needs of the person being served. Reimbursement shall be at the same
136.17 rates and under the same conditions that would otherwise apply to direct face-to-face services.

136.18 (g) For the purpose of reimbursement under this section, substance use disorder treatment
136.19 services provided in a group setting without a group participant maximum or maximum
136.20 client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one.
136.21 At least one of the attending staff must meet the qualifications as established under this
136.22 chapter for the type of treatment service provided. A recovery peer may not be included as
136.23 part of the staff ratio.

136.24 (h) Payment for outpatient substance use disorder services that are licensed according
136.25 to sections 245G.01 to 245G.17 is limited to six hours per day or 30 hours per week unless
136.26 prior authorization of a greater number of hours is obtained from the commissioner.

136.27 (i) Programs using a qualified guest speaker must maintain documentation of the person's
136.28 qualifications to present to clients on a topic the program has determined to be of value to
136.29 its clients. The guest speaker must present less than half of any treatment group. A qualified
136.30 counselor must be present during the delivery of content and must be responsible for
136.31 documentation of the group.

137.1 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
137.2 whichever is later. The commissioner of human services shall notify the revisor of statutes
137.3 when federal approval is obtained.

137.4 Sec. 49. Minnesota Statutes 2020, section 256B.0757, subdivision 5, is amended to read:

137.5 Subd. 5. **Payments.** The commissioner shall make payments to each designated provider
137.6 for the provision of behavioral health home services described in subdivision 3 to each
137.7 eligible individual under subdivision 2 that selects the behavioral health home as a provider.

137.8 Sec. 50. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 1, is
137.9 amended to read:

137.10 Subdivision 1. **Required covered service components.** (a) Subject to federal approval,
137.11 medical assistance covers medically necessary intensive treatment services when the services
137.12 are provided by a provider entity certified under and meeting the standards in this section.
137.13 The provider entity must make reasonable and good faith efforts to report individual client
137.14 outcomes to the commissioner, using instruments and protocols approved by the
137.15 commissioner.

137.16 (b) Intensive treatment services to children with mental illness residing in foster family
137.17 settings that comprise specific required service components provided in clauses (1) to (6)
137.18 are reimbursed by medical assistance when they meet the following standards:

137.19 (1) psychotherapy provided by a mental health professional or a clinical trainee;

137.20 (2) crisis planning;

137.21 (3) individual, family, and group psychoeducation services provided by a mental health
137.22 professional or a clinical trainee;

137.23 (4) clinical care consultation provided by a mental health professional or a clinical
137.24 trainee;

137.25 (5) individual treatment plan development as defined in ~~Minnesota Rules, part 9505.0371,~~
137.26 ~~subpart 7~~ section 245I.10, subdivisions 7 and 8; and

137.27 (6) service delivery payment requirements as provided under subdivision 4.

137.28 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
137.29 whichever is later. The commissioner of human services shall notify the revisor of statutes
137.30 when federal approval is obtained.

138.1 Sec. 51. Minnesota Statutes 2020, section 256D.09, subdivision 2a, is amended to read:

138.2 Subd. 2a. **Vendor payments for drug dependent persons.** If, at the time of application
138.3 or at any other time, there is a reasonable basis for questioning whether a person applying
138.4 for or receiving financial assistance is drug dependent, as defined in section 254A.02,
138.5 subdivision 5, the person shall be referred for a chemical health assessment, and only
138.6 emergency assistance payments or general assistance vendor payments may be provided
138.7 until the assessment is complete and the results of the assessment made available to the
138.8 county agency. A reasonable basis for referring an individual for an assessment exists when:

138.9 (1) the person has required detoxification two or more times in the past 12 months;

138.10 (2) the person appears intoxicated at the county agency as indicated by two or more of
138.11 the following:

138.12 (i) the odor of alcohol;

138.13 (ii) slurred speech;

138.14 (iii) disconjugate gaze;

138.15 (iv) impaired balance;

138.16 (v) difficulty remaining awake;

138.17 (vi) consumption of alcohol;

138.18 (vii) responding to sights or sounds that are not actually present;

138.19 (viii) extreme restlessness, fast speech, or unusual belligerence;

138.20 (3) the person has been involuntarily committed for drug dependency at least once in
138.21 the past 12 months; or

138.22 (4) the person has received treatment, including domiciliary care, for drug abuse or
138.23 dependency at least twice in the past 12 months.

138.24 The assessment and determination of drug dependency, if any, must be made by an
138.25 assessor qualified under ~~Minnesota Rules, part 9530.6615, subpart 2~~ section 245G.11,
138.26 subdivisions 1 and 5, to perform an assessment of chemical use. The county shall only
138.27 provide emergency general assistance or vendor payments to an otherwise eligible applicant
138.28 or recipient who is determined to be drug dependent, except up to 15 percent of the grant
138.29 amount the person would otherwise receive may be paid in cash. Notwithstanding subdivision
138.30 1, the commissioner of human services shall also require county agencies to provide
138.31 assistance only in the form of vendor payments to all eligible recipients who assert chemical

139.1 dependency as a basis for eligibility under section 256D.05, subdivision 1, paragraph (a),
139.2 clauses (1) and (5).

139.3 The determination of drug dependency shall be reviewed at least every 12 months. If
139.4 the county determines a recipient is no longer drug dependent, the county may cease vendor
139.5 payments and provide the recipient payments in cash.

139.6 Sec. 52. Minnesota Statutes 2021 Supplement, section 256L.03, subdivision 2, is amended
139.7 to read:

139.8 Subd. 2. **Alcohol and drug dependency.** Beginning July 1, 1993, covered health services
139.9 shall include individual outpatient treatment of alcohol or drug dependency by a qualified
139.10 health professional or outpatient program.

139.11 Persons who may need chemical dependency services under the provisions of this chapter
139.12 ~~shall be assessed by a local agency~~ must be offered access by a local agency to a
139.13 comprehensive assessment as defined under section ~~254B.04~~ 245G.05, and under the
139.14 assessment provisions of section 254A.03, subdivision 3. A local agency or managed care
139.15 plan under contract with the Department of Human Services must ~~place~~ offer services to a
139.16 person in need of chemical dependency services as provided in Minnesota Rules, parts
139.17 ~~9530.6600 to 9530.6655~~ based on the recommendations of section 245G.05. Persons who
139.18 are recipients of medical benefits under the provisions of this chapter and who are financially
139.19 eligible for behavioral health fund services provided under the provisions of chapter 254B
139.20 shall receive chemical dependency treatment services under the provisions of chapter 254B
139.21 only if:

139.22 (1) they have exhausted the chemical dependency benefits offered under this chapter;
139.23 or

139.24 (2) an assessment indicates that they need a level of care not provided under the provisions
139.25 of this chapter.

139.26 Recipients of covered health services under the children's health plan, as provided in
139.27 Minnesota Statutes 1990, section 256.936, and as amended by Laws 1991, chapter 292,
139.28 article 4, section 17, and recipients of covered health services enrolled in the children's
139.29 health plan or the MinnesotaCare program after October 1, 1992, pursuant to Laws 1992,
139.30 chapter 549, article 4, sections 5 and 17, are eligible to receive alcohol and drug dependency
139.31 benefits under this subdivision.

140.1 Sec. 53. Minnesota Statutes 2020, section 256L.12, subdivision 8, is amended to read:

140.2 Subd. 8. **Chemical dependency assessments.** The managed care plan shall be responsible
140.3 for assessing the need and ~~placement for~~ provision of chemical dependency services
140.4 according to criteria set forth in ~~Minnesota Rules, parts 9530.6600 to 9530.6655~~ section
140.5 245G.05.

140.6 Sec. 54. Minnesota Statutes 2020, section 260B.157, subdivision 1, is amended to read:

140.7 Subdivision 1. **Investigation.** Upon request of the court the local social services agency
140.8 or probation officer shall investigate the personal and family history and environment of
140.9 any minor coming within the jurisdiction of the court under section 260B.101 and shall
140.10 report its findings to the court. The court may order any minor coming within its jurisdiction
140.11 to be examined by a duly qualified physician, psychiatrist, or psychologist appointed by the
140.12 court.

140.13 The court shall order a chemical use assessment conducted when a child is (1) found to
140.14 be delinquent for violating a provision of chapter 152, or for committing a felony-level
140.15 violation of a provision of chapter 609 if the probation officer determines that alcohol or
140.16 drug use was a contributing factor in the commission of the offense, or (2) alleged to be
140.17 delinquent for violating a provision of chapter 152, if the child is being held in custody
140.18 under a detention order. The assessor's qualifications must comply with section 245G.11,
140.19 subdivisions 1 and 5, and the assessment criteria ~~shall~~ must comply with ~~Minnesota Rules,~~
140.20 ~~parts 9530.6600 to 9530.6655~~ section 245G.05. If funds under chapter 254B are to be used
140.21 to pay for the recommended treatment, the assessment ~~and placement~~ must comply with all
140.22 provisions of ~~Minnesota Rules, parts 9530.6600 to 9530.6655 and 9530.7000 to 9530.7030~~
140.23 sections 245G.05 and 254B.04. The commissioner of human services shall reimburse the
140.24 court for the cost of the chemical use assessment, up to a maximum of \$100.

140.25 The court shall order a children's mental health screening conducted when a child is
140.26 found to be delinquent. The screening shall be conducted with a screening instrument
140.27 approved by the commissioner of human services and shall be conducted by a mental health
140.28 practitioner as defined in section 245.4871, subdivision 26, or a probation officer who is
140.29 trained in the use of the screening instrument. If the screening indicates a need for assessment,
140.30 the local social services agency, in consultation with the child's family, shall have a diagnostic
140.31 assessment conducted, including a functional assessment, as defined in section 245.4871.

140.32 With the consent of the commissioner of corrections and agreement of the county to pay
140.33 the costs thereof, the court may, by order, place a minor coming within its jurisdiction in
140.34 an institution maintained by the commissioner for the detention, diagnosis, custody and

141.1 treatment of persons adjudicated to be delinquent, in order that the condition of the minor
141.2 be given due consideration in the disposition of the case. Any funds received under the
141.3 provisions of this subdivision shall not cancel until the end of the fiscal year immediately
141.4 following the fiscal year in which the funds were received. The funds are available for use
141.5 by the commissioner of corrections during that period and are hereby appropriated annually
141.6 to the commissioner of corrections as reimbursement of the costs of providing these services
141.7 to the juvenile courts.

141.8 Sec. 55. Minnesota Statutes 2020, section 260B.157, subdivision 3, is amended to read:

141.9 Subd. 3. **Juvenile treatment screening team.** (a) The local social services agency shall
141.10 establish a juvenile treatment screening team to conduct screenings and prepare case plans
141.11 under this subdivision. The team, which may be the team constituted under section 245.4885
141.12 or 256B.092 or Minnesota Rules, parts ~~9530.6600 to 9530.6655~~ chapter 254B, shall consist
141.13 of social workers, juvenile justice professionals, and persons with expertise in the treatment
141.14 of juveniles who are emotionally disabled, chemically dependent, or have a developmental
141.15 disability. The team shall involve parents or guardians in the screening process as appropriate.
141.16 The team may be the same team as defined in section 260C.157, subdivision 3.

141.17 (b) If the court, prior to, or as part of, a final disposition, proposes to place a child:

141.18 (1) for the primary purpose of treatment for an emotional disturbance, and residential
141.19 placement is consistent with section 260.012, a developmental disability, or chemical
141.20 dependency in a residential treatment facility out of state or in one which is within the state
141.21 and licensed by the commissioner of human services under chapter 245A; or

141.22 (2) in any out-of-home setting potentially exceeding 30 days in duration, including a
141.23 post-dispositional placement in a facility licensed by the commissioner of corrections or
141.24 human services, the court shall notify the county welfare agency. The county's juvenile
141.25 treatment screening team must either:

141.26 (i) screen and evaluate the child and file its recommendations with the court within 14
141.27 days of receipt of the notice; or

141.28 (ii) elect not to screen a given case, and notify the court of that decision within three
141.29 working days.

141.30 (c) If the screening team has elected to screen and evaluate the child, the child may not
141.31 be placed for the primary purpose of treatment for an emotional disturbance, a developmental
141.32 disability, or chemical dependency, in a residential treatment facility out of state nor in a

142.1 residential treatment facility within the state that is licensed under chapter 245A, unless one
142.2 of the following conditions applies:

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

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

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

142.15 Sec. 56. Minnesota Statutes 2021 Supplement, section 260C.157, subdivision 3, is amended
142.16 to read:

142.17 Subd. 3. **Juvenile treatment screening team.** (a) The responsible social services agency
142.18 shall establish a juvenile treatment screening team to conduct screenings under this chapter
142.19 and chapter 260D, for a child to receive treatment for an emotional disturbance, a
142.20 developmental disability, or related condition in a residential treatment facility licensed by
142.21 the commissioner of human services under chapter 245A, or licensed or approved by a
142.22 Tribe. A screening team is not required for a child to be in: (1) a residential facility
142.23 specializing in prenatal, postpartum, or parenting support; (2) a facility specializing in
142.24 high-quality residential care and supportive services to children and youth who have been
142.25 or are at risk of becoming victims of sex trafficking or commercial sexual exploitation; (3)
142.26 supervised settings for youth who are 18 years of age or older and living independently; or
142.27 (4) a licensed residential family-based treatment facility for substance abuse consistent with
142.28 section 260C.190. Screenings are also not required when a child must be placed in a facility
142.29 due to an emotional crisis or other mental health emergency.

142.30 (b) The responsible social services agency shall conduct screenings within 15 days of a
142.31 request for a screening, unless the screening is for the purpose of residential treatment and
142.32 the child is enrolled in a prepaid health program under section 256B.69, in which case the
142.33 agency shall conduct the screening within ten working days of a request. The responsible
142.34 social services agency shall convene the juvenile treatment screening team, which may be

143.1 constituted under section 245.4885 ~~or, 254B.05, or 256B.092 or Minnesota Rules, parts~~
143.2 ~~9530.6600 to 9530.6655~~. The team shall consist of social workers; persons with expertise
143.3 in the treatment of juveniles who are emotionally disturbed, chemically dependent, or have
143.4 a developmental disability; and the child's parent, guardian, or permanent legal custodian.
143.5 The team may include the child's relatives as defined in section 260C.007, subdivisions 26b
143.6 and 27, the child's foster care provider, and professionals who are a resource to the child's
143.7 family such as teachers, medical or mental health providers, and clergy, as appropriate,
143.8 consistent with the family and permanency team as defined in section 260C.007, subdivision
143.9 16a. Prior to forming the team, the responsible social services agency must consult with the
143.10 child's parents, the child if the child is age 14 or older, and, if applicable, the child's Tribe
143.11 to obtain recommendations regarding which individuals to include on the team and to ensure
143.12 that the team is family-centered and will act in the child's best interests. If the child, child's
143.13 parents, or legal guardians raise concerns about specific relatives or professionals, the team
143.14 should not include those individuals. This provision does not apply to paragraph (c).

143.15 (c) If the agency provides notice to Tribes under section 260.761, and the child screened
143.16 is an Indian child, the responsible social services agency must make a rigorous and concerted
143.17 effort to include a designated representative of the Indian child's Tribe on the juvenile
143.18 treatment screening team, unless the child's Tribal authority declines to appoint a
143.19 representative. The Indian child's Tribe may delegate its authority to represent the child to
143.20 any other federally recognized Indian Tribe, as defined in section 260.755, subdivision 12.
143.21 The provisions of the Indian Child Welfare Act of 1978, United States Code, title 25, sections
143.22 1901 to 1963, and the Minnesota Indian Family Preservation Act, sections 260.751 to
143.23 260.835, apply to this section.

143.24 (d) If the court, prior to, or as part of, a final disposition or other court order, proposes
143.25 to place a child with an emotional disturbance or developmental disability or related condition
143.26 in residential treatment, the responsible social services agency must conduct a screening.
143.27 If the team recommends treating the child in a qualified residential treatment program, the
143.28 agency must follow the requirements of sections 260C.70 to 260C.714.

143.29 The court shall ascertain whether the child is an Indian child and shall notify the
143.30 responsible social services agency and, if the child is an Indian child, shall notify the Indian
143.31 child's Tribe as paragraph (c) requires.

143.32 (e) When the responsible social services agency is responsible for placing and caring
143.33 for the child and the screening team recommends placing a child in a qualified residential
143.34 treatment program as defined in section 260C.007, subdivision 26d, the agency must: (1)
143.35 begin the assessment and processes required in section 260C.704 without delay; and (2)

144.1 conduct a relative search according to section 260C.221 to assemble the child's family and
144.2 permanency team under section 260C.706. Prior to notifying relatives regarding the family
144.3 and permanency team, the responsible social services agency must consult with the child's
144.4 parent or legal guardian, the child if the child is age 14 or older, and, if applicable, the child's
144.5 Tribe to ensure that the agency is providing notice to individuals who will act in the child's
144.6 best interests. The child and the child's parents may identify a culturally competent qualified
144.7 individual to complete the child's assessment. The agency shall make efforts to refer the
144.8 assessment to the identified qualified individual. The assessment may not be delayed for
144.9 the purpose of having the assessment completed by a specific qualified individual.

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

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

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

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

144.17 (g) When the Indian child's Tribe or Tribal health care services provider or Indian Health
144.18 Services provider proposes to place a child for the primary purpose of treatment for an
144.19 emotional disturbance, a developmental disability, or co-occurring emotional disturbance
144.20 and chemical dependency, the Indian child's Tribe or the Tribe delegated by the child's Tribe
144.21 shall submit necessary documentation to the county juvenile treatment screening team,
144.22 which must invite the Indian child's Tribe to designate a representative to the screening
144.23 team.

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

144.26 Sec. 57. Minnesota Statutes 2020, section 260E.20, subdivision 1, is amended to read:

144.27 Subdivision 1. **General duties.** (a) The local welfare agency shall offer services to
144.28 prevent future maltreatment, safeguarding and enhancing the welfare of the maltreated child,
144.29 and supporting and preserving family life whenever possible.

144.30 (b) If the report alleges a violation of a criminal statute involving maltreatment or child
144.31 endangerment under section 609.378, the local law enforcement agency and local welfare
144.32 agency shall coordinate the planning and execution of their respective investigation and
144.33 assessment efforts to avoid a duplication of fact-finding efforts and multiple interviews.

145.1 Each agency shall prepare a separate report of the results of the agency's investigation or
145.2 assessment.

145.3 (c) In cases of alleged child maltreatment resulting in death, the local agency may rely
145.4 on the fact-finding efforts of a law enforcement investigation to make a determination of
145.5 whether or not maltreatment occurred.

145.6 (d) When necessary, the local welfare agency shall seek authority to remove the child
145.7 from the custody of a parent, guardian, or adult with whom the child is living.

145.8 (e) In performing any of these duties, the local welfare agency shall maintain an
145.9 appropriate record.

145.10 (f) In conducting a family assessment or investigation, the local welfare agency shall
145.11 gather information on the existence of substance abuse and domestic violence.

145.12 (g) If the family assessment or investigation indicates there is a potential for abuse of
145.13 alcohol or other drugs by the parent, guardian, or person responsible for the child's care,
145.14 the local welfare agency ~~shall conduct a chemical use~~ must coordinate a comprehensive
145.15 assessment pursuant to Minnesota Rules, part 9530.6615 section 245G.05.

145.16 (h) The agency may use either a family assessment or investigation to determine whether
145.17 the child is safe when responding to a report resulting from birth match data under section
145.18 260E.03, subdivision 23, paragraph (c). If the child subject of birth match data is determined
145.19 to be safe, the agency shall consult with the county attorney to determine the appropriateness
145.20 of filing a petition alleging the child is in need of protection or services under section
145.21 260C.007, subdivision 6, clause (16), in order to deliver needed services. If the child is
145.22 determined not to be safe, the agency and the county attorney shall take appropriate action
145.23 as required under section 260C.503, subdivision 2.

145.24 Sec. 58. Minnesota Statutes 2021 Supplement, section 297E.02, subdivision 3, is amended
145.25 to read:

145.26 Subd. 3. **Collection; disposition.** (a) Taxes imposed by this section are due and payable
145.27 to the commissioner when the gambling tax return is required to be filed. Distributors must
145.28 file their monthly sales figures with the commissioner on a form prescribed by the
145.29 commissioner. Returns covering the taxes imposed under this section must be filed with
145.30 the commissioner on or before the 20th day of the month following the close of the previous
145.31 calendar month. The commissioner shall prescribe the content, format, and manner of returns
145.32 or other documents pursuant to section 270C.30. The proceeds, along with the revenue
145.33 received from all license fees and other fees under sections 349.11 to 349.191, 349.211,

146.1 and 349.213, must be paid to the commissioner of management and budget for deposit in
146.2 the general fund.

146.3 (b) The sales tax imposed by chapter 297A on the sale of pull-tabs and tipboards by the
146.4 distributor is imposed on the retail sales price. The retail sale of pull-tabs or tipboards by
146.5 the organization is exempt from taxes imposed by chapter 297A and is exempt from all
146.6 local taxes and license fees except a fee authorized under section 349.16, subdivision 8.

146.7 (c) One-half of one percent of the revenue deposited in the general fund under paragraph
146.8 (a), is appropriated to the commissioner of human services for the compulsive gambling
146.9 treatment program established under section 245.98. Money appropriated under this paragraph
146.10 must not replace existing state funding for these programs.

146.11 (d) One-half of one percent of the revenue deposited in the general fund under paragraph
146.12 (a), is appropriated to the commissioner of human services ~~for a grant~~. By June 30 of each
146.13 fiscal year, the commissioner of human services must transfer the amount deposited in the
146.14 general fund under this paragraph to the special revenue fund. By October 15 of each fiscal
146.15 year, the commissioner of human services must award a grant in an amount equal to the
146.16 entire amount transferred to the special revenue fund under this paragraph for the prior fiscal
146.17 year to the state affiliate recognized by the National Council on Problem Gambling to
146.18 increase public awareness of problem gambling, education and training for individuals and
146.19 organizations providing effective treatment services to problem gamblers and their families,
146.20 and research relating to problem gambling. Money appropriated by this paragraph must
146.21 supplement and must not replace existing state funding for these programs.

146.22 ~~(d)~~ (e) The commissioner of human services must provide to the state affiliate recognized
146.23 by the National Council on Problem Gambling a monthly statement of the amounts deposited
146.24 under ~~paragraph~~ paragraphs (c) and (d). Beginning January 1, 2022, the commissioner of
146.25 human services must provide to the chairs and ranking minority members of the legislative
146.26 committees with jurisdiction over treatment for problem gambling and to the state affiliate
146.27 recognized by the National Council on Problem Gambling an annual reconciliation of the
146.28 amounts deposited under paragraph (c). The annual reconciliation under this paragraph must
146.29 include the amount allocated to the commissioner of human services for the compulsive
146.30 gambling treatment program established under section 245.98, and the amount allocated to
146.31 the state affiliate recognized by the National Council on Problem Gambling.

147.1 Sec. 59. Minnesota Statutes 2020, section 297E.021, subdivision 3, is amended to read:

147.2 Subd. 3. **Available revenues.** For purposes of this section, "available revenues" equals
 147.3 the amount determined under subdivision 2, plus up to \$20,000,000 each fiscal year from
 147.4 the taxes imposed under section 290.06, subdivision 1:

147.5 (1) reduced by the following amounts paid for the fiscal year under:

147.6 (i) the appropriation to principal and interest on appropriation bonds under section
 147.7 16A.965, subdivision 8;

147.8 (ii) the appropriation from the general fund to make operating expense payments under
 147.9 section 473J.13, subdivision 2, paragraph (b);

147.10 (iii) the appropriation for contributions to the capital reserve fund under section 473J.13,
 147.11 subdivision 4, paragraph (c);

147.12 (iv) the appropriations under Laws 2012, chapter 299, article 4, for administration and
 147.13 any successor appropriation;

147.14 (v) the reduction in revenues resulting from the sales tax exemptions under section
 147.15 297A.71, subdivision 43;

147.16 (vi) reimbursements authorized by section 473J.15, subdivision 2, paragraph (d);

147.17 (vii) the compulsive gambling appropriations under section 297E.02, subdivision 3,
 147.18 ~~paragraph~~ paragraphs (c) and (d), and any successor appropriation; and

147.19 (viii) the appropriation for the city of St. Paul under section 16A.726, paragraph (c); and

147.20 (2) increased by the revenue deposited in the general fund under section 297A.994,
 147.21 subdivision 4, clauses (1) to (3), for the fiscal year.

147.22 Sec. 60. Minnesota Statutes 2020, section 299A.299, subdivision 1, is amended to read:

147.23 Subdivision 1. **Establishment of team.** A county, a multicounty organization of counties
 147.24 formed by an agreement under section 471.59, or a city with a population of no more than
 147.25 50,000, may establish a multidisciplinary chemical abuse prevention team. The chemical
 147.26 abuse prevention team may include, but not be limited to, representatives of health, mental
 147.27 health, public health, law enforcement, educational, social service, court service, community
 147.28 education, religious, and other appropriate agencies, and parent and youth groups. For
 147.29 purposes of this section, "chemical abuse" has the meaning given in ~~Minnesota Rules, part~~
 147.30 ~~9530.6605, subpart 6~~ section 254A.02, subdivision 6a. When possible the team must

148.1 coordinate its activities with existing local groups, organizations, and teams dealing with
148.2 the same issues the team is addressing.

148.3 Sec. 61. Minnesota Statutes 2020, section 626.5571, subdivision 1, is amended to read:

148.4 Subdivision 1. **Establishment of team.** A county may establish a multidisciplinary adult
148.5 protection team comprised of the director of the local welfare agency or designees, the
148.6 county attorney or designees, the county sheriff or designees, and representatives of health
148.7 care. In addition, representatives of mental health or other appropriate human service
148.8 agencies, community corrections agencies, representatives from local tribal governments,
148.9 local law enforcement agencies or designees thereof, and adult advocate groups may be
148.10 added to the adult protection team.

148.11 Sec. 62. **[626.8477] MENTAL HEALTH AND HEALTH RECORDS; WRITTEN**
148.12 **POLICY REQUIRED.**

148.13 The chief officer of every state and local law enforcement agency that seeks or uses
148.14 mental health data under section 13.46, subdivision 7, paragraph (c), or health records under
148.15 section 144.294, subdivision 2, must establish and enforce a written policy governing its
148.16 use. At a minimum, the written policy must incorporate the requirements of sections 13.46,
148.17 subdivision 7, paragraph (c), and 144.294, subdivision 2, and access procedures, retention
148.18 policies, and data security safeguards that, at a minimum, meet the requirements of chapter
148.19 13 and any other applicable law.

148.20 Sec. 63. **OLMSTED COUNTY RECOVERY COMMUNITY ORGANIZATION.**

148.21 The commissioner of human services shall establish a grant to a recovery community
148.22 organization in Olmsted County, located in the city of Rochester, Minnesota, that provides
148.23 services in an 11-county region, to provide services to individuals in substance use recovery.

148.24 Sec. 64. **RATE INCREASE FOR ADULT DAY TREATMENT SERVICES.**

148.25 Effective January 1, 2023, or 60 days following federal approval, whichever is later, the
148.26 commissioner of human services shall increase the reimbursement rate under Minnesota
148.27 Rules, part 9505.0372, subpart 8, for adult day treatment services covered under Minnesota
148.28 Statutes, section 256B.0671, subdivision 3, by 50 percent from the rates in effect on
148.29 December 31, 2022.

149.1 Sec. 65. **ROCHESTER NONPROFIT RECOVERY COMMUNITY**
149.2 **ORGANIZATION.**

149.3 The commissioner shall establish a grant to a nonprofit recovery community organization
149.4 located in the city of Rochester, Minnesota, that provides pretreatment housing,
149.5 post-treatment recovery housing, treatment coordination, and peer recovery support to
149.6 individuals pursuing a life of recovery from substance use disorders, and that also offers a
149.7 recovery coaching academy to individuals interested in becoming peer recovery specialists.

149.8 Sec. 66. **WELLNESS IN THE WOODS.**

149.9 The commissioner shall establish a grant to Wellness in the Woods to provide daily peer
149.10 support and special sessions for individuals who are in substance use recovery, are
149.11 transitioning out of incarceration, or have experienced trauma.

149.12 Sec. 67. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
149.13 **BEHAVIORAL HEALTH FUND ALLOCATION.**

149.14 The commissioner of human services, in consultation with counties and Tribal Nations,
149.15 must make recommendations on an updated allocation to local agencies from funds allocated
149.16 under Minnesota Statutes, section 254B.02, subdivision 5. The commissioner must submit
149.17 the recommendations to the chairs and ranking minority members of the legislative
149.18 committees with jurisdiction over health and human services finance and policy by January
149.19 1, 2024.

149.20 Sec. 68. **REPEALER.**

149.21 (a) Minnesota Statutes 2020, sections 169A.70, subdivision 6; 245G.22, subdivision 19;
149.22 254A.02, subdivision 8a; 254A.16, subdivision 6; 254A.19, subdivisions 1a and 2; 254B.04,
149.23 subdivisions 2b and 2c; and 254B.041, subdivision 2, are repealed.

149.24 (b) Minnesota Statutes 2021 Supplement, section 254A.19, subdivision 5, is repealed.

149.25 (c) Minnesota Rules, parts 9530.7000, subparts 1, 2, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 17a,
149.26 19, 20, and 21; 9530.7005; 9530.7010; 9530.7012; 9530.7015, subparts 1, 2a, 4, 5, and 6;
149.27 9530.7020, subparts 1, 1a, and 2; 9530.7021; 9530.7022, subpart 1; 9530.7025; and
149.28 9530.7030, subpart 1, are repealed.

150.1

ARTICLE 5

150.2

CHILDREN AND FAMILY SERVICES

150.3 Section 1. Minnesota Statutes 2020, section 256D.0515, is amended to read:

150.4 **256D.0515 ASSET LIMITATIONS FOR SUPPLEMENTAL NUTRITION**

150.5 **ASSISTANCE PROGRAM HOUSEHOLDS.**

150.6 (a) All Supplemental Nutrition Assistance Program (SNAP) households must be
150.7 determined eligible for the benefit discussed under section 256.029. SNAP households must
150.8 demonstrate that their gross income is equal to or less than ~~165~~ 200 percent of the federal
150.9 poverty guidelines for the same family size.

150.10 (b) The governor or the commissioner of human services cannot waive federal work
150.11 requirements for SNAP households, except as provided under section 256D.0512, and
150.12 counties must verify that SNAP households are meeting their work requirements.

150.13 Sec. 2. Minnesota Statutes 2020, section 256P.03, subdivision 2, is amended to read:

150.14 Subd. 2. **Earned income disregard.** The agency shall disregard the first \$65 of earned
150.15 income plus ~~one-half~~ 60 percent of the remaining earned income per month.

150.16 Sec. 3. Laws 2021, First Special Session chapter 7, article 14, section 21, subdivision 4,
150.17 is amended to read:

150.18 Subd. 4. **Grant awards.** (a) The commissioner shall award transition grants to all eligible
150.19 programs on a noncompetitive basis through August 31, 2021.

150.20 (b) The commissioner shall award base grant amounts to all eligible programs on a
150.21 noncompetitive basis beginning September 1, 2021, through June 30, 2023. The base grant
150.22 amounts shall be:

150.23 (1) based on the full-time equivalent number of staff who regularly care for children in
150.24 the program, including any employees, sole proprietors, or independent contractors. Effective
150.25 July 1, 2022, one full-time equivalent is defined as an individual caring for children 32
150.26 hours per week. An individual may count as more or less than one full-time equivalent, but
150.27 no more than two;

150.28 (2) reduced between July 1, 2022, and June 30, 2023, with amounts for the final month
150.29 being no more than 50 percent of the amounts awarded in September 2021; and

151.1 (3) enhanced in amounts determined by the commissioner for any providers receiving
 151.2 payments through the child care assistance program under sections 119B.03 and 119B.05
 151.3 or early learning scholarships under section 124D.165.

151.4 (c) The commissioner may provide grant amounts in addition to any base grants received
 151.5 to eligible programs in extreme financial hardship until all money set aside for that purpose
 151.6 is awarded.

151.7 (d) The commissioner may pay any grants awarded to eligible programs under this
 151.8 section in the form and manner established by the commissioner, except that such payments
 151.9 must occur on a monthly basis.

151.10 Sec. 4. QUALITY PARENTING INITIATIVE.

151.11 The commissioner shall establish a grant to Quality Parenting Initiative Minnesota to
 151.12 implement Quality Parenting Initiative principles and practices and support children and
 151.13 families experiencing foster care placements. Quality Parenting Initiative Minnesota shall
 151.14 use grant funds to provide training and technical assistance to county and Tribal agencies,
 151.15 community-based agencies, and other stakeholders on the following activities:

151.16 (1) conducting initial foster care phone calls under Minnesota Statutes, section 260C.219,
 151.17 subdivision 6;

151.18 (2) supporting practices that create birth family to foster family partnerships; and

151.19 (3) informing child welfare practices by supporting youth leadership and the participation
 151.20 of individuals with experience in the foster care system.

151.21 **ARTICLE 6**

151.22 **OPERATIONS AND LICENSING**

151.23 Section 1. Minnesota Statutes 2020, section 245A.11, subdivision 7, is amended to read:

151.24 Subd. 7. **Adult foster care; variance for alternate overnight supervision.** (a) The
 151.25 commissioner may grant a variance under section 245A.04, subdivision 9, to rule parts
 151.26 requiring a caregiver to be present in an adult foster care home during normal sleeping hours
 151.27 to allow for alternative methods of overnight supervision. The commissioner may grant the
 151.28 variance if the local county licensing agency recommends the variance and the county
 151.29 recommendation includes documentation verifying that:

152.1 (1) the county has approved the license holder's plan for alternative methods of providing
152.2 overnight supervision and determined the plan protects the residents' health, safety, and
152.3 rights;

152.4 (2) the license holder has obtained written and signed informed consent from each
152.5 resident or each resident's legal representative documenting the resident's or legal
152.6 representative's agreement with the alternative method of overnight supervision; and

152.7 (3) the alternative method of providing overnight supervision, which may include the
152.8 use of technology, is specified for each resident in the resident's: (i) individualized plan of
152.9 care; (ii) individual service plan under section 256B.092, subdivision 1b, if required; or (iii)
152.10 individual resident placement agreement under Minnesota Rules, part 9555.5105, subpart
152.11 19, if required.

152.12 (b) To be eligible for a variance under paragraph (a), the adult foster care license holder
152.13 must not have had a conditional license issued under section 245A.06, or any other licensing
152.14 sanction issued under section 245A.07 during the prior 24 months based on failure to provide
152.15 adequate supervision, health care services, or resident safety in the adult foster care home.

152.16 (c) A license holder requesting a variance under this subdivision to utilize technology
152.17 as a component of a plan for alternative overnight supervision may request the commissioner's
152.18 review in the absence of a county recommendation. Upon receipt of such a request from a
152.19 license holder, the commissioner shall review the variance request with the county.

152.20 (d) ~~A variance granted by the commissioner according to this subdivision before January~~
152.21 ~~1, 2014, to a license holder for an adult foster care home must transfer with the license when~~
152.22 ~~the license converts to a community residential setting license under chapter 245D. The~~
152.23 ~~terms and conditions of the variance remain in effect as approved at the time the variance~~
152.24 ~~was granted. The variance requirements under this subdivision for alternate overnight~~
152.25 supervision do not apply to community residential settings licensed under chapter 245D.

152.26 Sec. 2. Minnesota Statutes 2020, section 245A.11, subdivision 7a, is amended to read:

152.27 Subd. 7a. **Alternate overnight supervision technology; adult foster care and**
152.28 **community residential setting licenses.** (a) The commissioner may grant an applicant or
152.29 license holder an adult foster care ~~or community residential setting~~ license for a residence
152.30 that does not have a caregiver in the residence during normal sleeping hours as required
152.31 under Minnesota Rules, part 9555.5105, subpart 37, item B, or section 245D.02, subdivision
152.32 33b, but uses monitoring technology to alert the license holder when an incident occurs that
152.33 may jeopardize the health, safety, or rights of a foster care recipient. The applicant or license

153.1 holder must comply with all other requirements under Minnesota Rules, parts 9555.5105
153.2 to 9555.6265, ~~or applicable requirements under chapter 245D~~, and the requirements under
153.3 this subdivision. The license printed by the commissioner must state in bold and large font:

153.4 (1) that the facility is under electronic monitoring; and

153.5 (2) the telephone number of the county's common entry point for making reports of
153.6 suspected maltreatment of vulnerable adults under section 626.557, subdivision 9.

153.7 (b) Applications for a license under this section must be submitted directly to the
153.8 Department of Human Services licensing division. The licensing division must immediately
153.9 notify the county licensing agency. The licensing division must collaborate with the county
153.10 licensing agency in the review of the application and the licensing of the program.

153.11 (c) Before a license is issued by the commissioner, and for the duration of the license,
153.12 the applicant or license holder must establish, maintain, and document the implementation
153.13 of written policies and procedures addressing the requirements in paragraphs (d) through
153.14 (f).

153.15 (d) The applicant or license holder must have policies and procedures that:

153.16 (1) establish characteristics of target populations that will be admitted into the home,
153.17 and characteristics of populations that will not be accepted into the home;

153.18 (2) explain the discharge process when a resident served by the program requires
153.19 overnight supervision or other services that cannot be provided by the license holder due
153.20 to the limited hours that the license holder is on site;

153.21 (3) describe the types of events to which the program will respond with a physical
153.22 presence when those events occur in the home during time when staff are not on site, and
153.23 how the license holder's response plan meets the requirements in paragraph (e), clause (1)
153.24 or (2);

153.25 (4) establish a process for documenting a review of the implementation and effectiveness
153.26 of the response protocol for the response required under paragraph (e), clause (1) or (2).
153.27 The documentation must include:

153.28 (i) a description of the triggering incident;

153.29 (ii) the date and time of the triggering incident;

153.30 (iii) the time of the response or responses under paragraph (e), clause (1) or (2);

153.31 (iv) whether the response met the resident's needs;

154.1 (v) whether the existing policies and response protocols were followed; and

154.2 (vi) whether the existing policies and protocols are adequate or need modification.

154.3 When no physical presence response is completed for a three-month period, the license
154.4 holder's written policies and procedures must require a physical presence response drill to
154.5 be conducted for which the effectiveness of the response protocol under paragraph (e),
154.6 clause (1) or (2), will be reviewed and documented as required under this clause; and

154.7 (5) establish that emergency and nonemergency phone numbers are posted in a prominent
154.8 location in a common area of the home where they can be easily observed by a person
154.9 responding to an incident who is not otherwise affiliated with the home.

154.10 (e) The license holder must document and include in the license application which
154.11 response alternative under clause (1) or (2) is in place for responding to situations that
154.12 present a serious risk to the health, safety, or rights of residents served by the program:

154.13 (1) response alternative (1) requires only the technology to provide an electronic
154.14 notification or alert to the license holder that an event is underway that requires a response.
154.15 Under this alternative, no more than ten minutes will pass before the license holder will be
154.16 physically present on site to respond to the situation; or

154.17 (2) response alternative (2) requires the electronic notification and alert system under
154.18 alternative (1), but more than ten minutes may pass before the license holder is present on
154.19 site to respond to the situation. Under alternative (2), all of the following conditions are
154.20 met:

154.21 (i) the license holder has a written description of the interactive technological applications
154.22 that will assist the license holder in communicating with and assessing the needs related to
154.23 the care, health, and safety of the foster care recipients. This interactive technology must
154.24 permit the license holder to remotely assess the well being of the resident served by the
154.25 program without requiring the initiation of the foster care recipient. Requiring the foster
154.26 care recipient to initiate a telephone call does not meet this requirement;

154.27 (ii) the license holder documents how the remote license holder is qualified and capable
154.28 of meeting the needs of the foster care recipients and assessing foster care recipients' needs
154.29 under item (i) during the absence of the license holder on site;

154.30 (iii) the license holder maintains written procedures to dispatch emergency response
154.31 personnel to the site in the event of an identified emergency; and

154.32 (iv) each resident's individualized plan of care, coordinated service and support plan
154.33 under sections 256B.0913, subdivision 8; 256B.092, subdivision 1b; 256B.49, subdivision

155.1 15; and 256S.10, if required, or individual resident placement agreement under Minnesota
155.2 Rules, part 9555.5105, subpart 19, if required, identifies the maximum response time, which
155.3 may be greater than ten minutes, for the license holder to be on site for that resident.

155.4 (f) Each resident's placement agreement, individual service agreement, and plan must
155.5 clearly state that the adult foster care ~~or community residential setting~~ license category is
155.6 a program without the presence of a caregiver in the residence during normal sleeping hours;
155.7 the protocols in place for responding to situations that present a serious risk to the health,
155.8 safety, or rights of residents served by the program under paragraph (e), clause (1) or (2);
155.9 and a signed informed consent from each resident served by the program or the person's
155.10 legal representative documenting the person's or legal representative's agreement with
155.11 placement in the program. If electronic monitoring technology is used in the home, the
155.12 informed consent form must also explain the following:

155.13 (1) how any electronic monitoring is incorporated into the alternative supervision system;

155.14 (2) the backup system for any electronic monitoring in times of electrical outages or
155.15 other equipment malfunctions;

155.16 (3) how the caregivers or direct support staff are trained on the use of the technology;

155.17 (4) the event types and license holder response times established under paragraph (e);

155.18 (5) how the license holder protects each resident's privacy related to electronic monitoring
155.19 and related to any electronically recorded data generated by the monitoring system. A
155.20 resident served by the program may not be removed from a program under this subdivision
155.21 for failure to consent to electronic monitoring. The consent form must explain where and
155.22 how the electronically recorded data is stored, with whom it will be shared, and how long
155.23 it is retained; and

155.24 (6) the risks and benefits of the alternative overnight supervision system.

155.25 The written explanations under clauses (1) to (6) may be accomplished through
155.26 cross-references to other policies and procedures as long as they are explained to the person
155.27 giving consent, and the person giving consent is offered a copy.

155.28 (g) Nothing in this section requires the applicant or license holder to develop or maintain
155.29 separate or duplicative policies, procedures, documentation, consent forms, or individual
155.30 plans that may be required for other licensing standards, if the requirements of this section
155.31 are incorporated into those documents.

155.32 (h) The commissioner may grant variances to the requirements of this section according
155.33 to section 245A.04, subdivision 9.

156.1 (i) For the purposes of paragraphs (d) through (h), "license holder" has the meaning
156.2 under section 245A.02, subdivision 9, and additionally includes all staff, volunteers, and
156.3 contractors affiliated with the license holder.

156.4 (j) For the purposes of paragraph (e), the terms "assess" and "assessing" mean to remotely
156.5 determine what action the license holder needs to take to protect the well-being of the foster
156.6 care recipient.

156.7 (k) The commissioner shall evaluate license applications using the requirements in
156.8 paragraphs (d) to (f). The commissioner shall provide detailed application forms, including
156.9 a checklist of criteria needed for approval.

156.10 (l) To be eligible for a license under paragraph (a), the adult foster care ~~or community~~
156.11 ~~residential setting~~ license holder must not have had a conditional license issued under section
156.12 245A.06 or any licensing sanction under section 245A.07 during the prior 24 months based
156.13 on failure to provide adequate supervision, health care services, or resident safety in the
156.14 adult foster care home ~~or community residential setting~~.

156.15 (m) The commissioner shall review an application for an alternative overnight supervision
156.16 license within 60 days of receipt of the application. When the commissioner receives an
156.17 application that is incomplete because the applicant failed to submit required documents or
156.18 that is substantially deficient because the documents submitted do not meet licensing
156.19 requirements, the commissioner shall provide the applicant written notice that the application
156.20 is incomplete or substantially deficient. In the written notice to the applicant, the
156.21 commissioner shall identify documents that are missing or deficient and give the applicant
156.22 45 days to resubmit a second application that is substantially complete. An applicant's failure
156.23 to submit a substantially complete application after receiving notice from the commissioner
156.24 is a basis for license denial under section 245A.05. The commissioner shall complete
156.25 subsequent review within 30 days.

156.26 (n) Once the application is considered complete under paragraph (m), the commissioner
156.27 will approve or deny an application for an alternative overnight supervision license within
156.28 60 days.

156.29 (o) For the purposes of this subdivision, "supervision" means:

156.30 (1) oversight by a caregiver or direct support staff as specified in the individual resident's
156.31 place agreement or coordinated service and support plan and awareness of the resident's
156.32 needs and activities; and

157.1 (2) the presence of a caregiver or direct support staff in a residence during normal sleeping
157.2 hours, unless a determination has been made and documented in the individual's coordinated
157.3 service and support plan that the individual does not require the presence of a caregiver or
157.4 direct support staff during normal sleeping hours.

157.5 Sec. 3. Minnesota Statutes 2020, section 245C.02, is amended by adding a subdivision to
157.6 read:

157.7 Subd. 11f. **Health care worker platform.** "Health care worker platform" means any
157.8 person, firm, corporation, partnership, or association that maintains a system or technology
157.9 that provides a media or Internet platform for a health care worker to be listed and identified
157.10 as available for hire as an independent contractor by health care facilities seeking health
157.11 care workers.

157.12 Sec. 4. Minnesota Statutes 2020, section 245C.02, subdivision 17a, is amended to read:

157.13 Subd. 17a. **Roster.** (a) "Roster" means the electronic method used to identify the entity
157.14 or entities required to conduct background studies under this chapter with which a background
157.15 subject is affiliated. There are three types of rosters: active roster, inactive roster, and master
157.16 roster.

157.17 (b) "Active roster" means the list of individuals specific to an entity who have been
157.18 determined eligible under this chapter to provide services for the entity and who the entity
157.19 has identified as affiliated. An individual shall remain on the entity's active roster and is
157.20 considered affiliated until the commissioner determines the individual is ineligible or the
157.21 entity removes the individual from the entity's active roster.

157.22 (c) "Inactive roster" means the list maintained by the commissioner of individuals who
157.23 are eligible under this chapter to provide services and are not on an active roster. Individuals
157.24 shall remain on the inactive roster for no more than 180 consecutive days, unless:

157.25 (1) the individual submits a written request to the commissioner requesting to remain
157.26 on the inactive roster for a longer period of time;

157.27 (2) the individual self-initiated a background study, in which case the individual shall
157.28 remain on the inactive roster for one year; or -

157.29 (3) a health care worker platform initiated a background study on behalf of an individual,
157.30 in which case the individual shall remain on the inactive roster for one year.

157.31 Upon the commissioner's receipt of information that may cause an individual on the inactive
157.32 roster to be disqualified under this chapter, the commissioner shall remove the individual

158.1 from the inactive roster, and if the individual again seeks a position requiring a background
158.2 study, the individual shall be required to complete a new background study.

158.3 (d) "Master roster" means the list maintained by the commissioner of all individuals
158.4 who, as a result of a background study under this chapter, and regardless of affiliation with
158.5 an entity, are determined by the commissioner to be eligible to provide services for one or
158.6 more entities. The master roster includes all background study subjects on rosters under
158.7 paragraphs (b) and (c).

158.8 Sec. 5. Minnesota Statutes 2021 Supplement, section 245C.03, is amended by adding a
158.9 subdivision to read:

158.10 Subd. 16. **Self-initiated background studies.** The commissioner shall conduct
158.11 background studies according to this chapter when initiated by an individual who is not on
158.12 the master roster. A subject under this subdivision who is not disqualified must be placed
158.13 on the inactive roster.

158.14 Sec. 6. Minnesota Statutes 2021 Supplement, section 245C.03, is amended by adding a
158.15 subdivision to read:

158.16 Subd. 17. **Health care worker platform.** The commissioner shall conduct background
158.17 studies according to this chapter when initiated by a health care worker platform on behalf
158.18 of an individual who is not on the master roster. A subject under this subdivision who is
158.19 not disqualified must be placed on the inactive roster.

158.20 Sec. 7. Minnesota Statutes 2020, section 245C.04, subdivision 1, is amended to read:

158.21 Subdivision 1. **Licensed programs; other child care programs.** (a) The commissioner
158.22 shall conduct a background study of an individual required to be studied under section
158.23 245C.03, subdivision 1, at least upon application for initial license for all license types.

158.24 (b) The commissioner shall conduct a background study of an individual required to be
158.25 studied under section 245C.03, subdivision 1, including a child care background study
158.26 subject as defined in section 245C.02, subdivision 6a, in a family child care program, licensed
158.27 child care center, certified license-exempt child care center, or legal nonlicensed child care
158.28 provider, on a schedule determined by the commissioner. Except as provided in section
158.29 245C.05, subdivision 5a, a child care background study must include submission of
158.30 fingerprints for a national criminal history record check and a review of the information
158.31 under section 245C.08. A background study for a child care program must be repeated
158.32 within five years from the most recent study conducted under this paragraph.

159.1 (c) At reapplication for a family child care license:

159.2 (1) for a background study affiliated with a licensed family child care center or legal
159.3 nonlicensed child care provider, the individual shall provide information required under
159.4 section 245C.05, subdivision 1, paragraphs (a), (b), and (d), to the county agency, and be
159.5 fingerprinted and photographed under section 245C.05, subdivision 5;

159.6 (2) the county agency shall verify the information received under clause (1) and forward
159.7 the information to the commissioner to complete the background study; and

159.8 (3) the background study conducted by the commissioner under this paragraph must
159.9 include a review of the information required under section 245C.08.

159.10 (d) The commissioner is not required to conduct a study of an individual at the time of
159.11 reapplication for a license if the individual's background study was completed by the
159.12 commissioner of human services and the following conditions are met:

159.13 (1) a study of the individual was conducted either at the time of initial licensure or when
159.14 the individual became affiliated with the license holder;

159.15 (2) the individual has been continuously affiliated with the license holder since the last
159.16 study was conducted; and

159.17 (3) the last study of the individual was conducted on or after October 1, 1995.

159.18 (e) The commissioner of human services shall conduct a background study of an
159.19 individual specified under section 245C.03, subdivision 1, paragraph (a), clauses (2) to (6),
159.20 who is newly affiliated with a child foster family setting license holder:

159.21 (1) the county or private agency shall collect and forward to the commissioner the
159.22 information required under section 245C.05, subdivisions 1 and 5, when the child foster
159.23 family setting applicant or license holder resides in the home where child foster care services
159.24 are provided; and

159.25 (2) the background study conducted by the commissioner of human services under this
159.26 paragraph must include a review of the information required under section 245C.08,
159.27 subdivisions 1, 3, and 4.

159.28 (f) The commissioner shall conduct a background study of an individual specified under
159.29 section 245C.03, subdivision 1, paragraph (a), clauses (2) to (6), who is newly affiliated
159.30 with an adult foster care or family adult day services and with a family child care license
159.31 holder or a legal nonlicensed child care provider authorized under chapter 119B and:

160.1 (1) except as provided in section 245C.05, subdivision 5a, the county shall collect and
160.2 forward to the commissioner the information required under section 245C.05, subdivision
160.3 1, paragraphs (a) and (b), and subdivision 5, paragraphs (a), (b), and (d), for background
160.4 studies conducted by the commissioner for all family adult day services, for adult foster
160.5 care when the adult foster care license holder resides in the adult foster care residence, and
160.6 for family child care and legal nonlicensed child care authorized under chapter 119B;

160.7 (2) the license holder shall collect and forward to the commissioner the information
160.8 required under section 245C.05, subdivisions 1, paragraphs (a) and (b); and 5, paragraphs
160.9 (a) and (b), for background studies conducted by the commissioner for adult foster care
160.10 when the license holder does not reside in the adult foster care residence; and

160.11 (3) the background study conducted by the commissioner under this paragraph must
160.12 include a review of the information required under section 245C.08, subdivision 1, paragraph
160.13 (a), and subdivisions 3 and 4.

160.14 (g) Applicants for licensure, license holders, and other entities as provided in this chapter
160.15 must submit completed background study requests to the commissioner using the electronic
160.16 system known as NETStudy before individuals specified in section 245C.03, subdivision
160.17 1, begin positions allowing direct contact in any licensed program.

160.18 (h) For an individual who is not on the entity's active roster, the entity must initiate a
160.19 new background study through NETStudy when:

160.20 (1) an individual returns to a position requiring a background study following an absence
160.21 of 120 or more consecutive days; or

160.22 (2) a program that discontinued providing licensed direct contact services for 120 or
160.23 more consecutive days begins to provide direct contact licensed services again.

160.24 The license holder shall maintain a copy of the notification provided to the commissioner
160.25 under this paragraph in the program's files. If the individual's disqualification was previously
160.26 set aside for the license holder's program and the new background study results in no new
160.27 information that indicates the individual may pose a risk of harm to persons receiving
160.28 services from the license holder, the previous set-aside shall remain in effect.

160.29 (i) For purposes of this section, a physician licensed under chapter 147 or advanced
160.30 practice registered nurse licensed under chapter 148 is considered to be continuously affiliated
160.31 upon the license holder's receipt from the commissioner of health or human services of the
160.32 physician's or advanced practice registered nurse's background study results.

161.1 (j) For purposes of family child care, a substitute caregiver must receive repeat
161.2 background studies at the time of each license renewal.

161.3 (k) A repeat background study at the time of license renewal is not required if the family
161.4 child care substitute caregiver's background study was completed by the commissioner on
161.5 or after October 1, 2017, and the substitute caregiver is on the license holder's active roster
161.6 in NETStudy 2.0.

161.7 (l) Before and after school programs authorized under chapter 119B, are exempt from
161.8 the background study requirements under section 123B.03, for an employee for whom a
161.9 background study under this chapter has been completed.

161.10 (m) Upon request of the license holder, the commissioner of human services shall conduct
161.11 a background study of an individual specified under section 245C.03, subdivision 1,
161.12 paragraph (a), clauses (2) to (6), who is newly affiliated with a home and community-based
161.13 service provider licensed certified to provide children's out-of-home respite under section
161.14 245D.34. The license holder shall collect and forward to the commissioner all the information
161.15 described under section 245C.05, subdivisions 1 and 5. The background study conducted
161.16 by the commissioner of human services under this paragraph must include a review of all
161.17 the information described under section 245C.08, subdivisions 1, 3, and 4.

161.18 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
161.19 whichever is later. The commissioner of human services shall notify the revisor of statutes
161.20 when federal approval is obtained.

161.21 Sec. 8. Minnesota Statutes 2020, section 245C.04, subdivision 4a, is amended to read:

161.22 Subd. 4a. **Agency background studies; electronic criminal case information updates;**
161.23 **rosters; and criteria for eliminating repeat background studies.** (a) The commissioner
161.24 shall develop and implement an electronic process as a part of NETStudy 2.0 for the regular
161.25 transfer of new criminal case information that is added to the Minnesota court information
161.26 system. The commissioner's system must include for review only information that relates
161.27 to individuals who are on the master roster.

161.28 (b) The commissioner shall develop and implement an online system as a part of
161.29 NETStudy 2.0 for agencies that initiate background studies under this chapter to access and
161.30 maintain records of background studies initiated by that agency. The system must show all
161.31 active background study subjects affiliated with that agency and the status of each individual's
161.32 background study. Each agency that initiates background studies must use this system to

162.1 notify the commissioner of discontinued affiliation for purposes of the processes required
162.2 under paragraph (a).

162.3 (c) After an entity initiating a background study has paid the applicable fee for the study
162.4 and has provided the individual with the privacy notice required under section 245C.05,
162.5 subdivision 2c, NETStudy 2.0 shall immediately inform the entity whether the individual
162.6 requires a background study or whether the individual is immediately eligible to provide
162.7 services based on a previous background study. If the individual is immediately eligible,
162.8 the entity initiating the background study shall be able to view the information previously
162.9 supplied by the individual who is the subject of a background study as required under section
162.10 245C.05, subdivision 1, including the individual's photograph taken at the time the
162.11 individual's fingerprints were recorded. The commissioner shall not provide any entity
162.12 initiating a subsequent background study with information regarding the other entities that
162.13 initiated background studies on the subject.

162.14 (d) Verification that an individual is eligible to provide services based on a previous
162.15 background study is dependent on the individual voluntarily providing the individual's
162.16 Social Security number to the commissioner at the time each background study is initiated.
162.17 When an individual does not provide the individual's Social Security number for the
162.18 background study, that study is not transferable and a repeat background study on that
162.19 individual is required if the individual seeks a position requiring a background study under
162.20 this chapter with another entity.

162.21 (e) Notwithstanding paragraphs (b) and (c), the commissioner must not provide a health
162.22 care worker platform that initiates a background study on an individual's behalf under section
162.23 245C.03, subdivision 17, with access to any information regarding the subject other than
162.24 whether the individual is immediately eligible to provide services.

162.25 Sec. 9. Minnesota Statutes 2020, section 245C.04, is amended by adding a subdivision to
162.26 read:

162.27 Subd. 12. **Individuals.** An individual who initiates a background study under section
162.28 245C.03, subdivision 16, must initiate the studies annually through NETStudy 2.0.

162.29 Sec. 10. Minnesota Statutes 2020, section 245C.04, is amended by adding a subdivision
162.30 to read:

162.31 Subd. 13. **Health care worker platform.** A health care worker platform that initiates
162.32 a background study on an individual's behalf under section 245C.03, subdivision 17, must
162.33 initiate the studies annually through NETStudy 2.0.

163.1 Sec. 11. Minnesota Statutes 2021 Supplement, section 245C.05, subdivision 5, is amended
163.2 to read:

163.3 Subd. 5. **Fingerprints and photograph.** (a) Notwithstanding paragraph (b), for
163.4 background studies conducted by the commissioner for certified children's out-of-home
163.5 respite, child foster care, children's residential facilities, adoptions, or a transfer of permanent
163.6 legal and physical custody of a child, the subject of the background study, who is 18 years
163.7 of age or older, shall provide the commissioner with a set of classifiable fingerprints obtained
163.8 from an authorized agency for a national criminal history record check.

163.9 (b) For background studies initiated on or after the implementation of NETStudy 2.0,
163.10 except as provided under subdivision 5a, every subject of a background study must provide
163.11 the commissioner with a set of the background study subject's classifiable fingerprints and
163.12 photograph. The photograph and fingerprints must be recorded at the same time by the
163.13 authorized fingerprint collection vendor or vendors and sent to the commissioner through
163.14 the commissioner's secure data system described in section 245C.32, subdivision 1a,
163.15 paragraph (b).

163.16 (c) The fingerprints shall be submitted by the commissioner to the Bureau of Criminal
163.17 Apprehension and, when specifically required by law, submitted to the Federal Bureau of
163.18 Investigation for a national criminal history record check.

163.19 (d) The fingerprints must not be retained by the Department of Public Safety, Bureau
163.20 of Criminal Apprehension, or the commissioner. The Federal Bureau of Investigation will
163.21 not retain background study subjects' fingerprints.

163.22 (e) The authorized fingerprint collection vendor or vendors shall, for purposes of verifying
163.23 the identity of the background study subject, be able to view the identifying information
163.24 entered into NETStudy 2.0 by the entity that initiated the background study, but shall not
163.25 retain the subject's fingerprints, photograph, or information from NETStudy 2.0. The
163.26 authorized fingerprint collection vendor or vendors shall retain no more than the name and
163.27 date and time the subject's fingerprints were recorded and sent, only as necessary for auditing
163.28 and billing activities.

163.29 (f) For any background study conducted under this chapter, the subject shall provide the
163.30 commissioner with a set of classifiable fingerprints when the commissioner has reasonable
163.31 cause to require a national criminal history record check as defined in section 245C.02,
163.32 subdivision 15a.

164.1 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
164.2 whichever is later. The commissioner of human services shall notify the revisor of statutes
164.3 when federal approval is obtained.

164.4 Sec. 12. Minnesota Statutes 2020, section 245C.10, is amended by adding a subdivision
164.5 to read:

164.6 Subd. 22. **Individuals.** The commissioner shall recover the cost of the background
164.7 studies initiated by individuals under section 245C.03, subdivision 16, through a fee of no
164.8 more than \$42 per study charged to the individual. The fees collected under this subdivision
164.9 are appropriated to the commissioner for the purpose of conducting background studies.

164.10 Sec. 13. Minnesota Statutes 2020, section 245C.10, is amended by adding a subdivision
164.11 to read:

164.12 Subd. 23. **Health care worker platform.** The commissioner shall recover the cost of
164.13 the background studies initiated by health care worker platforms under section 245C.03,
164.14 subdivision 17, through a fee of no more than \$42 per study charged to the platform. The
164.15 fees collected under this subdivision are appropriated to the commissioner for the purpose
164.16 of conducting background studies.

164.17 Sec. 14. **[245D.34] CHILDREN'S OUT-OF-HOME RESPITE CERTIFICATION**
164.18 **STANDARDS.**

164.19 Subdivision 1. **Certification.** (a) The commissioner of human services shall issue a
164.20 children's out-of-home respite certification for services licensed under this chapter when a
164.21 license holder is determined to have met the requirements under this section. This certification
164.22 is voluntary for license holders. The certification shall be printed on the license and identified
164.23 on the commissioner's public website.

164.24 (b) A license holder seeking certification under this section must request this certification
164.25 on forms and in the manner prescribed by the commissioner.

164.26 (c) If a commissioner finds that a license holder has failed to comply with the certification
164.27 requirements under this section, the commissioner may issue a correction order and an order
164.28 of conditional license in accordance with section 245A.06 or may issue a sanction in
164.29 accordance with section 245A.07, including and up to removal of the certification.

164.30 (d) A denial of the certification or the removal of the certification based on a
164.31 determination that the requirements of this section have not been met is not subject to appeal.
164.32 A license holder that has been denied a certification or that has had a certification removed

165.1 may again request certification when the license holder is in compliance with the
165.2 requirements of this section.

165.3 Subd. 2. **Certification requirements.** The requirements for certification under this
165.4 section are:

165.5 (1) the license holder maintains a current roster of staff who meet the background study
165.6 requirements under section 245C.04, subdivision 1, paragraph (n);

165.7 (2) the license holder assigns only individuals on the roster described in clause (1) to
165.8 provide out-of-home respite to a minor in an unlicensed service site;

165.9 (3) the case manager has verified, on the forms and in the manner prescribed by the
165.10 commissioner, and documented in the person's coordinated service and support plan that
165.11 any proposed unlicensed service site is appropriate to meet the person's unique assessed
165.12 needs; and

165.13 (4) when providing out-of-home respite to a minor at an unlicensed service site, the
165.14 service site the license holder uses is identified and approved by the case manager in the
165.15 person's coordinated service and support plan.

165.16 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
165.17 whichever is later. The commissioner of human services shall notify the revisor of statutes
165.18 when federal approval is obtained.

165.19

ARTICLE 7

165.20

DEPARTMENT OF BEHAVIORAL HEALTH

165.21 Section 1. Minnesota Statutes 2021 Supplement, section 15.01, is amended to read:

165.22 **15.01 DEPARTMENTS OF THE STATE.**

165.23 The following agencies are designated as the departments of the state government: the
165.24 Department of Administration; the Department of Agriculture; the Department of Behavioral
165.25 Health; the Department of Commerce; the Department of Corrections; the Department of
165.26 Education; the Department of Employment and Economic Development; the Department
165.27 of Health; the Department of Human Rights; the Department of Information Technology
165.28 Services; the Department of Iron Range Resources and Rehabilitation; the Department of
165.29 Labor and Industry; the Department of Management and Budget; the Department of Military
165.30 Affairs; the Department of Natural Resources; the Department of Public Safety; the
165.31 Department of Human Services; the Department of Revenue; the Department of
165.32 Transportation; the Department of Veterans Affairs; and their successor departments.

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

166.2 Sec. 2. Minnesota Statutes 2021 Supplement, section 15.06, subdivision 1, is amended to
166.3 read:

166.4 Subdivision 1. **Applicability.** This section applies to the following departments or
166.5 agencies: the Departments of Administration, Agriculture, Behavioral Health, Commerce,
166.6 Corrections, Education, Employment and Economic Development, Health, Human Rights,
166.7 Labor and Industry, Management and Budget, Natural Resources, Public Safety, Human
166.8 Services, Revenue, Transportation, and Veterans Affairs; the Housing Finance and Pollution
166.9 Control Agencies; the Office of Commissioner of Iron Range Resources and Rehabilitation;
166.10 the Department of Information Technology Services; the Bureau of Mediation Services;
166.11 and their successor departments and agencies. The heads of the foregoing departments or
166.12 agencies are "commissioners."

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

166.14 Sec. 3. Minnesota Statutes 2020, section 15A.0815, subdivision 2, is amended to read:

166.15 Subd. 2. **Group I salary limits.** The salary for a position listed in this subdivision shall
166.16 not exceed 133 percent of the salary of the governor. This limit must be adjusted annually
166.17 on January 1. The new limit must equal the limit for the prior year increased by the percentage
166.18 increase, if any, in the Consumer Price Index for all urban consumers from October of the
166.19 second prior year to October of the immediately prior year. The commissioner of management
166.20 and budget must publish the limit on the department's website. This subdivision applies to
166.21 the following positions:

166.22 Commissioner of administration;

166.23 Commissioner of agriculture;

166.24 Commissioner of behavioral health;

166.25 Commissioner of education;

166.26 Commissioner of commerce;

166.27 Commissioner of corrections;

166.28 Commissioner of health;

166.29 Commissioner, Minnesota Office of Higher Education;

166.30 Commissioner, Housing Finance Agency;

- 167.1 Commissioner of human rights;
- 167.2 Commissioner of human services;
- 167.3 Commissioner of labor and industry;
- 167.4 Commissioner of management and budget;
- 167.5 Commissioner of natural resources;
- 167.6 Commissioner, Pollution Control Agency;
- 167.7 Commissioner of public safety;
- 167.8 Commissioner of revenue;
- 167.9 Commissioner of employment and economic development;
- 167.10 Commissioner of transportation; and
- 167.11 Commissioner of veterans affairs.
- 167.12 **EFFECTIVE DATE.** This section is effective July 1, 2022.

167.13 Sec. 4. Minnesota Statutes 2021 Supplement, section 43A.08, subdivision 1a, is amended
 167.14 to read:

167.15 Subd. 1a. **Additional unclassified positions.** Appointing authorities for the following
 167.16 agencies may designate additional unclassified positions according to this subdivision: the
 167.17 Departments of Administration; Agriculture; Behavioral Health; Commerce; Corrections;
 167.18 Education; Employment and Economic Development; Explore Minnesota Tourism;
 167.19 Management and Budget; Health; Human Rights; Labor and Industry; Natural Resources;
 167.20 Public Safety; Human Services; Revenue; Transportation; and Veterans Affairs; the Housing
 167.21 Finance and Pollution Control Agencies; the State Lottery; the State Board of Investment;
 167.22 the Office of Administrative Hearings; the Department of Information Technology Services;
 167.23 the Offices of the Attorney General, Secretary of State, and State Auditor; the Minnesota
 167.24 State Colleges and Universities; the Minnesota Office of Higher Education; the Perpich
 167.25 Center for Arts Education; and the Minnesota Zoological Board.

167.26 A position designated by an appointing authority according to this subdivision must
 167.27 meet the following standards and criteria:

167.28 (1) the designation of the position would not be contrary to other law relating specifically
 167.29 to that agency;

168.1 (2) the person occupying the position would report directly to the agency head or deputy
168.2 agency head and would be designated as part of the agency head's management team;

168.3 (3) the duties of the position would involve significant discretion and substantial
168.4 involvement in the development, interpretation, and implementation of agency policy;

168.5 (4) the duties of the position would not require primarily personnel, accounting, or other
168.6 technical expertise where continuity in the position would be important;

168.7 (5) there would be a need for the person occupying the position to be accountable to,
168.8 loyal to, and compatible with, the governor and the agency head, the employing statutory
168.9 board or commission, or the employing constitutional officer;

168.10 (6) the position would be at the level of division or bureau director or assistant to the
168.11 agency head; and

168.12 (7) the commissioner has approved the designation as being consistent with the standards
168.13 and criteria in this subdivision.

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

168.15 Sec. 5. **[256T.01] DEPARTMENT OF BEHAVIORAL HEALTH.**

168.16 The Department of Behavioral Health is created. The governor shall appoint the
168.17 commissioner of behavioral health under section 15.06. The commissioner shall administer:

168.18 (1) the behavioral health services under the medical assistance program under chapters
168.19 256 and 256B;

168.20 (2) the behavioral health services under the MinnesotaCare program under chapter 256L;

168.21 (3) mental health and chemical dependency services under chapters 245, 245G, 253C,
168.22 254A, and 254B; and

168.23 (4) behavioral health quality, behavioral health analysis, behavioral health economics,
168.24 and related data collection initiatives under chapters 62J, 62U, and 144.

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

168.26 Sec. 6. **[256T.02] TRANSFER.**

168.27 (a) Section 15.039 applies to the transfer under this chapter.

168.28 (b) The commissioner of administration, with the approval of the governor, may issue
168.29 reorganization orders under section 16B.37 as necessary to carry out the transfer required
168.30 by this chapter. The provision of section 16B.37, subdivision 1, stating that transfers under

169.1 section 16B.37 may be made only to an agency that has been in existence for at least one
169.2 year does not apply to transfers to an agency created by this chapter.

169.3 (c) The initial salary for the commissioner of behavioral health is the same as the salary
169.4 for the commissioner of health. The salary may be changed in the manner specified in section
169.5 15A.0815.

169.6 (d) For an employee affected by the transfer of duties required by this chapter, the
169.7 seniority accrued by the employee at the employee's former agency transfers to the employee's
169.8 new agency.

169.9 (e) The commissioner of management and budget must ensure that the aggregate cost
169.10 for the commissioner of behavioral health is not more than the aggregate cost during the
169.11 transition of creating the Department of Behavioral Health as it currently exists under the
169.12 Department of Human Services and the Department of Health immediately before the
169.13 effective date of this chapter, excluding any appropriation made during the 2022 legislative
169.14 session.

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

169.16 Sec. 7. **REVISOR INSTRUCTION.**

169.17 The revisor of statutes, in consultation with staff from the House Research Department;
169.18 House Fiscal Analysis; the Office of Senate Counsel, Research, and Fiscal Analysis; and
169.19 the respective departments shall prepare legislation for introduction in the 2023 legislative
169.20 session proposing the statutory changes needed to implement the transfers of duties required
169.21 for the creation of the Department of Behavioral Health.

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

169.23 **ARTICLE 8**

169.24 **COMMUNITY SUPPORTS AND BEHAVIORAL HEALTH POLICY**

169.25 Section 1. Minnesota Statutes 2021 Supplement, section 62A.673, subdivision 2, is
169.26 amended to read:

169.27 Subd. 2. **Definitions.** (a) For purposes of this section, the terms defined in this subdivision
169.28 have the meanings given.

169.29 (b) "Distant site" means a site at which a health care provider is located while providing
169.30 health care services or consultations by means of telehealth.

170.1 (c) "Health care provider" means a health care professional who is licensed or registered
170.2 by the state to perform health care services within the provider's scope of practice and in
170.3 accordance with state law. A health care provider includes a mental health professional as
170.4 ~~defined under section 245.462, subdivision 18, or 245.4871, subdivision 27~~ 245I.04,
170.5 subdivision 2; a mental health practitioner as ~~defined under section 245.462, subdivision~~
170.6 ~~17, or 245.4871, subdivision 26~~ 245I.04, subdivision 4; a clinical trainee under section
170.7 245I.04, subdivision 6; a treatment coordinator under section 245G.11, subdivision 7; an
170.8 alcohol and drug counselor under section 245G.11, subdivision 5; and a recovery peer under
170.9 section 245G.11, subdivision 8.

170.10 (d) "Health carrier" has the meaning given in section 62A.011, subdivision 2.

170.11 (e) "Health plan" has the meaning given in section 62A.011, subdivision 3. Health plan
170.12 includes dental plans as defined in section 62Q.76, subdivision 3, but does not include dental
170.13 plans that provide indemnity-based benefits, regardless of expenses incurred, and are designed
170.14 to pay benefits directly to the policy holder.

170.15 (f) "Originating site" means a site at which a patient is located at the time health care
170.16 services are provided to the patient by means of telehealth. For purposes of store-and-forward
170.17 technology, the originating site also means the location at which a health care provider
170.18 transfers or transmits information to the distant site.

170.19 (g) "Store-and-forward technology" means the asynchronous electronic transfer or
170.20 transmission of a patient's medical information or data from an originating site to a distant
170.21 site for the purposes of diagnostic and therapeutic assistance in the care of a patient.

170.22 (h) "Telehealth" means the delivery of health care services or consultations through the
170.23 use of real time two-way interactive audio and visual communications to provide or support
170.24 health care delivery and facilitate the assessment, diagnosis, consultation, treatment,
170.25 education, and care management of a patient's health care. Telehealth includes the application
170.26 of secure video conferencing, store-and-forward technology, and synchronous interactions
170.27 between a patient located at an originating site and a health care provider located at a distant
170.28 site. Until July 1, 2023, telehealth also includes audio-only communication between a health
170.29 care provider and a patient in accordance with subdivision 6, paragraph (b). Telehealth does
170.30 not include communication between health care providers that consists solely of a telephone
170.31 conversation, e-mail, or facsimile transmission. Telehealth does not include communication
170.32 between a health care provider and a patient that consists solely of an e-mail or facsimile
170.33 transmission. Telehealth does not include telemonitoring services as defined in paragraph
170.34 (i).

171.1 (i) "Telemonitoring services" means the remote monitoring of clinical data related to
 171.2 the enrollee's vital signs or biometric data by a monitoring device or equipment that transmits
 171.3 the data electronically to a health care provider for analysis. Telemonitoring is intended to
 171.4 collect an enrollee's health-related data for the purpose of assisting a health care provider
 171.5 in assessing and monitoring the enrollee's medical condition or status.

171.6 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
 171.7 whichever is later. The commissioner of human services shall notify the revisor of statutes
 171.8 when federal approval is obtained.

171.9 Sec. 2. Minnesota Statutes 2021 Supplement, section 148F.11, subdivision 1, is amended
 171.10 to read:

171.11 Subdivision 1. **Other professionals.** (a) Nothing in this chapter prevents members of
 171.12 other professions or occupations from performing functions for which they are qualified or
 171.13 licensed. This exception includes, but is not limited to: licensed physicians; registered nurses;
 171.14 licensed practical nurses; licensed psychologists and licensed psychological practitioners;
 171.15 members of the clergy provided such services are provided within the scope of regular
 171.16 ministries; American Indian medicine men and women; licensed attorneys; probation officers;
 171.17 licensed marriage and family therapists; licensed social workers; social workers employed
 171.18 by city, county, or state agencies; licensed professional counselors; licensed professional
 171.19 clinical counselors; licensed school counselors; registered occupational therapists or
 171.20 occupational therapy assistants; Upper Midwest Indian Council on Addictive Disorders
 171.21 (UMICAD) certified counselors when providing services to Native American people; city,
 171.22 county, or state employees when providing assessments or case management under Minnesota
 171.23 Rules, chapter 9530; and ~~individuals defined in section 256B.0623, subdivision 5, clauses~~
 171.24 ~~(1) to (6),~~ staff persons providing co-occurring substance use disorder treatment in adult
 171.25 mental health rehabilitative programs certified or licensed by the Department of Human
 171.26 Services under section 245I.23, 256B.0622, or 256B.0623.

171.27 (b) Nothing in this chapter prohibits technicians and resident managers in programs
 171.28 licensed by the Department of Human Services from discharging their duties as provided
 171.29 in Minnesota Rules, chapter 9530.

171.30 (c) Any person who is exempt from licensure under this section must not use a title
 171.31 incorporating the words "alcohol and drug counselor" or "licensed alcohol and drug
 171.32 counselor" or otherwise hold himself or herself out to the public by any title or description
 171.33 stating or implying that he or she is engaged in the practice of alcohol and drug counseling,
 171.34 or that he or she is licensed to engage in the practice of alcohol and drug counseling, unless

172.1 that person is also licensed as an alcohol and drug counselor. Persons engaged in the practice
172.2 of alcohol and drug counseling are not exempt from the board's jurisdiction solely by the
172.3 use of one of the titles in paragraph (a).

172.4 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
172.5 whichever is later. The commissioner of human services shall notify the revisor of statutes
172.6 when federal approval is obtained.

172.7 Sec. 3. Minnesota Statutes 2021 Supplement, section 245.467, subdivision 2, is amended
172.8 to read:

172.9 Subd. 2. **Diagnostic assessment.** ~~Providers~~ A provider of services governed by this
172.10 section must complete a diagnostic assessment of a client according to the standards of
172.11 section 245I.10, ~~subdivisions 4 to 6.~~

172.12 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
172.13 whichever is later. The commissioner of human services shall notify the revisor of statutes
172.14 when federal approval is obtained.

172.15 Sec. 4. Minnesota Statutes 2021 Supplement, section 245.467, subdivision 3, is amended
172.16 to read:

172.17 Subd. 3. **Individual treatment plans.** ~~Providers~~ A provider of services governed by
172.18 this section must complete an individual treatment plan for a client according to the standards
172.19 of section 245I.10, subdivisions 7 and 8.

172.20 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
172.21 whichever is later. The commissioner of human services shall notify the revisor of statutes
172.22 when federal approval is obtained.

172.23 Sec. 5. Minnesota Statutes 2021 Supplement, section 245.4871, subdivision 21, is amended
172.24 to read:

172.25 Subd. 21. **Individual treatment plan.** (a) "Individual treatment plan" means the
172.26 formulation of planned services that are responsive to the needs and goals of a client. An
172.27 individual treatment plan must be completed according to section 245I.10, subdivisions 7
172.28 and 8.

172.29 (b) A children's residential facility licensed under Minnesota Rules, chapter 2960, is
172.30 exempt from the requirements of section 245I.10, subdivisions 7 and 8. Instead, the individual
172.31 treatment plan must:

173.1 (1) include a written plan of intervention, treatment, and services for a child with an
 173.2 emotional disturbance that the service provider develops under the clinical supervision of
 173.3 a mental health professional on the basis of a diagnostic assessment;

173.4 (2) be developed in conjunction with the family unless clinically inappropriate; and

173.5 (3) identify goals and objectives of treatment, treatment strategy, a schedule for
 173.6 accomplishing treatment goals and objectives, and the individuals responsible for providing
 173.7 treatment to the child with an emotional disturbance.

173.8 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
 173.9 whichever is later. The commissioner of human services shall notify the revisor of statutes
 173.10 when federal approval is obtained.

173.11 Sec. 6. Minnesota Statutes 2021 Supplement, section 245.4876, subdivision 2, is amended
 173.12 to read:

173.13 Subd. 2. **Diagnostic assessment.** ~~Providers~~ A provider of services governed by this
 173.14 section ~~shall~~ must complete a diagnostic assessment of a client according to the standards
 173.15 of section 245I.10, ~~subdivisions 4 to 6.~~ Notwithstanding the required timelines for completing
 173.16 a diagnostic assessment in section 245I.10, a children's residential facility licensed under
 173.17 Minnesota Rules, chapter 2960, that provides mental health services to children must, within
 173.18 ten days of the client's admission: (1) complete the client's diagnostic assessment; or (2)
 173.19 review and update the client's diagnostic assessment with a summary of the child's current
 173.20 mental health status and service needs if a diagnostic assessment is available that was
 173.21 completed within 180 days preceding admission and the client's mental health status has
 173.22 not changed markedly since the diagnostic assessment.

173.23 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
 173.24 whichever is later. The commissioner of human services shall notify the revisor of statutes
 173.25 when federal approval is obtained.

173.26 Sec. 7. Minnesota Statutes 2021 Supplement, section 245.4876, subdivision 3, is amended
 173.27 to read:

173.28 Subd. 3. **Individual treatment plans.** ~~Providers~~ A provider of services governed by
 173.29 this section ~~shall~~ must complete an individual treatment plan for a client according to the
 173.30 standards of section 245I.10, subdivisions 7 and 8. A children's residential facility licensed
 173.31 according to Minnesota Rules, chapter 2960, is exempt from the requirements in section
 173.32 245I.10, subdivisions 7 and 8. Instead, the facility must involve the child and the child's

174.1 family in all phases of developing and implementing the individual treatment plan to the
174.2 extent appropriate and must review the individual treatment plan every 90 days after intake.

174.3 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
174.4 whichever is later. The commissioner of human services shall notify the revisor of statutes
174.5 when federal approval is obtained.

174.6 Sec. 8. Minnesota Statutes 2021 Supplement, section 245.735, subdivision 3, is amended
174.7 to read:

174.8 Subd. 3. **Certified community behavioral health clinics.** (a) The commissioner shall
174.9 establish a state certification process for certified community behavioral health clinics
174.10 (CCBHCs) that satisfy all federal requirements necessary for CCBHCs certified under this
174.11 section to be eligible for reimbursement under medical assistance, without service area
174.12 limits based on geographic area or region. The commissioner shall consult with CCBHC
174.13 stakeholders before establishing and implementing changes in the certification process and
174.14 requirements. Entities that choose to be CCBHCs must:

174.15 (1) comply with state licensing requirements and other requirements issued by the
174.16 commissioner;

174.17 (2) employ or contract for clinic staff who have backgrounds in diverse disciplines,
174.18 including licensed mental health professionals and licensed alcohol and drug counselors,
174.19 and staff who are culturally and linguistically trained to meet the needs of the population
174.20 the clinic serves;

174.21 (3) ensure that clinic services are available and accessible to individuals and families of
174.22 all ages and genders and that crisis management services are available 24 hours per day;

174.23 (4) establish fees for clinic services for individuals who are not enrolled in medical
174.24 assistance using a sliding fee scale that ensures that services to patients are not denied or
174.25 limited due to an individual's inability to pay for services;

174.26 (5) comply with quality assurance reporting requirements and other reporting
174.27 requirements, including any required reporting of encounter data, clinical outcomes data,
174.28 and quality data;

174.29 (6) provide crisis mental health and substance use services, withdrawal management
174.30 services, emergency crisis intervention services, and stabilization services through existing
174.31 mobile crisis services; screening, assessment, and diagnosis services, including risk
174.32 assessments and level of care determinations; person- and family-centered treatment planning;
174.33 outpatient mental health and substance use services; targeted case management; psychiatric

175.1 rehabilitation services; peer support and counselor services and family support services;
175.2 and intensive community-based mental health services, including mental health services
175.3 for members of the armed forces and veterans. CCBHCs must directly provide the majority
175.4 of these services to enrollees, but may coordinate some services with another entity through
175.5 a collaboration or agreement, pursuant to paragraph (b);

175.6 (7) provide coordination of care across settings and providers to ensure seamless
175.7 transitions for individuals being served across the full spectrum of health services, including
175.8 acute, chronic, and behavioral needs. Care coordination may be accomplished through
175.9 partnerships or formal contracts with:

175.10 (i) counties, health plans, pharmacists, pharmacies, rural health clinics, federally qualified
175.11 health centers, inpatient psychiatric facilities, substance use and detoxification facilities, or
175.12 community-based mental health providers; and

175.13 (ii) other community services, supports, and providers, including schools, child welfare
175.14 agencies, juvenile and criminal justice agencies, Indian health services clinics, tribally
175.15 licensed health care and mental health facilities, urban Indian health clinics, Department of
175.16 Veterans Affairs medical centers, outpatient clinics, drop-in centers, acute care hospitals,
175.17 and hospital outpatient clinics;

175.18 (8) be certified as a mental health clinics clinic under section ~~245.69, subdivision 2~~
175.19 245I.20;

175.20 (9) comply with standards established by the commissioner relating to CCBHC
175.21 screenings, assessments, and evaluations;

175.22 (10) be licensed to provide substance use disorder treatment under chapter 245G;

175.23 (11) be certified to provide children's therapeutic services and supports under section
175.24 256B.0943;

175.25 (12) be certified to provide adult rehabilitative mental health services under section
175.26 256B.0623;

175.27 (13) be enrolled to provide mental health crisis response services under ~~sections~~ section
175.28 256B.0624 and 256B.0944;

175.29 (14) be enrolled to provide mental health targeted case management under section
175.30 256B.0625, subdivision 20;

175.31 (15) comply with standards relating to mental health case management in Minnesota
175.32 Rules, parts 9520.0900 to 9520.0926;

176.1 (16) provide services that comply with the evidence-based practices described in
176.2 paragraph (e); and

176.3 (17) comply with standards relating to peer services under sections 256B.0615,
176.4 256B.0616, and 245G.07, subdivision 1, paragraph (a), clause (5), as applicable when peer
176.5 services are provided.

176.6 (b) If a certified CCBHC is unable to provide one or more of the services listed in
176.7 paragraph (a), clauses (6) to (17), the CCBHC may contract with another entity that has the
176.8 required authority to provide that service and that meets the following criteria as a designated
176.9 collaborating organization:

176.10 (1) the entity has a formal agreement with the CCBHC to furnish one or more of the
176.11 services under paragraph (a), clause (6);

176.12 (2) the entity provides assurances that it will provide services according to CCBHC
176.13 service standards and provider requirements;

176.14 (3) the entity agrees that the CCBHC is responsible for coordinating care and has clinical
176.15 and financial responsibility for the services that the entity provides under the agreement;
176.16 and

176.17 (4) the entity meets any additional requirements issued by the commissioner.

176.18 (c) Notwithstanding any other law that requires a county contract or other form of county
176.19 approval for certain services listed in paragraph (a), clause (6), a clinic that otherwise meets
176.20 CCBHC requirements may receive the prospective payment under section 256B.0625,
176.21 subdivision 5m, for those services without a county contract or county approval. As part of
176.22 the certification process in paragraph (a), the commissioner shall require a letter of support
176.23 from the CCBHC's host county confirming that the CCBHC and the county or counties it
176.24 serves have an ongoing relationship to facilitate access and continuity of care, especially
176.25 for individuals who are uninsured or who may go on and off medical assistance.

176.26 (d) When the standards listed in paragraph (a) or other applicable standards conflict or
176.27 address similar issues in duplicative or incompatible ways, the commissioner may grant
176.28 variances to state requirements if the variances do not conflict with federal requirements
176.29 for services reimbursed under medical assistance. If standards overlap, the commissioner
176.30 may substitute all or a part of a licensure or certification that is substantially the same as
176.31 another licensure or certification. The commissioner shall consult with stakeholders, as
176.32 described in subdivision 4, before granting variances under this provision. For the CCBHC
176.33 that is certified but not approved for prospective payment under section 256B.0625,

177.1 subdivision 5m, the commissioner may grant a variance under this paragraph if the variance
177.2 does not increase the state share of costs.

177.3 (e) The commissioner shall issue a list of required evidence-based practices to be
177.4 delivered by CCBHCs, and may also provide a list of recommended evidence-based practices.
177.5 The commissioner may update the list to reflect advances in outcomes research and medical
177.6 services for persons living with mental illnesses or substance use disorders. The commissioner
177.7 shall take into consideration the adequacy of evidence to support the efficacy of the practice,
177.8 the quality of workforce available, and the current availability of the practice in the state.
177.9 At least 30 days before issuing the initial list and any revisions, the commissioner shall
177.10 provide stakeholders with an opportunity to comment.

177.11 (f) The commissioner shall recertify CCBHCs at least every three years. The
177.12 commissioner shall establish a process for decertification and shall require corrective action,
177.13 medical assistance repayment, or decertification of a CCBHC that no longer meets the
177.14 requirements in this section or that fails to meet the standards provided by the commissioner
177.15 in the application and certification process.

177.16 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
177.17 whichever is later. The commissioner of human services shall notify the revisor of statutes
177.18 when federal approval is obtained.

177.19 Sec. 9. Minnesota Statutes 2021 Supplement, section 245A.03, subdivision 7, is amended
177.20 to read:

177.21 **Subd. 7. Licensing moratorium.** (a) The commissioner shall not issue an initial license
177.22 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult
177.23 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter
177.24 for a physical location that will not be the primary residence of the license holder for the
177.25 entire period of licensure. If a family child foster care home or family adult foster care home
177.26 license is issued during this moratorium, and the license holder changes the license holder's
177.27 primary residence away from the physical location of the foster care license, the
177.28 commissioner shall revoke the license according to section 245A.07. The commissioner
177.29 shall not issue an initial license for a community residential setting licensed under chapter
177.30 245D. When approving an exception under this paragraph, the commissioner shall consider
177.31 the resource need determination process in paragraph (h), the availability of foster care
177.32 licensed beds in the geographic area in which the licensee seeks to operate, the results of a
177.33 person's choices during their annual assessment and service plan review, and the

178.1 recommendation of the local county board. The determination by the commissioner is final
178.2 and not subject to appeal. Exceptions to the moratorium include:

178.3 (1) foster care settings where at least 80 percent of the residents are 55 years of age or
178.4 older;

178.5 (2) foster care licenses replacing foster care licenses in existence on May 15, 2009, or
178.6 community residential setting licenses replacing adult foster care licenses in existence on
178.7 December 31, 2013, and determined to be needed by the commissioner under paragraph
178.8 (b);

178.9 (3) new foster care licenses or community residential setting licenses determined to be
178.10 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,
178.11 or regional treatment center; restructuring of state-operated services that limits the capacity
178.12 of state-operated facilities; or allowing movement to the community for people who no
178.13 longer require the level of care provided in state-operated facilities as provided under section
178.14 256B.092, subdivision 13, or 256B.49, subdivision 24;

178.15 (4) new foster care licenses or community residential setting licenses determined to be
178.16 needed by the commissioner under paragraph (b) for persons requiring hospital level care;
178.17 or

178.18 ~~(5) new foster care licenses or community residential setting licenses for people receiving~~
178.19 ~~services under chapter 245D and residing in an unlicensed setting before May 1, 2017, and~~
178.20 ~~for which a license is required. This exception does not apply to people living in their own~~
178.21 ~~home. For purposes of this clause, there is a presumption that a foster care or community~~
178.22 ~~residential setting license is required for services provided to three or more people in a~~
178.23 ~~dwelling unit when the setting is controlled by the provider. A license holder subject to this~~
178.24 ~~exception may rebut the presumption that a license is required by seeking a reconsideration~~
178.25 ~~of the commissioner's determination. The commissioner's disposition of a request for~~
178.26 ~~reconsideration is final and not subject to appeal under chapter 14. The exception is available~~
178.27 ~~until June 30, 2018. This exception is available when:~~

178.28 ~~(i) the person's case manager provided the person with information about the choice of~~
178.29 ~~service, service provider, and location of service, including in the person's home, to help~~
178.30 ~~the person make an informed choice; and~~

178.31 ~~(ii) the person's services provided in the licensed foster care or community residential~~
178.32 ~~setting are less than or equal to the cost of the person's services delivered in the unlicensed~~
178.33 ~~setting as determined by the lead agency; or~~

179.1 ~~(6)~~ (5) new foster care licenses or community residential setting licenses for people
179.2 receiving customized living or 24-hour customized living services under the brain injury
179.3 or community access for disability inclusion waiver plans under section 256B.49 and residing
179.4 in the customized living setting before July 1, 2022, for which a license is required. A
179.5 customized living service provider subject to this exception may rebut the presumption that
179.6 a license is required by seeking a reconsideration of the commissioner's determination. The
179.7 commissioner's disposition of a request for reconsideration is final and not subject to appeal
179.8 under chapter 14. The exception is available until June 30, 2023. This exception is available
179.9 when:

179.10 (i) the person's customized living services are provided in a customized living service
179.11 setting serving four or fewer people under the brain injury or community access for disability
179.12 inclusion waiver plans under section 256B.49 in a single-family home operational on or
179.13 before June 30, 2021. Operational is defined in section 256B.49, subdivision 28;

179.14 (ii) the person's case manager provided the person with information about the choice of
179.15 service, service provider, and location of service, including in the person's home, to help
179.16 the person make an informed choice; and

179.17 (iii) the person's services provided in the licensed foster care or community residential
179.18 setting are less than or equal to the cost of the person's services delivered in the customized
179.19 living setting as determined by the lead agency.

179.20 (b) The commissioner shall determine the need for newly licensed foster care homes or
179.21 community residential settings as defined under this subdivision. As part of the determination,
179.22 the commissioner shall consider the availability of foster care capacity in the area in which
179.23 the licensee seeks to operate, and the recommendation of the local county board. The
179.24 determination by the commissioner must be final. A determination of need is not required
179.25 for a change in ownership at the same address.

179.26 (c) When an adult resident served by the program moves out of a foster home that is not
179.27 the primary residence of the license holder according to section 256B.49, subdivision 15,
179.28 paragraph (f), or the adult community residential setting, the county shall immediately
179.29 inform the Department of Human Services Licensing Division. The department may decrease
179.30 the statewide licensed capacity for adult foster care settings.

179.31 (d) Residential settings that would otherwise be subject to the decreased license capacity
179.32 established in paragraph (c) shall be exempt if the license holder's beds are occupied by
179.33 residents whose primary diagnosis is mental illness and the license holder is certified under
179.34 the requirements in subdivision 6a or section 245D.33.

180.1 (e) A resource need determination process, managed at the state level, using the available
180.2 reports required by section 144A.351, and other data and information shall be used to
180.3 determine where the reduced capacity determined under section 256B.493 will be
180.4 implemented. The commissioner shall consult with the stakeholders described in section
180.5 144A.351, and employ a variety of methods to improve the state's capacity to meet the
180.6 informed decisions of those people who want to move out of corporate foster care or
180.7 community residential settings, long-term service needs within budgetary limits, including
180.8 seeking proposals from service providers or lead agencies to change service type, capacity,
180.9 or location to improve services, increase the independence of residents, and better meet
180.10 needs identified by the long-term services and supports reports and statewide data and
180.11 information.

180.12 (f) At the time of application and reapplication for licensure, the applicant and the license
180.13 holder that are subject to the moratorium or an exclusion established in paragraph (a) are
180.14 required to inform the commissioner whether the physical location where the foster care
180.15 will be provided is or will be the primary residence of the license holder for the entire period
180.16 of licensure. If the primary residence of the applicant or license holder changes, the applicant
180.17 or license holder must notify the commissioner immediately. The commissioner shall print
180.18 on the foster care license certificate whether or not the physical location is the primary
180.19 residence of the license holder.

180.20 (g) License holders of foster care homes identified under paragraph (f) that are not the
180.21 primary residence of the license holder and that also provide services in the foster care home
180.22 that are covered by a federally approved home and community-based services waiver, as
180.23 authorized under chapter 256S or section 256B.092 or 256B.49, must inform the human
180.24 services licensing division that the license holder provides or intends to provide these
180.25 waiver-funded services.

180.26 (h) The commissioner may adjust capacity to address needs identified in section
180.27 144A.351. Under this authority, the commissioner may approve new licensed settings or
180.28 delicense existing settings. Delicensing of settings will be accomplished through a process
180.29 identified in section 256B.493. Annually, by August 1, the commissioner shall provide
180.30 information and data on capacity of licensed long-term services and supports, actions taken
180.31 under the subdivision to manage statewide long-term services and supports resources, and
180.32 any recommendations for change to the legislative committees with jurisdiction over the
180.33 health and human services budget.

180.34 (i) The commissioner must notify a license holder when its corporate foster care or
180.35 community residential setting licensed beds are reduced under this section. The notice of

181.1 reduction of licensed beds must be in writing and delivered to the license holder by certified
 181.2 mail or personal service. The notice must state why the licensed beds are reduced and must
 181.3 inform the license holder of its right to request reconsideration by the commissioner. The
 181.4 license holder's request for reconsideration must be in writing. If mailed, the request for
 181.5 reconsideration must be postmarked and sent to the commissioner within 20 calendar days
 181.6 after the license holder's receipt of the notice of reduction of licensed beds. If a request for
 181.7 reconsideration is made by personal service, it must be received by the commissioner within
 181.8 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

181.9 (j) The commissioner shall not issue an initial license for children's residential treatment
 181.10 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter
 181.11 for a program that Centers for Medicare and Medicaid Services would consider an institution
 181.12 for mental diseases. Facilities that serve only private pay clients are exempt from the
 181.13 moratorium described in this paragraph. The commissioner has the authority to manage
 181.14 existing statewide capacity for children's residential treatment services subject to the
 181.15 moratorium under this paragraph and may issue an initial license for such facilities if the
 181.16 initial license would not increase the statewide capacity for children's residential treatment
 181.17 services subject to the moratorium under this paragraph.

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

181.19 Sec. 10. Minnesota Statutes 2020, section 245A.11, subdivision 2, is amended to read:

181.20 Subd. 2. **Permitted single-family residential use.** (a) Residential programs with a
 181.21 licensed capacity of six or fewer persons shall be considered a permitted single-family
 181.22 residential use of property for the purposes of zoning and other land use regulations, except
 181.23 that a residential program whose primary purpose is to treat juveniles who have violated
 181.24 criminal statutes relating to sex offenses or have been adjudicated delinquent on the basis
 181.25 of conduct in violation of criminal statutes relating to sex offenses shall not be considered
 181.26 a permitted use. This exception shall not apply to residential programs licensed before July
 181.27 1, 1995. Programs otherwise allowed under this subdivision shall not be prohibited by
 181.28 operation of restrictive covenants or similar restrictions, regardless of when entered into,
 181.29 which cannot be met because of the nature of the licensed program, including provisions
 181.30 which require the home's occupants be related, and that the home must be occupied by the
 181.31 owner, or similar provisions.

181.32 (b) Unless otherwise provided in any town, municipal, or county zoning regulation, a
 181.33 licensed residential program in an intermediate care facility for persons with developmental
 181.34 disabilities with a licensed capacity of seven to eight persons shall be considered a permitted

182.1 single-family residential use of property for the purposes of zoning and other land use
 182.2 regulations. A town, municipal, or county zoning authority may require a conditional use
 182.3 or special use permit to assure proper maintenance and operation of the residential program.
 182.4 Conditions imposed on the residential program must not be more restrictive than those
 182.5 imposed on other conditional uses or special uses of residential property in the same zones,
 182.6 unless the additional conditions are necessary to protect the health and safety of the persons
 182.7 being served by the program.

182.8 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
 182.9 of human services shall notify the revisor of statutes when federal approval is obtained.

182.10 Sec. 11. Minnesota Statutes 2020, section 245A.11, subdivision 2a, is amended to read:

182.11 Subd. 2a. **Adult foster care and community residential setting license capacity.** (a)
 182.12 The commissioner shall issue adult foster care and community residential setting licenses
 182.13 with a maximum licensed capacity of four beds, including nonstaff roomers and boarders,
 182.14 except that the commissioner may issue a license with a capacity of five up to six beds,
 182.15 including roomers and boarders, according to paragraphs (b) to ~~(g)~~ (f).

182.16 (b) The license holder may have a maximum license capacity of ~~five~~ six if all persons
 182.17 in care are age 55 or over and do not have a serious and persistent mental illness or a
 182.18 developmental disability.

182.19 (c) The commissioner may grant variances to paragraph (b) to allow a facility with a
 182.20 licensed capacity of up to ~~five~~ six persons to admit an individual under the age of 55 if the
 182.21 variance complies with section 245A.04, subdivision 9, and approval of the variance is
 182.22 recommended by the county in which the licensed facility is located.

182.23 (d) The commissioner may grant variances to paragraph (a) to allow the use of an
 182.24 additional bed, up to five, for emergency crisis services for a person with serious and
 182.25 persistent mental illness or a developmental disability, regardless of age, if the variance
 182.26 complies with section 245A.04, subdivision 9, and approval of the variance is recommended
 182.27 by the county in which the licensed facility is located.

182.28 (e) The commissioner may grant a variance to paragraph (b) to allow for the use of an
 182.29 additional bed, up to ~~five~~ six, for respite services, as defined in section 245A.02, for persons
 182.30 with disabilities, regardless of age, if the variance complies with sections 245A.03,
 182.31 subdivision 7, and 245A.04, subdivision 9, and approval of the variance is recommended
 182.32 by the county in which the licensed facility is located. Respite care may be provided under
 182.33 the following conditions:

183.1 (1) staffing ratios cannot be reduced below the approved level for the individuals being
183.2 served in the home on a permanent basis;

183.3 (2) no more than two different individuals can be accepted for respite services in any
183.4 calendar month and the total respite days may not exceed 120 days per program in any
183.5 calendar year;

183.6 (3) the person receiving respite services must have his or her own bedroom, which could
183.7 be used for alternative purposes when not used as a respite bedroom, and cannot be the
183.8 room of another person who lives in the facility; and

183.9 (4) individuals living in the facility must be notified when the variance is approved. The
183.10 provider must give 60 days' notice in writing to the residents and their legal representatives
183.11 prior to accepting the first respite placement. Notice must be given to residents at least two
183.12 days prior to service initiation, or as soon as the license holder is able if they receive notice
183.13 of the need for respite less than two days prior to initiation, each time a respite client will
183.14 be served, unless the requirement for this notice is waived by the resident or legal guardian.

183.15 (f) The commissioner ~~may issue~~ shall increase the licensed capacity of an adult foster
183.16 care or community residential setting license with up to a capacity of five six adults if the
183.17 fifth or sixth bed does not increase the overall statewide capacity of licensed adult foster
183.18 care or community residential setting beds in homes that are not the primary residence of
183.19 the license holder, as identified in a plan submitted to the commissioner by the county, when
183.20 the capacity is recommended by the county licensing agency of the county in which the
183.21 facility is located and if the recommendation verifies that:

183.22 (1) the facility meets the physical environment requirements in the adult foster care
183.23 licensing rule or the community residential settings requirements in chapter 245D;

183.24 (2) the five-bed or six-bed living arrangement is specified for each resident in the
183.25 resident's:

183.26 (i) individualized plan of care;

183.27 (ii) individual service plan under section 256B.092, subdivision 1b, if required; or

183.28 (iii) individual resident placement agreement under Minnesota Rules, part 9555.5105,
183.29 subpart 19, if required; and

183.30 (3) the license holder obtains written and signed informed consent from each resident
183.31 or resident's legal representative documenting the resident's informed choice to remain
183.32 living in the home and that the resident's refusal to consent would not have resulted in
183.33 service termination; ~~and~~

184.1 ~~(4) the facility was licensed for adult foster care before March 1, 2016.~~

184.2 ~~(g) The commissioner shall not issue a new adult foster care license under paragraph (f)~~
 184.3 ~~after December 31, 2020.~~ The commissioner shall allow a facility with an adult foster care
 184.4 license issued under paragraph (f) before December 31, 2020, to continue with a an increased
 184.5 capacity of five adults if the license holder continues to comply with the requirements in
 184.6 this paragraph (f).

184.7 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
 184.8 of human services shall notify the revisor of statutes when federal approval is obtained.

184.9 Sec. 12. Minnesota Statutes 2020, section 245A.11, is amended by adding a subdivision
 184.10 to read:

184.11 Subd. 2c. **Residential programs in intermediate care facilities; license**
 184.12 **capacity.** Notwithstanding subdivision 4 and section 252.28, subdivision 3, for a licensed
 184.13 residential program in an intermediate care facility for persons with developmental disabilities
 184.14 located in a single-family home and in a town, municipal, or county zoning authority that
 184.15 will permit a licensed capacity of seven or eight persons in a single-family home, the
 184.16 commissioner may increase the licensed capacity of the program to seven or eight if the
 184.17 seventh or eighth bed does not increase the overall statewide capacity in intermediate care
 184.18 facilities for persons with developmental disabilities. If the licensed capacity of a residential
 184.19 program in an intermediate care facility for persons with developmental disabilities is
 184.20 increased under this subdivision, the capacity of the license may remain at the increased
 184.21 number of persons.

184.22 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
 184.23 of human services shall notify the revisor of statutes when federal approval is obtained.

184.24 Sec. 13. Minnesota Statutes 2020, section 245A.19, is amended to read:

184.25 **245A.19 HIV TRAINING IN ~~CHEMICAL DEPENDENCY~~ SUBSTANCE USE**
 184.26 **~~DISORDER~~ TREATMENT PROGRAM.**

184.27 (a) Applicants and license holders for chemical dependency substance use disorder
 184.28 residential and nonresidential programs must demonstrate compliance with HIV minimum
 184.29 standards prior to before their application being is complete. The HIV minimum standards
 184.30 contained in the HIV-1 Guidelines for chemical dependency substance use disorder treatment
 184.31 and care programs in Minnesota are not subject to rulemaking.

185.1 (b) ~~Ninety days after April 29, 1992,~~ The applicant or license holder shall orient all
185.2 ~~chemical dependency~~ substance use disorder treatment staff and clients to the HIV minimum
185.3 standards. ~~Thereafter,~~ Orientation shall be provided to all staff and clients, within 72 hours
185.4 of employment or admission to the program. In-service training shall be provided to all staff
185.5 on at least an annual basis and the license holder shall maintain records of training and
185.6 attendance.

185.7 (c) The license holder shall maintain a list of referral sources for the purpose of making
185.8 necessary referrals of clients to HIV-related services. The list of referral services shall be
185.9 updated at least annually.

185.10 (d) Written policies and procedures, consistent with HIV minimum standards, shall be
185.11 developed and followed by the license holder. All policies and procedures concerning HIV
185.12 minimum standards shall be approved by the commissioner. The commissioner ~~shall provide~~
185.13 ~~training on HIV minimum standards to applicants~~ must outline the content required for the
185.14 annual staff training under paragraph (b).

185.15 (e) The commissioner may permit variances from the requirements in this section. License
185.16 holders seeking variances must follow the procedures in section 245A.04, subdivision 9.

185.17 Sec. 14. Minnesota Statutes 2020, section 245D.10, subdivision 3a, is amended to read:

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

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

185.25 (1) the termination is necessary for the person's welfare and the facility provider cannot
185.26 meet the person's needs;

185.27 (2) the safety of the person or others ~~in the program~~ is endangered and positive support
185.28 strategies were attempted and have not achieved and effectively maintained safety for the
185.29 person or others;

185.30 (3) the health of the person or others ~~in the program~~ would otherwise be endangered;

185.31 (4) the program provider has not been paid for services;

185.32 (5) the program provider ceases to operate;

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

186.2 (7) for state-operated community-based services, the person no longer demonstrates
186.3 complex behavioral needs that cannot be met by private community-based providers
186.4 identified in section 252.50, subdivision 5, paragraph (a), clause (1).

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

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

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

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

186.17 (i) identify that the person no longer demonstrates complex behavioral needs that cannot
186.18 be met by private community-based providers identified in section 252.50, subdivision 5,
186.19 paragraph (a), clause (1);

186.20 (ii) provide notice of intent to issue a termination of services to the lead agency when a
186.21 finding has been made that a person no longer demonstrates complex behavioral needs that
186.22 cannot be met by private community-based providers identified in section 252.50, subdivision
186.23 5, paragraph (a), clause (1);

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

186.26 (iv) coordinate with the lead agency to ensure the private community-based service
186.27 provider is able to meet the person's needs and criteria established in a person's
186.28 person-centered transition plan; and

186.29 (4) providing the person, the person's legal representative, and the person's extended
186.30 support team with:

186.31 (i) a statement that the person or the person's legal representative may contact the Office
186.32 of Ombudsman for Mental Health and Developmental Disabilities or the Office of

187.1 Ombudsman for Long-Term Care to request an advocate to assist regarding the termination;
187.2 and

187.3 (ii) the telephone number, e-mail address, website address, mailing address, and street
187.4 address for the state and applicable regional Office of Ombudsman for Long-Term Care
187.5 and the Office of Ombudsman for Mental Health and Developmental Disabilities.

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

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

187.11 (1) the license holder must notify the person or the person's legal representative and the
187.12 case manager in writing of the intended service termination. If the service termination is
187.13 from residential supports and services as defined in section 245D.03, subdivision 1, paragraph
187.14 (c), clause (3), the license holder must also notify ~~the commissioner~~ in writing the
187.15 commissioner, the Office of Ombudsman for Long-Term Care and the Office of Ombudsman
187.16 for Mental Health and Developmental Disabilities; and

187.17 (2) the notice must include:

187.18 (i) the reason for the action;

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

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

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

187.27 (e) Notice of the proposed termination of service, including those situations that began
187.28 with a temporary service suspension, must be given at least 90 days prior to termination of
187.29 services under paragraph (b), clause (7), and 60 days prior to termination when a license
187.30 holder is providing intensive supports and services identified in section 245D.03, subdivision
187.31 1, paragraph (c), and. Notice of the proposed termination of service, including those situations
187.32 that began with temporary service suspension, must be given at least 30 days prior to

188.1 termination for all other services licensed under this chapter. This notice may be given in
188.2 conjunction with a notice of temporary service suspension under subdivision 3.

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

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

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

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

188.9 (g) For notices issued under paragraph (b), clause (7), the lead agency shall provide
188.10 notice to the commissioner and state-operated services at least 30 days before the conclusion
188.11 of the 90-day termination period, if an appropriate alternative provider cannot be secured.
188.12 Upon receipt of this notice, the commissioner and state-operated services shall reassess
188.13 whether a private community-based service can meet the person's needs. If the commissioner
188.14 determines that a private provider can meet the person's needs, state-operated services shall,
188.15 if necessary, extend notice of service termination until placement can be made. If the
188.16 commissioner determines that a private provider cannot meet the person's needs,
188.17 state-operated services shall rescind the notice of service termination and re-engage with
188.18 the lead agency in service planning for the person.

188.19 (h) For notices issued under paragraph (b), if the lead agency has not finalized an
188.20 alternative program or service that will meet the assessed needs of the individual receiving
188.21 services 30 days before the effective date of the termination period for services under
188.22 paragraph (b), clause (7), or section 245D.03, subdivision 1, paragraph (c), the lead agency
188.23 shall provide written notice to the commissioner. Upon receipt of this notice, the
188.24 commissioner shall provide technical assistance as necessary to the lead agency until the
188.25 lead agency finalizes an alternative placement or service that will meet the assessed needs
188.26 of the individual. After assessing the circumstance, the commissioner is authorized to require
188.27 the license holder to continue services until the lead agency finalizes an alternative program
188.28 or service.

188.29 ~~(h)~~ (i) For state-operated community-based services, the license holder shall prioritize
188.30 the capacity created within the existing service site by the termination of services under
188.31 paragraph (b), clause (7), to serve persons described in section 252.50, subdivision 5,
188.32 paragraph (a), clause (1).

189.1 Sec. 15. Minnesota Statutes 2020, section 245D.12, is amended to read:

189.2 **245D.12 INTEGRATED COMMUNITY SUPPORTS; SETTING CAPACITY**
189.3 **REPORT.**

189.4 (a) The license holder providing integrated community support, as defined in section
189.5 245D.03, subdivision 1, paragraph (c), clause (8), must submit a setting capacity report to
189.6 the commissioner to ensure the identified location of service delivery meets the criteria of
189.7 the home and community-based service requirements as specified in section 256B.492.

189.8 (b) The license holder shall provide the setting capacity report on the forms and in the
189.9 manner prescribed by the commissioner. The report must include:

189.10 (1) the address of the multifamily housing building where the license holder delivers
189.11 integrated community supports and owns, leases, or has a direct or indirect financial
189.12 relationship with the property owner;

189.13 (2) the total number of living units in the multifamily housing building described in
189.14 clause (1) where integrated community supports are delivered;

189.15 (3) the total number of living units in the multifamily housing building described in
189.16 clause (1), including the living units identified in clause (2); ~~and~~

189.17 (4) the total number of people who could reside in the living units in the multifamily
189.18 housing building described in clause (2) and receive integrated community supports; and

189.19 ~~(4)~~ (5) the percentage of living units that are controlled by the license holder in the
189.20 multifamily housing building by dividing clause (2) by clause (3).

189.21 (c) Only one license holder may deliver integrated community supports at the address
189.22 of the multifamily housing building.

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

189.24 Sec. 16. Minnesota Statutes 2020, section 245F.04, subdivision 1, is amended to read:

189.25 Subdivision 1. **General application and license requirements.** An applicant for licensure
189.26 as a clinically managed withdrawal management program or medically monitored withdrawal
189.27 management program must meet the following requirements, except where otherwise noted.
189.28 All programs must comply with federal requirements and the general requirements in sections
189.29 626.557 and 626.5572 and chapters 245A, 245C, and 260E. A withdrawal management
189.30 program must be located in a hospital licensed under sections 144.50 to 144.581, or must
189.31 be a supervised living facility with a class A or B license from the Department of Health
189.32 under Minnesota Rules, parts 4665.0100 to 4665.9900.

190.1 Sec. 17. Minnesota Statutes 2020, section 245G.01, is amended by adding a subdivision
190.2 to read:

190.3 Subd. 13b. **Guest speaker.** "Guest speaker" means an individual who works under the
190.4 direct observation of the license holder to present to clients on topics in which the guest
190.5 speaker has expertise and that the license holder has determined to be beneficial to a client's
190.6 recovery. Tribally licensed programs have autonomy to identify the qualifications of their
190.7 guest speakers.

190.8 Sec. 18. Minnesota Statutes 2020, section 245G.12, is amended to read:

190.9 **245G.12 PROVIDER POLICIES AND PROCEDURES.**

190.10 A license holder must develop a written policies and procedures manual, indexed
190.11 according to section 245A.04, subdivision 14, paragraph (c), that provides staff members
190.12 immediate access to all policies and procedures and provides a client and other authorized
190.13 parties access to all policies and procedures. The manual must contain the following
190.14 materials:

190.15 (1) assessment and treatment planning policies, including screening for mental health
190.16 concerns and treatment objectives related to the client's identified mental health concerns
190.17 in the client's treatment plan;

190.18 (2) policies and procedures regarding HIV according to section 245A.19;

190.19 (3) the license holder's methods and resources to provide information on tuberculosis
190.20 and tuberculosis screening to each client and to report a known tuberculosis infection
190.21 according to section 144.4804;

190.22 (4) personnel policies according to section 245G.13;

190.23 (5) policies and procedures that protect a client's rights according to section 245G.15;

190.24 (6) a medical services plan according to section 245G.08;

190.25 (7) emergency procedures according to section 245G.16;

190.26 (8) policies and procedures for maintaining client records according to section 245G.09;

190.27 (9) procedures for reporting the maltreatment of minors according to chapter 260E, and
190.28 vulnerable adults according to sections 245A.65, 626.557, and 626.5572;

190.29 (10) a description of treatment services that: (i) includes the amount and type of services
190.30 provided; (ii) identifies which services meet the definition of group counseling under section
190.31 245G.01, subdivision 13a; ~~and~~ (iii) identifies which groups and topics on which a guest

191.1 speaker could provide services under the direct observation of a licensed alcohol and drug
191.2 counselor; and (iv) defines the program's treatment week;
191.3 (11) the methods used to achieve desired client outcomes;
191.4 (12) the hours of operation; and
191.5 (13) the target population served.

191.6 Sec. 19. Minnesota Statutes 2021 Supplement, section 245I.02, subdivision 19, is amended
191.7 to read:

191.8 Subd. 19. **Level of care assessment.** "Level of care assessment" means the level of care
191.9 decision support tool appropriate to the client's age. For a client five years of age or younger,
191.10 a level of care assessment is the Early Childhood Service Intensity Instrument (ESCII). For
191.11 a client six to 17 years of age, a level of care assessment is the Child and Adolescent Service
191.12 Intensity Instrument (CASII). For a client 18 years of age or older, a level of care assessment
191.13 is the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS)
191.14 or another tool authorized by the commissioner.

191.15 Sec. 20. Minnesota Statutes 2021 Supplement, section 245I.02, subdivision 36, is amended
191.16 to read:

191.17 Subd. 36. **Staff person.** "Staff person" means an individual who works under a license
191.18 holder's direction or under a contract with a license holder. Staff person includes an intern,
191.19 consultant, contractor, individual who works part-time, and an individual who does not
191.20 provide direct contact services to clients but does have physical access to clients. Staff
191.21 person includes a volunteer who provides treatment services to a client or a volunteer whom
191.22 the license holder regards as a staff person for the purpose of meeting staffing or service
191.23 delivery requirements. A staff person must be 18 years of age or older.

191.24 Sec. 21. Minnesota Statutes 2021 Supplement, section 245I.03, subdivision 9, is amended
191.25 to read:

191.26 Subd. 9. **Volunteers.** A If a license holder uses volunteers, the license holder must have
191.27 policies and procedures for using volunteers, including when a the license holder must
191.28 submit a background study for a volunteer, and the specific tasks that a volunteer may
191.29 perform.

192.1 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
192.2 whichever is later. The commissioner of human services shall notify the revisor of statutes
192.3 when federal approval is obtained.

192.4 Sec. 22. Minnesota Statutes 2021 Supplement, section 245I.04, subdivision 4, is amended
192.5 to read:

192.6 Subd. 4. **Mental health practitioner qualifications.** (a) An individual who is qualified
192.7 in at least one of the ways described in paragraph (b) to (d) may serve as a mental health
192.8 practitioner.

192.9 (b) An individual is qualified as a mental health practitioner through relevant coursework
192.10 if the individual completes at least 30 semester hours or 45 quarter hours in behavioral
192.11 sciences or related fields and:

192.12 (1) has at least 2,000 hours of experience providing services to individuals with:

192.13 (i) a mental illness or a substance use disorder; or

192.14 (ii) a traumatic brain injury or a developmental disability, and completes the additional
192.15 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct
192.16 contact services to a client;

192.17 (2) is fluent in the non-English language of the ethnic group to which at least 50 percent
192.18 of the individual's clients belong, and completes the additional training described in section
192.19 245I.05, subdivision 3, paragraph (c), before providing direct contact services to a client;

192.20 (3) is working in a day treatment program under section 256B.0671, subdivision 3, or
192.21 256B.0943; ~~or~~

192.22 (4) has completed a practicum or internship that (i) required direct interaction with adult
192.23 clients or child clients, and (ii) was focused on behavioral sciences or related fields; or

192.24 (5) is in the process of completing a practicum or internship as part of a formal
192.25 undergraduate or graduate training program in social work, psychology, or counseling.

192.26 (c) An individual is qualified as a mental health practitioner through work experience
192.27 if the individual:

192.28 (1) has at least 4,000 hours of experience in the delivery of services to individuals with:

192.29 (i) a mental illness or a substance use disorder; or

193.1 (ii) a traumatic brain injury or a developmental disability, and completes the additional
 193.2 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct
 193.3 contact services to clients; or

193.4 (2) receives treatment supervision at least once per week until meeting the requirement
 193.5 in clause (1) of 4,000 hours of experience and has at least 2,000 hours of experience providing
 193.6 services to individuals with:

193.7 (i) a mental illness or a substance use disorder; or

193.8 (ii) a traumatic brain injury or a developmental disability, and completes the additional
 193.9 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct
 193.10 contact services to clients.

193.11 (d) An individual is qualified as a mental health practitioner if the individual has a
 193.12 master's or other graduate degree in behavioral sciences or related fields.

193.13 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
 193.14 whichever is later. The commissioner of human services shall notify the revisor of statutes
 193.15 when federal approval is obtained.

193.16 Sec. 23. Minnesota Statutes 2021 Supplement, section 245I.05, subdivision 3, is amended
 193.17 to read:

193.18 Subd. 3. **Initial training.** (a) A staff person must receive training about:

193.19 (1) vulnerable adult maltreatment under section 245A.65, subdivision 3; and

193.20 (2) the maltreatment of minor reporting requirements and definitions in chapter 260E
 193.21 within 72 hours of first providing direct contact services to a client.

193.22 (b) Before providing direct contact services to a client, a staff person must receive training
 193.23 about:

193.24 (1) client rights and protections under section 245I.12;

193.25 (2) the Minnesota Health Records Act, including client confidentiality, family engagement
 193.26 under section 144.294, and client privacy;

193.27 (3) emergency procedures that the staff person must follow when responding to a fire,
 193.28 inclement weather, a report of a missing person, and a behavioral or medical emergency;

193.29 (4) specific activities and job functions for which the staff person is responsible, including
 193.30 the license holder's program policies and procedures applicable to the staff person's position;

193.31 (5) professional boundaries that the staff person must maintain; and

194.1 (6) specific needs of each client to whom the staff person will be providing direct contact
194.2 services, including each client's developmental status, cognitive functioning, and physical
194.3 and mental abilities.

194.4 (c) Before providing direct contact services to a client, a mental health rehabilitation
194.5 worker, mental health behavioral aide, or mental health practitioner ~~qualified under~~ required
194.6 to receive the training according to section 245I.04, subdivision 4, must receive 30 hours
194.7 of training about:

194.8 (1) mental illnesses;

194.9 (2) client recovery and resiliency;

194.10 (3) mental health de-escalation techniques;

194.11 (4) co-occurring mental illness and substance use disorders; and

194.12 (5) psychotropic medications and medication side effects.

194.13 (d) Within 90 days of first providing direct contact services to an adult client, a clinical
194.14 trainee, mental health practitioner, mental health certified peer specialist, or mental health
194.15 rehabilitation worker must receive training about:

194.16 (1) trauma-informed care and secondary trauma;

194.17 (2) person-centered individual treatment plans, including seeking partnerships with
194.18 family and other natural supports;

194.19 (3) co-occurring substance use disorders; and

194.20 (4) culturally responsive treatment practices.

194.21 (e) Within 90 days of first providing direct contact services to a child client, a clinical
194.22 trainee, mental health practitioner, mental health certified family peer specialist, mental
194.23 health certified peer specialist, or mental health behavioral aide must receive training about
194.24 the topics in clauses (1) to (5). This training must address the developmental characteristics
194.25 of each child served by the license holder and address the needs of each child in the context
194.26 of the child's family, support system, and culture. Training topics must include:

194.27 (1) trauma-informed care and secondary trauma, including adverse childhood experiences
194.28 (ACEs);

194.29 (2) family-centered treatment plan development, including seeking partnership with a
194.30 child client's family and other natural supports;

194.31 (3) mental illness and co-occurring substance use disorders in family systems;

- 195.1 (4) culturally responsive treatment practices; and
- 195.2 (5) child development, including cognitive functioning, and physical and mental abilities.
- 195.3 (f) For a mental health behavioral aide, the training under paragraph (e) must include
- 195.4 parent team training using a curriculum approved by the commissioner.

195.5 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,

195.6 whichever is later. The commissioner of human services shall notify the revisor of statutes

195.7 when federal approval is obtained.

195.8 Sec. 24. Minnesota Statutes 2021 Supplement, section 245I.08, subdivision 4, is amended

195.9 to read:

195.10 Subd. 4. **Progress notes.** A license holder must use a progress note to document each

195.11 occurrence of a mental health service that a staff person provides to a client. A progress

195.12 note must include the following:

195.13 (1) the type of service;

195.14 (2) the date of service;

195.15 (3) the start and stop time of the service unless the license holder is licensed as a

195.16 residential program;

195.17 (4) the location of the service;

195.18 (5) the scope of the service, including: (i) the targeted goal and objective; (ii) the

195.19 intervention that the staff person provided to the client and the methods that the staff person

195.20 used; (iii) the client's response to the intervention; (iv) the staff person's plan to take future

195.21 actions, including changes in treatment that the staff person will implement if the intervention

195.22 was ineffective; and (v) the service modality;

195.23 (6) the signature, ~~printed name,~~ and credentials of the staff person who provided the

195.24 service to the client;

195.25 (7) the mental health provider travel documentation required by section 256B.0625, if

195.26 applicable; and

195.27 (8) significant observations by the staff person, if applicable, including: (i) the client's

195.28 current risk factors; (ii) emergency interventions by staff persons; (iii) consultations with

195.29 or referrals to other professionals, family, or significant others; and (iv) changes in the

195.30 client's mental or physical symptoms.

196.1 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
196.2 whichever is later. The commissioner of human services shall notify the revisor of statutes
196.3 when federal approval is obtained.

196.4 Sec. 25. Minnesota Statutes 2021 Supplement, section 245I.09, subdivision 2, is amended
196.5 to read:

196.6 Subd. 2. **Record retention.** A license holder must retain client records of a discharged
196.7 client for a minimum of five years from the date of the client's discharge. A license holder
196.8 who ceases to provide treatment services to a client closes a program must retain the a
196.9 client's records for a minimum of five years from the date that the license holder stopped
196.10 providing services to the client and must notify the commissioner of the location of the
196.11 client records and the name of the individual responsible for storing and maintaining the
196.12 client records.

196.13 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
196.14 whichever is later. The commissioner of human services shall notify the revisor of statutes
196.15 when federal approval is obtained.

196.16 Sec. 26. Minnesota Statutes 2021 Supplement, section 245I.10, subdivision 2, is amended
196.17 to read:

196.18 Subd. 2. **Generally.** (a) A license holder must use a client's diagnostic assessment or
196.19 crisis assessment to determine a client's eligibility for mental health services, except as
196.20 provided in this section.

196.21 (b) Prior to completing a client's initial diagnostic assessment, a license holder may
196.22 provide a client with the following services:

196.23 (1) an explanation of findings;

196.24 (2) neuropsychological testing, neuropsychological assessment, and psychological
196.25 testing;

196.26 (3) any combination of psychotherapy sessions, family psychotherapy sessions, and
196.27 family psychoeducation sessions not to exceed three sessions;

196.28 (4) crisis assessment services according to section 256B.0624; and

196.29 (5) ten days of intensive residential treatment services according to the assessment and
196.30 treatment planning standards in section ~~245.23~~ 245I.23, subdivision 7.

197.1 (c) Based on the client's needs that a crisis assessment identifies under section 256B.0624,
197.2 a license holder may provide a client with the following services:

197.3 (1) crisis intervention and stabilization services under section 245I.23 or 256B.0624;
197.4 and

197.5 (2) any combination of psychotherapy sessions, group psychotherapy sessions, family
197.6 psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions
197.7 within a 12-month period without prior authorization.

197.8 (d) Based on the client's needs in the client's brief diagnostic assessment, a license holder
197.9 may provide a client with any combination of psychotherapy sessions, group psychotherapy
197.10 sessions, family psychotherapy sessions, and family psychoeducation sessions not to exceed
197.11 ten sessions within a 12-month period without prior authorization for any new client or for
197.12 an existing client who the license holder projects will need fewer than ten sessions during
197.13 the next 12 months.

197.14 (e) Based on the client's needs that a hospital's medical history and presentation
197.15 examination identifies, a license holder may provide a client with:

197.16 (1) any combination of psychotherapy sessions, group psychotherapy sessions, family
197.17 psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions
197.18 within a 12-month period without prior authorization for any new client or for an existing
197.19 client who the license holder projects will need fewer than ten sessions during the next 12
197.20 months; and

197.21 (2) up to five days of day treatment services or partial hospitalization.

197.22 (f) A license holder must complete a new standard diagnostic assessment of a client:

197.23 (1) when the client requires services of a greater number or intensity than the services
197.24 that paragraphs (b) to (e) describe;

197.25 (2) at least annually following the client's initial diagnostic assessment if the client needs
197.26 additional mental health services and the client does not meet the criteria for a brief
197.27 assessment;

197.28 (3) when the client's mental health condition has changed markedly since the client's
197.29 most recent diagnostic assessment; or

197.30 (4) when the client's current mental health condition does not meet the criteria of the
197.31 client's current diagnosis.

198.1 (g) For an existing client, the license holder must ensure that a new standard diagnostic
198.2 assessment includes a written update containing all significant new or changed information
198.3 about the client, and an update regarding what information has not significantly changed,
198.4 including a discussion with the client about changes in the client's life situation, functioning,
198.5 presenting problems, and progress with achieving treatment goals since the client's last
198.6 diagnostic assessment was completed.

198.7 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,
198.8 whichever is later. The commissioner of human services shall notify the revisor of statutes
198.9 when federal approval is obtained.

198.10 Sec. 27. Minnesota Statutes 2021 Supplement, section 245I.10, subdivision 6, is amended
198.11 to read:

198.12 Subd. 6. **Standard diagnostic assessment; required elements.** (a) Only a mental health
198.13 professional or a clinical trainee may complete a standard diagnostic assessment of a client.
198.14 A standard diagnostic assessment of a client must include a face-to-face interview with a
198.15 client and a written evaluation of the client. The assessor must complete a client's standard
198.16 diagnostic assessment within the client's cultural context.

198.17 (b) When completing a standard diagnostic assessment of a client, the assessor must
198.18 gather and document information about the client's current life situation, including the
198.19 following information:

198.20 (1) the client's age;

198.21 (2) the client's current living situation, including the client's housing status and household
198.22 members;

198.23 (3) the status of the client's basic needs;

198.24 (4) the client's education level and employment status;

198.25 (5) the client's current medications;

198.26 (6) any immediate risks to the client's health and safety;

198.27 (7) the client's perceptions of the client's condition;

198.28 (8) the client's description of the client's symptoms, including the reason for the client's
198.29 referral;

198.30 (9) the client's history of mental health treatment; and

198.31 (10) cultural influences on the client.

199.1 (c) If the assessor cannot obtain the information that this ~~subdivision~~ paragraph requires
199.2 without retraumatizing the client or harming the client's willingness to engage in treatment,
199.3 the assessor must identify which topics will require further assessment during the course
199.4 of the client's treatment. The assessor must gather and document information related to the
199.5 following topics:

199.6 (1) the client's relationship with the client's family and other significant personal
199.7 relationships, including the client's evaluation of the quality of each relationship;

199.8 (2) the client's strengths and resources, including the extent and quality of the client's
199.9 social networks;

199.10 (3) important developmental incidents in the client's life;

199.11 (4) maltreatment, trauma, potential brain injuries, and abuse that the client has suffered;

199.12 (5) the client's history of or exposure to alcohol and drug usage and treatment; and

199.13 (6) the client's health history and the client's family health history, including the client's
199.14 physical, chemical, and mental health history.

199.15 (d) When completing a standard diagnostic assessment of a client, an assessor must use
199.16 a recognized diagnostic framework.

199.17 (1) When completing a standard diagnostic assessment of a client who is five years of
199.18 age or younger, the assessor must use the current edition of the DC: 0-5 Diagnostic
199.19 Classification of Mental Health and Development Disorders of Infancy and Early Childhood
199.20 published by Zero to Three.

199.21 (2) When completing a standard diagnostic assessment of a client who is six years of
199.22 age or older, the assessor must use the current edition of the Diagnostic and Statistical
199.23 Manual of Mental Disorders published by the American Psychiatric Association.

199.24 (3) When completing a standard diagnostic assessment of a client who is five years of
199.25 age or younger, an assessor must administer the Early Childhood Service Intensity Instrument
199.26 (ECSII) to the client and include the results in the client's assessment.

199.27 (4) When completing a standard diagnostic assessment of a client who is six to 17 years
199.28 of age, an assessor must administer the Child and Adolescent Service Intensity Instrument
199.29 (CASII) to the client and include the results in the client's assessment.

199.30 (5) When completing a standard diagnostic assessment of a client who is 18 years of
199.31 age or older, an assessor must use either (i) the CAGE-AID Questionnaire or (ii) the criteria
199.32 in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders

200.1 published by the American Psychiatric Association to screen and assess the client for a
200.2 substance use disorder.

200.3 (e) When completing a standard diagnostic assessment of a client, the assessor must
200.4 include and document the following components of the assessment:

200.5 (1) the client's mental status examination;

200.6 (2) the client's baseline measurements; symptoms; behavior; skills; abilities; resources;
200.7 vulnerabilities; safety needs, including client information that supports the assessor's findings
200.8 after applying a recognized diagnostic framework from paragraph (d); and any differential
200.9 diagnosis of the client;

200.10 (3) an explanation of: (i) how the assessor diagnosed the client using the information
200.11 from the client's interview, assessment, psychological testing, and collateral information
200.12 about the client; (ii) the client's needs; (iii) the client's risk factors; (iv) the client's strengths;
200.13 and (v) the client's responsivity factors.

200.14 (f) When completing a standard diagnostic assessment of a client, the assessor must
200.15 consult the client and the client's family about which services that the client and the family
200.16 prefer to treat the client. The assessor must make referrals for the client as to services required
200.17 by law.

200.18 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
200.19 whichever is later. The commissioner of human services shall notify the revisor of statutes
200.20 when federal approval is obtained.

200.21 Sec. 28. Minnesota Statutes 2021 Supplement, section 245I.20, subdivision 5, is amended
200.22 to read:

200.23 **Subd. 5. Treatment supervision specified.** (a) A mental health professional must remain
200.24 responsible for each client's case. The certification holder must document the name of the
200.25 mental health professional responsible for each case and the dates that the mental health
200.26 professional is responsible for the client's case from beginning date to end date. The
200.27 certification holder must assign each client's case for assessment, diagnosis, and treatment
200.28 services to a treatment team member who is competent in the assigned clinical service, the
200.29 recommended treatment strategy, and in treating the client's characteristics.

200.30 (b) Treatment supervision of mental health practitioners and clinical trainees required
200.31 by section 245I.06 must include case reviews as described in this paragraph. Every two
200.32 months, a mental health professional must complete and document a case review of each
200.33 client assigned to the mental health professional when the client is receiving clinical services

201.1 from a mental health practitioner or clinical trainee. The case review must include a
201.2 consultation process that thoroughly examines the client's condition and treatment, including:
201.3 (1) a review of the client's reason for seeking treatment, diagnoses and assessments, and
201.4 the individual treatment plan; (2) a review of the appropriateness, duration, and outcome
201.5 of treatment provided to the client; and (3) treatment recommendations.

201.6 Sec. 29. Minnesota Statutes 2021 Supplement, section 245I.23, subdivision 22, is amended
201.7 to read:

201.8 Subd. 22. **Additional policy and procedure requirements.** (a) In addition to the policies
201.9 and procedures in section 245I.03, the license holder must establish, enforce, and maintain
201.10 the policies and procedures in this subdivision.

201.11 (b) The license holder must have policies and procedures for receiving referrals and
201.12 making admissions determinations about referred persons under subdivisions ~~14 to 16~~ 15
201.13 to 17.

201.14 (c) The license holder must have policies and procedures for discharging clients under
201.15 subdivision ~~17~~ 18. In the policies and procedures, the license holder must identify the staff
201.16 persons who are authorized to discharge clients from the program.

201.17 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
201.18 whichever is later. The commissioner of human services shall notify the revisor of statutes
201.19 when federal approval is obtained.

201.20 Sec. 30. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
201.21 to read:

201.22 Subd. 6a. **Minnesota Certification Board.** "Minnesota Certification Board" means the
201.23 nonprofit agency member board of the International Certification and Reciprocity Consortium
201.24 that sets the policies and procedures for alcohol and other drug professional certifications
201.25 in Minnesota, including peer recovery specialists.

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

201.27 Sec. 31. Minnesota Statutes 2020, section 254B.05, subdivision 1, is amended to read:

201.28 Subdivision 1. **Licensure required.** (a) Programs licensed by the commissioner are
201.29 eligible vendors. Hospitals may apply for and receive licenses to be eligible vendors,
201.30 notwithstanding the provisions of section 245A.03. American Indian programs that provide

202.1 substance use disorder treatment, extended care, transitional residence, or outpatient treatment
202.2 services, and are licensed by tribal government are eligible vendors.

202.3 (b) A licensed professional in private practice as defined in section 245G.01, subdivision
202.4 17, who meets the requirements of section 245G.11, subdivisions 1 and 4, is an eligible
202.5 vendor of a comprehensive assessment and assessment summary provided according to
202.6 section 245G.05, and treatment services provided according to sections 245G.06 and
202.7 245G.07, subdivision 1, paragraphs (a), clauses (1) to (5), and (b); and subdivision 2, clauses
202.8 (1) to (6).

202.9 (c) A county is an eligible vendor for a comprehensive assessment and assessment
202.10 summary when provided by an individual who meets the staffing credentials of section
202.11 245G.11, subdivisions 1 and 5, and completed according to the requirements of section
202.12 245G.05. A county is an eligible vendor of care coordination services when provided by an
202.13 individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 7, and
202.14 provided according to the requirements of section 245G.07, subdivision 1, paragraph (a),
202.15 clause (5).

202.16 (d) A recovery community organization that meets ~~certification requirements identified~~
202.17 ~~by the commissioner~~ the definition in section 254B.01, subdivision 8, and one of the
202.18 following certification requirements, is an eligible vendor of peer recovery support services
202.19 under section 254B.05, subdivision 5, paragraph (b), clause (4):

202.20 (1) the recovery community organization is certified by the Minnesota Certification
202.21 Board as defined in section 254B.01, subdivision 6a;

202.22 (2) the recovery community organization was certified as of July 1, 2022, by an
202.23 organization previously authorized by the commissioner to certify recovery community
202.24 organizations; or

202.25 (3) the recovery community organization is certified by an organization authorized by
202.26 the commissioner, provided that organization does not require additional certification
202.27 requirements beyond the recovery community organization meeting the definition under
202.28 section 254B.01, subdivision 8.

202.29 (e) Detoxification programs licensed under Minnesota Rules, parts 9530.6510 to
202.30 9530.6590, are not eligible vendors. Programs that are not licensed as a residential or
202.31 nonresidential substance use disorder treatment or withdrawal management program by the
202.32 commissioner or by tribal government or do not meet the requirements of subdivisions 1a
202.33 and 1b are not eligible vendors.

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

203.2 Sec. 32. Minnesota Statutes 2020, section 256.01, is amended by adding a subdivision to
203.3 read:

203.4 Subd. 12b. **Department of Human Services systemic critical incident review team.** (a)

203.5 The commissioner may establish a Department of Human Services systemic critical incident

203.6 review team to review critical incidents reported as required under section 626.557 for

203.7 which the Department of Human Services is responsible under section 626.5572, subdivision

203.8 13; chapter 245D; or Minnesota Rules, chapter 9544. When reviewing a critical incident,

203.9 the systemic critical incident review team shall identify systemic influences to the incident

203.10 rather than determining the culpability of any actors involved in the incident. The systemic

203.11 critical incident review may assess the entire critical incident process from the point of an

203.12 entity reporting the critical incident through the ongoing case management process.

203.13 Department staff shall lead and conduct the reviews and may utilize county staff as reviewers.

203.14 The systemic critical incident review process may include but is not limited to:

203.15 (1) data collection about the incident and actors involved. Data may include the critical

203.16 incident report under review; previous incident reports pertaining to the person receiving

203.17 services; the service provider's policies and procedures applicable to the incident; the

203.18 coordinated service and support plan as defined in section 245D.02, subdivision 4b, for the

203.19 person receiving services; or an interview of an actor involved in the critical incident or the

203.20 review of the critical incident. Actors may include:

203.21 (i) staff of the provider agency;

203.22 (ii) lead agency staff administering home and community-based services delivered by

203.23 the provider;

203.24 (iii) Department of Human Services staff with oversight of home and community-based

203.25 services;

203.26 (iv) Department of Health staff with oversight of home and community-based services;

203.27 (v) members of the community including advocates, legal representatives, health care

203.28 providers, pharmacy staff, or others with knowledge of the incident or the actors in the

203.29 incident; and

203.30 (vi) staff from the office of the ombudsman for mental health and developmental

203.31 disabilities;

204.1 (2) systemic mapping of the critical incident. The team conducting the systemic mapping
204.2 of the incident may include any actors identified in clause (1), designated representatives
204.3 of other provider agencies, regional teams, and representatives of the local regional quality
204.4 council identified in section 256B.097; and

204.5 (3) analysis of the case for systemic influences.

204.6 Data collected by the critical incident review team shall be aggregated and provided to
204.7 regional teams, participating regional quality councils, and the commissioner. The regional
204.8 teams and quality councils shall analyze the data and make recommendations to the
204.9 commissioner regarding systemic changes that would decrease the number and severity of
204.10 critical incidents in the future or improve the quality of the home and community-based
204.11 service system.

204.12 (b) Cases selected for the systemic critical incident review process shall be selected by
204.13 a selection committee among the following critical incident categories:

204.14 (1) cases of caregiver neglect identified in section 626.5572, subdivision 17;

204.15 (2) cases involving financial exploitation identified in section 626.5572, subdivision 9;

204.16 (3) incidents identified in section 245D.02, subdivision 11;

204.17 (4) incidents identified in Minnesota Rules, part 9544.0110; and

204.18 (5) service terminations reported to the department in accordance with section 245D.10,
204.19 subdivision 3a.

204.20 (c) The systemic critical incident review under this section shall not replace the process
204.21 for screening or investigating cases of alleged maltreatment of an adult under section 626.557.
204.22 The department may select cases for systemic critical incident review, under the jurisdiction
204.23 of the commissioner, reported for suspected maltreatment and closed following initial or
204.24 final disposition.

204.25 (d) The proceedings and records of the review team are confidential data on individuals
204.26 or protected nonpublic data as defined in section 13.02, subdivisions 3 and 13. Data that
204.27 document a person's opinions formed as a result of the review are not subject to discovery
204.28 or introduction into evidence in a civil or criminal action against a professional, the state,
204.29 or a county agency arising out of the matters that the team is reviewing. Information,
204.30 documents, and records otherwise available from other sources are not immune from
204.31 discovery or use in a civil or criminal action solely because the information, documents,
204.32 and records were assessed or presented during proceedings of the review team. A person
204.33 who presented information before the systemic critical incident review team or who is a

205.1 member of the team shall not be prevented from testifying about matters within the person's
205.2 knowledge. In a civil or criminal proceeding, a person shall not be questioned about opinions
205.3 formed by the person as a result of the review.

205.4 (e) By October 1 of each year, the commissioner shall prepare an annual public report
205.5 containing the following information:

205.6 (1) the number of cases reviewed under each critical incident category identified in
205.7 paragraph (b) and a geographical description of where cases under each category originated;

205.8 (2) an aggregate summary of the systemic themes from the critical incidents examined
205.9 by the critical incident review team during the previous year;

205.10 (3) a synopsis of the conclusions, incident analyses, or exploratory activities taken in
205.11 regard to the critical incidents examined by the critical incident review team; and

205.12 (4) recommendations made to the commissioner regarding systemic changes that could
205.13 decrease the number and severity of critical incidents in the future or improve the quality
205.14 of the home and community-based service system.

205.15 Sec. 33. Minnesota Statutes 2020, section 256.045, subdivision 3, is amended to read:

205.16 Subd. 3. **State agency hearings.** (a) State agency hearings are available for the following:

205.17 (1) any person applying for, receiving or having received public assistance, medical
205.18 care, or a program of social services granted by the state agency or a county agency or the
205.19 federal Food and Nutrition Act whose application for assistance is denied, not acted upon
205.20 with reasonable promptness, or whose assistance is suspended, reduced, terminated, or
205.21 claimed to have been incorrectly paid;

205.22 (2) any patient or relative aggrieved by an order of the commissioner under section
205.23 252.27;

205.24 (3) a party aggrieved by a ruling of a prepaid health plan;

205.25 (4) except as provided under chapter 245C, any individual or facility determined by a
205.26 lead investigative agency to have maltreated a vulnerable adult under section 626.557 after
205.27 they have exercised their right to administrative reconsideration under section 626.557;

205.28 (5) any person whose claim for foster care payment according to a placement of the
205.29 child resulting from a child protection assessment under chapter 260E is denied or not acted
205.30 upon with reasonable promptness, regardless of funding source;

206.1 (6) any person to whom a right of appeal according to this section is given by other
206.2 provision of law;

206.3 (7) an applicant aggrieved by an adverse decision to an application for a hardship waiver
206.4 under section 256B.15;

206.5 (8) an applicant aggrieved by an adverse decision to an application or redetermination
206.6 for a Medicare Part D prescription drug subsidy under section 256B.04, subdivision 4a;

206.7 (9) except as provided under chapter 245A, an individual or facility determined to have
206.8 maltreated a minor under chapter 260E, after the individual or facility has exercised the
206.9 right to administrative reconsideration under chapter 260E;

206.10 (10) except as provided under chapter 245C, an individual disqualified under sections
206.11 245C.14 and 245C.15, following a reconsideration decision issued under section 245C.23,
206.12 on the basis of serious or recurring maltreatment; a preponderance of the evidence that the
206.13 individual has committed an act or acts that meet the definition of any of the crimes listed
206.14 in section 245C.15, subdivisions 1 to 4; or for failing to make reports required under section
206.15 260E.06, subdivision 1, or 626.557, subdivision 3. Hearings regarding a maltreatment
206.16 determination under clause (4) or (9) and a disqualification under this clause in which the
206.17 basis for a disqualification is serious or recurring maltreatment, shall be consolidated into
206.18 a single fair hearing. In such cases, the scope of review by the human services judge shall
206.19 include both the maltreatment determination and the disqualification. The failure to exercise
206.20 the right to an administrative reconsideration shall not be a bar to a hearing under this section
206.21 if federal law provides an individual the right to a hearing to dispute a finding of
206.22 maltreatment;

206.23 (11) any person with an outstanding debt resulting from receipt of public assistance,
206.24 medical care, or the federal Food and Nutrition Act who is contesting a setoff claim by the
206.25 Department of Human Services or a county agency. The scope of the appeal is the validity
206.26 of the claimant agency's intention to request a setoff of a refund under chapter 270A against
206.27 the debt;

206.28 (12) a person issued a notice of service termination under section 245D.10, subdivision
206.29 3a, ~~from~~ by a licensed provider of any residential supports and or services as defined listed
206.30 in section 245D.03, subdivision 1, paragraph paragraphs (b) and (c), clause (3), that is not
206.31 otherwise subject to appeal under subdivision 4a;

206.32 (13) an individual disability waiver recipient based on a denial of a request for a rate
206.33 exception under section 256B.4914; or

207.1 (14) a person issued a notice of service termination under section 245A.11, subdivision
207.2 11, that is not otherwise subject to appeal under subdivision 4a.

207.3 (b) The hearing for an individual or facility under paragraph (a), clause (4), (9), or (10),
207.4 is the only administrative appeal to the final agency determination specifically, including
207.5 a challenge to the accuracy and completeness of data under section 13.04. Hearings requested
207.6 under paragraph (a), clause (4), apply only to incidents of maltreatment that occur on or
207.7 after October 1, 1995. Hearings requested by nursing assistants in nursing homes alleged
207.8 to have maltreated a resident prior to October 1, 1995, shall be held as a contested case
207.9 proceeding under the provisions of chapter 14. Hearings requested under paragraph (a),
207.10 clause (9), apply only to incidents of maltreatment that occur on or after July 1, 1997. A
207.11 hearing for an individual or facility under paragraph (a), clauses (4), (9), and (10), is only
207.12 available when there is no district court action pending. If such action is filed in district
207.13 court while an administrative review is pending that arises out of some or all of the events
207.14 or circumstances on which the appeal is based, the administrative review must be suspended
207.15 until the judicial actions are completed. If the district court proceedings are completed,
207.16 dismissed, or overturned, the matter may be considered in an administrative hearing.

207.17 (c) For purposes of this section, bargaining unit grievance procedures are not an
207.18 administrative appeal.

207.19 (d) The scope of hearings involving claims to foster care payments under paragraph (a),
207.20 clause (5), shall be limited to the issue of whether the county is legally responsible for a
207.21 child's placement under court order or voluntary placement agreement and, if so, the correct
207.22 amount of foster care payment to be made on the child's behalf and shall not include review
207.23 of the propriety of the county's child protection determination or child placement decision.

207.24 (e) The scope of hearings under paragraph (a), clauses (12) and (14), shall be limited to
207.25 whether the proposed termination of services is authorized under section 245D.10,
207.26 subdivision 3a, paragraph (b), or 245A.11, subdivision 11, and whether the requirements
207.27 of section 245D.10, subdivision 3a, paragraphs (c) to (e), or 245A.11, subdivision 2a,
207.28 paragraphs (d) to (f), were met. If the appeal includes a request for a temporary stay of
207.29 termination of services, the scope of the hearing shall also include whether the case
207.30 management provider has finalized arrangements for a residential facility, a program, or
207.31 services that will meet the assessed needs of the recipient by the effective date of the service
207.32 termination.

207.33 (f) A vendor of medical care as defined in section 256B.02, subdivision 7, or a vendor
207.34 under contract with a county agency to provide social services is not a party and may not

208.1 request a hearing under this section, except if assisting a recipient as provided in subdivision
208.2 4.

208.3 (g) An applicant or recipient is not entitled to receive social services beyond the services
208.4 prescribed under chapter 256M or other social services the person is eligible for under state
208.5 law.

208.6 (h) The commissioner may summarily affirm the county or state agency's proposed
208.7 action without a hearing when the sole issue is an automatic change due to a change in state
208.8 or federal law.

208.9 (i) Unless federal or Minnesota law specifies a different time frame in which to file an
208.10 appeal, an individual or organization specified in this section may contest the specified
208.11 action, decision, or final disposition before the state agency by submitting a written request
208.12 for a hearing to the state agency within 30 days after receiving written notice of the action,
208.13 decision, or final disposition, or within 90 days of such written notice if the applicant,
208.14 recipient, patient, or relative shows good cause, as defined in section 256.0451, subdivision
208.15 13, why the request was not submitted within the 30-day time limit. The individual filing
208.16 the appeal has the burden of proving good cause by a preponderance of the evidence.

208.17 Sec. 34. Minnesota Statutes 2021 Supplement, section 256B.0622, subdivision 2, is
208.18 amended to read:

208.19 Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the
208.20 meanings given them.

208.21 (b) "ACT team" means the group of interdisciplinary mental health staff who work as
208.22 a team to provide assertive community treatment.

208.23 (c) "Assertive community treatment" means intensive nonresidential treatment and
208.24 rehabilitative mental health services provided according to the assertive community treatment
208.25 model. Assertive community treatment provides a single, fixed point of responsibility for
208.26 treatment, rehabilitation, and support needs for clients. Services are offered 24 hours per
208.27 day, seven days per week, in a community-based setting.

208.28 (d) "Individual treatment plan" means a plan described by section 245I.10, subdivisions
208.29 7 and 8.

208.30 (e) "Crisis assessment and intervention" means ~~mental health~~ mobile crisis response
208.31 services ~~as defined in under~~ section 256B.0624, ~~subdivision 2.~~

209.1 (f) "Individual treatment team" means a minimum of three members of the ACT team
209.2 who are responsible for consistently carrying out most of a client's assertive community
209.3 treatment services.

209.4 (g) "Primary team member" means the person who leads and coordinates the activities
209.5 of the individual treatment team and is the individual treatment team member who has
209.6 primary responsibility for establishing and maintaining a therapeutic relationship with the
209.7 client on a continuing basis.

209.8 (h) "Certified rehabilitation specialist" means a staff person who is qualified according
209.9 to section 245I.04, subdivision 8.

209.10 (i) "Clinical trainee" means a staff person who is qualified according to section 245I.04,
209.11 subdivision 6.

209.12 (j) "Mental health certified peer specialist" means a staff person who is qualified
209.13 according to section 245I.04, subdivision 10.

209.14 (k) "Mental health practitioner" means a staff person who is qualified according to section
209.15 245I.04, subdivision 4.

209.16 (l) "Mental health professional" means a staff person who is qualified according to
209.17 section 245I.04, subdivision 2.

209.18 (m) "Mental health rehabilitation worker" means a staff person who is qualified according
209.19 to section 245I.04, subdivision 14.

209.20 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
209.21 whichever is later. The commissioner of human services shall notify the revisor of statutes
209.22 when federal approval is obtained.

209.23 Sec. 35. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 3b, is
209.24 amended to read:

209.25 Subd. 3b. **Telehealth services.** (a) Medical assistance covers medically necessary services
209.26 and consultations delivered by a health care provider through telehealth in the same manner
209.27 as if the service or consultation was delivered through in-person contact. Services or
209.28 consultations delivered through telehealth shall be paid at the full allowable rate.

209.29 (b) The commissioner may establish criteria that a health care provider must attest to in
209.30 order to demonstrate the safety or efficacy of delivering a particular service through
209.31 telehealth. The attestation may include that the health care provider:

210.1 (1) has identified the categories or types of services the health care provider will provide
210.2 through telehealth;

210.3 (2) has written policies and procedures specific to services delivered through telehealth
210.4 that are regularly reviewed and updated;

210.5 (3) has policies and procedures that adequately address patient safety before, during,
210.6 and after the service is delivered through telehealth;

210.7 (4) has established protocols addressing how and when to discontinue telehealth services;
210.8 and

210.9 (5) has an established quality assurance process related to delivering services through
210.10 telehealth.

210.11 (c) As a condition of payment, a licensed health care provider must document each
210.12 occurrence of a health service delivered through telehealth to a medical assistance enrollee.
210.13 Health care service records for services delivered through telehealth must meet the
210.14 requirements set forth in Minnesota Rules, part 9505.2175, subparts 1 and 2, and must
210.15 document:

210.16 (1) the type of service delivered through telehealth;

210.17 (2) the time the service began and the time the service ended, including an a.m. and p.m.
210.18 designation;

210.19 (3) the health care provider's basis for determining that telehealth is an appropriate and
210.20 effective means for delivering the service to the enrollee;

210.21 (4) the mode of transmission used to deliver the service through telehealth and records
210.22 evidencing that a particular mode of transmission was utilized;

210.23 (5) the location of the originating site and the distant site;

210.24 (6) if the claim for payment is based on a physician's consultation with another physician
210.25 through telehealth, the written opinion from the consulting physician providing the telehealth
210.26 consultation; and

210.27 (7) compliance with the criteria attested to by the health care provider in accordance
210.28 with paragraph (b).

210.29 (d) Telehealth visits, as described in this subdivision provided through audio and visual
210.30 communication, or accessible video-based platforms may ~~be used to~~ satisfy the face-to-face
210.31 requirement for reimbursement under the payment methods that apply to a federally qualified
210.32 health center, rural health clinic, Indian health service, 638 tribal clinic, and certified

211.1 community behavioral health clinic, if the service would have otherwise qualified for
211.2 payment if performed in person.

211.3 ~~(e) For mental health services or assessments delivered through telehealth that are based~~
211.4 ~~on an individual treatment plan, the provider may document the client's verbal approval or~~
211.5 ~~electronic written approval of the treatment plan or change in the treatment plan in lieu of~~
211.6 ~~the client's signature in accordance with Minnesota Rules, part 9505.0371.~~

211.7 ~~(f)~~ (e) For purposes of this subdivision, unless otherwise covered under this chapter:

211.8 (1) "telehealth" means the delivery of health care services or consultations through the
211.9 use of real-time two-way interactive audio and visual communication to provide or support
211.10 health care delivery and facilitate the assessment, diagnosis, consultation, treatment,
211.11 education, and care management of a patient's health care. Telehealth includes the application
211.12 of secure video conferencing, store-and-forward technology, and synchronous interactions
211.13 between a patient located at an originating site and a health care provider located at a distant
211.14 site. Telehealth does not include communication between health care providers, or between
211.15 a health care provider and a patient that consists solely of an audio-only communication,
211.16 e-mail, or facsimile transmission or as specified by law;

211.17 (2) "health care provider" means a health care provider as defined under section 62A.673,
211.18 a community paramedic as defined under section 144E.001, subdivision 5f, a community
211.19 health worker who meets the criteria under subdivision 49, paragraph (a), a mental health
211.20 certified peer specialist under section ~~256B.0615, subdivision 5~~ 245I.04, subdivision 10, a
211.21 mental health certified family peer specialist under section ~~256B.0616, subdivision 5~~ 245I.04,
211.22 subdivision 12, a mental health rehabilitation worker under section ~~256B.0623, subdivision~~
211.23 ~~5, paragraph (a), clause (4), and paragraph (b)~~ 245I.04, subdivision 14, a mental health
211.24 behavioral aide under section ~~256B.0943, subdivision 7, paragraph (b), clause (3)~~ 245I.04,
211.25 subdivision 16, a treatment coordinator under section 245G.11, subdivision 7, an alcohol
211.26 and drug counselor under section 245G.11, subdivision 5, a recovery peer under section
211.27 245G.11, subdivision 8; and

211.28 (3) "originating site," "distant site," and "store-and-forward technology" have the
211.29 meanings given in section 62A.673, subdivision 2.

211.30 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
211.31 whichever is later. The commissioner of human services shall notify the revisor of statutes
211.32 when federal approval is obtained.

212.1 Sec. 36. Minnesota Statutes 2020, section 256B.0659, subdivision 19, is amended to read:

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

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

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

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

212.11 (4) ~~effective January 1, 2010,~~ supervise and evaluate the personal care assistant with the
212.12 qualified professional, who is required to visit the recipient at least every 180 days;

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

212.15 (6) engage in an annual ~~face-to-face~~ reassessment as required in subdivision 3a to
212.16 determine continuing eligibility and service authorization; and

212.17 (7) use the same personal care assistance choice provider agency if shared personal
212.18 assistance care is being used.

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

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

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

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

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

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

212.28 (1) be the employer of the personal care assistant and the qualified professional for
212.29 employment law and related regulations including, but not limited to, purchasing and
212.30 maintaining workers' compensation, unemployment insurance, surety and fidelity bonds,
212.31 and liability insurance, and submit any or all necessary documentation including, but not

213.1 limited to; workers' compensation, unemployment insurance, and labor market data required
213.2 under section 256B.4912, subdivision 1a;

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

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

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

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

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

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

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

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

213.18 Sec. 37. Minnesota Statutes 2021 Supplement, section 256B.0671, subdivision 6, is
213.19 amended to read:

213.20 Subd. 6. **Dialectical behavior therapy.** (a) Subject to federal approval, medical assistance
213.21 covers intensive mental health outpatient treatment for dialectical behavior therapy for
213.22 adults. A dialectical behavior therapy provider must make reasonable and good faith efforts
213.23 to report individual client outcomes to the commissioner using instruments and protocols
213.24 that are approved by the commissioner.

213.25 (b) "Dialectical behavior therapy" means an evidence-based treatment approach that a
213.26 mental health professional or clinical trainee provides to a client or a group of clients in an
213.27 intensive outpatient treatment program using a combination of individualized rehabilitative
213.28 and psychotherapeutic interventions. A dialectical behavior therapy program involves:
213.29 individual dialectical behavior therapy, group skills training, telephone coaching, and team
213.30 consultation meetings.

213.31 (c) To be eligible for dialectical behavior therapy, a client must:

- 214.1 ~~(1) be 18 years of age or older;~~
- 214.2 ~~(2)~~ (1) have mental health needs that available community-based services cannot meet
- 214.3 or that the client must receive concurrently with other community-based services;
- 214.4 ~~(3)~~ (2) have either:
- 214.5 (i) a diagnosis of borderline personality disorder; or
- 214.6 (ii) multiple mental health diagnoses, exhibit behaviors characterized by impulsivity or
- 214.7 intentional self-harm, and be at significant risk of death, morbidity, disability, or severe
- 214.8 dysfunction in multiple areas of the client's life;
- 214.9 ~~(4)~~ (3) be cognitively capable of participating in dialectical behavior therapy as an
- 214.10 intensive therapy program and be able and willing to follow program policies and rules to
- 214.11 ensure the safety of the client and others; and
- 214.12 ~~(5)~~ (4) be at significant risk of one or more of the following if the client does not receive
- 214.13 dialectical behavior therapy:
- 214.14 (i) having a mental health crisis;
- 214.15 (ii) requiring a more restrictive setting such as hospitalization;
- 214.16 (iii) decompensating; or
- 214.17 (iv) engaging in intentional self-harm behavior.
- 214.18 (d) Individual dialectical behavior therapy combines individualized rehabilitative and
- 214.19 psychotherapeutic interventions to treat a client's suicidal and other dysfunctional behaviors
- 214.20 and to reinforce a client's use of adaptive skillful behaviors. A mental health professional
- 214.21 or clinical trainee must provide individual dialectical behavior therapy to a client. A mental
- 214.22 health professional or clinical trainee providing dialectical behavior therapy to a client must:
- 214.23 (1) identify, prioritize, and sequence the client's behavioral targets;
- 214.24 (2) treat the client's behavioral targets;
- 214.25 (3) assist the client in applying dialectical behavior therapy skills to the client's natural
- 214.26 environment through telephone coaching outside of treatment sessions;
- 214.27 (4) measure the client's progress toward dialectical behavior therapy targets;
- 214.28 (5) help the client manage mental health crises and life-threatening behaviors; and
- 214.29 (6) help the client learn and apply effective behaviors when working with other treatment
- 214.30 providers.

215.1 (e) Group skills training combines individualized psychotherapeutic and psychiatric
215.2 rehabilitative interventions conducted in a group setting to reduce the client's suicidal and
215.3 other dysfunctional coping behaviors and restore function. Group skills training must teach
215.4 the client adaptive skills in the following areas: (1) mindfulness; (2) interpersonal
215.5 effectiveness; (3) emotional regulation; and (4) distress tolerance.

215.6 (f) Group skills training must be provided by two mental health professionals or by a
215.7 mental health professional co-facilitating with a clinical trainee or a mental health practitioner.
215.8 Individual skills training must be provided by a mental health professional, a clinical trainee,
215.9 or a mental health practitioner.

215.10 (g) Before a program provides dialectical behavior therapy to a client, the commissioner
215.11 must certify the program as a dialectical behavior therapy provider. To qualify for
215.12 certification as a dialectical behavior therapy provider, a provider must:

215.13 (1) allow the commissioner to inspect the provider's program;

215.14 (2) provide evidence to the commissioner that the program's policies, procedures, and
215.15 practices meet the requirements of this subdivision and chapter 245I;

215.16 (3) be enrolled as a MHCP provider; and

215.17 (4) have a manual that outlines the program's policies, procedures, and practices that
215.18 meet the requirements of this subdivision.

215.19 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
215.20 whichever is later. The commissioner of human services shall notify the revisor of statutes
215.21 when federal approval is obtained.

215.22 Sec. 38. Minnesota Statutes 2020, section 256B.0757, subdivision 1, is amended to read:

215.23 Subdivision 1. **Provision of coverage.** (a) The commissioner shall provide medical
215.24 assistance coverage of behavioral health home services for eligible individuals with chronic
215.25 conditions who select a designated provider as the individual's behavioral health home.

215.26 (b) The commissioner shall implement this section in compliance with the requirements
215.27 of the state option to provide behavioral health homes for enrollees with chronic conditions,
215.28 as provided under the Patient Protection and Affordable Care Act, Public Law 111-148,
215.29 sections 2703 and 3502. Terms used in this section have the meaning provided in that act.

215.30 (c) The commissioner shall establish behavioral health homes to serve populations with
215.31 serious mental illness who meet the eligibility requirements described under subdivision 2.

216.1 The behavioral health home services provided by behavioral health homes shall focus on
216.2 both the behavioral and the physical health of these populations.

216.3 Sec. 39. Minnesota Statutes 2020, section 256B.0757, subdivision 2, is amended to read:

216.4 Subd. 2. **Eligible individual.** (a) The commissioner may elect to develop behavioral
216.5 health home models in accordance with United States Code, title 42, section 1396w-4.

216.6 (b) An individual is eligible for behavioral health home services under this section if
216.7 the individual is eligible for medical assistance under this chapter and has a condition that
216.8 meets the definition of mental illness as described in section 245.462, subdivision 20,
216.9 paragraph (a), or emotional disturbance as defined in section 245.4871, subdivision 15,
216.10 clause (2). The commissioner shall establish criteria for determining continued eligibility.

216.11 Sec. 40. Minnesota Statutes 2020, section 256B.0757, subdivision 3, is amended to read:

216.12 Subd. 3. **Behavioral health home services.** (a) Behavioral health home services means
216.13 comprehensive and timely high-quality services that are provided by a behavioral health
216.14 home. These services include:

216.15 (1) comprehensive care management;

216.16 (2) care coordination and health promotion;

216.17 (3) comprehensive transitional care, including appropriate follow-up, from inpatient to
216.18 other settings;

216.19 (4) patient and family support, including authorized representatives;

216.20 (5) referral to community and social support services, if relevant; and

216.21 (6) use of health information technology to link services, as feasible and appropriate.

216.22 (b) The commissioner shall maximize the number and type of services included in this
216.23 subdivision to the extent permissible under federal law, including physician, outpatient,
216.24 mental health treatment, and rehabilitation services necessary for comprehensive transitional
216.25 care following hospitalization.

216.26 Sec. 41. Minnesota Statutes 2020, section 256B.0757, subdivision 4, is amended to read:

216.27 Subd. 4. **Designated provider.** Behavioral health home services are voluntary and an
216.28 eligible individual may choose any designated provider. The commissioner shall establish
216.29 designated providers to serve as behavioral health homes and provide the services described
216.30 in subdivision 3 to individuals eligible under subdivision 2. The commissioner shall apply

217.1 for grants as provided under section 3502 of the Patient Protection and Affordable Care Act
217.2 to establish behavioral health homes and provide capitated payments to designated providers.
217.3 For purposes of this section, "designated provider" means a provider, clinical practice or
217.4 clinical group practice, rural clinic, community health center, community mental health
217.5 center, or any other entity that is determined by the commissioner to be qualified to be a
217.6 behavioral health home for eligible individuals. This determination must be based on
217.7 documentation evidencing that the designated provider has the systems and infrastructure
217.8 in place to provide behavioral health home services and satisfies the qualification standards
217.9 established by the commissioner in consultation with stakeholders and approved by the
217.10 Centers for Medicare and Medicaid Services.

217.11 Sec. 42. Minnesota Statutes 2020, section 256B.0757, subdivision 8, is amended to read:

217.12 Subd. 8. **Evaluation and continued development.** (a) For continued certification under
217.13 this section, behavioral health homes must meet process, outcome, and quality standards
217.14 developed and specified by the commissioner. The commissioner shall collect data from
217.15 behavioral health homes as necessary to monitor compliance with certification standards.

217.16 (b) The commissioner may contract with a private entity to evaluate patient and family
217.17 experiences, health care utilization, and costs.

217.18 (c) The commissioner shall utilize findings from the implementation of behavioral health
217.19 homes to determine populations to serve under subsequent health home models for individuals
217.20 with chronic conditions.

217.21 Sec. 43. Minnesota Statutes 2021 Supplement, section 256B.0911, subdivision 3a, is
217.22 amended to read:

217.23 Subd. 3a. **Assessment and support planning.** (a) Persons requesting assessment, services
217.24 planning, or other assistance intended to support community-based living, including persons
217.25 who need assessment ~~in order~~ to determine waiver or alternative care program eligibility,
217.26 must be visited by a long-term care consultation team within 20 calendar days after the date
217.27 on which an assessment was requested or recommended. Upon statewide implementation
217.28 of subdivisions 2b, 2c, and 5, this requirement also applies to an assessment of a person
217.29 requesting personal care assistance services. The commissioner shall provide at least a
217.30 90-day notice to lead agencies prior to the effective date of this requirement. Assessments
217.31 must be conducted according to paragraphs (b) to (r).

218.1 (b) Upon implementation of subdivisions 2b, 2c, and 5, lead agencies shall use certified
218.2 assessors to conduct the assessment. For a person with complex health care needs, a public
218.3 health or registered nurse from the team must be consulted.

218.4 (c) The MnCHOICES assessment provided by the commissioner to lead agencies must
218.5 be used to complete a comprehensive, conversation-based, person-centered assessment.
218.6 The assessment must include the health, psychological, functional, environmental, and
218.7 social needs of the individual necessary to develop a person-centered community support
218.8 plan that meets the individual's needs and preferences.

218.9 (d) Except as provided in paragraph (r), the assessment must be conducted by a certified
218.10 assessor in a face-to-face conversational interview with the person being assessed. The
218.11 person's legal representative must provide input during the assessment process and may do
218.12 so remotely if requested. At the request of the person, other individuals may participate in
218.13 the assessment to provide information on the needs, strengths, and preferences of the person
218.14 necessary to develop a community support plan that ensures the person's health and safety.
218.15 Except for legal representatives or family members invited by the person, persons
218.16 participating in the assessment may not be a provider of service or have any financial interest
218.17 in the provision of services. For persons who are to be assessed for ~~elderly waiver~~ customized
218.18 living services under chapter 256S or section 256B.49 or adult day services under chapter
218.19 256S, with the permission of the person being assessed or the person's designated or legal
218.20 representative, the client's current or proposed provider of services may submit a copy of
218.21 the provider's nursing assessment or written report outlining its recommendations regarding
218.22 the client's care needs. The person conducting the assessment must notify the provider of
218.23 the date by which this information is to be submitted. This information shall be provided
218.24 to the person conducting the assessment prior to the assessment. The certified assessor must
218.25 consider the content of the submitted nursing assessment or report prior to finalizing the
218.26 person's assessment or reassessment. For a person who is to be assessed for waiver services
218.27 under section 256B.092 or 256B.49, with the permission of the person being assessed or
218.28 the person's designated legal representative, the person's current provider of services may
218.29 submit a written report outlining recommendations regarding the person's care needs the
218.30 person completed in consultation with someone who is known to the person and has
218.31 interaction with the person on a regular basis. The provider must submit the report at least
218.32 60 days before the end of the person's current service agreement. The certified assessor
218.33 must consider the content of the submitted report prior to finalizing the person's assessment
218.34 or reassessment.

219.1 (e) The certified assessor and the individual responsible for developing the coordinated
219.2 service and support plan must complete the community support plan and the coordinated
219.3 service and support plan no more than 60 calendar days from the assessment visit. The
219.4 person or the person's legal representative must be provided with a written community
219.5 support plan within the timelines established by the commissioner, regardless of whether
219.6 the person is eligible for Minnesota health care programs.

219.7 (f) For a person being assessed for elderly waiver services under chapter 256S or
219.8 customized living services under section 256B.49, a provider who submitted information
219.9 under paragraph (d) shall receive the final written community support plan when available
219.10 and the Residential Services Workbook or customized living tool.

219.11 (g) The written community support plan must include:

219.12 (1) a summary of assessed needs as defined in paragraphs (c) and (d);

219.13 (2) the individual's options and choices to meet identified needs, including:

219.14 (i) all available options for case management services and providers;

219.15 (ii) all available options for employment services, settings, and providers;

219.16 (iii) all available options for living arrangements;

219.17 (iv) all available options for self-directed services and supports, including self-directed
219.18 budget options; and

219.19 (v) service provided in a non-disability-specific setting;

219.20 (3) identification of health and safety risks and how those risks will be addressed,
219.21 including personal risk management strategies;

219.22 (4) referral information; and

219.23 (5) informal caregiver supports, if applicable.

219.24 For a person determined eligible for state plan home care under subdivision 1a, paragraph
219.25 (b), clause (1), the person or person's representative must also receive a copy of the home
219.26 care service plan developed by the certified assessor.

219.27 (h) A person may request assistance in identifying community supports without
219.28 participating in a complete assessment. Upon a request for assistance identifying community
219.29 support, the person must be transferred or referred to long-term care options counseling
219.30 services available under sections 256.975, subdivision 7, and 256.01, subdivision 24, for
219.31 telephone assistance and follow up.

- 220.1 (i) The person has the right to make the final decision:
- 220.2 (1) between institutional placement and community placement after the recommendations
220.3 have been provided, except as provided in section 256.975, subdivision 7a, paragraph (d);
- 220.4 (2) between community placement in a setting controlled by a provider and living
220.5 independently in a setting not controlled by a provider;
- 220.6 (3) between day services and employment services; and
- 220.7 (4) regarding available options for self-directed services and supports, including
220.8 self-directed funding options.
- 220.9 (j) The lead agency must give the person receiving long-term care consultation services
220.10 or the person's legal representative, materials, and forms supplied by the commissioner
220.11 containing the following information:
- 220.12 (1) written recommendations for community-based services and consumer-directed
220.13 options;
- 220.14 (2) documentation that the most cost-effective alternatives available were offered to the
220.15 individual. For purposes of this clause, "cost-effective" means community services and
220.16 living arrangements that cost the same as or less than institutional care. For an individual
220.17 found to meet eligibility criteria for home and community-based service programs under
220.18 chapter 256S or section 256B.49, "cost-effectiveness" has the meaning found in the federally
220.19 approved waiver plan for each program;
- 220.20 (3) the need for and purpose of preadmission screening conducted by long-term care
220.21 options counselors according to section 256.975, subdivisions 7a to 7c, if the person selects
220.22 nursing facility placement. If the individual selects nursing facility placement, the lead
220.23 agency shall forward information needed to complete the level of care determinations and
220.24 screening for developmental disability and mental illness collected during the assessment
220.25 to the long-term care options counselor using forms provided by the commissioner;
- 220.26 (4) the role of long-term care consultation assessment and support planning in eligibility
220.27 determination for waiver and alternative care programs, and state plan home care, case
220.28 management, and other services as defined in subdivision 1a, paragraphs (a), clause (6),
220.29 and (b);
- 220.30 (5) information about Minnesota health care programs;
- 220.31 (6) the person's freedom to accept or reject the recommendations of the team;

221.1 (7) the person's right to confidentiality under the Minnesota Government Data Practices
221.2 Act, chapter 13;

221.3 (8) the certified assessor's decision regarding the person's need for institutional level of
221.4 care as determined under criteria established in subdivision 4e and the certified assessor's
221.5 decision regarding eligibility for all services and programs as defined in subdivision 1a,
221.6 paragraphs (a), clause (6), and (b);

221.7 (9) the person's right to appeal the certified assessor's decision regarding eligibility for
221.8 all services and programs as defined in subdivision 1a, paragraphs (a), clauses (6), (7), and
221.9 (8), and (b), and incorporating the decision regarding the need for institutional level of care
221.10 or the lead agency's final decisions regarding public programs eligibility according to section
221.11 256.045, subdivision 3. The certified assessor must verbally communicate this appeal right
221.12 to the person and must visually point out where in the document the right to appeal is stated;
221.13 and

221.14 (10) documentation that available options for employment services, independent living,
221.15 and self-directed services and supports were described to the individual.

221.16 (k) An assessment that is completed as part of an eligibility determination for multiple
221.17 programs for the alternative care, elderly waiver, developmental disabilities, community
221.18 access for disability inclusion, community alternative care, and brain injury waiver programs
221.19 under chapter 256S and sections 256B.0913, 256B.092, and 256B.49 is valid to establish
221.20 service eligibility for no more than 60 calendar days after the date of the assessment.

221.21 (l) The effective eligibility start date for programs in paragraph (k) can never be prior
221.22 to the date of assessment. If an assessment was completed more than 60 days before the
221.23 effective waiver or alternative care program eligibility start date, assessment and support
221.24 plan information must be updated and documented in the department's Medicaid Management
221.25 Information System (MMIS). Notwithstanding retroactive medical assistance coverage of
221.26 state plan services, the effective date of eligibility for programs included in paragraph (k)
221.27 cannot be prior to the date the most recent updated assessment is completed.

221.28 (m) If an eligibility update is completed within 90 days of the previous assessment and
221.29 documented in the department's Medicaid Management Information System (MMIS), the
221.30 effective date of eligibility for programs included in paragraph (k) is the date of the previous
221.31 face-to-face assessment when all other eligibility requirements are met.

221.32 (n) If a person who receives home and community-based waiver services under section
221.33 256B.0913, 256B.092, or 256B.49 or chapter 256S temporarily enters for 121 days or fewer
221.34 a hospital, institution of mental disease, nursing facility, intensive residential treatment

222.1 services program, transitional care unit, or inpatient substance use disorder treatment setting,
222.2 the person may return to the community with home and community-based waiver services
222.3 under the same waiver, without requiring an assessment or reassessment under this section,
222.4 unless the person's annual reassessment is otherwise due. Nothing in this paragraph shall
222.5 change annual long-term care consultation reassessment requirements, payment for
222.6 institutional or treatment services, medical assistance financial eligibility, or any other law.

222.7 (o) At the time of reassessment, the certified assessor shall assess each person receiving
222.8 waiver residential supports and services currently residing in a community residential setting,
222.9 licensed adult foster care home that is either not the primary residence of the license holder
222.10 or in which the license holder is not the primary caregiver, family adult foster care residence,
222.11 customized living setting, or supervised living facility to determine if that person would
222.12 prefer to be served in a community-living setting as defined in section 256B.49, subdivision
222.13 23, in a setting not controlled by a provider, or to receive integrated community supports
222.14 as described in section 245D.03, subdivision 1, paragraph (c), clause (8). The certified
222.15 assessor shall offer the person, through a person-centered planning process, the option to
222.16 receive alternative housing and service options.

222.17 (p) At the time of reassessment, the certified assessor shall assess each person receiving
222.18 waiver day services to determine if that person would prefer to receive employment services
222.19 as described in section 245D.03, subdivision 1, paragraph (c), clauses (5) to (7). The certified
222.20 assessor shall describe to the person through a person-centered planning process the option
222.21 to receive employment services.

222.22 (q) At the time of reassessment, the certified assessor shall assess each person receiving
222.23 non-self-directed waiver services to determine if that person would prefer an available
222.24 service and setting option that would permit self-directed services and supports. The certified
222.25 assessor shall describe to the person through a person-centered planning process the option
222.26 to receive self-directed services and supports.

222.27 (r) All assessments performed according to this subdivision must be face-to-face unless
222.28 the assessment is a reassessment meeting the requirements of this paragraph. Remote
222.29 reassessments conducted by interactive video or telephone may substitute for face-to-face
222.30 reassessments. For services provided by the developmental disabilities waiver under section
222.31 256B.092, and the community access for disability inclusion, community alternative care,
222.32 and brain injury waiver programs under section 256B.49, remote reassessments may be
222.33 substituted for two consecutive reassessments if followed by a face-to-face reassessment.
222.34 For services provided by alternative care under section 256B.0913, essential community
222.35 supports under section 256B.0922, and the elderly waiver under chapter 256S, remote

223.1 reassessments may be substituted for one reassessment if followed by a face-to-face
223.2 reassessment. A remote reassessment is permitted only if the person being reassessed, or
223.3 the person's legal representative, ~~and the lead agency case manager both agree that there is~~
223.4 ~~no change in the person's condition, there is no need for a change in service, and that a~~
223.5 ~~remote reassessment is appropriate~~ makes an informed choice for a remote assessment. The
223.6 person being reassessed, or the person's legal representative, has the right to refuse a remote
223.7 reassessment at any time. During a remote reassessment, if the certified assessor determines
223.8 a face-to-face reassessment is necessary in order to complete the assessment, the lead agency
223.9 shall schedule a face-to-face reassessment. All other requirements of a face-to-face
223.10 reassessment shall apply to a remote reassessment, including updates to a person's support
223.11 plan.

223.12 Sec. 44. Minnesota Statutes 2021 Supplement, section 256B.0911, subdivision 3f, is
223.13 amended to read:

223.14 Subd. 3f. **Long-term care reassessments and community support plan updates.** (a)
223.15 Prior to a reassessment, the certified assessor must review the person's most recent
223.16 assessment. Reassessments must be tailored using the professional judgment of the assessor
223.17 to the person's known needs, strengths, preferences, and circumstances. Reassessments
223.18 provide information to support the person's informed choice and opportunities to express
223.19 choice regarding activities that contribute to quality of life, as well as information and
223.20 opportunity to identify goals related to desired employment, community activities, and
223.21 preferred living environment. Reassessments require a review of the most recent assessment,
223.22 review of the current coordinated service and support plan's effectiveness, monitoring of
223.23 services, and the development of an updated person-centered community support plan.
223.24 Reassessments must verify continued eligibility, offer alternatives as warranted, and provide
223.25 an opportunity for quality assurance of service delivery. Reassessments must be conducted
223.26 annually or as required by federal and state laws and rules. For reassessments, the certified
223.27 assessor and the individual responsible for developing the coordinated service and support
223.28 plan must ensure the continuity of care for the person receiving services and complete the
223.29 updated community support plan and the updated coordinated service and support plan no
223.30 more than 60 days from the reassessment visit.

223.31 (b) The commissioner shall develop mechanisms for providers and case managers to
223.32 share information with the assessor to facilitate a reassessment and support planning process
223.33 tailored to the person's current needs and preferences.

224.1 (c) Concurrently with a reassessment, a lead agency must at its expense provide each
224.2 individual an opportunity to provide a confidential performance assessment of the person's
224.3 case manager if the person is receiving case management services from an agency under a
224.4 contract with the lead agency.

224.5 Sec. 45. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 2, is
224.6 amended to read:

224.7 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings
224.8 given them.

224.9 (a) "Intensive nonresidential rehabilitative mental health services" means child
224.10 rehabilitative mental health services as defined in section 256B.0943, except that these
224.11 services are provided by a multidisciplinary staff using a total team approach consistent
224.12 with assertive community treatment, as adapted for youth, and are directed to recipients
224.13 who are eight years of age or older and under 26 years of age who require intensive services
224.14 to prevent admission to an inpatient psychiatric hospital or placement in a residential
224.15 treatment facility or who require intensive services to step down from inpatient or residential
224.16 care to community-based care.

224.17 (b) "Co-occurring mental illness and substance use disorder" means a dual diagnosis of
224.18 at least one form of mental illness and at least one substance use disorder. Substance use
224.19 disorders include alcohol or drug abuse or dependence, excluding nicotine use.

224.20 (c) "Standard diagnostic assessment" means the assessment described in section 245I.10,
224.21 subdivision 6.

224.22 (d) "Medication education services" means services provided individually or in groups,
224.23 which focus on:

224.24 (1) educating the client and client's family or significant nonfamilial supporters about
224.25 mental illness and symptoms;

224.26 (2) the role and effects of medications in treating symptoms of mental illness; and

224.27 (3) the side effects of medications.

224.28 Medication education is coordinated with medication management services and does not
224.29 duplicate it. Medication education services are provided by physicians, pharmacists, or
224.30 registered nurses with certification in psychiatric and mental health care.

224.31 (e) "Mental health professional" means a staff person who is qualified according to
224.32 section 245I.04, subdivision 2.

225.1 (f) "Provider agency" means a for-profit or nonprofit organization established to
 225.2 administer an assertive community treatment for youth team.

225.3 (g) "Substance use disorders" means one or more of the disorders defined in the diagnostic
 225.4 and statistical manual of mental disorders, current edition.

225.5 (h) "Transition services" means:

225.6 (1) activities, materials, consultation, and coordination that ensures continuity of the
 225.7 client's care in advance of and in preparation for the client's move from one stage of care
 225.8 or life to another by maintaining contact with the client and assisting the client to establish
 225.9 provider relationships;

225.10 (2) providing the client with knowledge and skills needed posttransition;

225.11 (3) establishing communication between sending and receiving entities;

225.12 (4) supporting a client's request for service authorization and enrollment; and

225.13 (5) establishing and enforcing procedures and schedules.

225.14 ~~A youth's transition from the children's mental health system and services to the adult~~
 225.15 ~~mental health system and services and return to the client's home and entry or re-entry into~~
 225.16 ~~community-based mental health services following discharge from an out-of-home placement~~
 225.17 ~~or inpatient hospital stay.~~

225.18 (i) "Treatment team" means all staff who provide services to recipients under this section.

225.19 (j) "Family peer specialist" means a staff person who is qualified under section
 225.20 256B.0616.

225.21 Sec. 46. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 6, is
 225.22 amended to read:

225.23 Subd. 6. **Service standards.** The standards in this subdivision apply to intensive
 225.24 nonresidential rehabilitative mental health services.

225.25 (a) The treatment team must use team treatment, not an individual treatment model.

225.26 (b) Services must be available at times that meet client needs.

225.27 (c) Services must be age-appropriate and meet the specific needs of the client.

225.28 (d) The level of care assessment as defined in section 245I.02, subdivision 19, and
 225.29 functional assessment as defined in section 245I.02, subdivision 17, must be updated at

226.1 least every ~~90 days~~ six months or prior to discharge from the service, whichever comes
226.2 first.

226.3 (e) The treatment team must complete an individual treatment plan for each client,
226.4 according to section 245I.10, subdivisions 7 and 8, and the individual treatment plan must:

226.5 (1) be completed in consultation with the client's current therapist and key providers and
226.6 provide for ongoing consultation with the client's current therapist to ensure therapeutic
226.7 continuity and to facilitate the client's return to the community. For clients under the age of
226.8 18, the treatment team must consult with parents and guardians in developing the treatment
226.9 plan;

226.10 (2) if a need for substance use disorder treatment is indicated by validated assessment:

226.11 (i) identify goals, objectives, and strategies of substance use disorder treatment;

226.12 (ii) develop a schedule for accomplishing substance use disorder treatment goals and
226.13 objectives; and

226.14 (iii) identify the individuals responsible for providing substance use disorder treatment
226.15 services and supports; and

226.16 (3) provide for the client's transition out of intensive nonresidential rehabilitative mental
226.17 health services by defining the team's actions to assist the client and subsequent providers
226.18 in the transition to less intensive or "stepped down" services; and.

226.19 ~~(4) notwithstanding section 245I.10, subdivision 8, be reviewed at least every 90 days~~
226.20 ~~and revised to document treatment progress or, if progress is not documented, to document~~
226.21 ~~changes in treatment.~~

226.22 (f) The treatment team shall actively and assertively engage the client's family members
226.23 and significant others by establishing communication and collaboration with the family and
226.24 significant others and educating the family and significant others about the client's mental
226.25 illness, symptom management, and the family's role in treatment, unless the team knows or
226.26 has reason to suspect that the client has suffered or faces a threat of suffering any physical
226.27 or mental injury, abuse, or neglect from a family member or significant other.

226.28 (g) For a client age 18 or older, the treatment team may disclose to a family member,
226.29 other relative, or a close personal friend of the client, or other person identified by the client,
226.30 the protected health information directly relevant to such person's involvement with the
226.31 client's care, as provided in Code of Federal Regulations, title 45, part 164.502(b). If the
226.32 client is present, the treatment team shall obtain the client's agreement, provide the client
226.33 with an opportunity to object, or reasonably infer from the circumstances, based on the

227.1 exercise of professional judgment, that the client does not object. If the client is not present
227.2 or is unable, by incapacity or emergency circumstances, to agree or object, the treatment
227.3 team may, in the exercise of professional judgment, determine whether the disclosure is in
227.4 the best interests of the client and, if so, disclose only the protected health information that
227.5 is directly relevant to the family member's, relative's, friend's, or client-identified person's
227.6 involvement with the client's health care. The client may orally agree or object to the
227.7 disclosure and may prohibit or restrict disclosure to specific individuals.

227.8 (h) The treatment team shall provide interventions to promote positive interpersonal
227.9 relationships.

227.10 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,
227.11 whichever is later. The commissioner of human services shall notify the revisor of statutes
227.12 when federal approval is obtained.

227.13 Sec. 47. Minnesota Statutes 2021 Supplement, section 256B.0949, subdivision 2, is
227.14 amended to read:

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

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

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

227.24 ~~(c)~~ (d) "Autism spectrum disorder or a related condition" or "ASD or a related condition"
227.25 means either autism spectrum disorder (ASD) as defined in the current version of the
227.26 Diagnostic and Statistical Manual of Mental Disorders (DSM) or a condition that is found
227.27 to be closely related to ASD, as identified under the current version of the DSM, and meets
227.28 all of the following criteria:

227.29 (1) is severe and chronic;

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

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

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

228.6 (i) behavioral challenges and self-regulation;

228.7 (ii) cognition;

228.8 (iii) learning and play;

228.9 (iv) self-care; or

228.10 (v) safety.

228.11 ~~(d)~~ (e) "Person" means a person under 21 years of age.

228.12 ~~(e)~~ (f) "Clinical supervision" means the overall responsibility for the control and direction
228.13 of EIDBI service delivery, including individual treatment planning, staff supervision,
228.14 individual treatment plan progress monitoring, and treatment review for each person. Clinical
228.15 supervision is provided by a qualified supervising professional (QSP) who takes full
228.16 professional responsibility for the service provided by each supervisee.

228.17 ~~(f)~~ (g) "Commissioner" means the commissioner of human services, unless otherwise
228.18 specified.

228.19 ~~(g)~~ (h) "Comprehensive multidisciplinary evaluation" or "CMDE" means a comprehensive
228.20 evaluation of a person to determine medical necessity for EIDBI services based on the
228.21 requirements in subdivision 5.

228.22 ~~(h)~~ (i) "Department" means the Department of Human Services, unless otherwise
228.23 specified.

228.24 ~~(i)~~ (j) "Early intensive developmental and behavioral intervention benefit" or "EIDBI
228.25 benefit" means a variety of individualized, intensive treatment modalities approved and
228.26 published by the commissioner that are based in behavioral and developmental science
228.27 consistent with best practices on effectiveness.

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

228.32 ~~(k)~~ (l) "Incident" means when any of the following occur:

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

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

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

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

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

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

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

229.20 ~~(p)~~ (q) "Qualified EIDBI provider" means a person who is a QSP or a level I, level II,
229.21 or level III treatment provider.

229.22 Sec. 48. Minnesota Statutes 2020, section 256B.0949, subdivision 8, is amended to read:

229.23 Subd. 8. **Refining the benefit with stakeholders.** Before making revisions to the EIDBI
229.24 benefit or proposing statutory changes to this section, the commissioner must ~~refine the~~
229.25 ~~details of the benefit in consultation~~ consult with stakeholders and consider recommendations
229.26 from the Department of Human Services Early Intensive Developmental and Behavioral
229.27 Intervention Advisory Council, the early intensive developmental and behavioral intervention
229.28 learning collaborative, and the Departments of Health, Education, Employment and Economic
229.29 Development, and Human Services. ~~The details must~~ Revisions and proposed statutory
229.30 changes subject to this subdivision include, but are not limited to, the following components:

229.31 (1) a definition of the qualifications, standards, and roles of the treatment team, including
229.32 recommendations after stakeholder consultation on whether board-certified behavior analysts

230.1 and other professionals certified in other treatment approaches recognized by the department
230.2 or trained in ASD or a related condition and child development should be added as
230.3 professionals qualified to provide EIDBI clinical supervision or other functions under
230.4 medical assistance;

230.5 (2) refinement of uniform parameters for CMDE and ongoing ITP progress monitoring
230.6 standards;

230.7 (3) the design of an effective and consistent process for assessing the person's and the
230.8 person's legal representative's and the person's caregiver's preferences and options to
230.9 participate in the person's early intervention treatment and efficacy of methods to involve
230.10 and educate the person's legal representative and caregiver in the treatment of the person;

230.11 (4) formulation of a collaborative process in which professionals have opportunities to
230.12 collectively inform provider standards and qualifications; standards for CMDE; medical
230.13 necessity determination; efficacy of treatment apparatus, including modality, intensity,
230.14 frequency, and duration; and ITP progress monitoring processes to support quality
230.15 improvement of EIDBI services;

230.16 (5) coordination of this benefit and its interaction with other services provided by the
230.17 Departments of Human Services, Health, Employment and Economic Development, and
230.18 Education;

230.19 (6) evaluation, on an ongoing basis, of EIDBI services outcomes and efficacy of treatment
230.20 modalities provided to people under this benefit; and

230.21 (7) as provided under subdivision 17, determination of the availability of qualified EIDBI
230.22 providers with necessary expertise and training in ASD or a related condition throughout
230.23 the state to assess whether there are sufficient professionals to provide timely access and
230.24 prevent delay in the CMDE and treatment of a person with ASD or a related condition.

230.25 Sec. 49. Minnesota Statutes 2021 Supplement, section 256B.0949, subdivision 13, is
230.26 amended to read:

230.27 Subd. 13. **Covered services.** (a) The services described in paragraphs (b) to (l) are
230.28 eligible for reimbursement by medical assistance under this section. Services must be
230.29 provided by a qualified EIDBI provider and supervised by a QSP. An EIDBI service must
230.30 address the person's medically necessary treatment goals and must be targeted to develop,
230.31 enhance, or maintain the individual developmental skills of a person with ASD or a related
230.32 condition to improve functional communication, including nonverbal or social
230.33 communication, social or interpersonal interaction, restrictive or repetitive behaviors,

231.1 hyperreactivity or hyporeactivity to sensory input, behavioral challenges and self-regulation,
231.2 cognition, learning and play, self-care, and safety.

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

231.5 (1) applied behavior analysis (ABA);

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

231.7 (3) early start Denver model (ESDM);

231.8 (4) PLAY project;

231.9 (5) relationship development intervention (RDI); or

231.10 (6) additional modalities not listed in clauses (1) to (5) upon approval by the
231.11 commissioner.

231.12 (c) An EIDBI provider may use one or more of the EIDBI modalities in paragraph (b),
231.13 clauses (1) to (5), as the primary modality for treatment as a covered service, or several
231.14 EIDBI modalities in combination as the primary modality of treatment, as approved by the
231.15 commissioner. An EIDBI provider that identifies and provides assurance of qualifications
231.16 for a single specific treatment modality, including an EIDBI provider with advanced
231.17 certification overseeing implementation, must document the required qualifications to meet
231.18 fidelity to the specific model in a manner determined by the commissioner.

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

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

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

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

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

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

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

232.15 (h) ITP development and ITP progress monitoring is development of the initial, annual,
 232.16 and progress monitoring of an ITP. ITP development and ITP progress monitoring documents
 232.17 provide oversight and ongoing evaluation of a person's treatment and progress on targeted
 232.18 goals and objectives and integrate and coordinate the person's and the person's legal
 232.19 representative's information from the CMDE and ITP progress monitoring. This service
 232.20 must be reviewed and completed by the QSP, and may include input from a level I provider
 232.21 or a level II provider.

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

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

232.31 (k) Travel time is allowable billing for traveling to and from the person's home, school,
 232.32 a community setting, or place of service outside of an EIDBI center, clinic, or office from
 232.33 a specified location to provide in-person EIDBI intervention, observation and direction, or

233.1 family caregiver training and counseling. The person's ITP must specify the reasons the
233.2 provider must travel to the person.

233.3 (l) Medical assistance covers medically necessary EIDBI services and consultations
233.4 delivered ~~by a licensed health care provider~~ via telehealth, as defined under section
233.5 256B.0625, subdivision 3b, in the same manner as if the service or consultation was delivered
233.6 in person.

233.7 Sec. 50. Minnesota Statutes 2020, section 256B.49, subdivision 23, is amended to read:

233.8 Subd. 23. **Community-living settings.** (a) For the purposes of this chapter,
233.9 "community-living settings" means a single-family home or multifamily dwelling unit where
233.10 a service recipient or a service recipient's family owns or rents, and maintains control over
233.11 the individual unit as demonstrated by a lease agreement. Community-living settings does
233.12 not include a home or dwelling unit that the service provider owns, operates, or leases or
233.13 in which the service provider has a direct or indirect financial interest.

233.14 (b) To ensure a service recipient or the service recipient's family maintains control over
233.15 the home or dwelling unit, community-living settings are subject to the following
233.16 requirements:

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

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

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

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

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

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

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

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

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

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

234.1 (c) Nothing in this section prohibits a service recipient from having another person or
 234.2 entity not affiliated with the service provider cosign a lease. Nothing in this section prohibits
 234.3 a service recipient, during any period in which a service provider has cosigned the service
 234.4 recipient's lease, from modifying services with an existing cosigning service provider and,
 234.5 subject to the approval of the landlord, maintaining a lease cosigned by the service provider.
 234.6 Nothing in this section prohibits a service recipient, during any period in which a service
 234.7 provider has cosigned the service recipient's lease, from terminating services with the
 234.8 cosigning service provider, receiving services from a new service provider, and, subject to
 234.9 the approval of the landlord, maintaining a lease cosigned by the new service provider.

234.10 (d) A lease cosigned by a service provider meets the requirements of paragraph (a) if
 234.11 the service recipient and service provider develop and implement a transition plan which
 234.12 must provide that, within two years of cosigning the initial lease, the service provider shall
 234.13 transfer the lease to the service recipient and other cosigners, if any.

234.14 (e) In the event the landlord has not approved the transfer of the lease within two years
 234.15 of the service provider cosigning the initial lease, the service provider must submit a
 234.16 time-limited extension request to the commissioner of human services to continue the
 234.17 cosigned lease arrangement. The extension request must include:

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

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

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

234.22 (4) a description of the information provided to the person to help the person make an
 234.23 informed choice about entering into a time-limited cosigned lease extension with the service
 234.24 provider;

234.25 ~~(4)~~ (5) a description of how the transition plan was followed, what occurred that led to
 234.26 the landlord denying the transfer, and what changes in circumstances or condition, if any,
 234.27 the service recipient experienced; and

234.28 ~~(5)~~ (6) a revised transition plan to transfer the cosigned lease between the service provider
 234.29 and the service recipient to the service recipient.

234.30 The commissioner must approve an extension within sufficient time to ensure the continued
 234.31 occupancy by the service recipient.

234.32 (f) In the event the landlord has not approved the transfer of the lease within the timelines
 234.33 of an approved time-limited extension request, the service provider must submit another

235.1 time-limited extension request to the commissioner of human services to continue the
235.2 cosigned lease arrangement. A time-limited extension request submitted under this paragraph
235.3 must include the same information required for an initial time-limited extension request
235.4 under paragraph (e). The commissioner must approve or deny an extension within 60 days.

235.5 (g) The commissioner may grant a service recipient no more than three additional
235.6 time-limited extensions under paragraph (f).

235.7 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
235.8 whichever is later. The commissioner of human services shall notify the revisor of statutes
235.9 when federal approval is obtained.

235.10 Sec. 51. Minnesota Statutes 2021 Supplement, section 256B.49, subdivision 28, is amended
235.11 to read:

235.12 Subd. 28. **Customized living moratorium for brain injury and community access**
235.13 **for disability inclusion waivers.** (a) Notwithstanding section 245A.03, subdivision 2,
235.14 paragraph (a), clause (23), to prevent new development of customized living settings that
235.15 otherwise meet the residential program definition under section 245A.02, subdivision 14,
235.16 the commissioner shall not enroll new customized living settings serving four or fewer
235.17 people in a single-family home to deliver customized living services as defined under the
235.18 brain injury or community access for disability inclusion waiver plans under this section.

235.19 (b) The commissioner may approve an exception to paragraph (a) when:

235.20 (1) an existing customized living setting changes ownership at the same address; or

235.21 (2) an existing customized living setting relocates under the same ownership to a different
235.22 address, provided the setting to which the customized services are relocated complies with
235.23 the home and community-based services rule requirements. The exception under this clause
235.24 is available until March 16, 2023, unless federal approval is obtained to permanently allow
235.25 this exception.

235.26 (c) Customized living settings operational on or before June 30, 2021, are considered
235.27 existing customized living settings.

235.28 (d) For any new customized living settings serving four or fewer people in a single-family
235.29 home to deliver customized living services as defined in paragraph (a) ~~and~~ that was not
235.30 operational on or before June 30, 2021, or that was operational on or before June 30, 2021,
235.31 but relocated under the same ownership to a different address without receiving an exception
235.32 under paragraph (b), clause (2), the authorizing lead agency is financially responsible for
235.33 all home and community-based service payments in the setting.

236.1 (e) For purposes of this subdivision, "operational" means customized living services are
 236.2 authorized and delivered to a person in the customized living setting.

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

236.4 Sec. 52. Minnesota Statutes 2020, section 256G.02, subdivision 6, is amended to read:

236.5 Subd. 6. **Excluded time.** "Excluded time" means:

236.6 (1) any period an applicant spends in a hospital, sanitarium, nursing home, shelter other
 236.7 than an emergency shelter, halfway house, foster home, community residential setting
 236.8 licensed under chapter 245D, semi-independent living domicile or services program,
 236.9 residential facility offering care, board and lodging facility or other institution for the
 236.10 hospitalization or care of human beings, as defined in section 144.50, 144A.01, or 245A.02,
 236.11 subdivision 14; maternity home, battered women's shelter, or correctional facility; or any
 236.12 facility based on an emergency hold under section 253B.05, subdivisions 1 and 2;

236.13 (2) any period an applicant spends on a placement basis in a training and habilitation
 236.14 program, including: a rehabilitation facility or work or employment program as defined in
 236.15 section 268A.01; semi-independent living services provided under section 252.275, and
 236.16 chapter 245D; or day training and habilitation programs ~~and~~;

236.17 (3) any period an applicant is receiving assisted living services, integrated community
 236.18 supports, or day support services; and

236.19 ~~(3)~~ (4) any placement for a person with an indeterminate commitment, including
 236.20 independent living.

236.21 Sec. 53. Minnesota Statutes 2020, section 256K.26, subdivision 2, is amended to read:

236.22 Subd. 2. **Implementation.** The commissioner, in consultation with the commissioners
 236.23 of the Department of Corrections and the Minnesota Housing Finance Agency, counties,
 236.24 Tribes, providers and funders of supportive housing and services, shall develop application
 236.25 requirements and make funds available according to this section, with the goal of providing
 236.26 maximum flexibility in program design.

236.27 Sec. 54. Minnesota Statutes 2020, section 256K.26, subdivision 6, is amended to read:

236.28 Subd. 6. **Outcomes.** Projects will be selected to further the following outcomes:

236.29 (1) reduce the number of Minnesota individuals and families that experience long-term
 236.30 homelessness;

- 237.1 (2) increase the number of housing opportunities with supportive services;
- 237.2 (3) develop integrated, cost-effective service models that address the multiple barriers
237.3 to obtaining housing stability faced by people experiencing long-term homelessness,
237.4 including abuse, neglect, chemical dependency, disability, chronic health problems, or other
237.5 factors including ethnicity and race that may result in poor outcomes or service disparities;
- 237.6 (4) encourage partnerships among counties, Tribes, community agencies, schools, and
237.7 other providers so that the service delivery system is seamless for people experiencing
237.8 long-term homelessness;
- 237.9 (5) increase employability, self-sufficiency, and other social outcomes for individuals
237.10 and families experiencing long-term homelessness; and
- 237.11 (6) reduce inappropriate use of emergency health care, shelter, ~~chemical dependency~~
237.12 substance use disorder treatment, foster care, child protection, corrections, and similar
237.13 services used by people experiencing long-term homelessness.

237.14 Sec. 55. Minnesota Statutes 2020, section 256K.26, subdivision 7, is amended to read:

237.15 Subd. 7. **Eligible services.** Services eligible for funding under this section are all services
237.16 needed to maintain households in permanent supportive housing, as determined by the
237.17 ~~county or counties~~ or Tribes administering the project or projects.

237.18 Sec. 56. Minnesota Statutes 2021 Supplement, section 256P.01, subdivision 6a, is amended
237.19 to read:

237.20 Subd. 6a. **Qualified professional.** (a) For illness, injury, or incapacity, a "qualified
237.21 professional" means a licensed physician, physician assistant, advanced practice registered
237.22 nurse, physical therapist, occupational therapist, or licensed chiropractor, according to their
237.23 scope of practice.

237.24 (b) For developmental disability, learning disability, and intelligence testing, a "qualified
237.25 professional" means a licensed physician, physician assistant, advanced practice registered
237.26 nurse, licensed independent clinical social worker, licensed psychologist, certified school
237.27 psychologist, or certified psychometrist working under the supervision of a licensed
237.28 psychologist.

237.29 (c) For mental health, a "qualified professional" means a licensed physician, advanced
237.30 practice registered nurse, or qualified mental health professional under section 245I.04,
237.31 subdivision 2.

238.1 (d) For substance use disorder, a "qualified professional" means a licensed physician, a
238.2 qualified mental health professional under section ~~245.462, subdivision 18, clauses (1) to~~
238.3 ~~(6)~~ 245I.04, subdivision 2, or an individual as defined in section 245G.11, subdivision 3,
238.4 4, or 5.

238.5 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
238.6 whichever is later. The commissioner of human services shall notify the revisor of statutes
238.7 when federal approval is obtained.

238.8 Sec. 57. Minnesota Statutes 2020, section 256Q.06, is amended by adding a subdivision
238.9 to read:

238.10 Subd. 6. **Account creation.** If an eligible individual is unable to establish the eligible
238.11 individual's own ABLE account, an ABLE account may be established on behalf of the
238.12 eligible individual by the eligible individual's agent under a power of attorney or, if none,
238.13 by the eligible individual's conservator or legal guardian, spouse, parent, sibling, or
238.14 grandparent or a representative payee appointed for the eligible individual by the Social
238.15 Security Administration, in that order.

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

238.17 Sec. 58. Laws 2020, First Special Session chapter 7, section 1, subdivision 1, as amended
238.18 by Laws 2021, First Special Session chapter 7, article 2, section 71, is amended to read:

238.19 Subdivision 1. **Waivers and modifications; federal funding extension.** When the
238.20 peacetime emergency declared by the governor in response to the COVID-19 outbreak
238.21 expires, is terminated, or is rescinded by the proper authority, the following waivers and
238.22 modifications to human services programs issued by the commissioner of human services
238.23 pursuant to Executive Orders 20-11 and 20-12 ~~that are required to comply with federal law~~
238.24 may remain in effect for the time period set out in applicable federal law or for the time
238.25 period set out in any applicable federally approved waiver or state plan amendment,
238.26 whichever is later:

238.27 (1) CV15: allowing telephone or video visits for waiver programs;

238.28 (2) CV17: preserving health care coverage for Medical Assistance and MinnesotaCare;

238.29 (3) CV18: implementation of federal changes to the Supplemental Nutrition Assistance
238.30 Program;

238.31 (4) CV20: eliminating cost-sharing for COVID-19 diagnosis and treatment;

- 239.1 (5) CV24: allowing telephone or video use for targeted case management visits;
- 239.2 (6) CV30: expanding telemedicine in health care, mental health, and substance use
239.3 disorder settings;
- 239.4 (7) CV37: implementation of federal changes to the Supplemental Nutrition Assistance
239.5 Program;
- 239.6 (8) CV39: implementation of federal changes to the Supplemental Nutrition Assistance
239.7 Program;
- 239.8 (9) CV42: implementation of federal changes to the Supplemental Nutrition Assistance
239.9 Program;
- 239.10 (10) CV43: expanding remote home and community-based waiver services;
- 239.11 (11) CV44: allowing remote delivery of adult day services;
- 239.12 (12) CV59: modifying eligibility period for the federally funded Refugee Cash Assistance
239.13 Program;
- 239.14 (13) CV60: modifying eligibility period for the federally funded Refugee Social Services
239.15 Program; and
- 239.16 (14) CV109: providing 15 percent increase for Minnesota Food Assistance Program and
239.17 Minnesota Family Investment Program maximum food benefits.
- 239.18 Sec. 59. Laws 2021, First Special Session chapter 7, article 11, section 38, is amended to
239.19 read:
- 239.20 **Sec. 38. DIRECTION TO THE COMMISSIONER; SUBSTANCE USE DISORDER**
239.21 **TREATMENT PAPERWORK REDUCTION.**
- 239.22 (a) The commissioner of human services, in consultation with counties, tribes, managed
239.23 care organizations, substance use disorder treatment professional associations, and other
239.24 relevant stakeholders, shall develop, assess, and recommend systems improvements to
239.25 minimize regulatory paperwork and improve systems for substance use disorder programs
239.26 licensed under Minnesota Statutes, chapter 245A, and regulated under Minnesota Statutes,
239.27 chapters 245F and 245G, and Minnesota Rules, chapters 2960 and 9530. The commissioner
239.28 of human services shall make available any resources needed from other divisions within
239.29 the department to implement systems improvements.
- 239.30 (b) The commissioner of health shall make available needed information and resources
239.31 from the Division of Health Policy.

240.1 (c) The Office of MN.IT Services shall provide advance consultation and implementation
240.2 of the changes needed in data systems.

240.3 (d) The commissioner of human services shall contract with a vendor that has experience
240.4 with developing statewide system changes for multiple states at the payer and provider
240.5 levels. If the commissioner, after exercising reasonable diligence, is unable to secure a
240.6 vendor with the requisite qualifications, the commissioner may select the best qualified
240.7 vendor available. When developing recommendations, the commissioner shall consider
240.8 input from all stakeholders. The commissioner's recommendations shall maximize benefits
240.9 for clients and utility for providers, regulatory agencies, and payers.

240.10 (e) The commissioner of human services and the contracted vendor shall follow the
240.11 recommendations from the report issued in response to Laws 2019, First Special Session
240.12 chapter 9, article 6, section 76.

240.13 (f) ~~By December 15, 2022~~ Within two years of contracting with a qualified vendor
240.14 according to paragraph (d), the commissioner of human services shall take steps to implement
240.15 paperwork reductions and systems improvements within the commissioner's authority and
240.16 submit to the chairs and ranking minority members of the legislative committees with
240.17 jurisdiction over health and human services a report that includes recommendations for
240.18 changes in statutes that would further enhance systems improvements to reduce paperwork.
240.19 The report shall include a summary of the approaches developed and assessed by the
240.20 commissioner of human services and stakeholders and the results of any assessments
240.21 conducted.

240.22 **Sec. 60. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
240.23 **INFORMED CHOICE UPON CLOSURE.**

240.24 The commissioner of human services shall direct department staff, lead agency staff,
240.25 and lead agency partners to ensure that solutions to workforce shortages in licensed home
240.26 and community-based disability settings are consistent with the state's policy priority of
240.27 informed choice and the integration mandate under the state's Olmstead Plan. Specifically,
240.28 the commissioner shall direct department staff, lead agency staff, and lead agency partners
240.29 to ensure that when a licensed setting cannot continue providing services as a result of
240.30 staffing shortages, a person who had been receiving services in that setting is not discharged
240.31 to a more restrictive setting than the person was in previously and the person receives an
240.32 informed choice process about how and where the person will receive services following
240.33 the suspension or closure of the program or setting in which the person had previously been
240.34 receiving services.

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

241.2 Sec. 61. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; HOME**
 241.3 **AND COMMUNITY-BASED SERVICES RULE STATEWIDE TRANSITION PLAN.**

241.4 By September 1, 2022, the commissioner of human services shall submit for approval
 241.5 an amendment to Minnesota's home and community-based services rule statewide transition
 241.6 plan to modify the residential tiered standards for BI, CAC, CADI, and DD waivers to
 241.7 specify that an existing customized living setting that relocates under the same ownership
 241.8 to a different address must be treated as a Tier 1 customized living setting, provided the
 241.9 setting to which the customized services are relocated complies with the home and
 241.10 community-based services rule requirements. The commissioner shall inform the revisor
 241.11 of statutes when federal approval is obtained.

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

241.13 Sec. 62. **REVISOR INSTRUCTION.**

241.14 The revisor of statutes shall change the term "chemical dependency" or similar terms to
 241.15 "substance use disorder" wherever the term appears in Minnesota Statutes. The revisor may
 241.16 make grammatical changes related to the term change.

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

241.18 Sec. 63. **REPEALER.**

241.19 (a) Minnesota Statutes 2020, sections 254A.04; and 254B.14, subdivisions 1, 2, 3, 4,
 241.20 and 6, are repealed.

241.21 (b) Minnesota Statutes 2021 Supplement, section 254B.14, subdivision 5, is repealed.

241.22 **ARTICLE 9**

241.23 **CONTINUING CARE FOR OLDER ADULTS POLICY**

241.24 Section 1. Minnesota Statutes 2020, section 245A.14, subdivision 14, is amended to read:

241.25 Subd. 14. **Attendance records for publicly funded services.** (a) A child care center
 241.26 licensed under this chapter and according to Minnesota Rules, chapter 9503, must maintain
 241.27 documentation of actual attendance for each child receiving care for which the license holder
 241.28 is reimbursed by a governmental program. The records must be accessible to the
 241.29 commissioner during the program's hours of operation, they must be completed on the actual
 241.30 day of attendance, and they must include:

242.1 (1) the first and last name of the child;

242.2 (2) the time of day that the child was dropped off; and

242.3 (3) the time of day that the child was picked up.

242.4 (b) A family child care provider licensed under this chapter and according to Minnesota
 242.5 Rules, chapter 9502, must maintain documentation of actual attendance for each child
 242.6 receiving care for which the license holder is reimbursed for the care of that child by a
 242.7 governmental program. The records must be accessible to the commissioner during the
 242.8 program's hours of operation, they must be completed on the actual day of attendance, and
 242.9 they must include:

242.10 (1) the first and last name of the child;

242.11 (2) the time of day that the child was dropped off; and

242.12 (3) the time of day that the child was picked up.

242.13 (c) An adult day services program licensed under this chapter and according to Minnesota
 242.14 Rules, parts 9555.5105 to 9555.6265, must maintain documentation of actual attendance
 242.15 for each adult day service recipient for which the license holder is reimbursed by a
 242.16 governmental program. The records must be accessible to the commissioner during the
 242.17 program's hours of operation, they must be completed on the actual day of attendance, and
 242.18 they must include:

242.19 (1) the first, middle, and last name of the recipient;

242.20 (2) the time of day that the recipient was dropped off; and

242.21 (3) the time of day that the recipient was picked up.

242.22 (d) ~~The commissioner shall not issue a correction for attendance record errors that occur~~
 242.23 ~~before August 1, 2013.~~ Adult day services programs licensed under this chapter that are
 242.24 designated for remote adult day services must maintain documentation of actual participation
 242.25 for each adult day service recipient for whom the license holder is reimbursed by a
 242.26 governmental program. The records must be accessible to the commissioner during the
 242.27 program's hours of operation, must be completed on the actual day service is provided, and
 242.28 must include the:

242.29 (1) first, middle, and last name of the recipient;

242.30 (2) time of day the remote services started;

242.31 (3) time of day that the remote services ended; and

243.1 (4) means by which the remote services were provided, through audio remote services
243.2 or through audio and video remote services.

243.3 **EFFECTIVE DATE.** This section is effective January 1, 2023.

243.4 Sec. 2. **[245A.70] REMOTE ADULT DAY SERVICES.**

243.5 (a) For the purposes of sections 245A.70 to 245A.75, the following terms have the
243.6 meanings given.

243.7 (b) "Adult day care" and "adult day services" have the meanings given in section 245A.02,
243.8 subdivision 2a.

243.9 (c) "Remote adult day services" means an individualized and coordinated set of services
243.10 provided via live two-way communication by an adult day care or adult day services center.

243.11 (d) "Live two-way communication" means real-time audio or audio and video
243.12 transmission of information between a participant and an actively involved staff member.

243.13 Sec. 3. **[245A.71] APPLICABILITY AND SCOPE.**

243.14 Subdivision 1. **Licensing requirements.** Adult day care centers or adult day services
243.15 centers that provide remote adult day services must be licensed under this chapter and
243.16 comply with the requirements set forth in this section.

243.17 Subd. 2. **Standards for licensure.** License holders seeking to provide remote adult day
243.18 services must submit a request in the manner prescribed by the commissioner. Remote adult
243.19 day services must not be delivered until approved by the commissioner. The designation to
243.20 provide remote services is voluntary for license holders. Upon approval, the designation of
243.21 approval for remote adult day services shall be printed on the center's license, and identified
243.22 on the commissioner's public website.

243.23 Subd. 3. **Federal requirements.** Adult day care centers or adult day services centers
243.24 that provide remote adult day services to participants receiving alternative care under section
243.25 256B.0913, essential community supports under section 256B.0922, or home and
243.26 community-based services waivers under chapter 256S or section 256B.092 or 256B.49,
243.27 must comply with federally approved waiver plans.

243.28 Subd. 4. **Service limitations.** Remote adult day services must be provided during the
243.29 days and hours of in-person services specified on the license of the adult day care center.

244.1 Sec. 4. **[245A.72] RECORD REQUIREMENTS.**

244.2 Adult day centers and adult day services centers providing remote adult day services
244.3 must comply with participant record requirements set forth in Minnesota Rules, part
244.4 9555.9660. The center must document how remote services will help a participant reach
244.5 the short- and long-term objectives in the participant's plan of care.

244.6 Sec. 5. **[245A.73] REMOTE ADULT DAY SERVICES STAFF.**

244.7 Subdivision 1. Staff ratios. (a) A staff person who provides remote adult day services
244.8 without two-way interactive video must only provide services to one participant at a time.

244.9 (b) A staff person who provides remote adult day services through two-way interactive
244.10 video must not provide services to more than eight participants at one time.

244.11 Subd. 2. Staff training. A center licensed under section 245A.71 must document training
244.12 provided to each staff person regarding the provision of remote services in the staff person's
244.13 record. The training must be provided prior to a staff person delivering remote adult day
244.14 services without supervision. The training must include:

244.15 (1) how to use the equipment, technology, and devices required to provide remote adult
244.16 day services via live two-way communication;

244.17 (2) orientation and training on each participant's plan of care as directly related to remote
244.18 adult day services; and

244.19 (3) direct observation by a manager or supervisor of the staff person while providing
244.20 supervised remote service delivery sufficient to assess staff competency.

244.21 Sec. 6. **[245A.74] INDIVIDUAL SERVICE PLANNING.**

244.22 Subdivision 1. Eligibility. (a) A person must be eligible for and receiving in-person
244.23 adult day services to receive remote adult day services from the same provider. The same
244.24 provider must deliver both in-person adult day services and remote adult day services to a
244.25 participant.

244.26 (b) The license holder must update the participant's plan of care according to Minnesota
244.27 Rules, part 9555.9700.

244.28 (c) For a participant who chooses to receive remote adult day services, the license holder
244.29 must document in the participant's plan of care the participant's proposed schedule and
244.30 frequency for receiving both in-person and remote services. The license holder must also
244.31 document in the participant's plan of care that remote services:

- 245.1 (1) are chosen as a service delivery method by the participant or legal representative;
 245.2 (2) will meet the participant's assessed needs;
 245.3 (3) are provided within the scope of adult day services; and
 245.4 (4) will help the participant achieve identified short- and long-term objectives specific
 245.5 to the provision of remote adult day services.

245.6 **Subd. 2. Participant daily service limitations.** In a 24-hour period, a participant may
 245.7 receive:

- 245.8 (1) a combination of in-person adult day services and remote adult day services on the
 245.9 same day but not at the same time;
 245.10 (2) a combination of in-person and remote adult day services that does not exceed 12
 245.11 hours in total; and
 245.12 (3) up to six hours of remote adult day services.

245.13 **Subd. 3. Minimum in-person requirement.** A participant who receives remote services
 245.14 must receive services in person as assigned in the participant's plan of care at least quarterly.

245.15 **Sec. 7. [245A.75] SERVICE AND PROGRAM REQUIREMENTS.**

245.16 Remote adult day services must be in the scope of adult day services provided in
 245.17 Minnesota Rules, part 9555.9710, subparts 3 to 7.

245.18 **EFFECTIVE DATE.** This section is effective January 1, 2023.

245.19 **ARTICLE 10**

245.20 **CHILDREN AND FAMILY SERVICES POLICY**

245.21 Section 1. Minnesota Statutes 2020, section 242.19, subdivision 2, is amended to read:

245.22 Subd. 2. **Dispositions.** When a child has been committed to the commissioner of
 245.23 corrections by a juvenile court, upon a finding of delinquency, the commissioner may for
 245.24 the purposes of treatment and rehabilitation:

- 245.25 (1) order the child's confinement to the Minnesota Correctional Facility-Red Wing,
 245.26 which shall accept the child, or to a group foster home under the control of the commissioner
 245.27 of corrections, or to private facilities or facilities established by law or incorporated under
 245.28 the laws of this state that may care for delinquent children;
- 245.29 (2) order the child's release on parole under such supervisions and conditions as the
 245.30 commissioner believes conducive to law-abiding conduct, treatment and rehabilitation;

246.1 (3) order reconfinement or renewed parole as often as the commissioner believes to be
246.2 desirable;

246.3 (4) revoke or modify any order, except an order of discharge, as often as the commissioner
246.4 believes to be desirable;

246.5 (5) discharge the child when the commissioner is satisfied that the child has been
246.6 rehabilitated and that such discharge is consistent with the protection of the public;

246.7 (6) if the commissioner finds that the child is eligible for probation or parole and it
246.8 appears from the commissioner's investigation that conditions in the child's or the guardian's
246.9 home are not conducive to the child's treatment, rehabilitation, or law-abiding conduct, refer
246.10 the child, together with the commissioner's findings, to a local social services agency or a
246.11 licensed child-placing agency for placement in a foster care or, when appropriate, for
246.12 initiation of child in need of protection or services proceedings as provided in sections
246.13 260C.001 to 260C.421. The commissioner of corrections shall reimburse local social services
246.14 agencies for foster care costs they incur for the child while on probation or parole to the
246.15 extent that funds for this purpose are made available to the commissioner by the legislature.
246.16 The juvenile court ~~shall~~ may order the parents of a child on probation or parole to pay the
246.17 costs of foster care under section 260B.331, subdivision 1, if the local social services agency
246.18 has determined that requiring reimbursement is in the child's best interests, according to
246.19 their ability to pay, and to the extent that the commissioner of corrections has not reimbursed
246.20 the local social services agency.

246.21 Sec. 2. Minnesota Statutes 2020, section 256E.33, subdivision 1, is amended to read:

246.22 Subdivision 1. **Definitions.** (a) The definitions in this subdivision apply to this section.

246.23 (b) "Transitional housing" means housing designed for independent living and provided
246.24 to a homeless person or family at a rental rate of at least 25 percent of the family income
246.25 for a period of up to ~~24~~ 36 months. If a transitional housing program is associated with a
246.26 licensed facility or shelter, it must be located in a separate facility or a specified section of
246.27 the main facility where residents can be responsible for their own meals and other daily
246.28 needs.

246.29 (c) "Support services" means an assessment service that identifies the needs of individuals
246.30 for independent living and arranges or provides for the appropriate educational, social, legal,
246.31 advocacy, child care, employment, financial, health care, or information and referral services
246.32 to meet these needs.

247.1 Sec. 3. Minnesota Statutes 2020, section 256E.33, subdivision 2, is amended to read:

247.2 Subd. 2. **Establishment and administration.** A transitional housing program is
247.3 established to be administered by the commissioner. The commissioner may make grants
247.4 to eligible recipients or enter into agreements with community action agencies or other
247.5 public or private nonprofit agencies to make grants to eligible recipients to initiate, maintain,
247.6 or expand programs to provide transitional housing and support services for persons in need
247.7 of transitional housing, which may include up to six months of follow-up support services
247.8 for persons who complete transitional housing as they stabilize in permanent housing. The
247.9 commissioner must ensure that money appropriated to implement this section is distributed
247.10 as soon as practicable. The commissioner may make grants directly to eligible recipients.
247.11 The commissioner may extend use ~~up to ten percent of the appropriation available for~~ of
247.12 this program for persons needing assistance longer than ~~24~~ 36 months.

247.13 Sec. 4. Minnesota Statutes 2020, section 256E.35, subdivision 1, is amended to read:

247.14 Subdivision 1. **Establishment.** The Minnesota family assets for independence initiative
247.15 is established to provide incentives for low-income families to accrue assets for education,
247.16 housing, vehicles, emergencies, and economic development purposes.

247.17 Sec. 5. Minnesota Statutes 2020, section 256E.35, subdivision 2, is amended to read:

247.18 Subd. 2. **Definitions.** (a) The definitions in this subdivision apply to this section.

247.19 (b) "Eligible educational institution" means the following:

247.20 (1) an institution of higher education described in section 101 or 102 of the Higher
247.21 Education Act of 1965; or

247.22 (2) an area vocational education school, as defined in subparagraph (C) or (D) of United
247.23 States Code, title 20, chapter 44, section 2302 (3) (the Carl D. Perkins Vocational and
247.24 Applied Technology Education Act), which is located within any state, as defined in United
247.25 States Code, title 20, chapter 44, section 2302 (30). This clause is applicable only to the
247.26 extent section 2302 is in effect on August 1, 2008.

247.27 (c) "Family asset account" means a savings account opened by a household participating
247.28 in the Minnesota family assets for independence initiative.

247.29 (d) "Fiduciary organization" means:

247.30 (1) a community action agency that has obtained recognition under section 256E.31;

248.1 (2) a federal community development credit union ~~servicing the seven-county metropolitan~~
248.2 ~~area; or~~

248.3 (3) a women-oriented economic development agency ~~servicing the seven-county~~
248.4 ~~metropolitan area;~~

248.5 (4) a federally recognized Tribal nation; or

248.6 (5) a nonprofit organization, as defined under section 501(c)(3) of the Internal Revenue
248.7 Code.

248.8 (e) "Financial coach" means a person who:

248.9 (1) has completed an intensive financial literacy training workshop that includes
248.10 curriculum on budgeting to increase savings, debt reduction and asset building, building a
248.11 good credit rating, and consumer protection;

248.12 (2) participates in ongoing statewide family assets for independence in Minnesota (FAIM)
248.13 network training meetings under FAIM program supervision; and

248.14 (3) provides financial coaching to program participants under subdivision 4a.

248.15 (f) "Financial institution" means a bank, bank and trust, savings bank, savings association,
248.16 or credit union, the deposits of which are insured by the Federal Deposit Insurance
248.17 Corporation or the National Credit Union Administration.

248.18 (g) "Household" means all individuals who share use of a dwelling unit as primary
248.19 quarters for living and eating separate from other individuals.

248.20 (h) "Permissible use" means:

248.21 (1) postsecondary educational expenses at an eligible educational institution as defined
248.22 in paragraph (b), including books, supplies, and equipment required for courses of instruction;

248.23 (2) acquisition costs of acquiring, constructing, or reconstructing a residence, including
248.24 any usual or reasonable settlement, financing, or other closing costs;

248.25 (3) business capitalization expenses for expenditures on capital, plant, equipment, working
248.26 capital, and inventory expenses of a legitimate business pursuant to a business plan approved
248.27 by the fiduciary organization;

248.28 (4) acquisition costs of a principal residence within the meaning of section 1034 of the
248.29 Internal Revenue Code of 1986 which do not exceed 100 percent of the average area purchase
248.30 price applicable to the residence determined according to section 143(e)(2) and (3) of the
248.31 Internal Revenue Code of 1986; ~~and~~

- 249.1 (5) acquisition costs of a personal vehicle only if approved by the fiduciary organization;
- 249.2 (6) contributions to an emergency savings account; and
- 249.3 (7) contributions to a Minnesota 529 savings plan.

249.4 Sec. 6. Minnesota Statutes 2020, section 256E.35, subdivision 4a, is amended to read:

249.5 Subd. 4a. **Financial coaching.** A financial coach shall provide the following to program
249.6 participants:

249.7 (1) financial education relating to budgeting, debt reduction, asset-specific training,
249.8 credit building, and financial stability activities;

249.9 (2) asset-specific training related to buying a home or vehicle, acquiring postsecondary
249.10 education, ~~or~~ starting or expanding a small business, saving for emergencies, or saving for
249.11 a child's education; and

249.12 (3) financial stability education and training to improve and sustain financial security.

249.13 Sec. 7. Minnesota Statutes 2020, section 256E.35, subdivision 6, is amended to read:

249.14 Subd. 6. **Withdrawal; matching; permissible uses.** (a) To receive a match, a
249.15 participating household must transfer funds withdrawn from a family asset account to its
249.16 matching fund custodial account held by the fiscal agent, according to the family asset
249.17 agreement. The fiscal agent must determine if the match request is for a permissible use
249.18 consistent with the household's family asset agreement.

249.19 (b) The fiscal agent must ensure the household's custodial account contains the applicable
249.20 matching funds to match the balance in the household's account, including interest, on at
249.21 least a quarterly basis and at the time of an approved withdrawal. Matches must be a
249.22 contribution of \$3 from state grant or TANF funds for every \$1 of funds withdrawn from
249.23 the family asset account not to exceed a \$6,000 lifetime limit.

249.24 (c) Notwithstanding paragraph (b), if funds are appropriated for the Federal Assets for
249.25 Independence Act of 1998, and a participating fiduciary organization is awarded a grant
249.26 under that act, participating households with that fiduciary organization must be provided
249.27 matches as follows:

249.28 (1) from state grant and TANF funds, a matching contribution of \$1.50 for every \$1 of
249.29 funds withdrawn from the family asset account not to exceed a ~~\$3,000~~ \$4,500 lifetime limit;
249.30 and

250.1 (2) from nonstate funds, a matching contribution of not less than \$1.50 for every \$1 of
250.2 funds withdrawn from the family asset account not to exceed a ~~\$3,000~~ \$4,500 lifetime limit.

250.3 (d) Upon receipt of transferred custodial account funds, the fiscal agent must make a
250.4 direct payment to the vendor of the goods or services for the permissible use.

250.5 Sec. 8. Minnesota Statutes 2020, section 256E.35, subdivision 7, is amended to read:

250.6 Subd. 7. **Program reporting.** The fiscal agent on behalf of each fiduciary organization
250.7 participating in a family assets for independence initiative must report quarterly to the
250.8 commissioner of human services identifying the participants with accounts, the number of
250.9 accounts, the amount of savings and matches for each participant's account, the uses of the
250.10 account, and the number of businesses, homes, vehicles, and educational services paid for
250.11 with money from the account, and the amount of contributions to Minnesota 529 savings
250.12 plans and emergency savings accounts, as well as other information that may be required
250.13 for the commissioner to administer the program and meet federal TANF reporting
250.14 requirements.

250.15 Sec. 9. Minnesota Statutes 2020, section 256K.45, subdivision 6, is amended to read:

250.16 Subd. 6. **Funding.** Funds appropriated for this section may be expended on programs
250.17 described under subdivisions 3 to 5 and 8, technical assistance, and capacity building to
250.18 meet the greatest need on a statewide basis. The commissioner will provide outreach,
250.19 technical assistance, and program development support to increase capacity to new and
250.20 existing service providers to better meet needs statewide, particularly in areas where services
250.21 for homeless youth have not been established, especially in greater Minnesota.

250.22 Sec. 10. Minnesota Statutes 2020, section 256K.45, is amended by adding a subdivision
250.23 to read:

250.24 Subd. 7. **Awarding of grants.** (a) Grants awarded under this section shall not be used
250.25 for any activity other than the authorized activities under this section, and the commissioner
250.26 shall not create additional eligibility criteria or restrictions on the grant money.

250.27 (b) Grants shall be awarded under this section only after a review of the grant recipient's
250.28 application materials, including past performance and utilization of grant money. The
250.29 commissioner shall not reduce an existing grant award amount unless the commissioner
250.30 first determines that the grant recipient has failed to meet performance measures or has used
250.31 grant money improperly.

251.1 (c) For grants awarded pursuant to a two-year grant contract, the commissioner shall
251.2 permit grant recipients to carry over any unexpended amount from the first contract year
251.3 to the second contract year.

251.4 Sec. 11. Minnesota Statutes 2020, section 256K.45, is amended by adding a subdivision
251.5 to read:

251.6 Subd. 8. **Provider repair or improvement grants.** (a) Providers that serve homeless
251.7 youth under this section may apply for a grant of up to \$100,000 under this subdivision to
251.8 make minor or mechanical repairs or improvements to a facility providing services to
251.9 homeless youth or youth at risk of homelessness.

251.10 (b) Grant applications under this subdivision must include a description of the repairs
251.11 or improvements and the estimated cost of the repairs or improvements.

251.12 (c) Grantees under this subdivision cannot receive grant funds under this subdivision
251.13 for two consecutive years.

251.14 Sec. 12. Minnesota Statutes 2020, section 256N.26, subdivision 12, is amended to read:

251.15 **Subd. 12. Treatment of Supplemental Security Income.** If a child placed in foster
251.16 care receives benefits through Supplemental Security Income (SSI) at the time of foster
251.17 care placement or subsequent to placement in foster care, the financially responsible agency
251.18 may apply to be the payee for the child for the duration of the child's placement in foster
251.19 care. The child must be provided notice if the financially responsible agency applies to be
251.20 the payee for the child. If a child continues to be eligible for SSI after finalization of the
251.21 adoption or transfer of permanent legal and physical custody and is determined to be eligible
251.22 for a payment under Northstar Care for Children, a permanent caregiver may choose to
251.23 receive payment from both programs simultaneously. The child must be provided notice if
251.24 a permanent caregiver applies to receive payment for the child and when the permanent
251.25 caregiver is confirmed to receive the child's SSI. The permanent caregiver is responsible to
251.26 report the amount of the payment to the Social Security Administration and the SSI payment
251.27 will be reduced as required by the Social Security Administration.

251.28 Sec. 13. Minnesota Statutes 2021 Supplement, section 256P.02, subdivision 1a, is amended
251.29 to read:

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

252.1 chapter 119B. Vehicles under subdivision 3 and accounts under subdivision 4 are not counted
252.2 toward the asset limit of the child care assistance program under chapter 119B.

252.3 Sec. 14. Minnesota Statutes 2021 Supplement, section 256P.02, subdivision 2, is amended
252.4 to read:

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

252.8 (1) cash;

252.9 (2) bank accounts not excluded under subdivision 4;

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

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

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

252.13 Sec. 15. Minnesota Statutes 2020, section 256P.02, is amended by adding a subdivision
252.14 to read:

252.15 Subd. 4. **Account exception.** Family asset accounts under section 256E.35 and individual
252.16 development accounts authorized under the Assets for Independence Act, Title IV of the
252.17 Community Opportunities, Accountability, and Training and Educational Services Human
252.18 Services Reauthorization Act of 1998, Public Law 105-285, shall be excluded when
252.19 determining the equity value of personal property.

252.20 Sec. 16. Minnesota Statutes 2020, section 256P.04, subdivision 11, is amended to read:

252.21 Subd. 11. **Participant's completion of household report form.** (a) When a participant
252.22 is required to complete a household report form, the following paragraphs apply.

252.23 (b) If the agency receives an incomplete household report form, the agency must
252.24 immediately ~~return the incomplete form and clearly state what the participant must do for~~
252.25 ~~the form to be complete~~ contact the participant by phone or in writing to acquire the necessary
252.26 information to complete the form.

252.27 (c) The automated eligibility system must send a notice of proposed termination of
252.28 assistance to the participant if a complete household report form is not received by the
252.29 agency. The automated notice must be mailed to the participant by approximately the 16th
252.30 of the month. When a participant submits an incomplete form on or after the date a notice

253.1 of proposed termination has been sent, the termination is valid unless the participant submits
253.2 a complete form before the end of the month.

253.3 (d) The submission of a household report form is considered to have continued the
253.4 participant's application for assistance if a complete household report form is received within
253.5 a calendar month after the month in which the form was due. Assistance shall be paid for
253.6 the period beginning with the first day of that calendar month.

253.7 (e) An agency must allow good cause exemptions for a participant required to complete
253.8 a household report form when any of the following factors cause a participant to fail to
253.9 submit a completed household report form before the end of the month in which the form
253.10 is due:

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

253.12 (2) the agency does not help a participant complete the household report form when the
253.13 participant asks for help;

253.14 (3) a participant does not receive a household report form due to a mistake on the part
253.15 of the department or the agency or a reported change in address;

253.16 (4) a participant is ill or physically or mentally incapacitated; or

253.17 (5) some other circumstance occurs that a participant could not avoid with reasonable
253.18 care which prevents the participant from providing a completed household report form
253.19 before the end of the month in which the form is due.

253.20 Sec. 17. Minnesota Statutes 2021 Supplement, section 256P.06, subdivision 3, is amended
253.21 to read:

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

253.24 (1) earned income; and

253.25 (2) unearned income, which includes:

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

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

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

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

- 254.1 (v) interest income from loans made by the participant or household;
- 254.2 (vi) cash prizes and winnings;
- 254.3 (vii) unemployment insurance income that is received by an adult member of the
- 254.4 assistance unit unless the individual receiving unemployment insurance income is:
- 254.5 (A) 18 years of age and enrolled in a secondary school; or
- 254.6 (B) 18 or 19 years of age, a caregiver, and is enrolled in school at least half-time;
- 254.7 (viii) retirement, survivors, and disability insurance payments;
- 254.8 (ix) nonrecurring income over \$60 per quarter unless the nonrecurring income is: (A)
- 254.9 from tax refunds, tax rebates, or tax credits; (B) a reimbursement, rebate, award, grant, or
- 254.10 refund of personal or real property or costs or losses incurred when these payments are
- 254.11 made by: a public agency; a court; solicitations through public appeal; a federal, state, or
- 254.12 local unit of government; or a disaster assistance organization; (C) provided as an in-kind
- 254.13 benefit; or (D) earmarked and used for the purpose for which it was intended, subject to
- 254.14 verification requirements under section 256P.04;
- 254.15 (x) retirement benefits;
- 254.16 (xi) cash assistance benefits, as defined by each program in chapters 119B, 256D, 256I,
- 254.17 and 256J;
- 254.18 (xii) Tribal per capita payments unless excluded by federal and state law;
- 254.19 ~~(xiii) income and payments from service and rehabilitation programs that meet or exceed~~
- 254.20 ~~the state's minimum wage rate;~~
- 254.21 ~~(xiv)~~ (xiii) income from members of the United States armed forces unless excluded
- 254.22 from income taxes according to federal or state law;
- 254.23 ~~(xv)~~ (xiv) all child support payments for programs under chapters 119B, 256D, and 256I;
- 254.24 ~~(xvi)~~ (xv) the amount of child support received that exceeds \$100 for assistance units
- 254.25 with one child and \$200 for assistance units with two or more children for programs under
- 254.26 chapter 256J;
- 254.27 ~~(xvii)~~ (xvi) spousal support; and
- 254.28 ~~(xviii)~~ (xvii) workers' compensation.

255.1 Sec. 18. Minnesota Statutes 2020, section 260.012, is amended to read:

255.2 **260.012 DUTY TO ENSURE PLACEMENT PREVENTION AND FAMILY**
255.3 **REUNIFICATION; REASONABLE EFFORTS.**

255.4 (a) Once a child alleged to be in need of protection or services is under the court's
255.5 jurisdiction, the court shall ensure that reasonable efforts, including culturally appropriate
255.6 services and practices, by the social services agency are made to prevent placement or to
255.7 eliminate the need for removal and to reunite the child with the child's family at the earliest
255.8 possible time, and the court must ensure that the responsible social services agency makes
255.9 reasonable efforts to finalize an alternative permanent plan for the child as provided in
255.10 paragraph (e). In determining reasonable efforts to be made with respect to a child and in
255.11 making those reasonable efforts, the child's best interests, health, and safety must be of
255.12 paramount concern. Reasonable efforts to prevent placement and for rehabilitation and
255.13 reunification are always required except upon a determination by the court that a petition
255.14 has been filed stating a prima facie case that:

255.15 (1) the parent has subjected a child to egregious harm as defined in section 260C.007,
255.16 subdivision 14;

255.17 (2) the parental rights of the parent to another child have been terminated involuntarily;

255.18 (3) the child is an abandoned infant under section 260C.301, subdivision 2, paragraph
255.19 (a), clause (2);

255.20 (4) the parent's custodial rights to another child have been involuntarily transferred to a
255.21 relative under Minnesota Statutes 2010, section 260C.201, subdivision 11, paragraph (d),
255.22 clause (1), section 260C.515, subdivision 4, or a similar law of another jurisdiction;

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

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

255.27 (7) the provision of services or further services for the purpose of reunification is futile
255.28 and therefore unreasonable under the circumstances.

255.29 (b) When the court makes one of the prima facie determinations under paragraph (a),
255.30 either permanency pleadings under section 260C.505, or a termination of parental rights
255.31 petition under sections 260C.141 and 260C.301 must be filed. A permanency hearing under
255.32 sections 260C.503 to 260C.521 must be held within 30 days of this determination.

256.1 (c) In the case of an Indian child, in proceedings under sections 260B.178, 260C.178,
256.2 260C.201, 260C.202, 260C.204, 260C.301, or 260C.503 to 260C.521, the juvenile court
256.3 must make findings and conclusions consistent with the Indian Child Welfare Act of 1978,
256.4 United States Code, title 25, section 1901 et seq., as to the provision of active efforts. In
256.5 cases governed by the Indian Child Welfare Act of 1978, United States Code, title 25, section
256.6 1901, the responsible social services agency must provide active efforts as required under
256.7 United States Code, title 25, section 1911(d).

256.8 (d) "Reasonable efforts to prevent placement" means:

256.9 (1) the agency has made reasonable efforts to prevent the placement of the child in foster
256.10 care by working with the family to develop and implement a safety plan that is individualized
256.11 to the needs of the child and the child's family and may include support persons from the
256.12 child's extended family, kin network, and community; or

256.13 (2) the agency has demonstrated to the court that, given the particular circumstances of
256.14 the child and family at the time of the child's removal, there are no services or efforts
256.15 available which that could allow the child to safely remain in the home.

256.16 (e) "Reasonable efforts to finalize a permanent plan for the child" means due diligence
256.17 by the responsible social services agency to:

256.18 (1) reunify the child with the parent or guardian from whom the child was removed;

256.19 (2) assess a noncustodial parent's ability to provide day-to-day care for the child and,
256.20 where appropriate, provide services necessary to enable the noncustodial parent to safely
256.21 provide the care, as required by section 260C.219;

256.22 (3) conduct a relative search to identify and provide notice to adult relatives, and engage
256.23 relatives in case planning and permanency planning, as required under section 260C.221;

256.24 (4) consider placing the child with relatives in the order specified in section 260C.212,
256.25 subdivision 2, paragraph (a);

256.26 ~~(4)~~ (5) place siblings removed from their home in the same home for foster care or
256.27 adoption, or transfer permanent legal and physical custody to a relative. Visitation between
256.28 siblings who are not in the same foster care, adoption, or custodial placement or facility
256.29 shall be consistent with section 260C.212, subdivision 2; and

256.30 ~~(5)~~ (6) when the child cannot return to the parent or guardian from whom the child was
256.31 removed, to plan for and finalize a safe and legally permanent alternative home for the child,
256.32 and considers permanent alternative homes for the child inside or outside of the state,

257.1 preferably with a relative in the order specified in section 260C.212, subdivision 2, paragraph
 257.2 (a), through adoption or transfer of permanent legal and physical custody of the child.

257.3 (f) Reasonable efforts are made upon the exercise of due diligence by the responsible
 257.4 social services agency to use culturally appropriate and available services to meet the
 257.5 individualized needs of the child and the child's family. Services may include those provided
 257.6 by the responsible social services agency and other culturally appropriate services available
 257.7 in the community. The responsible social services agency must select services for a child
 257.8 and the child's family by collaborating with the child's family and, if appropriate, the child.

257.9 At each stage of the proceedings ~~where~~ when the court is required to review the
 257.10 appropriateness of the responsible social services agency's reasonable efforts as described
 257.11 in paragraphs (a), (d), and (e), the social services agency has the burden of demonstrating
 257.12 that:

257.13 (1) ~~the agency~~ has made reasonable efforts to prevent placement of the child in foster
 257.14 care, including that the agency considered or established a safety plan according to paragraph
 257.15 (d), clause (1);

257.16 (2) ~~the agency~~ has made reasonable efforts to eliminate the need for removal of the
 257.17 child from the child's home and to reunify the child with the child's family at the earliest
 257.18 possible time;

257.19 (3) the agency has made reasonable efforts to finalize a permanent plan for the child
 257.20 pursuant to paragraph (e);

257.21 ~~(3) (4)~~ (4) the agency has made reasonable efforts to finalize an alternative permanent
 257.22 home for the child, and ~~considers~~ considered permanent alternative homes for the child
 257.23 ~~inside or outside~~ in or out of the state, preferably with a relative in the order specified in
 257.24 section 260C.212, subdivision 2, paragraph (a); or

257.25 ~~(4)~~ (5) reasonable efforts to prevent placement and to reunify the child with the parent
 257.26 or guardian are not required. The agency may meet this burden by stating facts in a sworn
 257.27 petition filed under section 260C.141, by filing an affidavit summarizing the agency's
 257.28 reasonable efforts or facts that the agency believes demonstrate that there is no need for
 257.29 reasonable efforts to reunify the parent and child, or through testimony or a certified report
 257.30 required under juvenile court rules.

257.31 (g) Once the court determines that reasonable efforts for reunification are not required
 257.32 because the court has made one of the prima facie determinations under paragraph (a), the
 257.33 court may only require the agency to make reasonable efforts for reunification after a hearing
 257.34 according to section 260C.163, ~~where~~ if the court finds that there is not clear and convincing

258.1 evidence of the facts upon which the court based ~~its~~ the court's prima facie determination.

258.2 ~~In this case when~~ If there is clear and convincing evidence that the child is in need of

258.3 protection or services, the court may find the child in need of protection or services and

258.4 order any of the dispositions available under section 260C.201, subdivision 1. Reunification

258.5 of a child with a parent is not required if the parent has been convicted of:

258.6 (1) a violation of, or an attempt or conspiracy to commit a violation of, sections 609.185

258.7 to 609.20; 609.222, subdivision 2; or 609.223 in regard to another child of the parent;

258.8 (2) a violation of section 609.222, subdivision 2; or 609.223, in regard to the child;

258.9 (3) a violation of, or an attempt or conspiracy to commit a violation of, United States

258.10 Code, title 18, section 1111(a) or 1112(a), in regard to another child of the parent;

258.11 (4) committing sexual abuse as defined in section 260E.03, against the child or another

258.12 child of the parent; or

258.13 (5) an offense that requires registration as a predatory offender under section 243.166,

258.14 subdivision 1b, paragraph (a) or (b).

258.15 (h) The juvenile court, in proceedings under sections 260B.178, 260C.178, 260C.201,

258.16 260C.202, 260C.204, 260C.301, or 260C.503 to 260C.521, shall make findings and

258.17 conclusions as to the provision of reasonable efforts. When determining whether reasonable

258.18 efforts have been made by the agency, the court shall consider whether services to the child

258.19 and family were:

258.20 (1) selected in collaboration with the child's family and, if appropriate, the child;

258.21 (2) tailored to the individualized needs of the child and child's family;

258.22 ~~(3)~~ (3) relevant to the safety and, protection, and well-being of the child;

258.23 ~~(2)~~ (4) adequate to meet the individualized needs of the child and family;

258.24 ~~(3)~~ (5) culturally appropriate;

258.25 ~~(4)~~ (6) available and accessible;

258.26 ~~(5)~~ (7) consistent and timely; and

258.27 ~~(6)~~ (8) realistic under the circumstances.

258.28 In the alternative, the court may determine that the provision of services or further services

258.29 for the purpose of rehabilitation is futile and therefore unreasonable under the circumstances

258.30 or that reasonable efforts are not required as provided in paragraph (a).

259.1 (i) This section does not prevent out-of-home placement for the treatment of a child with
259.2 a mental disability when it is determined to be medically necessary as a result of the child's
259.3 diagnostic assessment or the child's individual treatment plan indicates that appropriate and
259.4 necessary treatment cannot be effectively provided outside of a residential or inpatient
259.5 treatment program and the level or intensity of supervision and treatment cannot be
259.6 effectively and safely provided in the child's home or community and it is determined that
259.7 a residential treatment setting is the least restrictive setting that is appropriate to the needs
259.8 of the child.

259.9 (j) If continuation of reasonable efforts to prevent placement or reunify the child with
259.10 the parent or guardian from whom the child was removed is determined by the court to be
259.11 inconsistent with the permanent plan for the child or upon the court making one of the prima
259.12 facie determinations under paragraph (a), reasonable efforts must be made to place the child
259.13 in a timely manner in a safe and permanent home and to complete whatever steps are
259.14 necessary to legally finalize the permanent placement of the child.

259.15 (k) Reasonable efforts to place a child for adoption or in another permanent placement
259.16 may be made concurrently with reasonable efforts to prevent placement or to reunify the
259.17 child with the parent or guardian from whom the child was removed. When the responsible
259.18 social services agency decides to concurrently make reasonable efforts for both reunification
259.19 and permanent placement away from the parent under paragraph (a), the agency shall disclose
259.20 ~~its~~ the agency's decision and both plans for concurrent reasonable efforts to all parties and
259.21 the court. When the agency discloses ~~its~~ the agency's decision to proceed ~~on~~ with both plans
259.22 for reunification and permanent placement away from the parent, the court's review of the
259.23 agency's reasonable efforts shall include the agency's efforts under both plans.

259.24 Sec. 19. Minnesota Statutes 2020, section 260B.331, subdivision 1, is amended to read:

259.25 Subdivision 1. **Care, examination, or treatment.** (a)(1) Whenever legal custody of a
259.26 child is transferred by the court to a local social services agency, or

259.27 (2) whenever legal custody is transferred to a person other than the local social services
259.28 agency, but under the supervision of the local social services agency, and

259.29 (3) whenever a child is given physical or mental examinations or treatment under order
259.30 of the court, and no provision is otherwise made by law for payment for the care,
259.31 examination, or treatment of the child, these costs are a charge upon the welfare funds of
259.32 the county in which proceedings are held upon certification of the judge of juvenile court.

260.1 (b) The court ~~shall~~ may order, and the local social services agency ~~shall~~ may require,
260.2 the parents or custodian of a child, while the child is under the age of 18, to use ~~the total~~
260.3 income and resources attributable to the child for the period of care, examination, or
260.4 treatment, except for clothing and personal needs allowance as provided in section 256B.35,
260.5 to reimburse the county for the cost of care, examination, or treatment. Income and resources
260.6 attributable to the child include, but are not limited to, Social Security benefits, Supplemental
260.7 Security Income (SSI), veterans benefits, railroad retirement benefits and child support.
260.8 When the child is over the age of 18, and continues to receive care, examination, or treatment,
260.9 the court ~~shall~~ may order, and the local social services agency ~~shall~~ may require,
260.10 reimbursement from the child for the cost of care, examination, or treatment from the income
260.11 and resources attributable to the child less the clothing and personal needs allowance. The
260.12 local social services agency shall determine whether requiring reimbursement, either through
260.13 child support or parental fees, for the cost of care, examination, or treatment from income
260.14 and resources attributable to the child is in the child's best interests. In determining whether
260.15 to require reimbursement, the local social services agency shall consider:

260.16 (1) whether requiring reimbursement would compromise a parent's ability to meet the
260.17 child's treatment and rehabilitation needs before the child returns to the parent's home;

260.18 (2) whether requiring reimbursement would compromise the parent's ability to meet the
260.19 child's needs after the child returns home; and

260.20 (3) whether redirecting existing child support payments or changing the representative
260.21 payee of social security benefits to the local social services agency would limit the parent's
260.22 ability to maintain financial stability for the child upon the child's return home.

260.23 (c) If the income and resources attributable to the child are not enough to reimburse the
260.24 county for the full cost of the care, examination, or treatment, the court ~~shall~~ may inquire
260.25 into the ability of the parents to ~~support the child~~ reimburse the county for the cost of care,
260.26 examination, or treatment and, after giving the parents a reasonable opportunity to be heard,
260.27 the court ~~shall~~ may order, and the local social services agency ~~shall~~ may require, the parents
260.28 to contribute to the cost of care, examination, or treatment of the child. ~~Except in delinquency~~
260.29 ~~cases where the victim is a member of the child's immediate family,~~ When determining the
260.30 amount to be contributed by the parents, the court shall use a fee schedule based upon ability
260.31 to pay that is established by the local social services agency and approved by the
260.32 commissioner of human services. ~~In delinquency cases where the victim is a member of the~~
260.33 ~~child's immediate family,~~ The court shall use the fee schedule but may also take into account
260.34 ~~the seriousness of the offense and any expenses which the parents have incurred as a result~~
260.35 ~~of the offense~~ any expenses that the parents may have incurred as a result of the offense,

261.1 including but not limited to co-payments for mental health treatment and attorney's fees.

261.2 The income of a stepparent who has not adopted a child shall be excluded in calculating

261.3 the parental contribution under this section. The local social services agency shall determine

261.4 whether requiring reimbursement from the parents, either through child support or parental

261.5 fees, for the cost of care, examination, or treatment from income and resources attributable

261.6 to the child is in the child's best interests. In determining whether to require reimbursement,

261.7 the local social services agency shall consider:

261.8 (1) whether requiring reimbursement would compromise a parent's ability to meet the

261.9 child's treatment and rehabilitation needs before the child returns to the parent's home;

261.10 (2) whether requiring reimbursement would compromise the parent's ability to meet the

261.11 child's needs after the child returns home; and

261.12 (3) whether requiring reimbursement would compromise the parent's ability to meet the

261.13 needs of the family.

261.14 (d) If the local social services agency determines that requiring reimbursement is in the

261.15 child's best interests, the court shall order the amount of reimbursement attributable to the

261.16 parents or custodian, or attributable to the child, or attributable to both sources, withheld

261.17 under chapter 518A from the income of the parents or the custodian of the child. A parent

261.18 or custodian who fails to pay without good reason may be proceeded against for contempt,

261.19 or the court may inform the county attorney, who shall proceed to collect the unpaid sums,

261.20 or both procedures may be used.

261.21 (e) If the court orders a physical or mental examination for a child, the examination is

261.22 a medically necessary service for purposes of determining whether the service is covered

261.23 by a health insurance policy, health maintenance contract, or other health coverage plan.

261.24 Court-ordered treatment shall be subject to policy, contract, or plan requirements for medical

261.25 necessity. Nothing in this paragraph changes or eliminates benefit limits, conditions of

261.26 coverage, co-payments or deductibles, provider restrictions, or other requirements in the

261.27 policy, contract, or plan that relate to coverage of other medically necessary services.

261.28 Sec. 20. Minnesota Statutes 2020, section 260C.001, subdivision 3, is amended to read:

261.29 Subd. 3. **Permanency, termination of parental rights, and adoption.** The purpose of

261.30 the laws relating to permanency, termination of parental rights, and children who come

261.31 under the guardianship of the commissioner of human services is to ensure that:

262.1 (1) when required and appropriate, reasonable efforts have been made by the social
262.2 services agency to reunite the child with the child's parents in a home that is safe and
262.3 permanent;

262.4 (2) if placement with the parents is not reasonably foreseeable, to secure for the child a
262.5 safe and permanent placement according to the requirements of section 260C.212, subdivision
262.6 2, preferably ~~with adoptive parents~~ with a relative through an adoption or a transfer of
262.7 permanent legal and physical custody or, if that is not possible or in the best interests of the
262.8 child, ~~a fit and willing relative through transfer of permanent legal and physical custody to~~
262.9 ~~that relative~~ with a nonrelative caregiver through adoption; and

262.10 (3) when a child is under the guardianship of the commissioner of human services,
262.11 reasonable efforts are made to finalize an adoptive home for the child in a timely manner.

262.12 Nothing in this section requires reasonable efforts to prevent placement or to reunify
262.13 the child with the parent or guardian to be made in circumstances where the court has
262.14 determined that the child has been subjected to egregious harm, when the child is an
262.15 abandoned infant, the parent has involuntarily lost custody of another child through a
262.16 proceeding under section 260C.515, subdivision 4, or similar law of another state, the
262.17 parental rights of the parent to a sibling have been involuntarily terminated, or the court has
262.18 determined that reasonable efforts or further reasonable efforts to reunify the child with the
262.19 parent or guardian would be futile.

262.20 The paramount consideration in all proceedings for permanent placement of the child
262.21 under sections 260C.503 to 260C.521, or the termination of parental rights is the best interests
262.22 of the child. In proceedings involving an American Indian child, as defined in section
262.23 260.755, subdivision 8, the best interests of the child must be determined consistent with
262.24 the Indian Child Welfare Act of 1978, United States Code, title 25, section 1901, et seq.

262.25 Sec. 21. Minnesota Statutes 2020, section 260C.007, subdivision 27, is amended to read:

262.26 Subd. 27. **Relative.** "Relative" means a person related to the child by blood, marriage,
262.27 or adoption; the legal parent, guardian, or custodian of the child's siblings; or an individual
262.28 who is an important friend of the child or of the child's parent or custodian, including an
262.29 individual with whom the child has resided or had significant contact or who has a significant
262.30 relationship to the child or the child's parent or custodian.

263.1 Sec. 22. Minnesota Statutes 2020, section 260C.151, subdivision 6, is amended to read:

263.2 Subd. 6. **Immediate custody.** If the court makes individualized, explicit findings, based
 263.3 on the notarized petition or sworn affidavit, that there are reasonable grounds to believe
 263.4 that the child is in surroundings or conditions which ~~that~~ endanger the child's health, safety,
 263.5 or welfare that require that responsibility for the child's care and custody be immediately
 263.6 assumed by the responsible social services agency and that continuation of the child in the
 263.7 custody of the parent or guardian is contrary to the child's welfare, the court may order that
 263.8 the officer serving the summons take the child into immediate custody for placement of the
 263.9 child in foster care, preferably with a relative. In ordering that responsibility for the care,
 263.10 custody, and control of the child be assumed by the responsible social services agency, the
 263.11 court is ordering emergency protective care as that term is defined in the juvenile court
 263.12 rules.

263.13 Sec. 23. Minnesota Statutes 2020, section 260C.152, subdivision 5, is amended to read:

263.14 Subd. 5. **Notice to foster parents and preadoptive parents and relatives.** The foster
 263.15 parents, if any, of a child and any preadoptive parent or relative providing care for the child
 263.16 must be provided notice of and a right to be heard in any review or hearing to be held with
 263.17 respect to the child. Any other relative may also request, and must be granted, a notice and
 263.18 the opportunity right to be heard under this section. This subdivision does not require that
 263.19 a foster parent, preadoptive parent, ~~or~~ relative providing care for the child, or any other
 263.20 relative be made a party to a review or hearing solely on the basis of the notice and right to
 263.21 be heard.

263.22 Sec. 24. Minnesota Statutes 2020, section 260C.175, subdivision 2, is amended to read:

263.23 Subd. 2. **Notice to parent or custodian and child; emergency placement with**
 263.24 **relative.** ~~Whenever~~ (a) At the time that a peace officer takes a child into custody for relative
 263.25 placement or shelter care or relative placement pursuant to subdivision 1, section 260C.151,
 263.26 subdivision 5, or section 260C.154, the officer shall notify the child's parent or custodian
 263.27 and the child, if the child is ten years of age or older, that under section 260C.181, subdivision
 263.28 2, the parent or custodian or the child may request ~~that~~ to place the child ~~be placed~~ with a
 263.29 ~~relative or a designated caregiver under chapter 257A~~ as defined in section 260C.007,
 263.30 subdivision 27, instead of in a shelter care facility.

263.31 (b) When a child who is not alleged to be delinquent is taken into custody pursuant to
 263.32 subdivision 1, clause (1) or (2), item (ii), and placement with an identified relative is

264.1 requested, the peace officer shall coordinate with the responsible social services agency to
 264.2 ensure the child's safety and well-being and comply with section 260C.181, subdivision 2.

264.3 (c) The officer also shall give the parent or custodian of the child a list of names,
 264.4 addresses, and telephone numbers of social services agencies that offer child welfare services.
 264.5 If the parent or custodian was not present when the child was removed from the residence,
 264.6 the list shall be left with an adult on the premises or left in a conspicuous place on the
 264.7 premises if no adult is present. If the officer has reason to believe the parent or custodian
 264.8 is not able to read and understand English, the officer must provide a list that is written in
 264.9 the language of the parent or custodian. The list shall be prepared by the commissioner of
 264.10 human services. The commissioner shall prepare lists for each county and provide each
 264.11 county with copies of the list without charge. The list shall be reviewed annually by the
 264.12 commissioner and updated if it is no longer accurate. Neither the commissioner nor any
 264.13 peace officer or the officer's employer shall be liable to any person for mistakes or omissions
 264.14 in the list. The list does not constitute a promise that any agency listed will ~~in fact~~ assist the
 264.15 parent or custodian.

264.16 Sec. 25. Minnesota Statutes 2020, section 260C.176, subdivision 2, is amended to read:

264.17 Subd. 2. **Reasons for detention.** (a) If the child is not released as provided in subdivision
 264.18 1, the person taking the child into custody shall notify the court as soon as possible of the
 264.19 detention of the child and the reasons for detention.

264.20 (b) No child taken into custody and placed in a relative's home or shelter care facility
 264.21 ~~or relative's home~~ by a peace officer pursuant to section 260C.175, subdivision 1, clause
 264.22 (1) or (2), item (ii), may be held in custody longer than 72 hours, excluding Saturdays,
 264.23 Sundays and holidays, unless a petition has been filed and the judge or referee determines
 264.24 pursuant to section 260C.178 that the child shall remain in custody or unless the court has
 264.25 made a finding of domestic abuse perpetrated by a minor after a hearing under Laws 1997,
 264.26 chapter 239, article 10, sections 2 to 26, in which case the court may extend the period of
 264.27 detention for an additional seven days, within which time the social services agency shall
 264.28 conduct an assessment and shall provide recommendations to the court regarding voluntary
 264.29 services or file a child in need of protection or services petition.

264.30 Sec. 26. Minnesota Statutes 2020, section 260C.178, subdivision 1, is amended to read:

264.31 Subdivision 1. **Hearing and release requirements.** (a) If a child was taken into custody
 264.32 under section 260C.175, subdivision 1, clause (1) or (2), item (ii), the court shall hold a
 264.33 hearing within 72 hours of the time that the child was taken into custody, excluding

265.1 Saturdays, Sundays, and holidays, to determine whether the child should continue to be in
 265.2 custody.

265.3 (b) Unless there is reason to believe that the child would endanger self or others or not
 265.4 return for a court hearing, or that the child's health or welfare would be immediately
 265.5 endangered, the child shall be released to the custody of a parent, guardian, custodian, or
 265.6 other suitable person, subject to reasonable conditions of release including, but not limited
 265.7 to, a requirement that the child undergo a chemical use assessment as provided in section
 265.8 260C.157, subdivision 1.

265.9 (c) If the court determines that there is reason to believe that the child would endanger
 265.10 self or others or not return for a court hearing, or that the child's health or welfare would be
 265.11 immediately endangered if returned to the care of the parent or guardian who has custody
 265.12 and from whom the child was removed, the court shall order the child:

265.13 (1) into the care of the child's noncustodial parent and order the noncustodial parent to
 265.14 comply with any conditions that the court determines appropriate to ensure the safety and
 265.15 care of the child, including requiring the noncustodial parent to cooperate with paternity
 265.16 establishment proceedings if the noncustodial parent has not been adjudicated the child's
 265.17 father; or

265.18 (2) into foster care as defined in section 260C.007, subdivision 18, under the legal
 265.19 responsibility of the responsible social services agency or responsible probation or corrections
 265.20 agency for the purposes of protective care as that term is used in the juvenile court rules or
 265.21 into the home of a noncustodial parent and order the noncustodial parent to comply with
 265.22 any conditions the court determines to be appropriate to the safety and care of the child,
 265.23 including cooperating with paternity establishment proceedings in the case of a man who
 265.24 has not been adjudicated the child's father. The court shall not give the responsible social
 265.25 services legal custody and order a trial home visit at any time prior to adjudication and
 265.26 disposition under section 260C.201, subdivision 1, paragraph (a), clause (3), but may order
 265.27 the child returned to the care of the parent or guardian who has custody and from whom the
 265.28 child was removed and order the parent or guardian to comply with any conditions the court
 265.29 determines to be appropriate to meet the safety, health, and welfare of the child.

265.30 (d) In determining whether the child's health or welfare would be immediately
 265.31 endangered, the court shall consider whether the child would reside with a perpetrator of
 265.32 domestic child abuse.

265.33 (e) The court, before determining whether a child should be placed in or continue in
 265.34 foster care under the protective care of the responsible agency, shall also make a

266.1 determination, consistent with section 260.012 as to whether reasonable efforts were made
266.2 to prevent placement or whether reasonable efforts to prevent placement are not required.
266.3 In the case of an Indian child, the court shall determine whether active efforts, according
266.4 to section 260.762 and the Indian Child Welfare Act of 1978, United States Code, title 25,
266.5 section 1912(d), were made to prevent placement. The court shall enter a finding that the
266.6 responsible social services agency has made reasonable efforts to prevent placement when
266.7 the agency establishes either:

266.8 (1) that ~~the agency~~ the agency has actually provided services or made efforts in an attempt to
266.9 prevent the child's removal but that such services or efforts have not proven sufficient to
266.10 permit the child to safely remain in the home; or

266.11 (2) that there are no services or other efforts that could be made at the time of the hearing
266.12 that could safely permit the child to remain home or to return home. The court shall not
266.13 make a reasonable efforts determination under this clause unless the court is satisfied that
266.14 the agency has sufficiently demonstrated to the court that there were no services or other
266.15 efforts that the agency was able to provide at the time of the hearing enabling the child to
266.16 safely remain home or to safely return home. When reasonable efforts to prevent placement
266.17 are required and there are services or other efforts that could be ordered ~~which~~ that would
266.18 permit the child to safely return home, the court shall order the child returned to the care of
266.19 the parent or guardian and the services or efforts put in place to ensure the child's safety.
266.20 When the court makes a prima facie determination that one of the circumstances under
266.21 paragraph (g) exists, the court shall determine that reasonable efforts to prevent placement
266.22 and to return the child to the care of the parent or guardian are not required.

266.23 (f) If the court finds the social services agency's preventive or reunification efforts have
266.24 not been reasonable but further preventive or reunification efforts could not permit the child
266.25 to safely remain at home, the court may nevertheless authorize or continue the removal of
266.26 the child.

266.27 ~~(g)~~ (g) The court may not order or continue the foster care placement of the child unless
266.28 the court makes explicit, individualized findings that continued custody of the child by the
266.29 parent or guardian would be contrary to the welfare of the child and that placement is in the
266.30 best interest of the child.

266.31 ~~(g)~~ (h) At the emergency removal hearing, or at any time during the course of the
266.32 proceeding, and upon notice and request of the county attorney, the court shall determine
266.33 whether a petition has been filed stating a prima facie case that:

267.1 (1) the parent has subjected a child to egregious harm as defined in section 260C.007,
267.2 subdivision 14;

267.3 (2) the parental rights of the parent to another child have been involuntarily terminated;

267.4 (3) the child is an abandoned infant under section 260C.301, subdivision 2, paragraph
267.5 (a), clause (2);

267.6 (4) the parents' custodial rights to another child have been involuntarily transferred to a
267.7 relative under Minnesota Statutes 2010, section 260C.201, subdivision 11, paragraph (e),
267.8 clause (1); section 260C.515, subdivision 4; or a similar law of another jurisdiction;

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

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

267.13 (7) the provision of services or further services for the purpose of reunification is futile
267.14 and therefore unreasonable.

267.15 ~~(h)~~ (i) When a petition to terminate parental rights is required under section 260C.301,
267.16 subdivision 4, or 260C.503, subdivision 2, but the county attorney has determined not to
267.17 proceed with a termination of parental rights petition, and has instead filed a petition to
267.18 transfer permanent legal and physical custody to a relative under section 260C.507, the
267.19 court shall schedule a permanency hearing within 30 days of the filing of the petition.

267.20 ~~(i)~~ (j) If the county attorney has filed a petition under section 260C.307, the court shall
267.21 schedule a trial under section 260C.163 within 90 days of the filing of the petition except
267.22 when the county attorney determines that the criminal case shall proceed to trial first under
267.23 section 260C.503, subdivision 2, paragraph (c).

267.24 ~~(j)~~ (k) If the court determines the child should be ordered into foster care and the child's
267.25 parent refuses to give information to the responsible social services agency regarding the
267.26 child's father or relatives of the child, the court may order the parent to disclose the names,
267.27 addresses, telephone numbers, and other identifying information to the responsible social
267.28 services agency for the purpose of complying with sections 260C.150, 260C.151, 260C.212,
267.29 260C.215, 260C.219, and 260C.221.

267.30 ~~(k)~~ (l) If a child ordered into foster care has siblings, whether full, half, or step, who are
267.31 also ordered into foster care, the court shall inquire of the responsible social services agency
267.32 of the efforts to place the children together as required by section 260C.212, subdivision 2,
267.33 paragraph (d), if placement together is in each child's best interests, unless a child is in

268.1 placement for treatment or a child is placed with a previously noncustodial parent who is
 268.2 not a parent to all siblings. If the children are not placed together at the time of the hearing,
 268.3 the court shall inquire at each subsequent hearing of the agency's reasonable efforts to place
 268.4 the siblings together, as required under section 260.012. If any sibling is not placed with
 268.5 another sibling or siblings, the agency must develop a plan to facilitate visitation or ongoing
 268.6 contact among the siblings as required under section 260C.212, subdivision 1, unless it is
 268.7 contrary to the safety or well-being of any of the siblings to do so.

268.8 ~~(H)~~ (m) When the court has ordered the child into the care of a noncustodial parent or in
 268.9 foster care ~~or into the home of a noncustodial parent~~, the court may order a chemical
 268.10 dependency evaluation, mental health evaluation, medical examination, and parenting
 268.11 assessment for the parent as necessary to support the development of a plan for reunification
 268.12 required under subdivision 7 and section 260C.212, subdivision 1, or the child protective
 268.13 services plan under section 260E.26, and Minnesota Rules, part 9560.0228.

268.14 Sec. 27. Minnesota Statutes 2020, section 260C.181, subdivision 2, is amended to read:

268.15 Subd. 2. **Least restrictive setting.** Notwithstanding the provisions of subdivision 1, if
 268.16 the child had been taken into custody pursuant to section 260C.175, subdivision 1, clause
 268.17 (1) or (2), item (ii), and is not alleged to be delinquent, the child shall be detained in the
 268.18 least restrictive setting consistent with the child's health and welfare and in closest proximity
 268.19 to the child's family as possible. Placement may be with a child's relative, ~~a designated~~
 268.20 ~~caregiver under chapter 257A,~~ or, if no placement is available with a relative, in a shelter
 268.21 care facility. The placing officer shall comply with this section and shall document why a
 268.22 less restrictive setting will or will not be in the best interests of the child for placement
 268.23 purposes.

268.24 Sec. 28. Minnesota Statutes 2020, section 260C.193, subdivision 3, is amended to read:

268.25 Subd. 3. **Best interests of the child.** (a) The policy of the state is to ensure that the best
 268.26 interests of children in foster care, who experience a transfer of permanent legal and physical
 268.27 custody to a relative under section 260C.515, subdivision 4, or adoption under this chapter,
 268.28 are met by:

268.29 (1) considering placement of a child with relatives in the order specified in section
 268.30 260C.212, subdivision 2, paragraph (a); and

268.31 (2) requiring individualized determinations under section 260C.212, subdivision 2,
 268.32 paragraph (b), of the needs of the child and of how the selected home will serve the needs
 268.33 of the child.

269.1 (b) No later than three months after a child is ordered to be removed from the care of a
 269.2 parent in the hearing required under section 260C.202, the court shall review and enter
 269.3 findings regarding whether the responsible social services agency ~~made~~:

269.4 (1) ~~diligent efforts~~ exercised due diligence to identify ~~and~~ search for, notify, and engage
 269.5 relatives as required under section 260C.221; and

269.6 (2) made a placement consistent with section 260C.212, subdivision 2, that is based on
 269.7 an individualized determination as required under section 260C.212, subdivision 2, of the
 269.8 child's needs to select a home that meets the needs of the child.

269.9 (c) If the court finds that the agency has not ~~made efforts~~ exercised due diligence as
 269.10 required under section 260C.221, ~~and~~ the court shall order the agency to make reasonable
 269.11 efforts. If there is a relative who qualifies to be licensed to provide family foster care under
 269.12 chapter 245A, the court may order the child to be placed with the relative consistent with
 269.13 the child's best interests.

269.14 (d) If the agency's efforts under section 260C.221 are found by the court to be sufficient,
 269.15 the court shall order the agency to continue to appropriately engage relatives who responded
 269.16 to the notice under section 260C.221 in placement and case planning decisions and to
 269.17 appropriately engage relatives who subsequently come to the agency's attention. A court's
 269.18 finding that the agency has made reasonable efforts under this paragraph does not relieve
 269.19 the agency of the duty to continue notifying relatives who come to the agency's attention
 269.20 and engaging and considering relatives who respond to the notice under section 260C.221
 269.21 in child placement and case planning decisions.

269.22 (e) If the child's birth parent ~~or parents~~ explicitly ~~request~~ requests that a specific relative
 269.23 ~~or important friend~~ not be considered for placement of the child, the court shall honor that
 269.24 request if it is consistent with the best interests of the child and consistent with the
 269.25 requirements of section 260C.221. The court shall not waive relative search, notice, and
 269.26 consideration requirements, unless section 260C.139 applies. If the child's birth parent ~~or~~
 269.27 ~~parents express~~ expresses a preference for placing the child in a foster or adoptive home of
 269.28 the same or a similar religious background ~~to~~ as that of the birth parent or parents, the court
 269.29 shall order placement of the child with an individual who meets the birth parent's religious
 269.30 preference.

269.31 (f) Placement of a child ~~cannot~~ must not be delayed or denied based on race, color, or
 269.32 national origin of the foster parent or the child.

269.33 (g) Whenever possible, siblings requiring foster care placement ~~should~~ shall be placed
 269.34 together unless it is determined not to be in the best interests of one or more of the siblings

270.1 after weighing the benefits of separate placement against the benefits of sibling connections
270.2 for each sibling. The agency shall consider section 260C.008 when making this determination.
270.3 If siblings were not placed together according to section 260C.212, subdivision 2, paragraph
270.4 (d), the responsible social services agency shall report to the court the efforts made to place
270.5 the siblings together and why the efforts were not successful. If the court is not satisfied
270.6 that the agency has made reasonable efforts to place siblings together, the court must order
270.7 the agency to make further reasonable efforts. If siblings are not placed together, the court
270.8 shall order the responsible social services agency to implement the plan for visitation among
270.9 siblings required as part of the out-of-home placement plan under section 260C.212.

270.10 (h) This subdivision does not affect the Indian Child Welfare Act, United States Code,
270.11 title 25, sections 1901 to 1923, and the Minnesota Indian Family Preservation Act, sections
270.12 260.751 to 260.835.

270.13 Sec. 29. Minnesota Statutes 2020, section 260C.201, subdivision 1, is amended to read:

270.14 Subdivision 1. **Dispositions.** (a) If the court finds that the child is in need of protection
270.15 or services or neglected and in foster care, ~~the court~~ the court shall enter an order making any of
270.16 the following dispositions of the case:

270.17 (1) place the child under the protective supervision of the responsible social services
270.18 agency or child-placing agency in the home of a parent of the child under conditions
270.19 prescribed by the court directed to the correction of the child's need for protection or services:

270.20 (i) the court may order the child into the home of a parent who does not otherwise have
270.21 legal custody of the child, however, an order under this section does not confer legal custody
270.22 on that parent;

270.23 (ii) if the court orders the child into the home of a father who is not adjudicated, the
270.24 father must cooperate with paternity establishment proceedings regarding the child in the
270.25 appropriate jurisdiction as one of the conditions prescribed by the court for the child to
270.26 continue in the father's home; and

270.27 (iii) the court may order the child into the home of a noncustodial parent with conditions
270.28 and may also order both the noncustodial and the custodial parent to comply with the
270.29 requirements of a case plan under subdivision 2; or

270.30 (2) transfer legal custody to one of the following:

270.31 (i) a child-placing agency; or

271.1 (ii) the responsible social services agency. In making a foster care placement ~~for~~ of a
271.2 child whose custody has been transferred under this subdivision, the agency shall make an
271.3 individualized determination of how the placement is in the child's best interests using the
271.4 placement consideration order for relatives, and the best interest factors in section 260C.212,
271.5 subdivision 2, ~~paragraph (b)~~, and may include a child colocated with a parent in a licensed
271.6 residential family-based substance use disorder treatment program under section 260C.190;
271.7 or

271.8 (3) order a trial home visit without modifying the transfer of legal custody to the
271.9 responsible social services agency under clause (2). Trial home visit means the child is
271.10 returned to the care of the parent or guardian from whom the child was removed for a period
271.11 not to exceed six months. During the period of the trial home visit, the responsible social
271.12 services agency:

271.13 (i) shall continue to have legal custody of the child, which means that the agency may
271.14 see the child in the parent's home, at school, in a child care facility, or other setting as the
271.15 agency deems necessary and appropriate;

271.16 (ii) shall continue to have the ability to access information under section 260C.208;

271.17 (iii) shall continue to provide appropriate services to both the parent and the child during
271.18 the period of the trial home visit;

271.19 (iv) without previous court order or authorization, may terminate the trial home visit in
271.20 order to protect the child's health, safety, or welfare and may remove the child to foster care;

271.21 (v) shall advise the court and parties within three days of the termination of the trial
271.22 home visit when a visit is terminated by the responsible social services agency without a
271.23 court order; and

271.24 (vi) shall prepare a report for the court when the trial home visit is terminated whether
271.25 by the agency or court order ~~which~~ that describes the child's circumstances during the trial
271.26 home visit and recommends appropriate orders, if any, for the court to enter to provide for
271.27 the child's safety and stability. In the event a trial home visit is terminated by the agency
271.28 by removing the child to foster care without prior court order or authorization, the court
271.29 shall conduct a hearing within ten days of receiving notice of the termination of the trial
271.30 home visit by the agency and shall order disposition under this subdivision or commence
271.31 permanency proceedings under sections 260C.503 to 260C.515. The time period for the
271.32 hearing may be extended by the court for good cause shown and if it is in the best interests
271.33 of the child as long as the total time the child spends in foster care without a permanency
271.34 hearing does not exceed 12 months;

272.1 (4) if the child has been adjudicated as a child in need of protection or services because
272.2 the child is in need of special services or care to treat or ameliorate a physical or mental
272.3 disability or emotional disturbance as defined in section 245.4871, subdivision 15, the court
272.4 may order the child's parent, guardian, or custodian to provide it. The court may order the
272.5 child's health plan company to provide mental health services to the child. Section 62Q.535
272.6 applies to an order for mental health services directed to the child's health plan company.
272.7 If the health plan, parent, guardian, or custodian fails or is unable to provide this treatment
272.8 or care, the court may order it provided. Absent specific written findings by the court that
272.9 the child's disability is the result of abuse or neglect by the child's parent or guardian, the
272.10 court shall not transfer legal custody of the child for the purpose of obtaining special
272.11 treatment or care solely because the parent is unable to provide the treatment or care. If the
272.12 court's order for mental health treatment is based on a diagnosis made by a treatment
272.13 professional, the court may order that the diagnosing professional not provide the treatment
272.14 to the child if it finds that such an order is in the child's best interests; or

272.15 (5) if the court believes that the child has sufficient maturity and judgment and that it is
272.16 in the best interests of the child, the court may order a child 16 years old or older to be
272.17 allowed to live independently, either alone or with others as approved by the court under
272.18 supervision the court considers appropriate, if the county board, after consultation with the
272.19 court, has specifically authorized this dispositional alternative for a child.

272.20 (b) If the child was adjudicated in need of protection or services because the child is a
272.21 runaway or habitual truant, the court may order any of the following dispositions in addition
272.22 to or as alternatives to the dispositions authorized under paragraph (a):

272.23 (1) counsel the child or the child's parents, guardian, or custodian;

272.24 (2) place the child under the supervision of a probation officer or other suitable person
272.25 in the child's own home under conditions prescribed by the court, including reasonable rules
272.26 for the child's conduct and the conduct of the parents, guardian, or custodian, designed for
272.27 the physical, mental, and moral well-being and behavior of the child;

272.28 (3) subject to the court's supervision, transfer legal custody of the child to one of the
272.29 following:

272.30 (i) a reputable person of good moral character. No person may receive custody of two
272.31 or more unrelated children unless licensed to operate a residential program under sections
272.32 245A.01 to 245A.16; or

272.33 (ii) a county probation officer for placement in a group foster home established under
272.34 the direction of the juvenile court and licensed pursuant to section 241.021;

273.1 (4) require the child to pay a fine of up to \$100. The court shall order payment of the
273.2 fine in a manner that will not impose undue financial hardship upon the child;

273.3 (5) require the child to participate in a community service project;

273.4 (6) order the child to undergo a chemical dependency evaluation and, if warranted by
273.5 the evaluation, order participation by the child in a drug awareness program or an inpatient
273.6 or outpatient chemical dependency treatment program;

273.7 (7) if the court believes that it is in the best interests of the child or of public safety that
273.8 the child's driver's license or instruction permit be canceled, the court may order the
273.9 commissioner of public safety to cancel the child's license or permit for any period up to
273.10 the child's 18th birthday. If the child does not have a driver's license or permit, the court
273.11 may order a denial of driving privileges for any period up to the child's 18th birthday. The
273.12 court shall forward an order issued under this clause to the commissioner, who shall cancel
273.13 the license or permit or deny driving privileges without a hearing for the period specified
273.14 by the court. At any time before the expiration of the period of cancellation or denial, the
273.15 court may, for good cause, order the commissioner of public safety to allow the child to
273.16 apply for a license or permit, and the commissioner shall so authorize;

273.17 (8) order that the child's parent or legal guardian deliver the child to school at the
273.18 beginning of each school day for a period of time specified by the court; or

273.19 (9) require the child to perform any other activities or participate in any other treatment
273.20 programs deemed appropriate by the court.

273.21 To the extent practicable, the court shall enter a disposition order the same day it makes
273.22 a finding that a child is in need of protection or services or neglected and in foster care, but
273.23 in no event more than 15 days after the finding unless the court finds that the best interests
273.24 of the child will be served by granting a delay. If the child was under eight years of age at
273.25 the time the petition was filed, the disposition order must be entered within ten days of the
273.26 finding and the court may not grant a delay unless good cause is shown and the court finds
273.27 the best interests of the child will be served by the delay.

273.28 (c) If a child who is 14 years of age or older is adjudicated in need of protection or
273.29 services because the child is a habitual truant and truancy procedures involving the child
273.30 were previously dealt with by a school attendance review board or county attorney mediation
273.31 program under section 260A.06 or 260A.07, the court shall order a cancellation or denial
273.32 of driving privileges under paragraph (b), clause (7), for any period up to the child's 18th
273.33 birthday.

274.1 (d) In the case of a child adjudicated in need of protection or services because the child
274.2 has committed domestic abuse and been ordered excluded from the child's parent's home,
274.3 the court shall dismiss jurisdiction if the court, at any time, finds the parent is able or willing
274.4 to provide an alternative safe living arrangement for the child, as defined in Laws 1997,
274.5 chapter 239, article 10, section 2.

274.6 (e) When a parent has complied with a case plan ordered under subdivision 6 and the
274.7 child is in the care of the parent, the court may order the responsible social services agency
274.8 to monitor the parent's continued ability to maintain the child safely in the home under such
274.9 terms and conditions as the court determines appropriate under the circumstances.

274.10 Sec. 30. Minnesota Statutes 2020, section 260C.201, subdivision 2, is amended to read:

274.11 Subd. 2. **Written findings.** (a) Any order for a disposition authorized under this section
274.12 shall contain written findings of fact to support the disposition and case plan ordered and
274.13 shall also set forth in writing the following information:

274.14 (1) why the best interests and safety of the child are served by the disposition and case
274.15 plan ordered;

274.16 (2) what alternative dispositions or services under the case plan were considered by the
274.17 court and why such dispositions or services were not appropriate in the instant case;

274.18 (3) when legal custody of the child is transferred, the appropriateness of the particular
274.19 placement made or to be made by the placing agency using the relative and sibling placement
274.20 considerations and best interest factors in section 260C.212, subdivision 2, ~~paragraph (b),~~
274.21 or the appropriateness of a child colocated with a parent in a licensed residential family-based
274.22 substance use disorder treatment program under section 260C.190;

274.23 (4) whether reasonable efforts to finalize the permanent plan for the child consistent
274.24 with section 260.012 were made including reasonable efforts:

274.25 (i) to prevent the child's placement and to reunify the child with the parent or guardian
274.26 from whom the child was removed at the earliest time consistent with the child's safety.
274.27 The court's findings must include a brief description of what preventive and reunification
274.28 efforts were made and why further efforts could not have prevented or eliminated the
274.29 necessity of removal or that reasonable efforts were not required under section 260.012 or
274.30 260C.178, subdivision 1;

274.31 (ii) to identify and locate any noncustodial or nonresident parent of the child and to
274.32 assess such parent's ability to provide day-to-day care of the child, and, where appropriate,
274.33 provide services necessary to enable the noncustodial or nonresident parent to safely provide

275.1 day-to-day care of the child as required under section 260C.219, unless such services are
275.2 not required under section 260.012 or 260C.178, subdivision 1; The court's findings must
275.3 include a description of the agency's efforts to:

275.4 (A) identify and locate the child's noncustodial or nonresident parent;

275.5 (B) assess the noncustodial or nonresident parent's ability to provide day-to-day care of
275.6 the child; and

275.7 (C) if appropriate, provide services necessary to enable the noncustodial or nonresident
275.8 parent to safely provide the child's day-to-day care, including efforts to engage the
275.9 noncustodial or nonresident parent in assuming care and responsibility of the child;

275.10 (iii) to make the diligent search for relatives and provide the notices required under
275.11 section 260C.221; a finding made pursuant to a hearing under section 260C.202 that the
275.12 agency has made diligent efforts to conduct a relative search and has appropriately engaged
275.13 relatives who responded to the notice under section 260C.221 and other relatives, who came
275.14 to the attention of the agency after notice under section 260C.221 was sent, in placement
275.15 and case planning decisions fulfills the requirement of this item;

275.16 (iv) to identify and make a foster care placement of the child, considering the order in
275.17 section 260C.212, subdivision 2, paragraph (a), in the home of an unlicensed relative,
275.18 according to the requirements of section 245A.035, a licensed relative, or other licensed
275.19 foster care provider, who will commit to being the permanent legal parent or custodian for
275.20 the child in the event reunification cannot occur, but who will actively support the
275.21 reunification plan for the child. If the court finds that the agency has not appropriately
275.22 considered relatives for placement of the child, the court shall order the agency to comply
275.23 with section 260C.212, subdivision 2, paragraph (a). The court may order the agency to
275.24 continue considering relatives for placement of the child regardless of the child's current
275.25 placement setting; and

275.26 (v) to place siblings together in the same home or to ensure visitation is occurring when
275.27 siblings are separated in foster care placement and visitation is in the siblings' best interests
275.28 under section 260C.212, subdivision 2, paragraph (d); and

275.29 (5) if the child has been adjudicated as a child in need of protection or services because
275.30 the child is in need of special services or care to treat or ameliorate a mental disability or
275.31 emotional disturbance as defined in section 245.4871, subdivision 15, the written findings
275.32 shall also set forth:

275.33 (i) whether the child has mental health needs that must be addressed by the case plan;

276.1 (ii) what consideration was given to the diagnostic and functional assessments performed
276.2 by the child's mental health professional and to health and mental health care professionals'
276.3 treatment recommendations;

276.4 (iii) what consideration was given to the requests or preferences of the child's parent or
276.5 guardian with regard to the child's interventions, services, or treatment; and

276.6 (iv) what consideration was given to the cultural appropriateness of the child's treatment
276.7 or services.

276.8 (b) If the court finds that the social services agency's preventive or reunification efforts
276.9 have not been reasonable but that further preventive or reunification efforts could not permit
276.10 the child to safely remain at home, the court may nevertheless authorize or continue the
276.11 removal of the child.

276.12 (c) If the child has been identified by the responsible social services agency as the subject
276.13 of concurrent permanency planning, the court shall review the reasonable efforts of the
276.14 agency to develop a permanency plan for the child that includes a primary plan ~~which~~ that
276.15 is for reunification with the child's parent or guardian and a secondary plan ~~which~~ that is
276.16 for an alternative, legally permanent home for the child in the event reunification cannot
276.17 be achieved in a timely manner.

276.18 Sec. 31. Minnesota Statutes 2020, section 260C.202, is amended to read:

276.19 **260C.202 COURT REVIEW OF FOSTER CARE.**

276.20 (a) If the court orders a child placed in foster care, the court shall review the out-of-home
276.21 placement plan and the child's placement at least every 90 days as required in juvenile court
276.22 rules to determine whether continued out-of-home placement is necessary and appropriate
276.23 or whether the child should be returned home. This review is not required if the court has
276.24 returned the child home, ordered the child permanently placed away from the parent under
276.25 sections 260C.503 to 260C.521, or terminated rights under section 260C.301. Court review
276.26 for a child permanently placed away from a parent, including where the child is under
276.27 guardianship of the commissioner, shall be governed by section 260C.607. When a child
276.28 is placed in a qualified residential treatment program setting as defined in section 260C.007,
276.29 subdivision 26d, the responsible social services agency must submit evidence to the court
276.30 as specified in section 260C.712.

276.31 (b) No later than three months after the child's placement in foster care, the court shall
276.32 review agency efforts to search for and notify relatives pursuant to section 260C.221, and
276.33 order that the agency's efforts begin immediately, or continue, if the agency has failed to

277.1 perform, or has not adequately performed, the duties under that section. The court must
277.2 order the agency to continue to appropriately engage relatives who responded to the notice
277.3 under section 260C.221 in placement and case planning decisions and to consider relatives
277.4 for foster care placement consistent with section 260C.221. Notwithstanding a court's finding
277.5 that the agency has made reasonable efforts to search for and notify relatives under section
277.6 260C.221, the court may order the agency to continue making reasonable efforts to search
277.7 for, notify, engage other, and consider relatives who came to the agency's attention after
277.8 sending the initial notice under section 260C.221 ~~was sent.~~

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

277.11 (d) When the court ~~orders transfer of~~ transfers the custody of a child to a responsible
277.12 social services agency resulting in foster care or protective supervision with a noncustodial
277.13 parent under subdivision 1, the court shall notify the parents of the provisions of sections
277.14 260C.204 and 260C.503 to 260C.521, as required under juvenile court rules.

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

277.18 Sec. 32. Minnesota Statutes 2020, section 260C.203, is amended to read:

277.19 **260C.203 ADMINISTRATIVE OR COURT REVIEW OF PLACEMENTS.**

277.20 (a) Unless the court is conducting the reviews required under section 260C.202, there
277.21 shall be an administrative review of the out-of-home placement plan of each child placed
277.22 in foster care no later than 180 days after the initial placement of the child in foster care
277.23 and at least every six months thereafter if the child is not returned to the home of the parent
277.24 or parents within that time. The out-of-home placement plan must be monitored and updated
277.25 by the responsible social services agency at each administrative review. The administrative
277.26 review shall be conducted by the responsible social services agency using a panel of
277.27 appropriate persons at least one of whom is not responsible for the case management of, or
277.28 the delivery of services to, either the child or the parents who are the subject of the review.
277.29 The administrative review shall be open to participation by the parent or guardian of the
277.30 child and the child, as appropriate.

277.31 (b) As an alternative to the administrative review required in paragraph (a), the court
277.32 may, as part of any hearing required under the Minnesota Rules of Juvenile Protection
277.33 Procedure, conduct a hearing to monitor and update the out-of-home placement plan pursuant

278.1 to the procedure and standard in section 260C.201, subdivision 6, paragraph (d). The party
278.2 requesting review of the out-of-home placement plan shall give parties to the proceeding
278.3 notice of the request to review and update the out-of-home placement plan. A court review
278.4 conducted pursuant to section 260C.141, subdivision 2; 260C.193; 260C.201, subdivision
278.5 1; 260C.202; 260C.204; 260C.317; or 260D.06 shall satisfy the requirement for the review
278.6 so long as the other requirements of this section are met.

278.7 (c) As appropriate to the stage of the proceedings and relevant court orders, the
278.8 responsible social services agency or the court shall review:

278.9 (1) the safety, permanency needs, and well-being of the child;

278.10 (2) the continuing necessity for and appropriateness of the placement, including whether
278.11 the placement is consistent with the child's best interests and other placement considerations,
278.12 including relative and sibling placement considerations under section 260C.212, subdivision
278.13 2;

278.14 (3) the extent of compliance with the out-of-home placement plan required under section
278.15 260C.212, subdivisions 1 and 1a, including services and resources that the agency has
278.16 provided to the child and child's parents, services and resources that other agencies and
278.17 individuals have provided to the child and child's parents, and whether the out-of-home
278.18 placement plan is individualized to the needs of the child and child's parents;

278.19 (4) the extent of progress that has been made toward alleviating or mitigating the causes
278.20 necessitating placement in foster care;

278.21 (5) the projected date by which the child may be returned to and safely maintained in
278.22 the home or placed permanently away from the care of the parent or parents or guardian;
278.23 and

278.24 (6) the appropriateness of the services provided to the child.

278.25 (d) When a child is age 14 or older:

278.26 (1) in addition to any administrative review conducted by the responsible social services
278.27 agency, at the in-court review required under section 260C.317, subdivision 3, clause (3),
278.28 or 260C.515, subdivision 5 or 6, the court shall review the independent living plan required
278.29 under section 260C.212, subdivision 1, paragraph (c), clause (12), and the provision of
278.30 services to the child related to the well-being of the child as the child prepares to leave foster
278.31 care. The review shall include the actual plans related to each item in the plan necessary to
278.32 the child's future safety and well-being when the child is no longer in foster care; and

279.1 (2) consistent with the requirements of the independent living plan, the court shall review
279.2 progress toward or accomplishment of the following goals:

279.3 (i) the child has obtained a high school diploma or its equivalent;

279.4 (ii) the child has completed a driver's education course or has demonstrated the ability
279.5 to use public transportation in the child's community;

279.6 (iii) the child is employed or enrolled in postsecondary education;

279.7 (iv) the child has applied for and obtained postsecondary education financial aid for
279.8 which the child is eligible;

279.9 (v) the child has health care coverage and health care providers to meet the child's
279.10 physical and mental health needs;

279.11 (vi) the child has applied for and obtained disability income assistance for which the
279.12 child is eligible;

279.13 (vii) the child has obtained affordable housing with necessary supports, which does not
279.14 include a homeless shelter;

279.15 (viii) the child has saved sufficient funds to pay for the first month's rent and a damage
279.16 deposit;

279.17 (ix) the child has an alternative affordable housing plan, which does not include a
279.18 homeless shelter, if the original housing plan is unworkable;

279.19 (x) the child, if male, has registered for the Selective Service; and

279.20 (xi) the child has a permanent connection to a caring adult.

279.21 Sec. 33. Minnesota Statutes 2020, section 260C.204, is amended to read:

279.22 **260C.204 PERMANENCY PROGRESS REVIEW FOR CHILDREN IN FOSTER**
279.23 **CARE FOR SIX MONTHS.**

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

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

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

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

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

280.9 (b) When a child is placed in a qualified residential treatment program setting as defined
280.10 in section 260C.007, subdivision 26d, the responsible social services agency must submit
280.11 evidence to the court as specified in section 260C.712.

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

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

280.16 (2) asked to be notified of court proceedings regarding the child as is permitted in section
280.17 260C.152, subdivision 5.

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

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

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

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

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

281.1 (ii) to consider, identify, recruit, and support one or more permanency resources from
281.2 the child's relatives and foster parent, consistent with section 260C.212, subdivision 2,
281.3 paragraph (a), to be the legally permanent home in the event the child cannot be returned
281.4 to the parent. Any relative or the child's foster parent may ask the court to order the agency
281.5 to consider them for permanent placement of the child in the event the child cannot be
281.6 returned to the parent. A relative or foster parent who wants to be considered under this
281.7 item shall cooperate with the background study required under section 245C.08, if the
281.8 individual has not already done so, and with the home study process required under chapter
281.9 245A for providing child foster care and for adoption under section 259.41. The home study
281.10 referred to in this item shall be a single-home study in the form required by the commissioner
281.11 of human services or similar study required by the individual's state of residence when the
281.12 subject of the study is not a resident of Minnesota. The court may order the responsible
281.13 social services agency to make a referral under the Interstate Compact on the Placement of
281.14 Children when necessary to obtain a home study for an individual who wants to be considered
281.15 for transfer of permanent legal and physical custody or adoption of the child; and

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

281.17 (e) Following the review under this section:

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

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

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

282.1 Sec. 34. Minnesota Statutes 2021 Supplement, section 260C.212, subdivision 1, is amended
282.2 to read:

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

282.7 (b) An out-of-home placement plan means a written document ~~which~~ individualized to
282.8 the needs of the child and the child's parents or guardians that is prepared by the responsible
282.9 social services agency jointly with ~~the parent or parents or guardian of the child~~ the child's
282.10 parents or guardians and in consultation with the child's guardian ad litem; the child's tribe,
282.11 if the child is an Indian child; the child's foster parent or representative of the foster care
282.12 facility; and, ~~where~~ when appropriate, the child. When a child is age 14 or older, the child
282.13 may include two other individuals on the team preparing the child's out-of-home placement
282.14 plan. The child may select one member of the case planning team to be designated as the
282.15 child's advisor and to advocate with respect to the application of the reasonable and prudent
282.16 parenting standards. The responsible social services agency may reject an individual selected
282.17 by the child if the agency has good cause to believe that the individual would not act in the
282.18 best interest of the child. For a child in voluntary foster care for treatment under chapter
282.19 260D, preparation of the out-of-home placement plan shall additionally include the child's
282.20 mental health treatment provider. For a child 18 years of age or older, the responsible social
282.21 services agency shall involve the child and the child's parents as appropriate. As appropriate,
282.22 the plan shall be:

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

282.24 (2) ordered by the court, either as presented or modified after hearing, under section
282.25 260C.178, subdivision 7, or 260C.201, subdivision 6; and

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

282.29 (c) The out-of-home placement plan shall be explained by the responsible social services
282.30 agency to all persons involved in ~~its~~ the plan's implementation, including the child who has
282.31 signed the plan, and shall set forth:

282.32 (1) a description of the foster care home or facility selected, including how the
282.33 out-of-home placement plan is designed to achieve a safe placement for the child in the
282.34 least restrictive, most family-like, setting available ~~which~~ that is in close proximity to the

283.1 home of the ~~parent or~~ child's parents or ~~guardian of the child~~ guardians when the case plan
283.2 goal is reunification;² and how the placement is consistent with the best interests and special
283.3 needs of the child according to the factors under subdivision 2, paragraph (b);

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

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

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

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

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

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

283.25 (6) when a child cannot return to or be in the care of either parent, documentation of
283.26 steps to finalize adoption as the permanency plan for the child through reasonable efforts
283.27 to place the child for adoption pursuant to section 260C.605. At a minimum, the
283.28 documentation must include consideration of whether adoption is in the best interests of
283.29 the child; and child-specific recruitment efforts such as a relative search, consideration of
283.30 relatives for adoptive placement, and the use of state, regional, and national adoption
283.31 exchanges to facilitate orderly and timely placements in and outside of the state. A copy of
283.32 this documentation shall be provided to the court in the review required under section
283.33 260C.317, subdivision 3, paragraph (b);

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

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

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

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

284.27 (9) the educational records of the child including the most recent information available
284.28 regarding:

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

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

284.31 (iii) the child's school record;

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

- 285.1 (v) any other relevant educational information;
- 285.2 (10) the efforts by the responsible social services agency to ensure the oversight and
285.3 continuity of health care services for the foster child, including:
- 285.4 (i) the plan to schedule the child's initial health screens;
- 285.5 (ii) how the child's known medical problems and identified needs from the screens,
285.6 including any known communicable diseases, as defined in section 144.4172, subdivision
285.7 2, shall be monitored and treated while the child is in foster care;
- 285.8 (iii) how the child's medical information shall be updated and shared, including the
285.9 child's immunizations;
- 285.10 (iv) who is responsible to coordinate and respond to the child's health care needs,
285.11 including the role of the parent, the agency, and the foster parent;
- 285.12 (v) who is responsible for oversight of the child's prescription medications;
- 285.13 (vi) how physicians or other appropriate medical and nonmedical professionals shall be
285.14 consulted and involved in assessing the health and well-being of the child and determine
285.15 the appropriate medical treatment for the child; and
- 285.16 (vii) the responsibility to ensure that the child has access to medical care through either
285.17 medical insurance or medical assistance;
- 285.18 (11) the health records of the child including information available regarding:
- 285.19 (i) the names and addresses of the child's health care and dental care providers;
- 285.20 (ii) a record of the child's immunizations;
- 285.21 (iii) the child's known medical problems, including any known communicable diseases
285.22 as defined in section 144.4172, subdivision 2;
- 285.23 (iv) the child's medications; and
- 285.24 (v) any other relevant health care information such as the child's eligibility for medical
285.25 insurance or medical assistance;
- 285.26 (12) an independent living plan for a child 14 years of age or older, developed in
285.27 consultation with the child. The child may select one member of the case planning team to
285.28 be designated as the child's advisor and to advocate with respect to the application of the
285.29 reasonable and prudent parenting standards in subdivision 14. The plan should include, but
285.30 not be limited to, the following objectives:
- 285.31 (i) educational, vocational, or employment planning;

- 286.1 (ii) health care planning and medical coverage;
- 286.2 (iii) transportation including, where appropriate, assisting the child in obtaining a driver's
286.3 license;
- 286.4 (iv) money management, including the responsibility of the responsible social services
286.5 agency to ensure that the child annually receives, at no cost to the child, a consumer report
286.6 as defined under section 13C.001 and assistance in interpreting and resolving any inaccuracies
286.7 in the report;
- 286.8 (v) planning for housing;
- 286.9 (vi) social and recreational skills;
- 286.10 (vii) establishing and maintaining connections with the child's family and community;
286.11 and
- 286.12 (viii) regular opportunities to engage in age-appropriate or developmentally appropriate
286.13 activities typical for the child's age group, taking into consideration the capacities of the
286.14 individual child;
- 286.15 (13) for a child in voluntary foster care for treatment under chapter 260D, diagnostic
286.16 and assessment information, specific services relating to meeting the mental health care
286.17 needs of the child, and treatment outcomes;
- 286.18 (14) for a child 14 years of age or older, a signed acknowledgment that describes the
286.19 child's rights regarding education, health care, visitation, safety and protection from
286.20 exploitation, and court participation; receipt of the documents identified in section 260C.452;
286.21 and receipt of an annual credit report. The acknowledgment shall state that the rights were
286.22 explained in an age-appropriate manner to the child; and
- 286.23 (15) for a child placed in a qualified residential treatment program, the plan must include
286.24 the requirements in section 260C.708.
- 286.25 (d) The parent or parents or guardian and the child each shall have the right to legal
286.26 counsel in the preparation of the case plan and shall be informed of the right at the time of
286.27 placement of the child. The child shall also have the right to a guardian ad litem. If unable
286.28 to employ counsel from their own resources, the court shall appoint counsel upon the request
286.29 of the parent or parents or the child or the child's legal guardian. The parent or parents may
286.30 also receive assistance from any person or social services agency in preparation of the case
286.31 plan.

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

287.4 (f) Upon the child's discharge from foster care, the responsible social services agency
 287.5 must provide the child's parent, adoptive parent, or permanent legal and physical custodian,
 287.6 and the child, if the child is 14 years of age or older, with a current copy of the child's health
 287.7 and education record. If a child meets the conditions in subdivision 15, paragraph (b), the
 287.8 agency must also provide the child with the child's social and medical history. The responsible
 287.9 social services agency may give a copy of the child's health and education record and social
 287.10 and medical history to a child who is younger than 14 years of age, if it is appropriate and
 287.11 if subdivision 15, paragraph (b), applies.

287.12 Sec. 35. Minnesota Statutes 2021 Supplement, section 260C.212, subdivision 2, is amended
 287.13 to read:

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

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

287.23 (2) with an individual who is an important friend ~~with whom the child has resided or~~
 287.24 ~~had significant contact~~ of the child or the child's parent or custodian, including an individual
 287.25 with whom the child has resided or had significant contact or who has a significant
 287.26 relationship to the child or the child's parent or custodian.

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

287.29 (b) Among the factors the agency shall consider in determining the current and future
 287.30 needs of the child are the following:

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

287.32 (2) the medical needs of the child;

- 288.1 (3) the educational needs of the child;
- 288.2 (4) the developmental needs of the child;
- 288.3 (5) the child's history and past experience;
- 288.4 (6) the child's religious and cultural needs;
- 288.5 (7) the child's connection with a community, school, and faith community;
- 288.6 (8) the child's interests and talents;
- 288.7 (9) the child's ~~relationship to current caretakers,~~ current and long-term needs regarding
- 288.8 relationships with parents, siblings, and relatives, and other caretakers;
- 288.9 (10) the reasonable preference of the child, if the court, or the child-placing agency in
- 288.10 the case of a voluntary placement, deems the child to be of sufficient age to express
- 288.11 preferences; and
- 288.12 (11) for an Indian child, the best interests of an Indian child as defined in section 260.755,
- 288.13 subdivision 2a.
- 288.14 When placing a child in foster care or in a permanent placement based on an individualized
- 288.15 determination of the child's needs, the agency must not use one factor in this paragraph to
- 288.16 the exclusion of all others, and the agency shall consider that the factors in paragraph (b)
- 288.17 may be interrelated.
- 288.18 (c) Placement of a child cannot be delayed or denied based on race, color, or national
- 288.19 origin of the foster parent or the child.
- 288.20 (d) Siblings should be placed together for foster care and adoption at the earliest possible
- 288.21 time unless it is documented that a joint placement would be contrary to the safety or
- 288.22 well-being of any of the siblings or unless it is not possible after reasonable efforts by the
- 288.23 responsible social services agency. In cases where siblings cannot be placed together, the
- 288.24 agency is required to provide frequent visitation or other ongoing interaction between
- 288.25 siblings unless the agency documents that the interaction would be contrary to the safety
- 288.26 or well-being of any of the siblings.
- 288.27 (e) Except for emergency placement as provided for in section 245A.035, the following
- 288.28 requirements must be satisfied before the approval of a foster or adoptive placement in a
- 288.29 related or unrelated home: (1) a completed background study under section 245C.08; and
- 288.30 (2) a completed review of the written home study required under section 260C.215,
- 288.31 subdivision 4, clause (5), or 260C.611, to assess the capacity of the prospective foster or
- 288.32 adoptive parent to ensure the placement will meet the needs of the individual child.

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

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

289.10 Sec. 36. Minnesota Statutes 2020, section 260C.212, subdivision 4a, is amended to read:

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

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

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

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

289.20 (4) "another person" means the professional staff whom the responsible social services
289.21 agency has assigned in the out-of-home placement plan or case plan. Another person must
289.22 be professionally trained to assess the child's safety, permanency, well-being, and case
289.23 progress. The agency may not designate the guardian ad litem, the child foster care provider,
289.24 residential facility staff, or a qualified individual as defined in section 260C.007,
289.25 subdivision 26b, as another person; and

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

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

290.1 (c) Every effort shall be made by the responsible social services agency and professional
 290.2 staff to have the monthly visit with the child outside the presence of the child's parents,
 290.3 foster parents, or facility staff. There may be situations related to the child's needs when a
 290.4 caseworker visit cannot occur with the child alone. The reason the caseworker visit occurred
 290.5 in the presence of others must be documented in the case record and may include:

290.6 (1) that the child exhibits intense emotion or behavior indicating that visiting without
 290.7 the presence of the parent, foster parent, or facility staff would be traumatic for the child;

290.8 (2) that despite a caseworker's efforts, the child declines to visit with the caseworker
 290.9 outside the presence of the parent, foster parent, or facility staff; and

290.10 (3) that the child has a specific developmental delay, physical limitation, incapacity,
 290.11 medical device, or significant medical need, such that the parent, foster parent, or facility
 290.12 staff is required to be present with the child during the visit.

290.13 Sec. 37. Minnesota Statutes 2020, section 260C.221, is amended to read:

290.14 **260C.221 RELATIVE SEARCH AND ENGAGEMENT; PLACEMENT**
 290.15 **CONSIDERATION.**

290.16 Subdivision 1. **Relative search requirements.** (a) The responsible social services agency
 290.17 shall exercise due diligence to identify and notify adult relatives of a child as well as current
 290.18 caregivers of the child's sibling, prior to placement or within 30 days after the child's removal
 290.19 from the parent, regardless of whether a child is placed in a relative's home, as required
 290.20 under subdivision 2. ~~The county agency shall consider placement with a relative under this~~
 290.21 ~~section without delay and whenever the child must move from or be returned to foster care.~~
 290.22 The relative search required by this section shall be comprehensive in scope. ~~After a finding~~
 290.23 ~~that the agency has made reasonable efforts to conduct the relative search under this~~
 290.24 ~~paragraph, the agency has the continuing responsibility to appropriately involve relatives,~~
 290.25 ~~who have responded to the notice required under this paragraph, in planning for the child~~
 290.26 ~~and to continue to consider relatives according to the requirements of section 260C.212,~~
 290.27 ~~subdivision 2. At any time during the course of juvenile protection proceedings, the court~~
 290.28 ~~may order the agency to reopen its search for relatives when it is in the child's best interest~~
 290.29 ~~to do so.~~

290.30 (b) The relative search required by this section shall include both maternal and paternal
 290.31 adult relatives of the child; all adult grandparents; all legal parents, guardians, or custodians
 290.32 of the child's siblings; and any other adult relatives suggested by the child's parents, subject
 290.33 to the exceptions due to family violence in subdivision 5, paragraph (e) (b). The search shall

291.1 also include getting information from the child in an age-appropriate manner about who the
 291.2 child considers to be family members and important friends with whom the child has resided
 291.3 or had significant contact. The relative search required under this section must fulfill the
 291.4 agency's duties under the Indian Child Welfare Act regarding active efforts to prevent the
 291.5 breakup of the Indian family under United States Code, title 25, section 1912(d), and to
 291.6 meet placement preferences under United States Code, title 25, section 1915.

291.7 (c) The responsible social services agency has a continuing responsibility to search for
 291.8 and identify relatives of a child and send the notice to relatives that is required under
 291.9 subdivision 2, unless the court has relieved the agency of this duty under subdivision 5,
 291.10 paragraph (e).

291.11 Subd. 2. Relative notice requirements. (a) The agency may provide oral or written
 291.12 notice to a child's relatives. In the child's case record, the agency must document providing
 291.13 the required notice to each of the child's relatives. The responsible social services agency
 291.14 must notify relatives ~~must be notified~~:

291.15 (1) of the need for a foster home for the child, the option to become a placement resource
 291.16 for the child, the order of placement that the agency will consider under section 260C.212,
 291.17 subdivision 2, paragraph (a), and the possibility of the need for a permanent placement for
 291.18 the child;

291.19 (2) of their responsibility to keep the responsible social services agency and the court
 291.20 informed of their current address in order to receive notice in the event that a permanent
 291.21 placement is sought for the child and to receive notice of the permanency progress review
 291.22 hearing under section 260C.204. A relative who fails to provide a current address to the
 291.23 responsible social services agency and the court forfeits the right to receive notice of the
 291.24 possibility of permanent placement and of the permanency progress review hearing under
 291.25 section 260C.204, until the relative provides a current address to the responsible social
 291.26 services agency and the court. A decision by a relative not to be identified as a potential
 291.27 permanent placement resource or participate in planning for the child ~~at the beginning of~~
 291.28 ~~the case~~ shall not affect whether the relative is considered for placement of, or as a
 291.29 permanency resource for, the child with that relative ~~later~~ at any time in the case, and shall
 291.30 not be the sole basis for the court to rule out the relative as the child's placement or
 291.31 permanency resource;

291.32 (3) that the relative may participate in the care and planning for the child, as specified
 291.33 in subdivision 3, including that the opportunity for such participation may be lost by failing
 291.34 to respond to the notice sent under this subdivision. ~~"Participate in the care and planning"~~

292.1 ~~includes, but is not limited to, participation in case planning for the parent and child,~~
292.2 ~~identifying the strengths and needs of the parent and child, supervising visits, providing~~
292.3 ~~respite and vacation visits for the child, providing transportation to appointments, suggesting~~
292.4 ~~other relatives who might be able to help support the case plan, and to the extent possible,~~
292.5 ~~helping to maintain the child's familiar and regular activities and contact with friends and~~
292.6 ~~relatives;~~

292.7 (4) of the family foster care licensing and adoption home study requirements, including
292.8 how to complete an application and how to request a variance from licensing standards that
292.9 do not present a safety or health risk to the child in the home under section 245A.04 and
292.10 supports that are available for relatives and children who reside in a family foster home;
292.11 ~~and~~

292.12 (5) of the relatives' right to ask to be notified of any court proceedings regarding the
292.13 child, to attend the hearings, and of a relative's right ~~or opportunity~~ to be heard by the court
292.14 as required under section 260C.152, subdivision 5;

292.15 (6) that regardless of the relative's response to the notice sent under this subdivision, the
292.16 agency is required to establish permanency for a child, including planning for alternative
292.17 permanency options if the agency's reunification efforts fail or are not required; and

292.18 (7) that by responding to the notice, a relative may receive information about participating
292.19 in a child's family and permanency team if the child is placed in a qualified residential
292.20 treatment program as defined in section 260C.007, subdivision 26d.

292.21 (b) The responsible social services agency shall send the notice required under paragraph
292.22 (a) to relatives who become known to the responsible social services agency, except for
292.23 relatives that the agency does not contact due to safety reasons under subdivision 5, paragraph
292.24 (b). The responsible social services agency shall continue to send notice to relatives
292.25 notwithstanding a court's finding that the agency has made reasonable efforts to conduct a
292.26 relative search.

292.27 (c) The responsible social services agency is not required to send the notice under
292.28 paragraph (a) to relatives who become known to the agency after an adoption placement
292.29 agreement has been fully executed under section 260C.613, subdivision 1. If such a relative
292.30 wishes to be considered for adoptive placement of the child, the agency shall inform the
292.31 relative of the relative's ability to file a motion for an order for adoptive placement under
292.32 section 260C.607, subdivision 6.

292.33 Subd. 3. **Relative engagement requirements.** (a) A relative who responds to the notice
292.34 under subdivision 2 has the opportunity to participate in care and planning for a child, which

293.1 must not be limited based solely on the relative's prior inconsistent participation or
293.2 nonparticipation in care and planning for the child. Care and planning for a child may include
293.3 but is not limited to:

293.4 (1) participating in case planning for the child and child's parent, including identifying
293.5 services and resources that meet the individualized needs of the child and child's parent. A
293.6 relative's participation in case planning may be in person, via phone call, or by electronic
293.7 means;

293.8 (2) identifying the strengths and needs of the child and child's parent;

293.9 (3) asking the responsible social services agency to consider the relative for placement
293.10 of the child according to subdivision 4;

293.11 (4) acting as a support person for the child, the child's parents, and the child's current
293.12 caregiver;

293.13 (5) supervising visits;

293.14 (6) providing respite care for the child and having vacation visits with the child;

293.15 (7) providing transportation;

293.16 (8) suggesting other relatives who may be able to participate in the case plan or that the
293.17 agency may consider for placement of the child. The agency shall send a notice to each
293.18 relative identified by other relatives according to subdivision 2, paragraph (b), unless a
293.19 relative received this notice earlier in the case;

293.20 (9) helping to maintain the child's familiar and regular activities and contact with the
293.21 child's friends and relatives, including providing supervision of the child at family gatherings
293.22 and events; and

293.23 (10) participating in the child's family and permanency team if the child is placed in a
293.24 qualified residential treatment program as defined in section 260C.007, subdivision 26d.

293.25 (b) The responsible social services agency shall make reasonable efforts to contact and
293.26 engage relatives who respond to the notice required under this section. Upon a request by
293.27 a relative or party to the proceeding, the court may conduct a review of the agency's
293.28 reasonable efforts to contact and engage relatives who respond to the notice. If the court
293.29 finds that the agency did not make reasonable efforts to contact and engage relatives who
293.30 respond to the notice, the court may order the agency to make reasonable efforts to contact
293.31 and engage relatives who respond to the notice in care and planning for the child.

294.1 Subd. 4. Placement considerations. (a) The responsible social services agency shall
294.2 consider placing a child with a relative under this section without delay and when the child:

294.3 (1) enters foster care;

294.4 (2) must be moved from the child's current foster setting;

294.5 (3) must be permanently placed away from the child's parent; or

294.6 (4) returns to foster care after permanency has been achieved for the child.

294.7 (b) The agency shall consider placing a child with relatives:

294.8 (1) in the order specified in section 260C.212, subdivision 2, paragraph (a); and

294.9 (2) based on the child's best interests using the factors in section 260C.212, subdivision

294.10 2.

294.11 (c) The agency shall document how the agency considered relatives in the child's case

294.12 record.

294.13 (d) Any relative who requests to be a placement option for a child in foster care has the

294.14 right to be considered for placement of the child according to section 260C.212, subdivision

294.15 2, paragraph (a), unless the court finds that placing the child with a specific relative would

294.16 endanger the child, sibling, parent, guardian, or any other family member under subdivision

294.17 5, paragraph (b).

294.18 (e) When adoption is the responsible social services agency's permanency goal for the

294.19 child, the agency shall consider adoptive placement of the child with a relative in the order

294.20 specified under section 260C.212, subdivision 2, paragraph (a).

294.21 Subd. 5. Data disclosure; court review. (e) (a) A responsible social services agency

294.22 may disclose private data, as defined in section 13.02 and chapter 260E, to relatives of the

294.23 child for the purpose of locating and assessing a suitable placement and may use any

294.24 reasonable means of identifying and locating relatives including the Internet or other

294.25 electronic means of conducting a search. The agency shall disclose data that is necessary

294.26 to facilitate possible placement with relatives and to ensure that the relative is informed of

294.27 the needs of the child so the relative can participate in planning for the child and be supportive

294.28 of services to the child and family.

294.29 (b) If the child's parent refuses to give the responsible social services agency information

294.30 sufficient to identify the maternal and paternal relatives of the child, the agency shall ask

294.31 the juvenile court to order the parent to provide the necessary information and shall use

294.32 other resources to identify the child's maternal and paternal relatives. If a parent makes an

295.1 explicit request that a specific relative not be contacted or considered for placement due to
 295.2 safety reasons, including past family or domestic violence, the agency shall bring the parent's
 295.3 request to the attention of the court to determine whether the parent's request is consistent
 295.4 with the best interests of the child ~~and~~. The agency shall not contact the specific relative
 295.5 when the juvenile court finds that contacting or placing the child with the specific relative
 295.6 would endanger the parent, guardian, child, sibling, or any family member. Unless section
 295.7 260C.139 applies to the child's case, a court shall not waive or relieve the responsible social
 295.8 services agency of reasonable efforts to:

295.9 (1) conduct a relative search;

295.10 (2) notify relatives;

295.11 (3) contact and engage relatives in case planning; and

295.12 (4) consider relatives for placement of the child.

295.13 (c) Notwithstanding chapter 13, the agency shall disclose data to the court about particular
 295.14 relatives that the agency has identified, contacted, or considered for the child's placement
 295.15 for the court to review the agency's due diligence.

295.16 (d) At a regularly scheduled hearing not later than three months after the child's placement
 295.17 in foster care and as required in ~~section~~ sections 260C.193 and 260C.202, the agency shall
 295.18 report to the court:

295.19 (1) ~~its~~ the agency's efforts to identify maternal and paternal relatives of the child and to
 295.20 engage the relatives in providing support for the child and family, and document that the
 295.21 relatives have been provided the notice required under ~~paragraph (a)~~ subdivision 2; and

295.22 (2) ~~its~~ the agency's decision regarding placing the child with a relative as required under
 295.23 section 260C.212, subdivision 2, ~~and to ask~~. If the responsible social services agency decides
 295.24 that relative placement is not in the child's best interests at the time of the hearing, the agency
 295.25 shall inform the court of the agency's decision, including:

295.26 (i) why the agency decided against relative placement of the child; and

295.27 (ii) the agency's efforts to engage relatives ~~to visit or maintain contact with the child in~~
 295.28 ~~order~~ as required under subdivision 3 to support family connections for the child, ~~when~~
 295.29 ~~placement with a relative is not possible or appropriate.~~

295.30 ~~(e) Notwithstanding chapter 13, the agency shall disclose data about particular relatives~~
 295.31 ~~identified, searched for, and contacted for the purposes of the court's review of the agency's~~
 295.32 ~~due diligence.~~

296.1 ~~(f)~~ (e) When the court is satisfied that the agency has exercised due diligence to identify
296.2 relatives and provide the notice required in ~~paragraph (a)~~ subdivision 2, the court may find
296.3 that the agency made reasonable efforts ~~have been made~~ to conduct a relative search to
296.4 identify and provide notice to adult relatives as required under section 260.012, paragraph
296.5 (e), clause (3). A finding under this paragraph does not relieve the responsible social services
296.6 agency of the ongoing duty to contact, engage, and consider relatives under this section nor
296.7 is it a basis for the court to rule out any relative from being a foster care or permanent
296.8 placement option for the child. The agency has the continuing responsibility to:

296.9 (1) involve relatives who respond to the notice in planning for the child; and

296.10 (2) continue considering relatives for the child's placement while taking the child's short-
296.11 and long-term permanency goals into consideration, according to the requirements of section
296.12 260C.212, subdivision 2.

296.13 (f) At any time during the course of juvenile protection proceedings, the court may order
296.14 the agency to reopen the search for relatives when it is in the child's best interests.

296.15 (g) If the court is not satisfied that the agency has exercised due diligence to identify
296.16 relatives and provide the notice required in ~~paragraph (a)~~ subdivision 2, the court may order
296.17 the agency to continue its search and notice efforts and to report back to the court.

296.18 ~~(g) When the placing agency determines that permanent placement proceedings are~~
296.19 ~~necessary because there is a likelihood that the child will not return to a parent's care, the~~
296.20 ~~agency must send the notice provided in paragraph (h), may ask the court to modify the~~
296.21 ~~duty of the agency to send the notice required in paragraph (h), or may ask the court to~~
296.22 ~~completely relieve the agency of the requirements of paragraph (h). The relative notification~~
296.23 ~~requirements of paragraph (h) do not apply when the child is placed with an appropriate~~
296.24 ~~relative or a foster home that has committed to adopting the child or taking permanent legal~~
296.25 ~~and physical custody of the child and the agency approves of that foster home for permanent~~
296.26 ~~placement of the child. The actions ordered by the court under this section must be consistent~~
296.27 ~~with the best interests, safety, permanency, and welfare of the child.~~

296.28 ~~(h) Unless required under the Indian Child Welfare Act or relieved of this duty by the~~
296.29 ~~court under paragraph (f),~~ When the agency determines that it is necessary to prepare for
296.30 permanent placement determination proceedings, or in anticipation of filing a termination
296.31 of parental rights petition, the agency shall send notice to ~~the~~ relatives who responded to a
296.32 notice under this section sent at any time during the case, any adult with whom the child is
296.33 currently residing, any adult with whom the child has resided for one year or longer in the
296.34 past, and any adults who have maintained a relationship or exercised visitation with the

297.1 child as identified in the agency case plan. The notice must state that a permanent home is
 297.2 sought for the child and that the individuals receiving the notice may indicate to the agency
 297.3 their interest in providing a permanent home. The notice must state that within 30 days of
 297.4 receipt of the notice an individual receiving the notice must indicate to the agency the
 297.5 individual's interest in providing a permanent home for the child or that the individual may
 297.6 lose the opportunity to be considered for a permanent placement. A relative's failure to
 297.7 respond or timely respond to the notice is not a basis for ruling out the relative from being
 297.8 a permanent placement option for the child should the relative request to be considered for
 297.9 permanent placement at a later date.

297.10 Sec. 38. Minnesota Statutes 2020, section 260C.331, subdivision 1, is amended to read:

297.11 Subdivision 1. **Care, examination, or treatment.** (a) Except where parental rights are
 297.12 terminated,

297.13 (1) whenever legal custody of a child is transferred by the court to a responsible social
 297.14 services agency,

297.15 (2) whenever legal custody is transferred to a person other than the responsible social
 297.16 services agency, but under the supervision of the responsible social services agency, or

297.17 (3) whenever a child is given physical or mental examinations or treatment under order
 297.18 of the court, and no provision is otherwise made by law for payment for the care,
 297.19 examination, or treatment of the child, these costs are a charge upon the welfare funds of
 297.20 the county in which proceedings are held upon certification of the judge of juvenile court.

297.21 (b) The court ~~shall~~ may order, and the responsible social services agency ~~shall~~ may
 297.22 require, the parents or custodian of a child, while the child is under the age of 18, to use ~~the~~
 297.23 ~~total~~ income and resources attributable to the child for the period of care, examination, or
 297.24 treatment, except for clothing and personal needs allowance as provided in section 256B.35,
 297.25 to reimburse the county for the cost of care, examination, or treatment. Income and resources
 297.26 attributable to the child include, but are not limited to, Social Security benefits, Supplemental
 297.27 Security Income (SSI), veterans benefits, railroad retirement benefits and child support.
 297.28 When the child is over the age of 18, and continues to receive care, examination, or treatment,
 297.29 the court ~~shall~~ may order, and the responsible social services agency ~~shall~~ may require,
 297.30 reimbursement from the child for the cost of care, examination, or treatment from the income
 297.31 and resources attributable to the child less the clothing and personal needs allowance. Income
 297.32 does not include earnings from a child over the age of 18 who is working as part of a plan
 297.33 under section 260C.212, subdivision 1, paragraph (c), clause (12), to transition from foster
 297.34 care, or the income and resources ~~from sources other than Supplemental Security Income~~

298.1 ~~and child support~~ that are needed to complete the requirements listed in section 260C.203.
298.2 The responsible social services agency shall determine whether requiring reimbursement,
298.3 either through child support or parental fees, for the cost of care, examination, or treatment
298.4 from the parents or custodian of a child is in the child's best interests. In determining whether
298.5 to require reimbursement, the responsible social services agency shall consider:

298.6 (1) whether requiring reimbursement would compromise the parent's ability to meet the
298.7 requirements of the reunification plan;

298.8 (2) whether requiring reimbursement would compromise the parent's ability to meet the
298.9 child's needs after reunification; and

298.10 (3) whether redirecting existing child support payments or changing the representative
298.11 payee of social security benefits to the responsible social services agency would limit the
298.12 parent's ability to maintain financial stability for the child.

298.13 (c) If the income and resources attributable to the child are not enough to reimburse the
298.14 county for the full cost of the care, examination, or treatment, the court ~~shall~~ may inquire
298.15 into the ability of the parents to ~~support the child~~ reimburse the county for the cost of care,
298.16 examination, or treatment and, after giving the parents a reasonable opportunity to be heard,
298.17 the court ~~shall~~ may order, and the responsible social services agency ~~shall~~ may require, the
298.18 parents to contribute to the cost of care, examination, or treatment of the child. When
298.19 determining the amount to be contributed by the parents, the court shall use a fee schedule
298.20 based upon ability to pay that is established by the responsible social services agency and
298.21 approved by the commissioner of human services. The income of a stepparent who has not
298.22 adopted a child shall be excluded in calculating the parental contribution under this section.
298.23 In determining whether to require reimbursement, the responsible social services agency
298.24 shall consider:

298.25 (1) whether requiring reimbursement would compromise the parent's ability to meet the
298.26 requirements of the reunification plan;

298.27 (2) whether requiring reimbursement would compromise the parent's ability to meet the
298.28 child's needs after reunification; and

298.29 (3) whether requiring reimbursement would compromise the parent's ability to meet the
298.30 needs of the family.

298.31 (d) If the responsible social services agency determines that reimbursement is in the
298.32 child's best interest, the court shall order the amount of reimbursement attributable to the
298.33 parents or custodian, or attributable to the child, or attributable to both sources, withheld

299.1 under chapter 518A from the income of the parents or the custodian of the child. A parent
 299.2 or custodian who fails to pay without good reason may be proceeded against for contempt,
 299.3 or the court may inform the county attorney, who shall proceed to collect the unpaid sums,
 299.4 or both procedures may be used.

299.5 (e) If the court orders a physical or mental examination for a child, the examination is
 299.6 a medically necessary service for purposes of determining whether the service is covered
 299.7 by a health insurance policy, health maintenance contract, or other health coverage plan.
 299.8 Court-ordered treatment shall be subject to policy, contract, or plan requirements for medical
 299.9 necessity. Nothing in this paragraph changes or eliminates benefit limits, conditions of
 299.10 coverage, co-payments or deductibles, provider restrictions, or other requirements in the
 299.11 policy, contract, or plan that relate to coverage of other medically necessary services.

299.12 (f) Notwithstanding paragraph (b), (c), or (d), a parent, custodian, or guardian of the
 299.13 child is not required to use income and resources attributable to the child to reimburse the
 299.14 county for costs of care and is not required to contribute to the cost of care of the child
 299.15 during any period of time when the child is returned to the home of that parent, custodian,
 299.16 or guardian pursuant to a trial home visit under section 260C.201, subdivision 1, paragraph
 299.17 (a).

299.18 Sec. 39. Minnesota Statutes 2020, section 260C.513, is amended to read:

299.19 **260C.513 PERMANENCY DISPOSITIONS WHEN CHILD CANNOT RETURN**
 299.20 **HOME.**

299.21 ~~(a) Termination of parental rights and adoption, or guardianship to the commissioner of~~
 299.22 ~~human services through a consent to adopt, are preferred permanency options for a child~~
 299.23 ~~who cannot return home. If the court finds that termination of parental rights and guardianship~~
 299.24 ~~to the commissioner is not in the child's best interests, the court may transfer permanent~~
 299.25 ~~legal and physical custody of the child to a relative when that order is in the child's best~~
 299.26 ~~interests~~ In determining a permanency disposition under section 260C.515 for a child who
 299.27 cannot return home, the court shall give preference to a permanency disposition that will
 299.28 result in the child being placed in the permanent care of a relative through a termination of
 299.29 parental rights and adoption, guardianship to the commissioner of human services through
 299.30 a consent to adopt, or a transfer of permanent legal and physical custody, consistent with
 299.31 the best interests of the child and section 260C.212, subdivision 2, paragraph (a). If a relative
 299.32 is not available to accept placement or the court finds that a permanent placement with a
 299.33 relative is not in the child's best interests, the court may consider a permanency disposition

300.1 that may result in the child being permanently placed in the care of a nonrelative caregiver,
 300.2 including adoption.

300.3 (b) When the court has determined that permanent placement of the child away from
 300.4 the parent is necessary, the court shall consider permanent alternative homes that are available
 300.5 both inside and outside the state.

300.6 Sec. 40. Minnesota Statutes 2021 Supplement, section 260C.605, subdivision 1, is amended
 300.7 to read:

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

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

300.17 (c) Reasonable efforts under paragraph (b) must begin as soon as possible when the
 300.18 child is in foster care under this chapter, but not later than the hearing required under section
 300.19 260C.204.

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

300.21 (1) considering the child's preference for an adoptive family;

300.22 ~~(1)~~ (2) using age-appropriate engagement strategies to plan for adoption with the child;

300.23 ~~(2)~~ (3) identifying an appropriate prospective adoptive parent for the child by updating
 300.24 the child's identified needs using the factors in section 260C.212, subdivision 2;

300.25 ~~(3)~~ (4) making an adoptive placement that meets the child's needs by:

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

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

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

300.31 (ii) an updated search is required whenever:

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

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

301.5 (C) the court determines that a relative search by the agency is in the best interests of
 301.6 the child;

301.7 (iii) engaging the child's relatives or current or former foster parent and the child's
 301.8 ~~relatives identified as an adoptive resource during the search conducted under section~~
 301.9 ~~260C.221, parents~~ to commit to being the prospective adoptive parent of the child, and
 301.10 considering the child's relatives for adoptive placement of the child in the order specified
 301.11 under section 260C.212, subdivision 2, paragraph (a); or

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

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

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

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

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

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

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

301.25 ~~(4)~~ (5) updating and completing the social and medical history required under sections
 301.26 260C.212, subdivision 15, and 260C.609;

301.27 ~~(5)~~ (6) making, and keeping updated, appropriate referrals required by section 260.851,
 301.28 the Interstate Compact on the Placement of Children;

301.29 ~~(6)~~ (7) giving notice regarding the responsibilities of an adoptive parent to any prospective
 301.30 adoptive parent as required under section 259.35;

302.1 ~~(7)~~ (8) offering the adopting parent the opportunity to apply for or decline adoption
302.2 assistance under chapter 256N;

302.3 ~~(8)~~ (9) certifying the child for adoption assistance, assessing the amount of adoption
302.4 assistance, and ascertaining the status of the commissioner's decision on the level of payment
302.5 if the adopting parent has applied for adoption assistance;

302.6 ~~(9)~~ (10) placing the child with siblings. If the child is not placed with siblings, the agency
302.7 must document reasonable efforts to place the siblings together, as well as the reason for
302.8 separation. The agency may not cease reasonable efforts to place siblings together for final
302.9 adoption until the court finds further reasonable efforts would be futile or that placement
302.10 together for purposes of adoption is not in the best interests of one of the siblings; and

302.11 ~~(10)~~ (11) working with the adopting parent to file a petition to adopt the child and with
302.12 the court administrator to obtain a timely hearing to finalize the adoption.

302.13 Sec. 41. Minnesota Statutes 2020, section 260C.607, subdivision 2, is amended to read:

302.14 Subd. 2. **Notice.** Notice of review hearings shall be given by the court to:

302.15 (1) the responsible social services agency;

302.16 (2) the child, if the child is age ten and older;

302.17 (3) the child's guardian ad litem;

302.18 (4) counsel appointed for the child pursuant to section 260C.163, subdivision 3;

302.19 (5) relatives of the child who have kept the court informed of their whereabouts as
302.20 required in section 260C.221 and who have responded to the agency's notice under section
302.21 260C.221, ~~indicating a willingness to provide an adoptive home for the child unless the~~
302.22 ~~relative has been previously ruled out by the court as a suitable foster parent or permanency~~
302.23 ~~resource for the child;~~

302.24 (6) the current foster or adopting parent of the child;

302.25 (7) any foster or adopting parents of siblings of the child; and

302.26 (8) the Indian child's tribe.

302.27 Sec. 42. Minnesota Statutes 2020, section 260C.607, subdivision 5, is amended to read:

302.28 Subd. 5. **Required placement by responsible social services agency.** (a) No petition
302.29 for adoption shall be filed for a child under the guardianship of the commissioner unless
302.30 the child sought to be adopted has been placed for adoption with the adopting parent by the

303.1 responsible social services agency as required under section 260C.613, subdivision 1. The
303.2 court may order the agency to make an adoptive placement using standards and procedures
303.3 under subdivision 6.

303.4 (b) Any relative or the child's foster parent who believes the responsible agency has not
303.5 reasonably considered the relative's or foster parent's request to be considered for adoptive
303.6 placement as required under section 260C.212, subdivision 2, and who wants to be considered
303.7 for adoptive placement of the child shall bring a request for consideration to the attention
303.8 of the court during a review required under this section. The child's guardian ad litem and
303.9 the child may also bring a request for a relative or the child's foster parent to be considered
303.10 for adoptive placement. After hearing from the agency, the court may order the agency to
303.11 take appropriate action regarding the relative's or foster parent's request for consideration
303.12 under section 260C.212, subdivision 2, paragraph (b).

303.13 Sec. 43. Minnesota Statutes 2021 Supplement, section 260C.607, subdivision 6, is amended
303.14 to read:

303.15 Subd. 6. **Motion and hearing to order adoptive placement.** (a) At any time after the
303.16 district court orders the child under the guardianship of the commissioner of human services,
303.17 but not later than 30 days after receiving notice required under section 260C.613, subdivision
303.18 1, paragraph (c), that the agency has made an adoptive placement, a relative or the child's
303.19 foster parent may file a motion for an order for adoptive placement of a child who is under
303.20 the guardianship of the commissioner if the relative or the child's foster parent:

303.21 (1) has an adoption home study under section 259.41 or 260C.611 approving the relative
303.22 or foster parent for adoption ~~and has~~. If the relative or foster parent does not have an adoption
303.23 home study, an affidavit attesting to efforts to complete an adoption home study may be
303.24 filed with the motion. The affidavit must be signed by the relative or foster parent and the
303.25 responsible social services agency or licensed child-placing agency completing the adoption
303.26 home study. The relative or foster parent must also have been a resident of Minnesota for
303.27 at least six months before filing the motion; the court may waive the residency requirement
303.28 for the moving party if there is a reasonable basis to do so; or

303.29 (2) is not a resident of Minnesota, but has an approved adoption home study by an agency
303.30 licensed or approved to complete an adoption home study in the state of the individual's
303.31 residence and the study is filed with the motion for adoptive placement. If the relative or
303.32 foster parent does not have an adoption home study in the relative or foster parent's state
303.33 of residence, an affidavit attesting to efforts to complete an adoption home study may be

304.1 filed with the motion instead. The affidavit must be signed by the relative or foster parent
304.2 and the agency completing the adoption home study.

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

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

304.13 (d) At the evidentiary hearing, the responsible social services agency shall proceed first
304.14 with evidence about the reason for not making the adoptive placement proposed by the
304.15 moving party. When the agency presents evidence regarding the child's current relationship
304.16 with the identified adoptive placement resource, the court must consider the agency's efforts
304.17 to support the child's relationship with the moving party consistent with section 260C.221.
304.18 The moving party then has the burden of proving by a preponderance of the evidence that
304.19 the agency has been unreasonable in failing to make the adoptive placement.

304.20 (e) The court shall review and enter findings regarding whether the agency, in making
304.21 an adoptive placement decision for the child:

304.22 (1) considered relatives for adoptive placement in the order specified under section
304.23 260C.212, subdivision 2, paragraph (a); and

304.24 (2) assessed how the identified adoptive placement resource and the moving party are
304.25 each able to meet the child's current and future needs, based on an individualized
304.26 determination of the child's needs, as required under sections 260C.212, subdivision 2, and
304.27 260C.613, subdivision 1, paragraph (b).

304.28 ~~(e)~~ (f) At the conclusion of the evidentiary hearing, if the court finds that the agency has
304.29 been unreasonable in failing to make the adoptive placement and that the ~~relative or the~~
304.30 ~~child's foster parent~~ moving party is the most suitable adoptive home to meet the child's
304.31 needs using the factors in section 260C.212, subdivision 2, paragraph (b), the court may:

305.1 (1) order the responsible social services agency to make an adoptive placement in the
305.2 home of the relative or the child's foster parent. ~~moving party~~ if the moving party has an
305.3 approved adoption home study; or

305.4 (2) order the responsible social services agency to place the child in the home of the
305.5 moving party upon approval of an adoption home study. The agency must promote and
305.6 support the child's ongoing visitation and contact with the moving party until the child is
305.7 placed in the moving party's home. The agency must provide an update to the court after
305.8 90 days, including progress and any barriers encountered. If the moving party does not have
305.9 an approved adoption home study within 180 days, the moving party and the agency must
305.10 inform the court of any barriers to obtaining the approved adoption home study during a
305.11 review hearing under this section. If the court finds that the moving party is unable to obtain
305.12 an approved adoption home study, the court must dismiss the order for adoptive placement
305.13 under this subdivision and order the agency to continue making reasonable efforts to finalize
305.14 the adoption of the child as required under section 260C.605.

305.15 ~~(f)~~ (g) If, in order to ensure that a timely adoption may occur, the court orders the
305.16 responsible social services agency to make an adoptive placement under this subdivision,
305.17 the agency shall:

305.18 (1) make reasonable efforts to obtain a fully executed adoption placement agreement,
305.19 including assisting the moving party with the adoption home study process;

305.20 (2) work with the moving party regarding eligibility for adoption assistance as required
305.21 under chapter 256N; and

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

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

305.31 Sec. 44. Minnesota Statutes 2020, section 260C.613, subdivision 1, is amended to read:

305.32 Subdivision 1. **Adoptive placement decisions.** (a) The responsible social services agency
305.33 has exclusive authority to make an adoptive placement of a child under the guardianship of

306.1 the commissioner. The child shall be considered placed for adoption when the adopting
306.2 parent, the agency, and the commissioner have fully executed an adoption placement
306.3 agreement on the form prescribed by the commissioner.

306.4 (b) The responsible social services agency shall use an individualized determination of
306.5 the child's current and future needs, pursuant to section 260C.212, subdivision 2, paragraph
306.6 (b), to determine the most suitable adopting parent for the child in the child's best interests.
306.7 The responsible social services agency must consider adoptive placement of the child with
306.8 relatives in the order specified in section 260C.212, subdivision 2, paragraph (a).

306.9 (c) The responsible social services agency shall notify the court and parties entitled to
306.10 notice under section 260C.607, subdivision 2, when there is a fully executed adoption
306.11 placement agreement for the child.

306.12 (d) In the event an adoption placement agreement terminates, the responsible social
306.13 services agency shall notify the court, the parties entitled to notice under section 260C.607,
306.14 subdivision 2, and the commissioner that the agreement and the adoptive placement have
306.15 terminated.

306.16 Sec. 45. Minnesota Statutes 2020, section 260C.613, subdivision 5, is amended to read:

306.17 Subd. 5. **Required record keeping.** The responsible social services agency shall
306.18 document, in the records required to be kept under section 259.79, the reasons for the
306.19 adoptive placement decision regarding the child, including the individualized determination
306.20 of the child's needs based on the factors in section 260C.212, subdivision 2, paragraph (b);
306.21 the agency's consideration of relatives in the order specified in section 260C.212, subdivision
306.22 2, paragraph (a); and the assessment of how the selected adoptive placement meets the
306.23 identified needs of the child. The responsible social services agency shall retain in the
306.24 records required to be kept under section 259.79, copies of all out-of-home placement plans
306.25 made since the child was ordered under guardianship of the commissioner and all court
306.26 orders from reviews conducted pursuant to section 260C.607.

306.27 Sec. 46. Minnesota Statutes 2021 Supplement, section 260E.20, subdivision 2, is amended
306.28 to read:

306.29 Subd. 2. **Face-to-face contact.** (a) Upon receipt of a screened in report, the local welfare
306.30 agency shall conduct a face-to-face contact with the child reported to be maltreated and
306.31 with the child's primary caregiver sufficient to complete a safety assessment and ensure the
306.32 immediate safety of the child. When it is possible and the report alleges substantial
306.33 endangerment or sexual abuse, the local welfare agency or agency responsible for assessing

307.1 or investigating the report is not required to provide notice before conducting the initial
307.2 face-to-face contact with the child and the child's primary caregiver.

307.3 (b) The face-to-face contact with the child and primary caregiver shall occur immediately
307.4 if sexual abuse or substantial child endangerment is alleged and within five calendar days
307.5 for all other reports. If the alleged offender was not already interviewed as the primary
307.6 caregiver, the local welfare agency shall also conduct a face-to-face interview with the
307.7 alleged offender in the early stages of the assessment or investigation. Face-to-face contact
307.8 with the child and primary caregiver in response to a report alleging sexual abuse or
307.9 substantial child endangerment may be postponed for no more than five calendar days if
307.10 the child is residing in a location that is confirmed to restrict contact with the alleged offender
307.11 as established in guidelines issued by the commissioner, or if the local welfare agency is
307.12 pursuing a court order for the child's caregiver to produce the child for questioning under
307.13 section 260E.22, subdivision 5.

307.14 (c) At the initial contact with the alleged offender, the local welfare agency or the agency
307.15 responsible for assessing or investigating the report must inform the alleged offender of the
307.16 complaints or allegations made against the individual in a manner consistent with laws
307.17 protecting the rights of the person who made the report. The interview with the alleged
307.18 offender may be postponed if it would jeopardize an active law enforcement investigation.

307.19 (d) The local welfare agency or the agency responsible for assessing or investigating
307.20 the report must provide the alleged offender with an opportunity to make a statement. The
307.21 alleged offender may submit supporting documentation relevant to the assessment or
307.22 investigation.

307.23 Sec. 47. Minnesota Statutes 2020, section 260E.22, subdivision 2, is amended to read:

307.24 Subd. 2. **Child interview procedure.** (a) The interview may take place at school or at
307.25 any facility or other place where the alleged victim or other children might be found or the
307.26 child may be transported to, and the interview may be conducted at a place appropriate for
307.27 the interview of a child designated by the local welfare agency or law enforcement agency.

307.28 (b) When it is possible and the report alleges substantial endangerment or sexual abuse,
307.29 the interview may take place outside the presence of the alleged offender or parent, legal
307.30 custodian, guardian, or school official. and may take place prior to any interviews of the
307.31 alleged offender.

308.1 ~~(e) For a family assessment, it is the preferred practice to request a parent or guardian's~~
308.2 ~~permission to interview the child before conducting the child interview, unless doing so~~
308.3 ~~would compromise the safety assessment.~~

308.4 Sec. 48. Minnesota Statutes 2020, section 260E.24, subdivision 2, is amended to read:

308.5 Subd. 2. **Determination after family assessment.** After conducting a family assessment,
308.6 the local welfare agency shall determine whether child protective services are needed to
308.7 address the safety of the child and other family members and the risk of subsequent
308.8 maltreatment. The local welfare agency must document the information collected under
308.9 section 260E.20, subdivision 3, related to the completed family assessment in the child's or
308.10 family's case notes.

308.11 Sec. 49. Minnesota Statutes 2020, section 268.19, subdivision 1, is amended to read:

308.12 Subdivision 1. **Use of data.** (a) Except as provided by this section, data gathered from
308.13 any person under the administration of the Minnesota Unemployment Insurance Law are
308.14 private data on individuals or nonpublic data not on individuals as defined in section 13.02,
308.15 subdivisions 9 and 12, and may not be disclosed except according to a district court order
308.16 or section 13.05. A subpoena is not considered a district court order. These data may be
308.17 disseminated to and used by the following agencies without the consent of the subject of
308.18 the data:

308.19 (1) state and federal agencies specifically authorized access to the data by state or federal
308.20 law;

308.21 (2) any agency of any other state or any federal agency charged with the administration
308.22 of an unemployment insurance program;

308.23 (3) any agency responsible for the maintenance of a system of public employment offices
308.24 for the purpose of assisting individuals in obtaining employment;

308.25 (4) the public authority responsible for child support in Minnesota or any other state in
308.26 accordance with section 256.978;

308.27 (5) human rights agencies within Minnesota that have enforcement powers;

308.28 (6) the Department of Revenue to the extent necessary for its duties under Minnesota
308.29 laws;

308.30 (7) public and private agencies responsible for administering publicly financed assistance
308.31 programs for the purpose of monitoring the eligibility of the program's recipients;

309.1 (8) the Department of Labor and Industry and the Commerce Fraud Bureau in the
309.2 Department of Commerce for uses consistent with the administration of their duties under
309.3 Minnesota law;

309.4 (9) the Department of Human Services and the Office of Inspector General and its agents
309.5 within the Department of Human Services, including county fraud investigators, for
309.6 investigations related to recipient or provider fraud and employees of providers when the
309.7 provider is suspected of committing public assistance fraud;

309.8 (10) local and state welfare agencies for monitoring the eligibility of the data subject
309.9 for assistance programs, or for any employment or training program administered by those
309.10 agencies, whether alone, in combination with another welfare agency, or in conjunction
309.11 with the department or to monitor and evaluate the statewide Minnesota family investment
309.12 program and other cash assistance programs, the Supplemental Nutrition Assistance Program
309.13 (SNAP), and the Supplemental Nutrition Assistance Program Employment and Training
309.14 program by providing data on recipients and former recipients of Supplemental Nutrition
309.15 Assistance Program (~~SNAP~~) benefits, cash assistance under chapter 256, 256D, 256J, or
309.16 256K, child care assistance under chapter 119B, or medical programs under chapter 256B
309.17 or 256L or formerly codified under chapter 256D;

309.18 (11) local and state welfare agencies for the purpose of identifying employment, wages,
309.19 and other information to assist in the collection of an overpayment debt in an assistance
309.20 program;

309.21 (12) local, state, and federal law enforcement agencies for the purpose of ascertaining
309.22 the last known address and employment location of an individual who is the subject of a
309.23 criminal investigation;

309.24 (13) the United States Immigration and Customs Enforcement has access to data on
309.25 specific individuals and specific employers provided the specific individual or specific
309.26 employer is the subject of an investigation by that agency;

309.27 (14) the Department of Health for the purposes of epidemiologic investigations;

309.28 (15) the Department of Corrections for the purposes of case planning and internal research
309.29 for preprobation, probation, and postprobation employment tracking of offenders sentenced
309.30 to probation and preconfinement and postconfinement employment tracking of committed
309.31 offenders;

309.32 (16) the state auditor to the extent necessary to conduct audits of job opportunity building
309.33 zones as required under section 469.3201; and

310.1 (17) the Office of Higher Education for purposes of supporting program improvement,
310.2 system evaluation, and research initiatives including the Statewide Longitudinal Education
310.3 Data System.

310.4 (b) Data on individuals and employers that are collected, maintained, or used by the
310.5 department in an investigation under section 268.182 are confidential as to data on individuals
310.6 and protected nonpublic data not on individuals as defined in section 13.02, subdivisions 3
310.7 and 13, and must not be disclosed except under statute or district court order or to a party
310.8 named in a criminal proceeding, administrative or judicial, for preparation of a defense.

310.9 (c) Data gathered by the department in the administration of the Minnesota unemployment
310.10 insurance program must not be made the subject or the basis for any suit in any civil
310.11 proceedings, administrative or judicial, unless the action is initiated by the department.

310.12 Sec. 50. Minnesota Statutes 2020, section 477A.0126, is amended by adding a subdivision
310.13 to read:

310.14 Subd. 3a. **Transfer of withheld aid amounts.** (a) For aid payable in 2023 and later, the
310.15 commissioner must transfer the total amount of the aid reductions under subdivision 3,
310.16 paragraph (d), for that year to the Board of Regents of the University of Minnesota for the
310.17 Tribal and Training Certification Partnership in the College of Education and Human Service
310.18 Professions at the University of Minnesota, Duluth.

310.19 (b) In order to support consistent training and county compliance with the Indian Child
310.20 Welfare Act and the Minnesota Indian Family Preservation Act, the Tribal Training and
310.21 Certification Partnership must use funds transferred under this subdivision to (1) enhance
310.22 training on the Indian Child Welfare Act and Minnesota Indian Family Preservation Act
310.23 for county workers and state guardians ad litem, and (2) build indigenous child welfare
310.24 training for the Tribal child welfare workforce.

310.25 **EFFECTIVE DATE.** This section is effective for aid payable in 2023 and later.

310.26 Sec. 51. Minnesota Statutes 2020, section 477A.0126, subdivision 7, is amended to read:

310.27 **Subd. 7. Appropriation.** (a) \$5,000,000 is annually appropriated to the commissioner
310.28 of revenue from the general fund to pay aid and make transfers required under this section.

310.29 (b) \$390,000 is appropriated annually from the general fund to the commissioner of
310.30 human services to implement subdivision 6.

310.31 **EFFECTIVE DATE.** This section is effective for aid payable in 2023 and later.

311.1 Sec. 52. Minnesota Statutes 2020, section 518A.43, subdivision 1, is amended to read:

311.2 Subdivision 1. **General factors.** Among other reasons, deviation from the presumptive
311.3 child support obligation computed under section 518A.34 is intended to encourage prompt
311.4 and regular payments of child support and to prevent either parent or the joint children from
311.5 living in poverty. In addition to the child support guidelines and other factors used to calculate
311.6 the child support obligation under section 518A.34, the court must take into consideration
311.7 the following factors in setting or modifying child support or in determining whether to
311.8 deviate upward or downward from the presumptive child support obligation:

311.9 (1) all earnings, income, circumstances, and resources of each parent, including real and
311.10 personal property, but excluding income from excess employment of the obligor or obligee
311.11 that meets the criteria of section 518A.29, paragraph (b);

311.12 (2) the extraordinary financial needs and resources, physical and emotional condition,
311.13 and educational needs of the child to be supported;

311.14 (3) the standard of living the child would enjoy if the parents were currently living
311.15 together, but recognizing that the parents now have separate households;

311.16 (4) whether the child resides in a foreign country for more than one year that has a
311.17 substantially higher or lower cost of living than this country;

311.18 (5) which parent receives the income taxation dependency exemption and the financial
311.19 benefit the parent receives from it;

311.20 (6) the parents' debts as provided in subdivision 2; ~~and~~

311.21 (7) the obligor's total payments for court-ordered child support exceed the limitations
311.22 set forth in section 571.922; and

311.23 (8) in cases involving court-ordered out-of-home placement, whether ordering and
311.24 redirecting a child support obligation to reimburse the county for the cost of care,
311.25 examination, or treatment would compromise the parent's ability to meet the requirements
311.26 of a reunification plan or the parent's ability to meet the child's needs after reunification.

311.27 Sec. 53. Laws 2021, First Special Session chapter 7, article 10, section 1, the effective
311.28 date, is amended to read:

311.29 **EFFECTIVE DATE.** This section is effective June 1, ~~2022~~ 2023.

312.1 Sec. 54. Laws 2021, First Special Session chapter 7, article 10, section 3, is amended to
312.2 read:

312.3 Sec. 3. **LEGISLATIVE TASK FORCE; CHILD PROTECTION.**

312.4 (a) A legislative task force is created to:

312.5 ~~(1) review the efforts being made to implement the recommendations of the Governor's~~
312.6 ~~Task Force on the Protection of Children;~~

312.7 ~~(2) expand the efforts into related areas of the child welfare system;~~

312.8 ~~(3) work with the commissioner of human services and community partners to establish~~
312.9 ~~and evaluate child protection grants to address disparities in child welfare pursuant to~~
312.10 ~~Minnesota Statutes, section 256E.28;~~

312.11 ~~(4) review and recommend alternatives to law enforcement responding to a maltreatment~~
312.12 ~~report by removing the child and evaluate situations in which it may be appropriate for a~~
312.13 ~~social worker or other child protection worker to remove the child from the home;~~

312.14 ~~(5)~~ (1) evaluate current statutes governing mandatory reporters, consider the modification
312.15 of mandatory reporting requirements for private or public youth recreation programs, and,
312.16 if necessary, introduce legislation by February 15, ~~2022~~ 2023, to implement appropriate
312.17 modifications; and

312.18 ~~(6) evaluate and consider the intersection of educational neglect and the child protection~~
312.19 ~~system; and~~

312.20 ~~(7)~~ (2) identify additional areas within the child welfare system that need to be addressed
312.21 by the legislature.

312.22 (b) Members of the legislative task force shall include:

312.23 (1) six members from the house of representatives appointed by the speaker of the house,
312.24 including three from the majority party and three from the minority party; and

312.25 (2) six members from the senate, including three members appointed by the senate
312.26 majority leader and three members appointed by the senate minority leader.

312.27 (c) Members of the task force shall serve a term that expires on December 31 of the
312.28 ~~even-numbered~~ odd-numbered year following the year they are appointed. The speaker of
312.29 the house and the majority leader of the senate shall each appoint a chair and vice-chair
312.30 from the membership of the task force. The chair shall rotate after each meeting. The task
312.31 force must meet at least quarterly.

313.1 (d) Initial appointments to the task force shall be made by July 15, ~~2021~~ 2022. The chair
313.2 shall convene the first meeting of the task force by August 15, ~~2021~~ 2022.

313.3 (e) The task force may provide oversight and monitoring of:

313.4 (1) the efforts by the Department of Human Services, counties, and Tribes to implement
313.5 laws related to child protection;

313.6 (2) efforts by the Department of Human Services, counties, and Tribes to implement the
313.7 recommendations of the Governor's Task Force on the Protection of Children;

313.8 (3) efforts by agencies including but not limited to the Department of Education, the
313.9 Housing Finance Agency, the Department of Corrections, and the Department of Public
313.10 Safety, to work with the Department of Human Services to assure safety and well-being for
313.11 children at risk of harm or children in the child welfare system; and

313.12 (4) efforts by the Department of Human Services, other agencies, counties, and Tribes
313.13 to implement best practices to ensure every child is protected from maltreatment and neglect
313.14 and to ensure every child has the opportunity for healthy development.

313.15 ~~(f) The task force, in cooperation with the commissioner of human services, shall issue~~
313.16 ~~a report to the legislature and governor by February 1, 2024. The report must contain~~
313.17 ~~information on the progress toward implementation of changes to the child protection system,~~
313.18 ~~recommendations for additional legislative changes and procedures affecting child protection~~
313.19 ~~and child welfare, and funding needs to implement recommended changes.~~

313.20 ~~(g)~~ (f) This section expires December 31, ~~2024~~ 2025.

313.21 Sec. 55. Laws 2021, First Special Session chapter 8, article 6, section 1, subdivision 7, is
313.22 amended to read:

313.23 Subd. 7. **Report.** (a) No later than February 1, 2022, the task force shall submit an initial
313.24 report to the chairs and ranking minority members of the house of representatives and senate
313.25 committees and divisions with jurisdiction over housing and preventing homelessness on
313.26 its findings and recommendations.

313.27 (b) No later than ~~August 31~~ December 15, 2022, the task force shall submit a final report
313.28 to the chairs and ranking minority members of the house of representatives and senate
313.29 committees and divisions with jurisdiction over housing and preventing homelessness on
313.30 its findings and recommendations.

314.1 **ARTICLE 11**

314.2 **OPERATIONS AND LICENSING POLICY**

314.3 Section 1. Minnesota Statutes 2020, section 245G.06, is amended by adding a subdivision
314.4 to read:

314.5 Subd. 2a. **Client record documentation requirements.** (a) The license holder must
314.6 document in the client record any significant event that occurs at the program within 24
314.7 hours of the event. A significant event is an event that impacts the client's treatment plan
314.8 or the client's relationship with other clients, staff, or the client's family.

314.9 (b) A residential treatment program must document in the client record the following
314.10 items within 24 hours that each occurs:

314.11 (1) medical and other appointments the client attended if known by the provider;

314.12 (2) concerns related to medications that are not documented in the medication
314.13 administration record; and

314.14 (3) concerns related to attendance for treatment services, including the reason for any
314.15 client absence from a treatment service.

314.16 Sec. 2. Minnesota Statutes 2020, section 245G.06, subdivision 3, is amended to read:

314.17 ~~Subd. 3. **Documentation of treatment services; Treatment plan review.** (a) A review~~
314.18 ~~of all treatment services must be documented weekly and include a review of:~~

314.19 ~~(1) care coordination activities;~~

314.20 ~~(2) medical and other appointments the client attended;~~

314.21 ~~(3) issues related to medications that are not documented in the medication administration~~
314.22 ~~record; and~~

314.23 ~~(4) issues related to attendance for treatment services, including the reason for any client~~
314.24 ~~absence from a treatment service.~~

314.25 ~~(b) A note must be entered immediately following any significant event. A significant~~
314.26 ~~event is an event that impacts the client's relationship with other clients, staff, the client's~~
314.27 ~~family, or the client's treatment plan.~~

314.28 ~~(c) A treatment plan review must be entered in a client's file weekly or after each treatment~~
314.29 ~~service, whichever is less frequent, by the staff member providing the service by an alcohol~~
314.30 ~~and drug counselor at least every 28 calendar days; when there is a significant change in~~
314.31 ~~the client's situation, functioning, or service methods; or at the request of the client. The~~

315.1 review must indicate the span of time covered by the review and each of the six dimensions
 315.2 listed in section 245G.05, subdivision 2, paragraph (c). The review must:

315.3 ~~(1) indicate the date, type, and amount of each treatment service provided and the client's~~
 315.4 ~~response to each service;~~

315.5 ~~(2)~~ address each goal in the treatment plan and whether the methods to address the goals
 315.6 are effective;

315.7 ~~(3)~~ (2) include monitoring of any physical and mental health problems;

315.8 ~~(4)~~ (3) document the participation of others;

315.9 ~~(5)~~ (4) document staff recommendations for changes in the methods identified in the
 315.10 treatment plan and whether the client agrees with the change; and

315.11 ~~(6)~~ (5) include a review and evaluation of the individual abuse prevention plan according
 315.12 to section 245A.65.

315.13 ~~(d)~~ (b) Each entry in a client's record must be accurate, legible, signed, and dated. A late
 315.14 entry must be clearly labeled "late entry." A correction to an entry must be made in a way
 315.15 in which the original entry can still be read.

315.16 **EFFECTIVE DATE.** This section is effective August 1, 2022.

315.17 Sec. 3. Laws 2021, First Special Session chapter 7, article 2, section 74, is amended by
 315.18 adding a subdivision to read:

315.19 Subd. 4a. **Furnishing and analyzing data.** In the event the Department of Human
 315.20 Services is unable to furnish or analyze the relevant data on the background studies,
 315.21 disqualifications, set-asides, and other relevant topics under this section, the department
 315.22 may use an outside organization to analyze and furnish the relevant data to the task force.

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

315.24 **ARTICLE 12**

315.25 **DIRECT CARE AND TREATMENT POLICY**

315.26 Section 1. Minnesota Statutes 2020, section 253B.18, subdivision 6, is amended to read:

315.27 Subd. 6. **Transfer.** (a) A patient who is a person who has a mental illness and is
 315.28 dangerous to the public shall not be transferred out of a secure treatment facility unless it
 315.29 appears to the satisfaction of the commissioner, after a hearing and favorable recommendation
 315.30 by a majority of the special review board, that the transfer is appropriate. Transfer may be

316.1 to another state-operated treatment program. In those instances where a commitment also
316.2 exists to the Department of Corrections, transfer may be to a facility designated by the
316.3 commissioner of corrections.

316.4 (b) The following factors must be considered in determining whether a transfer is
316.5 appropriate:

316.6 (1) the person's clinical progress and present treatment needs;

316.7 (2) the need for security to accomplish continuing treatment;

316.8 (3) the need for continued institutionalization;

316.9 (4) which facility can best meet the person's needs; and

316.10 (5) whether transfer can be accomplished with a reasonable degree of safety for the
316.11 public.

316.12 (c) If a committed person has been transferred out of a secure treatment facility pursuant
316.13 to this subdivision, that committed person may voluntarily return to a secure treatment
316.14 facility for a period of up to 60 days with the consent of the head of the treatment facility.

316.15 (d) If the committed person is not returned to the original, nonsecure transfer facility
316.16 within 60 days of being readmitted to a secure treatment facility, the transfer is revoked and
316.17 the committed person must remain in a secure treatment facility. The committed person
316.18 must immediately be notified in writing of the revocation.

316.19 (e) Within 15 days of receiving notice of the revocation, the committed person may
316.20 petition the special review board for a review of the revocation. The special review board
316.21 shall review the circumstances of the revocation and shall recommend to the commissioner
316.22 whether or not the revocation should be upheld. The special review board may also
316.23 recommend a new transfer at the time of the revocation hearing.

316.24 (f) No action by the special review board is required if the transfer has not been revoked
316.25 and the committed person is returned to the original, nonsecure transfer facility with no
316.26 substantive change to the conditions of the transfer ordered under this subdivision.

316.27 (g) The head of the treatment facility may revoke a transfer made under this subdivision
316.28 and require a committed person to return to a secure treatment facility if:

316.29 (1) remaining in a nonsecure setting does not provide a reasonable degree of safety to
316.30 the committed person or others; or

316.31 (2) the committed person has regressed clinically and the facility to which the committed
316.32 person was transferred does not meet the committed person's needs.

317.1 (h) Upon the revocation of the transfer, the committed person must be immediately
 317.2 returned to a secure treatment facility. A report documenting the reasons for revocation
 317.3 must be issued by the head of the treatment facility within seven days after the committed
 317.4 person is returned to the secure treatment facility. Advance notice to the committed person
 317.5 of the revocation is not required.

317.6 (i) The committed person must be provided a copy of the revocation report and informed,
 317.7 orally and in writing, of the rights of a committed person under this section. The revocation
 317.8 report must be served upon the committed person, the committed person's counsel, and the
 317.9 designated agency. The report must outline the specific reasons for the revocation, including
 317.10 but not limited to the specific facts upon which the revocation is based.

317.11 (j) If a committed person's transfer is revoked, the committed person may re-petition for
 317.12 transfer according to subdivision 5.

317.13 (k) A committed person aggrieved by a transfer revocation decision may petition the
 317.14 special review board within seven business days after receipt of the revocation report for a
 317.15 review of the revocation. The matter must be scheduled within 30 days. The special review
 317.16 board shall review the circumstances leading to the revocation and, after considering the
 317.17 factors in paragraph (b), shall recommend to the commissioner whether or not the revocation
 317.18 shall be upheld. The special review board may also recommend a new transfer out of a
 317.19 secure treatment facility at the time of the revocation hearing.

317.20 Sec. 2. **REPEALER.**

317.21 Minnesota Statutes 2020, sections 246.0136; 252.025, subdivision 7; and 252.035, are
 317.22 repealed.

317.23

ARTICLE 13

317.24

DEPARTMENT OF HEALTH

317.25 Section 1. Minnesota Statutes 2020, section 103I.005, subdivision 17a, is amended to
 317.26 read:

317.27 Subd. 17a. ~~Temporary boring~~ **Submerged closed loop heat exchanger.** ~~"Temporary~~
 317.28 ~~boring"~~ **"Submerged closed loop heat exchanger"** ~~means an excavation that is 15 feet or~~
 317.29 ~~more in depth, is sealed within 72 hours of the time of construction, and is drilled, cored,~~
 317.30 ~~washed, driven, dug, jetted, or otherwise constructed to~~ **a heating and cooling system that:**

317.31 ~~(1) conduct physical, chemical, or biological testing of groundwater, including~~
 317.32 ~~groundwater quality monitoring~~ **is installed in a water supply well;**

318.1 ~~(2) monitor or measure physical, chemical, radiological, or biological parameters of~~
 318.2 ~~earth materials or earth fluids, including hydraulic conductivity, bearing capacity, or~~
 318.3 ~~resistance~~ utilizes the convective flow of groundwater as the primary medium of heat
 318.4 exchange;

318.5 ~~(3) measure groundwater levels, including use of a piezometer~~ contains potable water
 318.6 as the heat transfer fluid; and

318.7 ~~(4) determine groundwater flow direction or velocity~~ operates using nonconsumptive
 318.8 recirculation.

318.9 A submerged closed loop heat exchanger also includes submersible pumps, a heat exchanger
 318.10 device, piping, and other necessary appurtenances.

318.11 Sec. 2. Minnesota Statutes 2020, section 103I.005, is amended by adding a subdivision
 318.12 to read:

318.13 Subd. 17b. **Temporary boring.** "Temporary boring" means an excavation that is 15
 318.14 feet or more in depth, is sealed within 72 hours of the time of construction, and is drilled,
 318.15 cored, washed, driven, dug, jetted, or otherwise constructed to:

318.16 (1) conduct physical, chemical, or biological testing of groundwater, including
 318.17 groundwater quality monitoring;

318.18 (2) monitor or measure physical, chemical, radiological, or biological parameters of
 318.19 earth materials or earth fluids, including hydraulic conductivity, bearing capacity, or
 318.20 resistance;

318.21 (3) measure groundwater levels, including use of a piezometer; and

318.22 (4) determine groundwater flow direction or velocity.

318.23 Sec. 3. Minnesota Statutes 2020, section 103I.005, subdivision 20a, is amended to read:

318.24 Subd. 20a. **Water supply well.** "Water supply well" means a well that is not a dewatering
 318.25 well or environmental well and includes wells used:

318.26 (1) for potable water supply;

318.27 (2) for irrigation;

318.28 (3) for agricultural, commercial, or industrial water supply;

318.29 (4) for heating or cooling; ~~and~~

318.30 (5) for containing a submerged closed loop heat exchanger; and

319.1 (6) for testing water yield for irrigation, commercial or industrial uses, residential supply,
319.2 or public water supply.

319.3 Sec. 4. [103I.631] INSTALLATION OF A SUBMERGED CLOSED LOOP HEAT
319.4 EXCHANGER.

319.5 Subdivision 1. **Installation.** Notwithstanding any other provision of law, the
319.6 commissioner must allow the installation of a submerged closed loop heat exchanger in a
319.7 water supply well. A project may consist of more than one water supply well on a particular
319.8 site.

319.9 Subd. 2. **Setbacks.** Water supply wells used only for the nonpotable purpose of providing
319.10 heating and cooling using a submerged closed loop heat exchanger are exempt from isolation
319.11 distance requirements greater than ten feet.

319.12 Subd. 3. **Construction.** The screened interval of a water supply well constructed to
319.13 contain a submerged closed loop heat exchanger completed within a single aquifer may be
319.14 designed and constructed using any combination of screen, casing, leader, riser, sump, or
319.15 other piping combinations, so long as the screen configuration does not interconnect aquifers.

319.16 Subd. 4. **Permits.** A submerged closed loop heat exchanger is not subject to the permit
319.17 requirements in this chapter.

319.18 Subd. 5. **Variances.** A variance is not required to install or operate a submerged closed
319.19 loop heat exchanger.

319.20 Sec. 5. Minnesota Statutes 2020, section 144.057, subdivision 1, is amended to read:

319.21 Subdivision 1. **Background studies required.** (a) Except as specified in paragraph (b),
319.22 the commissioner of health shall contract with the commissioner of human services to
319.23 conduct background studies of:

319.24 (1) individuals providing services that have direct contact, as defined under section
319.25 245C.02, subdivision 11, with patients and residents in hospitals, boarding care homes,
319.26 outpatient surgical centers licensed under sections 144.50 to 144.58; nursing homes and
319.27 home care agencies licensed under chapter 144A; assisted living facilities and assisted living
319.28 facilities with dementia care licensed under chapter 144G; and board and lodging
319.29 establishments that are registered to provide supportive or health supervision services under
319.30 section 157.17;

319.31 (2) individuals specified in section 245C.03, subdivision 1, who perform direct contact
319.32 services in a nursing home or a home care agency licensed under chapter 144A; an assisted

320.1 living facility or assisted living facility with dementia care licensed under chapter 144G;
 320.2 or a boarding care home licensed under sections 144.50 to 144.58. If the individual under
 320.3 study resides outside Minnesota, the study must include a check for substantiated findings
 320.4 of maltreatment of adults and children in the individual's state of residence when the
 320.5 information is made available by that state, and must include a check of the National Crime
 320.6 Information Center database;

320.7 (3) all other employees in assisted living facilities or assisted living facilities with
 320.8 dementia care licensed under chapter 144G, nursing homes licensed under chapter 144A,
 320.9 and boarding care homes licensed under sections 144.50 to 144.58. A disqualification of
 320.10 an individual in this section shall disqualify the individual from positions allowing direct
 320.11 contact or access to patients or residents receiving services. "Access" means physical access
 320.12 to a client or the client's personal property without continuous, direct supervision as defined
 320.13 in section 245C.02, subdivision 8, when the employee's employment responsibilities do not
 320.14 include providing direct contact services;

320.15 (4) individuals employed by a supplemental nursing services agency, as defined under
 320.16 section 144A.70, who are providing services in health care facilities; ~~and~~

320.17 (5) controlling persons of a supplemental nursing services agency, as defined under
 320.18 section 144A.70; and

320.19 (6) license applicants, owners, managerial officials, and controlling individuals who are
 320.20 required under section 144A.476, subdivision 1, or 144G.13, subdivision 1, to undergo a
 320.21 background study under chapter 245C, regardless of the licensure status of the license
 320.22 applicant, owner, managerial official, or controlling individual.

320.23 (b) The commissioner of human services shall not conduct a background study on any
 320.24 individual identified in paragraph (a), clauses (1) to (5), if the individual has a valid license
 320.25 issued by a health-related licensing board as defined in section 214.01, subdivision 2, and
 320.26 has completed the criminal background check as required in section 214.075. An entity that
 320.27 is affiliated with individuals who meet the requirements of this paragraph must separate
 320.28 those individuals from the entity's roster for NETStudy 2.0.

320.29 (c) If a facility or program is licensed by the Department of Human Services and subject
 320.30 to the background study provisions of chapter 245C and is also licensed by the Department
 320.31 of Health, the Department of Human Services is solely responsible for the background
 320.32 studies of individuals in the jointly licensed programs.

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

321.1 Sec. 6. Minnesota Statutes 2020, section 144.1222, subdivision 2d, is amended to read:

321.2 Subd. 2d. **Hot tubs on rental ~~houseboats~~ property.** (a) A ~~hot water~~ spa pool intended
321.3 for seated recreational use, including a hot tub or whirlpool, that is located on a houseboat
321.4 that is rented to the public is not a public pool and is exempt from the requirements for
321.5 public pools under this section and Minnesota Rules, chapter 4717.

321.6 (b) A spa pool intended for seated recreational use, including a hot tub or whirlpool,
321.7 that is located on the property of a stand-alone single-unit rental property that is rented to
321.8 the public by the property owner or through a resort and the spa pool is only intended to be
321.9 used by the occupants of the rental property, is not a public pool and is exempt from the
321.10 requirements for public pools under this section and Minnesota Rules, chapter 4717.

321.11 (c) A ~~hot water~~ spa pool under this subdivision must be conspicuously posted with the
321.12 following notice to renters:

321.13 "NOTICE

321.14 This spa is exempt from state and local sanitary requirements that prevent disease
321.15 transmission.

321.16 USE AT YOUR OWN RISK

321.17 This notice is required under Minnesota Statutes, section 144.1222, subdivision 2d."

321.18 Sec. 7. Minnesota Statutes 2021 Supplement, section 144.551, subdivision 1, is amended
321.19 to read:

321.20 Subdivision 1. **Restricted construction or modification.** (a) The following construction
321.21 or modification may not be commenced:

321.22 (1) any erection, building, alteration, reconstruction, modernization, improvement,
321.23 extension, lease, or other acquisition by or on behalf of a hospital that increases the bed
321.24 capacity of a hospital, relocates hospital beds from one physical facility, complex, or site
321.25 to another, or otherwise results in an increase or redistribution of hospital beds within the
321.26 state; and

321.27 (2) the establishment of a new hospital.

321.28 (b) This section does not apply to:

321.29 (1) construction or relocation within a county by a hospital, clinic, or other health care
321.30 facility that is a national referral center engaged in substantial programs of patient care,

322.1 medical research, and medical education meeting state and national needs that receives more
322.2 than 40 percent of its patients from outside the state of Minnesota;

322.3 (2) a project for construction or modification for which a health care facility held an
322.4 approved certificate of need on May 1, 1984, regardless of the date of expiration of the
322.5 certificate;

322.6 (3) a project for which a certificate of need was denied before July 1, 1990, if a timely
322.7 appeal results in an order reversing the denial;

322.8 (4) a project exempted from certificate of need requirements by Laws 1981, chapter 200,
322.9 section 2;

322.10 (5) a project involving consolidation of pediatric specialty hospital services within the
322.11 Minneapolis-St. Paul metropolitan area that would not result in a net increase in the number
322.12 of pediatric specialty hospital beds among the hospitals being consolidated;

322.13 (6) a project involving the temporary relocation of pediatric-orthopedic hospital beds to
322.14 an existing licensed hospital that will allow for the reconstruction of a new philanthropic,
322.15 pediatric-orthopedic hospital on an existing site and that will not result in a net increase in
322.16 the number of hospital beds. Upon completion of the reconstruction, the licenses of both
322.17 hospitals must be reinstated at the capacity that existed on each site before the relocation;

322.18 (7) the relocation or redistribution of hospital beds within a hospital building or
322.19 identifiable complex of buildings provided the relocation or redistribution does not result
322.20 in: (i) an increase in the overall bed capacity at that site; (ii) relocation of hospital beds from
322.21 one physical site or complex to another; or (iii) redistribution of hospital beds within the
322.22 state or a region of the state;

322.23 (8) relocation or redistribution of hospital beds within a hospital corporate system that
322.24 involves the transfer of beds from a closed facility site or complex to an existing site or
322.25 complex provided that: (i) no more than 50 percent of the capacity of the closed facility is
322.26 transferred; (ii) the capacity of the site or complex to which the beds are transferred does
322.27 not increase by more than 50 percent; (iii) the beds are not transferred outside of a federal
322.28 health systems agency boundary in place on July 1, 1983; (iv) the relocation or redistribution
322.29 does not involve the construction of a new hospital building; and (v) the transferred beds
322.30 are used first to replace within the hospital corporate system the total number of beds
322.31 previously used in the closed facility site or complex for mental health services and substance
322.32 use disorder services. Only after the hospital corporate system has fulfilled the requirements
322.33 of this item may the remainder of the available capacity of the closed facility site or complex
322.34 be transferred for any other purpose;

323.1 (9) a construction project involving up to 35 new beds in a psychiatric hospital in Rice
323.2 County that primarily serves adolescents and that receives more than 70 percent of its
323.3 patients from outside the state of Minnesota;

323.4 (10) a project to replace a hospital or hospitals with a combined licensed capacity of
323.5 130 beds or less if: (i) the new hospital site is located within five miles of the current site;
323.6 and (ii) the total licensed capacity of the replacement hospital, either at the time of
323.7 construction of the initial building or as the result of future expansion, will not exceed 70
323.8 licensed hospital beds, or the combined licensed capacity of the hospitals, whichever is less;

323.9 (11) the relocation of licensed hospital beds from an existing state facility operated by
323.10 the commissioner of human services to a new or existing facility, building, or complex
323.11 operated by the commissioner of human services; from one regional treatment center site
323.12 to another; or from one building or site to a new or existing building or site on the same
323.13 campus;

323.14 (12) the construction or relocation of hospital beds operated by a hospital having a
323.15 statutory obligation to provide hospital and medical services for the indigent that does not
323.16 result in a net increase in the number of hospital beds, notwithstanding section 144.552, 27
323.17 beds, of which 12 serve mental health needs, may be transferred from Hennepin County
323.18 Medical Center to Regions Hospital under this clause;

323.19 (13) a construction project involving the addition of up to 31 new beds in an existing
323.20 nonfederal hospital in Beltrami County;

323.21 (14) a construction project involving the addition of up to eight new beds in an existing
323.22 nonfederal hospital in Otter Tail County with 100 licensed acute care beds;

323.23 (15) a construction project involving the addition of 20 new hospital beds in an existing
323.24 hospital in Carver County serving the southwest suburban metropolitan area;

323.25 (16) a project for the construction or relocation of up to 20 hospital beds for the operation
323.26 of up to two psychiatric facilities or units for children provided that the operation of the
323.27 facilities or units have received the approval of the commissioner of human services;

323.28 (17) a project involving the addition of 14 new hospital beds to be used for rehabilitation
323.29 services in an existing hospital in Itasca County;

323.30 (18) a project to add 20 licensed beds in existing space at a hospital in Hennepin County
323.31 that closed 20 rehabilitation beds in 2002, provided that the beds are used only for
323.32 rehabilitation in the hospital's current rehabilitation building. If the beds are used for another
323.33 purpose or moved to another location, the hospital's licensed capacity is reduced by 20 beds;

324.1 (19) a critical access hospital established under section 144.1483, clause (9), and section
324.2 1820 of the federal Social Security Act, United States Code, title 42, section 1395i-4, that
324.3 delicensed beds since enactment of the Balanced Budget Act of 1997, Public Law 105-33,
324.4 to the extent that the critical access hospital does not seek to exceed the maximum number
324.5 of beds permitted such hospital under federal law;

324.6 (20) notwithstanding section 144.552, a project for the construction of a new hospital
324.7 in the city of Maple Grove with a licensed capacity of up to 300 beds provided that:

324.8 (i) the project, including each hospital or health system that will own or control the entity
324.9 that will hold the new hospital license, is approved by a resolution of the Maple Grove City
324.10 Council as of March 1, 2006;

324.11 (ii) the entity that will hold the new hospital license will be owned or controlled by one
324.12 or more not-for-profit hospitals or health systems that have previously submitted a plan or
324.13 plans for a project in Maple Grove as required under section 144.552, and the plan or plans
324.14 have been found to be in the public interest by the commissioner of health as of April 1,
324.15 2005;

324.16 (iii) the new hospital's initial inpatient services must include, but are not limited to,
324.17 medical and surgical services, obstetrical and gynecological services, intensive care services,
324.18 orthopedic services, pediatric services, noninvasive cardiac diagnostics, behavioral health
324.19 services, and emergency room services;

324.20 (iv) the new hospital:

324.21 (A) will have the ability to provide and staff sufficient new beds to meet the growing
324.22 needs of the Maple Grove service area and the surrounding communities currently being
324.23 served by the hospital or health system that will own or control the entity that will hold the
324.24 new hospital license;

324.25 (B) will provide uncompensated care;

324.26 (C) will provide mental health services, including inpatient beds;

324.27 (D) will be a site for workforce development for a broad spectrum of health-care-related
324.28 occupations and have a commitment to providing clinical training programs for physicians
324.29 and other health care providers;

324.30 (E) will demonstrate a commitment to quality care and patient safety;

324.31 (F) will have an electronic medical records system, including physician order entry;

324.32 (G) will provide a broad range of senior services;

325.1 (H) will provide emergency medical services that will coordinate care with regional
325.2 providers of trauma services and licensed emergency ambulance services in order to enhance
325.3 the continuity of care for emergency medical patients; and

325.4 (I) will be completed by December 31, 2009, unless delayed by circumstances beyond
325.5 the control of the entity holding the new hospital license; and

325.6 (v) as of 30 days following submission of a written plan, the commissioner of health
325.7 has not determined that the hospitals or health systems that will own or control the entity
325.8 that will hold the new hospital license are unable to meet the criteria of this clause;

325.9 (21) a project approved under section 144.553;

325.10 (22) a project for the construction of a hospital with up to 25 beds in Cass County within
325.11 a 20-mile radius of the state Ah-Gwah-Ching facility, provided the hospital's license holder
325.12 is approved by the Cass County Board;

325.13 (23) a project for an acute care hospital in Fergus Falls that will increase the bed capacity
325.14 from 108 to 110 beds by increasing the rehabilitation bed capacity from 14 to 16 and closing
325.15 a separately licensed 13-bed skilled nursing facility;

325.16 (24) notwithstanding section 144.552, a project for the construction and expansion of a
325.17 specialty psychiatric hospital in Hennepin County for up to 50 beds, exclusively for patients
325.18 who are under 21 years of age on the date of admission. The commissioner conducted a
325.19 public interest review of the mental health needs of Minnesota and the Twin Cities
325.20 metropolitan area in 2008. No further public interest review shall be conducted for the
325.21 construction or expansion project under this clause;

325.22 (25) a project for a 16-bed psychiatric hospital in the city of Thief River Falls, if the
325.23 commissioner finds the project is in the public interest after the public interest review
325.24 conducted under section 144.552 is complete;

325.25 (26)(i) a project for a 20-bed psychiatric hospital, within an existing facility in the city
325.26 of Maple Grove, exclusively for patients who are under 21 years of age on the date of
325.27 admission, if the commissioner finds the project is in the public interest after the public
325.28 interest review conducted under section 144.552 is complete;

325.29 (ii) this project shall serve patients in the continuing care benefit program under section
325.30 256.9693. The project may also serve patients not in the continuing care benefit program;
325.31 and

325.32 (iii) if the project ceases to participate in the continuing care benefit program, the
325.33 commissioner must complete a subsequent public interest review under section 144.552. If

326.1 the project is found not to be in the public interest, the license must be terminated six months
326.2 from the date of that finding. If the commissioner of human services terminates the contract
326.3 without cause or reduces per diem payment rates for patients under the continuing care
326.4 benefit program below the rates in effect for services provided on December 31, 2015, the
326.5 project may cease to participate in the continuing care benefit program and continue to
326.6 operate without a subsequent public interest review;

326.7 (27) a project involving the addition of 21 new beds in an existing psychiatric hospital
326.8 in Hennepin County that is exclusively for patients who are under 21 years of age on the
326.9 date of admission;

326.10 (28) a project to add 55 licensed beds in an existing safety net, level I trauma center
326.11 hospital in Ramsey County as designated under section 383A.91, subdivision 5, of which
326.12 15 beds are to be used for inpatient mental health and 40 are to be used for other services.
326.13 In addition, five unlicensed observation mental health beds shall be added;

326.14 (29) upon submission of a plan to the commissioner for public interest review under
326.15 section 144.552 and the addition of the 15 inpatient mental health beds specified in clause
326.16 (28), to its bed capacity, a project to add 45 licensed beds in an existing safety net, level I
326.17 trauma center hospital in Ramsey County as designated under section 383A.91, subdivision
326.18 5. Five of the 45 additional beds authorized under this clause must be designated for use
326.19 for inpatient mental health and must be added to the hospital's bed capacity before the
326.20 remaining 40 beds are added. Notwithstanding section 144.552, the hospital may add licensed
326.21 beds under this clause prior to completion of the public interest review, provided the hospital
326.22 submits its plan by the 2021 deadline and adheres to the timelines for the public interest
326.23 review described in section 144.552; ~~or~~

326.24 (30) upon submission of a plan to the commissioner for public interest review under
326.25 section 144.552, a project to add up to 30 licensed beds in an existing psychiatric hospital
326.26 in Hennepin County that exclusively provides care to patients who are under 21 years of
326.27 age on the date of admission. Notwithstanding section 144.552, the psychiatric hospital
326.28 may add licensed beds under this clause prior to completion of the public interest review,
326.29 provided the hospital submits its plan by the 2021 deadline and adheres to the timelines for
326.30 the public interest review described in section 144.552;

326.31 (31) any project to add licensed beds in a hospital that: (i) is designated as a critical
326.32 access hospital under section 144.1483, clause (9), and United States Code, title 42, section
326.33 1395i-4; (ii) has a licensed bed capacity of fewer than 25 beds; and (iii) has an attached
326.34 nursing home, so long as the total number of licensed beds in the hospital after the bed

327.1 addition does not exceed 25 beds. Notwithstanding section 144.552, a public interest review
 327.2 is not required for a project authorized under this clause; or

327.3 (32) upon submission of a plan to the commissioner for public interest review under
 327.4 section 144.552, a project to add 22 licensed beds at a Minnesota freestanding children's
 327.5 hospital in St. Paul that is part of an independent pediatric health system with freestanding
 327.6 inpatient hospitals located in Minneapolis and St. Paul. The beds shall be utilized for pediatric
 327.7 inpatient behavioral health services. Notwithstanding section 144.552, the hospital may add
 327.8 licensed beds under this clause prior to completion of the public interest review, provided
 327.9 the hospital submits its plan by the 2022 deadline and adheres to the timelines for the public
 327.10 interest review described in section 144.552.

327.11 Sec. 8. Minnesota Statutes 2020, section 144A.75, subdivision 12, is amended to read:

327.12 Subd. 12. **Palliative care.** "Palliative care" means ~~the total active care of patients whose~~
 327.13 ~~disease is not responsive to curative treatment. Control of pain, of other symptoms, and of~~
 327.14 ~~psychological, social, and spiritual problems is paramount~~ specialized medical care for
 327.15 individuals living with a serious illness or life-limiting condition. This type of care is focused
 327.16 on reducing the pain, symptoms, and stress of a serious illness or condition. Palliative care
 327.17 is a team-based approach to care, providing essential support at any age or stage of a serious
 327.18 illness or condition, and is often provided together with curative treatment. The goal of
 327.19 palliative care is the achievement of the best quality of life for patients and their families
 327.20 to improve quality of life for both the patient and the patient's family or care partner.

327.21 Sec. 9. **[144G.195] CHANGE IN LOCATION; NEW LICENSE NOT REQUIRED.**

327.22 Subdivision 1. **Move to new location.** (a) An assisted living facility with a licensed
 327.23 resident capacity of six residents or fewer may operate under the facility's current license
 327.24 if the facility moves to a new location no more than once during the period the current
 327.25 license is valid. A facility governed by this paragraph is not required to apply for a new
 327.26 license solely because of the move to a new location, and the facility's current license remains
 327.27 valid until the expiration date specified on the license.

327.28 (b) A facility that moves to a new location more than once during the period the current
 327.29 license is valid must apply for a new license prior to providing assisted living services at
 327.30 the second new location.

327.31 Subd. 2. **Survey.** The commissioner shall conduct a survey of an assisted living facility
 327.32 governed by subdivision 1, paragraph (a), within six months after the licensee begins
 327.33 providing assisted living services at the new location.

328.1 Subd. 3. **Notice.** A licensee must notify the commissioner in writing of the facility's new
328.2 address at least 60 calendar days before the licensee begins providing assisted living services
328.3 at the new location.

328.4 Sec. 10. Minnesota Statutes 2021 Supplement, section 144G.45, subdivision 4, is amended
328.5 to read:

328.6 **Subd. 4. Design requirements.** (a) All assisted living facilities with six or more residents
328.7 must meet the provisions relevant to assisted living facilities in the 2018 edition of the
328.8 Facility Guidelines Institute "Guidelines for Design and Construction of Residential Health,
328.9 Care and Support Facilities" and of adopted rules. This minimum design standard must be
328.10 met for all new licenses with a licensed resident capacity of six or more, or new construction.
328.11 In addition to the guidelines, assisted living facilities shall provide the option of a bath in
328.12 addition to a shower for all residents.

328.13 (b) If the commissioner decides to update the edition of the guidelines specified in
328.14 paragraph (a) for purposes of this subdivision, the commissioner must notify the chairs and
328.15 ranking minority members of the legislative committees and divisions with jurisdiction over
328.16 health care and public safety of the planned update by January 15 of the year in which the
328.17 new edition will become effective. Following notice from the commissioner, the new edition
328.18 shall become effective for assisted living facilities beginning August 1 of that year, unless
328.19 provided otherwise in law. The commissioner shall, by publication in the State Register,
328.20 specify a date by which facilities must comply with the updated edition. The date by which
328.21 facilities must comply shall not be sooner than six months after publication of the
328.22 commissioner's notice in the State Register.

328.23 Sec. 11. Minnesota Statutes 2021 Supplement, section 144G.45, subdivision 5, is amended
328.24 to read:

328.25 **Subd. 5. Assisted living facilities; Life Safety Code.** (a) All assisted living facilities
328.26 with six or more residents must meet the applicable provisions of the 2018 edition of the
328.27 NFPA Standard 101, Life Safety Code, Residential Board and Care Occupancies chapter.
328.28 The minimum design standard shall be met for all new licenses with a licensed resident
328.29 capacity of six or more, or new construction.

328.30 (b) If the commissioner decides to update the Life Safety Code for purposes of this
328.31 subdivision, the commissioner must notify the chairs and ranking minority members of the
328.32 legislative committees and divisions with jurisdiction over health care and public safety of
328.33 the planned update by January 15 of the year in which the new Life Safety Code will become

329.1 effective. Following notice from the commissioner, the new edition shall become effective
329.2 for assisted living facilities beginning August 1 of that year, unless provided otherwise in
329.3 law. The commissioner shall, by publication in the State Register, specify a date by which
329.4 facilities must comply with the updated Life Safety Code. The date by which facilities must
329.5 comply shall not be sooner than six months after publication of the commissioner's notice
329.6 in the State Register.

329.7 Sec. 12. Minnesota Statutes 2020, section 144G.45, subdivision 6, is amended to read:

329.8 Subd. 6. **New construction; plans.** (a) For all new licensure for a facility with a proposed
329.9 licensed resident capacity of six or more and all new construction beginning on or after
329.10 August 1, 2021, the following must be provided to the commissioner:

329.11 (1) architectural and engineering plans and specifications for new construction must be
329.12 prepared and signed by architects and engineers who are registered in Minnesota. Final
329.13 working drawings and specifications for proposed construction must be submitted to the
329.14 commissioner for review and approval;

329.15 (2) final architectural plans and specifications must include elevations and sections
329.16 through the building showing types of construction, and must indicate dimensions and
329.17 assignments of rooms and areas, room finishes, door types and hardware, elevations and
329.18 details of nurses' work areas, utility rooms, toilet and bathing areas, and large-scale layouts
329.19 of dietary and laundry areas. Plans must show the location of fixed equipment and sections
329.20 and details of elevators, chutes, and other conveying systems. Fire walls and smoke partitions
329.21 must be indicated. The roof plan must show all mechanical installations. The site plan must
329.22 indicate the proposed and existing buildings, topography, roadways, walks and utility service
329.23 lines; and

329.24 (3) final mechanical and electrical plans and specifications must address the complete
329.25 layout and type of all installations, systems, and equipment to be provided. Heating plans
329.26 must include heating elements, piping, thermostatic controls, pumps, tanks, heat exchangers,
329.27 boilers, breeching, and accessories. Ventilation plans must include room air quantities,
329.28 ducts, fire and smoke dampers, exhaust fans, humidifiers, and air handling units. Plumbing
329.29 plans must include the fixtures and equipment fixture schedule; water supply and circulating
329.30 piping, pumps, tanks, riser diagrams, and building drains; the size, location, and elevation
329.31 of water and sewer services; and the building fire protection systems. Electrical plans must
329.32 include fixtures and equipment, receptacles, switches, power outlets, circuits, power and
329.33 light panels, transformers, and service feeders. Plans must show location of nurse call signals,
329.34 cable lines, fire alarm stations, and fire detectors and emergency lighting.

330.1 (b) Unless construction is begun within one year after approval of the final working
330.2 drawing and specifications, the drawings must be resubmitted for review and approval.

330.3 (c) The commissioner must be notified within 30 days before completion of construction
330.4 so that the commissioner can make arrangements for a final inspection by the commissioner.

330.5 (d) At least one set of complete life safety plans, including changes resulting from
330.6 remodeling or alterations, must be kept on file in the facility.

330.7 Sec. 13. Minnesota Statutes 2020, section 144G.45, subdivision 7, is amended to read:

330.8 Subd. 7. **Variance or waiver.** (a) A facility may request that the commissioner grant a
330.9 variance or waiver from the provisions of this section or section 144G.81, subdivision 5. A
330.10 request for a waiver must be submitted to the commissioner in writing. Each request must
330.11 contain:

330.12 (1) the specific requirement for which the variance or waiver is requested;

330.13 (2) the reasons for the request;

330.14 (3) the alternative measures that will be taken if a variance or waiver is granted;

330.15 (4) the length of time for which the variance or waiver is requested; and

330.16 (5) other relevant information deemed necessary by the commissioner to properly evaluate
330.17 the request for the waiver.

330.18 (b) The decision to grant or deny a variance or waiver must be based on the
330.19 commissioner's evaluation of the following criteria:

330.20 (1) whether the waiver will adversely affect the health, treatment, comfort, safety, or
330.21 well-being of a resident;

330.22 (2) whether the alternative measures to be taken, if any, are equivalent to or superior to
330.23 those permitted under section 144G.81, subdivision 5; ~~and~~

330.24 (3) whether compliance with the requirements would impose an undue burden on the
330.25 facility; and

330.26 (4) notwithstanding clauses (1) to (3), when an existing building is proposed to be
330.27 repurposed to meet a critical community need for additional assisted living facility capacity,
330.28 whether the waiver will adequately protect the health and safety of the residents.

330.29 (c) The commissioner must notify the facility in writing of the decision. If a variance or
330.30 waiver is granted, the notification must specify the period of time for which the variance

331.1 or waiver is effective and the alternative measures or conditions, if any, to be met by the
331.2 facility.

331.3 (d) Alternative measures or conditions attached to a variance or waiver have the force
331.4 and effect of this chapter and are subject to the issuance of correction orders and fines in
331.5 accordance with sections 144G.30, subdivision 7, and 144G.31. The amount of fines for a
331.6 violation of this subdivision is that specified for the specific requirement for which the
331.7 variance or waiver was requested.

331.8 (e) A request for renewal of a variance or waiver must be submitted in writing at least
331.9 45 days before its expiration date. Renewal requests must contain the information specified
331.10 in paragraph (b). A variance or waiver must be renewed by the commissioner if the facility
331.11 continues to satisfy the criteria in paragraph (a) and demonstrates compliance with the
331.12 alternative measures or conditions imposed at the time the original variance or waiver was
331.13 granted.

331.14 (f) The commissioner must deny, revoke, or refuse to renew a variance or waiver if it
331.15 is determined that the criteria in paragraph (a) are not met. The facility must be notified in
331.16 writing of the reasons for the decision and informed of the right to appeal the decision.

331.17 (g) A facility may contest the denial, revocation, or refusal to renew a variance or waiver
331.18 by requesting a contested case hearing under chapter 14. The facility must submit, within
331.19 15 days of the receipt of the commissioner's decision, a written request for a hearing. The
331.20 request for hearing must set forth in detail the reasons why the facility contends the decision
331.21 of the commissioner should be reversed or modified. At the hearing, the facility has the
331.22 burden of proving by a preponderance of the evidence that the facility satisfied the criteria
331.23 specified in paragraph (b), except in a proceeding challenging the revocation of a variance
331.24 or waiver.

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

331.26 Sec. 14. Minnesota Statutes 2021 Supplement, section 144G.81, subdivision 3, is amended
331.27 to read:

331.28 Subd. 3. **Assisted living facilities with dementia care and secured dementia care**
331.29 **unit; Life Safety Code.** (a) All assisted living facilities with dementia care and a secured
331.30 dementia care unit must meet the applicable provisions of the 2018 edition of the NFPA
331.31 Standard 101, Life Safety Code, Healthcare (limited care) chapter. The minimum design
331.32 standards shall be met for all new licenses with a licensed resident capacity of six or more,
331.33 or new construction.

332.1 (b) If the commissioner decides to update the Life Safety Code for purposes of this
332.2 subdivision, the commissioner must notify the chairs and ranking minority members of the
332.3 legislative committees and divisions with jurisdiction over health care and public safety of
332.4 the planned update by January 15 of the year in which the new Life Safety Code will become
332.5 effective. Following notice from the commissioner, the new edition shall become effective
332.6 for assisted living facilities with dementia care and a secured dementia care unit beginning
332.7 August 1 of that year, unless provided otherwise in law. The commissioner shall, by
332.8 publication in the State Register, specify a date by which these facilities must comply with
332.9 the updated Life Safety Code. The date by which these facilities must comply shall not be
332.10 sooner than six months after publication of the commissioner's notice in the State Register.

332.11 **Sec. 15. [145.267] FETAL ALCOHOL SPECTRUM DISORDERS PREVENTION**
332.12 **GRANTS.**

332.13 (a) The commissioner of health shall award a grant to a statewide organization that
332.14 focuses solely on prevention of and intervention with fetal alcohol spectrum disorders. The
332.15 grant recipient must make subgrants to eligible regional collaboratives in rural and urban
332.16 areas of the state for the purposes specified in paragraph (c).

332.17 (b) "Eligible regional collaboratives" means a partnership between at least one local
332.18 government or Tribal government and at least one community-based organization and,
332.19 where available, a family home visiting program. For purposes of this paragraph, a local
332.20 government includes a county or a multicounty organization, a county-based purchasing
332.21 entity, or a community health board.

332.22 (c) Eligible regional collaboratives must use subgrant funds to reduce the incidence of
332.23 fetal alcohol spectrum disorders and other prenatal drug-related effects in children in
332.24 Minnesota by identifying and serving pregnant women suspected of or known to use or
332.25 abuse alcohol or other drugs. Eligible regional collaboratives must provide intensive services
332.26 to chemically dependent women to increase positive birth outcomes.

332.27 (d) An eligible regional collaborative that receives a subgrant under this section must
332.28 report to the grant recipient by January 15 of each year on the services and programs funded
332.29 by the subgrant. The report must include measurable outcomes for the previous year,
332.30 including the number of pregnant women served and the number of toxin-free babies born.
332.31 The grant recipient must compile the information in the subgrant reports and submit a
332.32 summary report to the commissioner of health by February 15 of each year.

332.33 **EFFECTIVE DATE.** This section is effective July 1, 2023.

333.1 Sec. 16. Minnesota Statutes 2020, section 145.4716, is amended by adding a subdivision
333.2 to read:

333.3 Subd. 4. **Funding.** Funds appropriated for this section shall not be used for any activity
333.4 other than the authorized activities under this section, and the commissioner shall not create
333.5 additional eligibility criteria or restrictions on the funds. The commissioner must prioritize
333.6 providing trauma-informed, culturally inclusive services for sexually exploited youth or
333.7 youth at risk of sexual exploitation under this section.

333.8 Sec. 17. Minnesota Statutes 2021 Supplement, section 245C.03, subdivision 5a, is amended
333.9 to read:

333.10 Subd. 5a. **Facilities serving children or adults licensed or regulated by the**
333.11 **Department of Health.** (a) Except as specified in paragraph (b), the commissioner shall
333.12 conduct background studies of:

333.13 (1) individuals providing services who have direct contact, as defined under section
333.14 245C.02, subdivision 11, with patients and residents in hospitals, boarding care homes,
333.15 outpatient surgical centers licensed under sections 144.50 to 144.58; nursing homes and
333.16 home care agencies licensed under chapter 144A; assisted living facilities and assisted living
333.17 facilities with dementia care licensed under chapter 144G; and board and lodging
333.18 establishments that are registered to provide supportive or health supervision services under
333.19 section 157.17;

333.20 (2) individuals specified in subdivision 2 who provide direct contact services in a nursing
333.21 home or a home care agency licensed under chapter 144A; an assisted living facility or
333.22 assisted living facility with dementia care licensed under chapter 144G; or a boarding care
333.23 home licensed under sections 144.50 to 144.58. If the individual undergoing a study resides
333.24 outside of Minnesota, the study must include a check for substantiated findings of
333.25 maltreatment of adults and children in the individual's state of residence when the state
333.26 makes the information available;

333.27 (3) all other employees in assisted living facilities or assisted living facilities with
333.28 dementia care licensed under chapter 144G, nursing homes licensed under chapter 144A,
333.29 and boarding care homes licensed under sections 144.50 to 144.58. A disqualification of
333.30 an individual in this section shall disqualify the individual from positions allowing direct
333.31 contact with or access to patients or residents receiving services. "Access" means physical
333.32 access to a client or the client's personal property without continuous, direct supervision as
333.33 defined in section 245C.02, subdivision 8, when the employee's employment responsibilities
333.34 do not include providing direct contact services;

334.1 (4) individuals employed by a supplemental nursing services agency, as defined under
 334.2 section 144A.70, who are providing services in health care facilities; ~~and~~

334.3 (5) controlling persons of a supplemental nursing services agency, as defined by section
 334.4 144A.70; and

334.5 (6) license applicants, owners, managerial officials, and controlling individuals who are
 334.6 required under section 144A.476, subdivision 1, or 144G.13, subdivision 1, to undergo a
 334.7 background study under this chapter, regardless of the licensure status of the license applicant,
 334.8 owner, managerial official, or controlling individual.

334.9 (b) The commissioner of human services shall not conduct a background study on any
 334.10 individual identified in paragraph (a), clauses (1) to (5), if the individual has a valid license
 334.11 issued by a health-related licensing board as defined in section 214.01, subdivision 2, and
 334.12 has completed the criminal background check as required in section 214.075. An entity that
 334.13 is affiliated with individuals who meet the requirements of this paragraph must separate
 334.14 those individuals from the entity's roster for NETStudy 2.0.

334.15 (c) If a facility or program is licensed by the Department of Human Services and the
 334.16 Department of Health and is subject to the background study provisions of this chapter, the
 334.17 Department of Human Services is solely responsible for the background studies of individuals
 334.18 in the jointly licensed program.

334.19 ~~(e)~~ (d) The commissioner of health shall review and make decisions regarding
 334.20 reconsideration requests, including whether to grant variances, according to the procedures
 334.21 and criteria in this chapter. The commissioner of health shall inform the requesting individual
 334.22 and the Department of Human Services of the commissioner of health's decision regarding
 334.23 the reconsideration. The commissioner of health's decision to grant or deny a reconsideration
 334.24 of a disqualification is a final administrative agency action.

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

334.26 Sec. 18. Minnesota Statutes 2020, section 245C.31, subdivision 1, is amended to read:

334.27 Subdivision 1. **Board determines disciplinary or corrective action.** (a) ~~When the~~
 334.28 ~~subject of a background study is regulated by a health-related licensing board as defined in~~
 334.29 ~~chapter 214, and the commissioner determines that the regulated individual is responsible~~
 334.30 ~~for substantiated maltreatment under section 626.557 or chapter 260E, instead of the~~
 334.31 ~~commissioner making a decision regarding disqualification, the board shall make a~~
 334.32 ~~determination whether to impose disciplinary or corrective action under chapter 214~~ The
 334.33 commissioner shall notify a health-related licensing board as defined in section 214.01,

335.1 subdivision 2, if the commissioner determines that an individual who is licensed by the
 335.2 health-related licensing board and who is included on the board's roster list provided in
 335.3 accordance with subdivision 3a is responsible for substantiated maltreatment under section
 335.4 626.557 or chapter 260E, in accordance with subdivision 2. Upon receiving notification,
 335.5 the health-related licensing board shall make a determination as to whether to impose
 335.6 disciplinary or corrective action under chapter 214.

335.7 (b) This section does not apply to a background study of an individual regulated by a
 335.8 health-related licensing board if the individual's study is related to child foster care, adult
 335.9 foster care, or family child care licensure.

335.10 **EFFECTIVE DATE.** This section is effective February 1, 2023.

335.11 Sec. 19. Minnesota Statutes 2020, section 245C.31, subdivision 2, is amended to read:

335.12 Subd. 2. **Commissioner's notice to board.** ~~(a)~~ The commissioner shall notify ~~the a~~
 335.13 health-related licensing board:

335.14 (1) ~~upon completion of a background study that produces~~ of a record showing that the
 335.15 individual licensed by the board was determined to have been responsible for substantiated
 335.16 maltreatment;

335.17 (2) upon the commissioner's completion of an investigation that determined ~~the an~~
 335.18 individual licensed by the board was responsible for substantiated maltreatment; or

335.19 (3) upon receipt from another agency of a finding of substantiated maltreatment for
 335.20 which ~~the an~~ individual licensed by the board was responsible.

335.21 ~~(b) The commissioner's notice to the health-related licensing board shall indicate whether~~
 335.22 ~~the commissioner would have disqualified the individual for the substantiated maltreatment~~
 335.23 ~~if the individual were not regulated by the board.~~

335.24 ~~(c) The commissioner shall concurrently send the notice under this subdivision to the~~
 335.25 ~~individual who is the subject of the background study.~~

335.26 **EFFECTIVE DATE.** This section is effective February 1, 2023.

335.27 Sec. 20. Minnesota Statutes 2020, section 245C.31, is amended by adding a subdivision
 335.28 to read:

335.29 **Subd. 3a. Agreements with health-related licensing boards.** The commissioner and
 335.30 each health-related licensing board shall enter into an agreement in order for each board to
 335.31 provide the commissioner with a daily roster list of individuals who have a license issued

336.1 by the board in active status. The list must include for each licensed individual the individual's
 336.2 name, aliases, date of birth, and license number; the date the license was issued; status of
 336.3 the license; and the last four digits of the individual's social security number.

336.4 **EFFECTIVE DATE.** This section is effective August 1, 2022.

336.5 Sec. 21. **DIRECTION TO COMMISSIONER OF HEALTH; J-1 VISA WAIVER**
 336.6 **PROGRAM RECOMMENDATION.**

336.7 (a) For purposes of this section:

336.8 (1) "Department of Health recommendation" means a recommendation from the state
 336.9 Department of Health that a foreign medical graduate should be considered for a J-1 visa
 336.10 waiver under the J-1 visa waiver program; and

336.11 (2) "J-1 visa waiver program" means a program administered by the United States
 336.12 Department of State under United States Code, title 8, section 1184(l), in which a waiver
 336.13 is sought for the requirement that a foreign medical graduate with a J-1 visa must return to
 336.14 the graduate's home country for two years at the conclusion of the graduate's medical study
 336.15 before applying for employment authorization in the United States.

336.16 (b) In administering the program to issue Department of Health recommendations for
 336.17 purposes of the J-1 visa waiver program, the commissioner of health shall allow an applicant
 336.18 to submit to the commissioner evidence that the foreign medical graduate for whom the
 336.19 waiver is sought is licensed to practice medicine in Minnesota in place of evidence that the
 336.20 foreign medical graduate has passed steps 1, 2, and 3 of the United States Medical Licensing
 336.21 Examination.

336.22 Sec. 22. **TEMPORARY ASSISTED LIVING STAFF TRAINING REQUIREMENTS.**

336.23 (a) Notwithstanding Minnesota Statutes, section 144G.60, subdivision 4, paragraphs (a)
 336.24 and (b), a person who registers for, completes, and passes the American Health Care
 336.25 Association's eight-hour online temporary nurse aide training course may be employed by
 336.26 a licensed assisted living facility to provide assisted living services or perform delegated
 336.27 nursing tasks. Assisted living facilities must maintain documentation that a person employed
 336.28 under the authority of this section to provide assisted living services or perform delegated
 336.29 nursing tasks completed the required training program.

336.30 (b) Whenever providing assisted living services, a person employed under the authority
 336.31 of this section must be directly supervised by another employee who meets the requirements
 336.32 of Minnesota Statutes, section 144G.60, subdivision 4, paragraph (a). If, during employment,

337.1 the person meets the requirements of Minnesota Statutes, section 144G.60, subdivision 4,
337.2 paragraph (a), the supervision described in this paragraph is no longer required.

337.3 (c) Whenever performing delegated nursing tasks, a person employed under the authority
337.4 of this section must be directly supervised by another employee who meets the requirements
337.5 of Minnesota Statutes, section 144G.60, subdivision 4, paragraph (b). If, during employment,
337.6 the person meets the requirements of Minnesota Statutes, section 144G.60, subdivision 4,
337.7 paragraph (b), the supervision described in this paragraph is no longer required.

337.8 (d) This section expires four months after the expiration of the blanket federal waiver
337.9 of the nurse aides training and certification requirements under Code of Federal Regulations,
337.10 title 42, section 483.35(d), by the Centers for Medicare and Medicaid Services as authorized
337.11 by section 1135 of the Social Security Act.

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

337.13 Sec. 23. **REPEALER.**

337.14 Minnesota Statutes 2020, section 254A.21, is repealed effective July 1, 2023.

337.15 **ARTICLE 14**

337.16 **HEALTH-RELATED LICENSING BOARDS AND SCOPE OF PRACTICE**

337.17 Section 1. Minnesota Statutes 2020, section 144.051, subdivision 6, is amended to read:

337.18 Subd. 6. **Release of private or confidential data.** For providers regulated pursuant to
337.19 sections 144A.43 to 144A.482, 148.5185, and chapter 144G, the department may release
337.20 private or confidential data, except Social Security numbers, to the appropriate state, federal,
337.21 or local agency and law enforcement office to enhance investigative or enforcement efforts
337.22 or further a public health protective process. Types of offices include Adult Protective
337.23 Services, Office of the Ombudsman for Long-Term Care and Office of the Ombudsman for
337.24 Mental Health and Developmental Disabilities, the health licensing boards, Department of
337.25 Human Services, county or city attorney's offices, police, and local or county public health
337.26 offices.

337.27 Sec. 2. Minnesota Statutes 2020, section 144E.01, subdivision 1, is amended to read:

337.28 Subdivision 1. **Membership.** (a) The Emergency Medical Services Regulatory Board
337.29 consists of the following members, all of whom must work in Minnesota, except for the
337.30 ~~person~~ persons listed in clause ~~(14)~~ (8):

337.31 (1) an emergency physician certified by the American Board of Emergency Physicians;

- 338.1 (2) a ~~representative of Minnesota hospitals~~ hospital administrator who does not have
 338.2 direct oversight or management of a licensed ambulance service;
- 338.3 (3) a representative of ~~fire chiefs~~ a licensed ambulance service with a base of operation
 338.4 located in a fire department;
- 338.5 (4) a ~~full-time firefighter who serves as an emergency medical responder on or within~~
 338.6 ~~a nontransporting or nonregistered agency and who is a member of a professional firefighter's~~
 338.7 ~~union~~ representative of a licensed ambulance service with a base of operation located in a
 338.8 hospital;
- 338.9 (5) a ~~volunteer firefighter who serves as an emergency medical responder on or within~~
 338.10 ~~a nontransporting or nonregistered agency~~ representative of a licensed ambulance service
 338.11 owned by a municipality;
- 338.12 (6) ~~an~~ a volunteer ambulance attendant currently practicing on a licensed ambulance
 338.13 service who is a paramedic ~~or~~, an advanced emergency medical technician, or an emergency
 338.14 medical technician;
- 338.15 (7) an ~~ambulance director for a licensed ambulance service~~ emergency medical technician
 338.16 instructor who meets the requirements of section 144E.283 and is affiliated with an education
 338.17 program approved by the board under section 144E.285;
- 338.18 (8) ~~a representative of sheriffs;~~
- 338.19 (9) ~~a member of a community health board to represent community health services;~~
- 338.20 (10) ~~two representatives of regional emergency medical services programs, one of whom~~
 338.21 ~~must be from the metropolitan regional emergency medical services program;~~
- 338.22 (11) ~~a registered nurse currently practicing in a hospital emergency department;~~
- 338.23 (12) ~~a pediatrician, certified by the American Board of Pediatrics, with experience in~~
 338.24 ~~emergency medical services;~~
- 338.25 (13) ~~a family practice physician who is currently involved in emergency medical services;~~
- 338.26 (14) a (8) three public member members who ~~resides~~ reside in Minnesota; and
- 338.27 (15) (9) the commissioners of health and public safety or their designees.
- 338.28 (b) The governor shall appoint members under paragraph (a). Appointments under
 338.29 paragraph (a), clauses (1) to ~~(9) and (11) to (13)~~ (8), are subject to the advice and consent
 338.30 of the senate. In making appointments under paragraph (a), clauses (1) to ~~(9) and (11) to~~
 338.31 ~~(13)~~ (8), the governor shall consider recommendations of the American College of Emergency

339.1 Physicians, the Minnesota Hospital Association, the Minnesota and State Fire Chief's
339.2 Association, the Minnesota Ambulance Association, the Minnesota Emergency Medical
339.3 Services Association, the Minnesota State Sheriff's Association, the Association of Minnesota
339.4 Counties, the Minnesota Nurses Association, and the Minnesota chapter of the Academy
339.5 of Pediatrics.

339.6 (c) At least ~~seven~~ five members appointed under paragraph (a), clauses (1) to (8), must
339.7 reside outside of the seven-county metropolitan area, as defined in section 473.121.

339.8 Sec. 3. Minnesota Statutes 2020, section 144E.01, subdivision 4, is amended to read:

339.9 Subd. 4. **Compensation; terms.** (a) Membership terms, compensation, and removal of
339.10 members appointed under subdivision 1, are governed by section 15.0575.

339.11 (b) Notwithstanding section 15.0575, subdivision 2, the terms of members shall be three
339.12 years.

339.13 (c) A member of the board may not serve more than two terms.

339.14 Sec. 4. Minnesota Statutes 2020, section 144E.35, is amended to read:

339.15 **144E.35 REIMBURSEMENT TO ~~NONPROFIT~~ AMBULANCE SERVICES FOR**
339.16 **VOLUNTEER EDUCATION COSTS.**

339.17 Subdivision 1. **Repayment for volunteer education.** A licensed ambulance service
339.18 shall be reimbursed by the board for the necessary expense of the initial education of a
339.19 volunteer ambulance attendant upon successful completion by the attendant of an EMT
339.20 education course, or a continuing education course for EMT care, or both, which has been
339.21 approved by the board, pursuant to section 144E.285. Reimbursement may include tuition,
339.22 transportation, food, lodging, hourly payment for the time spent in the education course,
339.23 and other necessary expenditures, except that in no instance shall a volunteer ambulance
339.24 attendant be reimbursed more than ~~\$600~~ \$900 for successful completion of an initial
339.25 education course, and ~~\$275~~ \$375 for successful completion of a continuing education course.

339.26 Subd. 2. **Reimbursement provisions.** Reimbursement ~~will~~ must be paid under provisions
339.27 of this section when documentation is provided the board that the individual has served for
339.28 one year from the date of the final certification exam as an active member of a Minnesota
339.29 licensed ambulance service.

340.1 Sec. 5. Minnesota Statutes 2020, section 147.01, subdivision 7, is amended to read:

340.2 Subd. 7. **Physician application and license fees.** (a) The board may charge the following
 340.3 nonrefundable application and license fees processed pursuant to sections 147.02, 147.03,
 340.4 147.037, 147.0375, and 147.38:

340.5 (1) physician application fee, \$200;

340.6 (2) physician annual registration renewal fee, \$192;

340.7 (3) physician endorsement to other states, \$40;

340.8 (4) physician emeritus license, \$50;

340.9 ~~(5) physician temporary license, \$60;~~

340.10 ~~(6)~~ (5) physician late fee, \$60;

340.11 ~~(7)~~ (6) duplicate license fee, \$20;

340.12 ~~(8)~~ (7) certification letter fee, \$25;

340.13 ~~(9)~~ (8) education or training program approval fee, \$100;

340.14 ~~(10)~~ (9) report creation and generation fee, \$60 per hour;

340.15 ~~(11)~~ (10) examination administration fee (half day), \$50;

340.16 ~~(12)~~ (11) examination administration fee (full day), \$80;

340.17 ~~(13)~~ (12) fees developed by the Interstate Commission for determining physician
 340.18 qualification to register and participate in the interstate medical licensure compact, as
 340.19 established in rules authorized in and pursuant to section 147.38, not to exceed \$1,000; and

340.20 ~~(14)~~ (13) verification fee, \$25.

340.21 (b) The board may prorate the initial annual license fee. All licensees are required to
 340.22 pay the full fee upon license renewal. The revenue generated from the fee must be deposited
 340.23 in an account in the state government special revenue fund.

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

340.25 Sec. 6. Minnesota Statutes 2020, section 147.03, subdivision 1, is amended to read:

340.26 Subdivision 1. **Endorsement; reciprocity.** (a) The board may issue a license to practice
 340.27 medicine to any person who satisfies the requirements in paragraphs (b) to (e).

341.1 (b) The applicant shall satisfy all the requirements established in section 147.02,
341.2 subdivision 1, paragraphs (a), (b), (d), (e), and (f), or section 147.037, subdivision 1,
341.3 paragraphs (a) to (e).

341.4 (c) The applicant shall:

341.5 (1) have passed an examination prepared and graded by the Federation of State Medical
341.6 Boards, the National Board of Medical Examiners, or the United States Medical Licensing
341.7 Examination (USMLE) program in accordance with section 147.02, subdivision 1, paragraph
341.8 (c), clause (2); the National Board of Osteopathic Medical Examiners; or the Medical Council
341.9 of Canada; and

341.10 (2) have a current license from the equivalent licensing agency in another state or Canada
341.11 and, if the examination in clause (1) was passed more than ten years ago, either:

341.12 (i) pass the Special Purpose Examination of the Federation of State Medical Boards with
341.13 a score of 75 or better within three attempts; or

341.14 (ii) have a current certification by a specialty board of the American Board of Medical
341.15 Specialties, of the American Osteopathic Association, the Royal College of Physicians and
341.16 Surgeons of Canada, or of the College of Family Physicians of Canada; or

341.17 (3) if the applicant fails to meet the requirement established in section 147.02, subdivision
341.18 1, paragraph (c), clause (2), because the applicant failed to pass each of steps one, two, and
341.19 three of the USMLE within the required three attempts, the applicant may be granted a
341.20 license provided the applicant:

341.21 (i) has passed each of steps one, two, and three with passing scores as recommended by
341.22 the USMLE program within no more than four attempts for any of the three steps;

341.23 (ii) is currently licensed in another state; and

341.24 (iii) has current certification by a specialty board of the American Board of Medical
341.25 Specialties, the American Osteopathic Association Bureau of Professional Education, the
341.26 Royal College of Physicians and Surgeons of Canada, or the College of Family Physicians
341.27 of Canada.

341.28 (d) The applicant must not be under license suspension or revocation by the licensing
341.29 board of the state or jurisdiction in which the conduct that caused the suspension or revocation
341.30 occurred.

341.31 (e) The applicant must not have engaged in conduct warranting disciplinary action against
341.32 a licensee, or have been subject to disciplinary action other than as specified in paragraph

342.1 (d). If an applicant does not satisfy the requirements stated in this paragraph, the board may
 342.2 issue a license only on the applicant's showing that the public will be protected through
 342.3 issuance of a license with conditions or limitations the board considers appropriate.

342.4 (f) Upon the request of an applicant, the board may conduct the final interview of the
 342.5 applicant by teleconference.

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

342.7 Sec. 7. Minnesota Statutes 2020, section 147.03, subdivision 2, is amended to read:

342.8 Subd. 2. **Temporary permit.** (a) An applicant for licensure under this section may
 342.9 request the board issue a temporary permit in accordance with this subdivision. Upon receipt
 342.10 of the application for licensure, a request for a temporary permit, and a nonrefundable
 342.11 physician application fee specified under section 147.01, subdivision 7, the board may issue
 342.12 a temporary permit to practice medicine to ~~as a physician eligible for licensure under this~~
 342.13 ~~section only if the application for licensure is complete, all requirements in subdivision 1~~
 342.14 ~~have been met, and a nonrefundable fee set by the board has been paid~~ if the applicant is:

342.15 (1) currently licensed in good standing to practice medicine as a physician in another
 342.16 state, territory, or Canadian province; and

342.17 (2) not the subject of a pending investigation or disciplinary action in any state, territory,
 342.18 or Canadian province.

342.19 ~~The permit remains~~ (b) A temporary permit issued under this subdivision is nonrenewable
 342.20 and valid only until the meeting of the board at which a decision is made on the physician's
 342.21 application for licensure or for 90 days, whichever occurs first.

342.22 (c) The board may revoke a temporary permit issued under this subdivision if the
 342.23 physician is the subject of an investigation or disciplinary action or is disqualified for
 342.24 licensure for any other reason.

342.25 (d) Notwithstanding section 13.41, subdivision 2, the board may release information
 342.26 regarding action taken by the board pursuant to this subdivision.

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

343.1 Sec. 8. Minnesota Statutes 2020, section 147.037, is amended to read:

343.2 **147.037 LICENSING OF FOREIGN MEDICAL SCHOOL GRADUATES;**
343.3 **~~TEMPORARY PERMIT.~~**

343.4 Subdivision 1. **Requirements.** The board shall issue a license to practice medicine to
343.5 any person who satisfies the requirements in paragraphs (a) to (g).

343.6 (a) The applicant shall satisfy all the requirements established in section 147.02,
343.7 subdivision 1, paragraphs (a), (e), (f), (g), and (h).

343.8 (b) The applicant shall present evidence satisfactory to the board that the applicant is a
343.9 graduate of a medical or osteopathic school approved by the board as equivalent to accredited
343.10 United States or Canadian schools based upon its faculty, curriculum, facilities, accreditation,
343.11 or other relevant data. If the applicant is a graduate of a medical or osteopathic program
343.12 that is not accredited by the Liaison Committee for Medical Education or the American
343.13 Osteopathic Association, the applicant may use the Federation of State Medical Boards'
343.14 Federation Credentials Verification Service (FCVS) or its successor. If the applicant uses
343.15 this service as allowed under this paragraph, the physician application fee may be less than
343.16 \$200 but must not exceed the cost of administering this paragraph.

343.17 (c) The applicant shall present evidence satisfactory to the board that the applicant has
343.18 been awarded a certificate by the Educational Council for Foreign Medical Graduates, and
343.19 the applicant has a working ability in the English language sufficient to communicate with
343.20 patients and physicians and to engage in the practice of medicine.

343.21 (d) The applicant shall present evidence satisfactory to the board of the completion of
343.22 one year of graduate, clinical medical training in a program accredited by a national
343.23 accrediting organization approved by the board or other graduate training approved in
343.24 advance by the board as meeting standards similar to those of a national accrediting
343.25 organization. This requirement does not apply:

343.26 (1) to an applicant who is admitted as a permanent immigrant to the United States on or
343.27 before October 1, 1991, as a person of exceptional ability in the sciences according to Code
343.28 of Federal Regulations, title 20, section 656.22(d); or

343.29 (2) to an applicant holding a valid license to practice medicine in another country and
343.30 issued a permanent immigrant visa after October 1, 1991, as a person of extraordinary ability
343.31 in the field of science or as an outstanding professor or researcher according to Code of
343.32 Federal Regulations, title 8, section 204.5(h) and (i), or a temporary nonimmigrant visa as

344.1 a person of extraordinary ability in the field of science according to Code of Federal
344.2 Regulations, title 8, section 214.2(o),
344.3 provided that a person under clause (1) or (2) is admitted pursuant to rules of the United
344.4 States Department of Labor.

344.5 (e) The applicant must:

344.6 (1) have passed an examination prepared and graded by the Federation of State Medical
344.7 Boards, the United States Medical Licensing Examination program in accordance with
344.8 section 147.02, subdivision 1, paragraph (c), clause (2), or the Medical Council of Canada;
344.9 and

344.10 (2) if the examination in clause (1) was passed more than ten years ago, either:

344.11 (i) pass the Special Purpose Examination of the Federation of State Medical Boards with
344.12 a score of 75 or better within three attempts; or

344.13 (ii) have a current certification by a specialty board of the American Board of Medical
344.14 Specialties, of the American Osteopathic Association, of the Royal College of Physicians
344.15 and Surgeons of Canada, or of the College of Family Physicians of Canada; or

344.16 (3) if the applicant fails to meet the requirement established in section 147.02, subdivision
344.17 1, paragraph (c), clause (2), because the applicant failed to pass each of steps one, two, and
344.18 three of the USMLE within the required three attempts, the applicant may be granted a
344.19 license provided the applicant:

344.20 (i) has passed each of steps one, two, and three with passing scores as recommended by
344.21 the USMLE program within no more than four attempts for any of the three steps;

344.22 (ii) is currently licensed in another state; and

344.23 (iii) has current certification by a specialty board of the American Board of Medical
344.24 Specialties, the American Osteopathic Association, the Royal College of Physicians and
344.25 Surgeons of Canada, or the College of Family Physicians of Canada.

344.26 (f) The applicant must not be under license suspension or revocation by the licensing
344.27 board of the state or jurisdiction in which the conduct that caused the suspension or revocation
344.28 occurred.

344.29 (g) The applicant must not have engaged in conduct warranting disciplinary action
344.30 against a licensee, or have been subject to disciplinary action other than as specified in
344.31 paragraph (f). If an applicant does not satisfy the requirements stated in this paragraph, the

345.1 board may issue a license only on the applicant's showing that the public will be protected
345.2 through issuance of a license with conditions or limitations the board considers appropriate.

345.3 ~~Subd. 1a. **Temporary permit.** The board may issue a temporary permit to practice
345.4 medicine to a physician eligible for licensure under this section only if the application for
345.5 licensure is complete, all requirements in subdivision 1 have been met, and a nonrefundable
345.6 fee set by the board has been paid. The permit remains valid only until the meeting of the
345.7 board at which a decision is made on the physician's application for licensure.~~

345.8 Subd. 2. **Medical school review.** The board may contract with any qualified person or
345.9 organization for the performance of a review or investigation, including site visits if
345.10 necessary, of any medical or osteopathic school prior to approving the school under section
345.11 147.02, subdivision 1, paragraph (b), or subdivision 1, paragraph (b), of this section. To the
345.12 extent possible, the board shall require the school being reviewed to pay the costs of the
345.13 review or investigation.

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

345.15 Sec. 9. **[147A.025] TEMPORARY PERMIT.**

345.16 (a) An applicant for licensure under section 147A.02 may request the board issue a
345.17 temporary permit in accordance with this section. Upon receipt of the application for
345.18 licensure, a request for a temporary permit, and a nonrefundable physician assistant
345.19 application fee as specified under section 147A.28, the board may issue a temporary permit
345.20 to practice as a physician assistant if the applicant is:

345.21 (1) currently licensed in good standing to practice as a physician assistant in another
345.22 state, territory, or Canadian province; and

345.23 (2) not subject to a pending investigation or disciplinary action in any state, territory, or
345.24 Canadian province.

345.25 (b) A temporary permit issued under this section is nonrenewable and valid until a
345.26 decision is made on the physician assistant's application for licensure or for 90 days,
345.27 whichever occurs first.

345.28 (c) The board may revoke the temporary permit that has been issued under this section
345.29 if the applicant is the subject of an investigation or disciplinary action or is disqualified for
345.30 licensure for any other reason.

345.31 (d) Notwithstanding section 13.41, subdivision 2, the board may release information
345.32 regarding any action taken by the board pursuant to this section.

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

346.2 Sec. 10. Minnesota Statutes 2020, section 147A.28, is amended to read:

346.3 **147A.28 PHYSICIAN ASSISTANT APPLICATION AND LICENSE FEES.**

346.4 (a) The board may charge the following nonrefundable fees:

346.5 (1) physician assistant application fee, \$120;

346.6 ~~(2) physician assistant annual registration renewal fee (prescribing authority), \$135;~~

346.7 ~~(3)~~ (2) physician assistant annual registration license renewal fee ~~(no prescribing~~
346.8 ~~authority), \$115;~~

346.9 ~~(4) physician assistant temporary registration, \$115;~~

346.10 ~~(5) physician assistant temporary permit, \$60;~~

346.11 ~~(6)~~ (3) physician assistant locum tenens permit, \$25;

346.12 ~~(7)~~ (4) physician assistant late fee, \$50;

346.13 ~~(8)~~ (5) duplicate license fee, \$20;

346.14 ~~(9)~~ (6) certification letter fee, \$25;

346.15 ~~(10)~~ (7) education or training program approval fee, \$100;

346.16 ~~(11)~~ (8) report creation and generation fee, \$60 per hour; and

346.17 ~~(12)~~ (9) verification fee, \$25.

346.18 (b) The board may prorate the initial annual license fee. All licensees are required to
346.19 pay the full fee upon license renewal. The revenue generated from the fees must be deposited
346.20 in an account in the state government special revenue fund.

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

346.22 Sec. 11. Minnesota Statutes 2020, section 147C.15, subdivision 3, is amended to read:

346.23 Subd. 3. **Temporary permit.** (a) An applicant for licensure under this section may
346.24 request the board issue a temporary permit in accordance with this subdivision. Upon receipt
346.25 of the application for licensure, a request for a temporary permit, and a nonrefundable
346.26 respiratory therapist application fee as specified under section 147C.40, subdivision 5, the
346.27 board may issue a temporary permit to practice as a respiratory therapist ~~to an applicant~~
346.28 ~~eligible for licensure under this section if the application for licensure is complete, all~~

347.1 ~~applicable requirements in this section have been met, and a nonrefundable fee set by the~~
 347.2 ~~board has been paid~~ applicant is:

347.3 (1) currently licensed to practice as a respiratory therapist in another state, territory, or
 347.4 Canadian province; and

347.5 (2) not subject to a pending investigation or disciplinary action in any state, territory, or
 347.6 Canadian province.

347.7 ~~The~~ (b) A temporary permit remains issued under this subdivision is nonrenewable and
 347.8 valid only until the meeting of the board at which a decision is made on the respiratory
 347.9 therapist's application for licensure or for 90 days, whichever occurs first.

347.10 (c) The board may revoke a temporary permit that has been issued under this subdivision
 347.11 if the applicant is the subject of an investigation or disciplinary action or is disqualified for
 347.12 licensure for any other reason.

347.13 (d) Notwithstanding section 13.41, subdivision 2, the board may release information
 347.14 regarding any action taken by a board pursuant to this section.

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

347.16 Sec. 12. Minnesota Statutes 2020, section 147C.40, subdivision 5, is amended to read:

347.17 **Subd. 5. Respiratory therapist application and license fees.** (a) The board may charge
 347.18 the following nonrefundable fees:

347.19 (1) respiratory therapist application fee, \$100;

347.20 (2) respiratory therapist annual registration renewal fee, \$90;

347.21 (3) respiratory therapist inactive status fee, \$50;

347.22 (4) respiratory therapist temporary registration fee, \$90;

347.23 ~~(5) respiratory therapist temporary permit, \$60;~~

347.24 ~~(6)~~ (5) respiratory therapist late fee, \$50;

347.25 ~~(7)~~ (6) duplicate license fee, \$20;

347.26 ~~(8)~~ (7) certification letter fee, \$25;

347.27 ~~(9)~~ (8) education or training program approval fee, \$100;

347.28 ~~(10)~~ (9) report creation and generation fee, \$60 per hour; and

347.29 ~~(11)~~ (10) verification fee, \$25.

348.1 (b) The board may prorate the initial annual license fee. All licensees are required to
 348.2 pay the full fee upon license renewal. The revenue generated from the fees must be deposited
 348.3 in an account in the state government special revenue fund.

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

348.5 Sec. 13. Minnesota Statutes 2020, section 148.212, subdivision 1, is amended to read:

348.6 Subdivision 1. **Issuance.** Upon receipt of the applicable licensure or reregistration fee
 348.7 and permit fee, and in accordance with rules of the board, the board may issue a nonrenewable
 348.8 temporary permit to practice professional or practical nursing to an applicant for licensure
 348.9 or reregistration who is not the subject of a pending investigation or disciplinary action, nor
 348.10 disqualified for any other reason, under the following circumstances:

348.11 (a) The applicant for licensure by endorsement under section 148.211, subdivision 2, is
 348.12 currently licensed to practice professional or practical nursing in another state, territory, or
 348.13 Canadian province. The permit is valid until the date of board action on the application or
 348.14 for ~~60~~ 90 days, whichever comes first.

348.15 (b) The applicant for licensure by endorsement under section 148.211, subdivision 2,
 348.16 or for reregistration under section 148.231, subdivision 5, is currently registered in a formal,
 348.17 structured refresher course or its equivalent for nurses that includes clinical practice.

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

348.19 Sec. 14. **[148.2855] NURSE LICENSURE COMPACT.**

348.20 The Nurse Licensure Compact is enacted into law and entered into with all other
 348.21 jurisdictions legally joining in it, in the form substantially as follows:

348.22 ARTICLE 1

348.23 DEFINITIONS

348.24 As used in this compact:

348.25 (a) "Adverse action" means any administrative, civil, equitable, or criminal action
 348.26 permitted by a state's law that is imposed by a licensing board or other authority against a
 348.27 nurse, including actions against an individual's license or multistate licensure privilege such
 348.28 as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee's
 348.29 practice, or any other encumbrance on licensure affecting a nurse's authorization to practice,
 348.30 including issuance of a cease and desist action.

349.1 (b) "Alternative program" means a nondisciplinary monitoring program approved by a
349.2 licensing board.

349.3 (c) "Coordinated licensure information system" means an integrated process for collecting,
349.4 storing, and sharing information on nurse licensure and enforcement activities related to
349.5 nurse licensure laws that is administered by a nonprofit organization composed of and
349.6 controlled by licensing boards.

349.7 (d) "Current significant investigative information" means:

349.8 (1) investigative information that a licensing board, after a preliminary inquiry that
349.9 includes notification and an opportunity for the nurse to respond, if required by state law,
349.10 has reason to believe is not groundless and, if proved true, would indicate more than a minor
349.11 infraction; or

349.12 (2) investigative information that indicates that the nurse represents an immediate threat
349.13 to public health and safety, regardless of whether the nurse has been notified and had an
349.14 opportunity to respond.

349.15 (e) "Encumbrance" means a revocation or suspension of, or any limitation on, the full
349.16 and unrestricted practice of nursing imposed by a licensing board.

349.17 (f) "Home state" means the party state that is the nurse's primary state of residence.

349.18 (g) "Licensing board" means a party state's regulatory body responsible for issuing nurse
349.19 licenses.

349.20 (h) "Multistate license" means a license to practice as a registered or a licensed
349.21 practical/vocational nurse (LPN/VN) issued by a home state licensing board that authorizes
349.22 the licensed nurse to practice in all party states under a multistate licensure privilege.

349.23 (i) "Multistate licensure privilege" means a legal authorization associated with a multistate
349.24 license permitting the practice of nursing as either a registered nurse (RN) or LPN/VN in
349.25 a remote state.

349.26 (j) "Nurse" means an RN or LPN/VN, as those terms are defined by each party state's
349.27 practice laws.

349.28 (k) "Party state" means any state that has adopted this compact.

349.29 (l) "Remote state" means a party state other than the home state.

349.30 (m) "Single-state license" means a nurse license issued by a party state that authorizes
349.31 practice only within the issuing state and does not include a multistate licensure privilege
349.32 to practice in any other party state.

350.1 (n) "State" means a state, territory, or possession of the United States and the District
350.2 of Columbia.

350.3 (o) "State practice laws" means a party state's laws, rules, and regulations that govern
350.4 the practice of nursing, define the scope of nursing practice, and create the methods and
350.5 grounds for imposing discipline. State practice laws do not include requirements necessary
350.6 to obtain and retain a license, except for qualifications or requirements of the home state.

350.7 ARTICLE 2

350.8 GENERAL PROVISIONS AND JURISDICTION

350.9 (a) A multistate license to practice registered or licensed practical/vocational nursing
350.10 issued by a home state to a resident in that state will be recognized by each party state as
350.11 authorizing a nurse to practice as an RN or LPN/VN under a multistate licensure privilege
350.12 in each party state.

350.13 (b) A state must implement procedures for considering the criminal history records of
350.14 applicants for initial multistate license or licensure by endorsement. The procedures shall
350.15 include the submission of fingerprints or other biometric-based information by applicants
350.16 for the purpose of obtaining an applicant's criminal history record information from the
350.17 Federal Bureau of Investigation and the agency responsible for retaining that state's criminal
350.18 records.

350.19 (c) Each party state shall require the following for an applicant to obtain or retain a
350.20 multistate license in the home state:

350.21 (1) meets the home state's qualifications for licensure or renewal of licensure, as well
350.22 as all other applicable state laws;

350.23 (2)(i) has graduated or is eligible to graduate from a licensing board-approved RN or
350.24 LPN/VN prelicensure education program; or

350.25 (ii) has graduated from a foreign RN or LPN/VN prelicensure education program that:

350.26 (A) has been approved by the authorized accrediting body in the applicable country; and

350.27 (B) has been verified by an independent credentials review agency to be comparable to
350.28 a licensing board-approved prelicensure education program;

350.29 (3) has, if a graduate of a foreign prelicensure education program not taught in English
350.30 or if English is not the individual's native language, successfully passed an English
350.31 proficiency examination that includes the components of reading, speaking, writing, and
350.32 listening;

351.1 (4) has successfully passed an NCLEX-RN or NCLEX-PN Examination or recognized
351.2 predecessor, as applicable;

351.3 (5) is eligible for or holds an active, unencumbered license;

351.4 (6) has submitted, in connection with an application for initial licensure or licensure by
351.5 endorsement, fingerprints or other biometric data for the purpose of obtaining criminal
351.6 history record information from the Federal Bureau of Investigation and the agency
351.7 responsible for retaining that state's criminal records;

351.8 (7) has not been convicted or found guilty, or has entered into an agreed disposition, of
351.9 a felony offense under applicable state or federal criminal law;

351.10 (8) has not been convicted or found guilty, or has entered into an agreed disposition, of
351.11 a misdemeanor offense related to the practice of nursing as determined on a case-by-case
351.12 basis;

351.13 (9) is not currently enrolled in an alternative program;

351.14 (10) is subject to self-disclosure requirements regarding current participation in an
351.15 alternative program; and

351.16 (11) has a valid United States Social Security number.

351.17 (d) All party states shall be authorized, in accordance with existing state due process
351.18 law, to take adverse action against a nurse's multistate licensure privilege such as revocation,
351.19 suspension, probation, or any other action that affects a nurse's authorization to practice
351.20 under a multistate licensure privilege, including cease and desist actions. If a party state
351.21 takes such action, it shall promptly notify the administrator of the coordinated licensure
351.22 information system. The administrator of the coordinated licensure information system shall
351.23 promptly notify the home state of any such actions by remote states.

351.24 (e) A nurse practicing in a party state must comply with the state practice laws of the
351.25 state in which the client is located at the time service is provided. The practice of nursing
351.26 is not limited to patient care, but shall include all nursing practice as defined by the state
351.27 practice laws of the party state in which the client is located. The practice of nursing in a
351.28 party state under a multistate licensure privilege shall subject a nurse to the jurisdiction of
351.29 the licensing board, the courts, and the laws of the party state in which the client is located
351.30 at the time service is provided.

351.31 (f) Individuals not residing in a party state shall continue to be able to apply for a party
351.32 state's single-state license as provided under the laws of each party state. However, the
351.33 single-state license granted to these individuals will not be recognized as granting the

352.1 privilege to practice nursing in any other party state. Nothing in this compact shall affect
352.2 the requirements established by a party state for the issuance of a single-state license.

352.3 (g) Any nurse holding a home state multistate license, on the effective date of this
352.4 compact, may retain and renew the multistate license issued by the nurse's then-current
352.5 home state, provided that:

352.6 (1) a nurse, who changes primary state of residence after this compact's effective date,
352.7 must meet all applicable paragraph (c) requirements to obtain a multistate license from a
352.8 new home state; or

352.9 (2) a nurse who fails to satisfy the multistate licensure requirements in paragraph (c)
352.10 due to a disqualifying event occurring after this compact's effective date shall be ineligible
352.11 to retain or renew a multistate license, and the nurse's multistate license shall be revoked
352.12 or deactivated in accordance with applicable rules adopted by the Interstate Commission
352.13 of Nurse Licensure Compact Administrators ("Commission").

352.14 ARTICLE 3

352.15 APPLICATIONS FOR LICENSURE IN A PARTY STATE

352.16 (a) Upon application for a multistate license, the licensing board in the issuing party
352.17 state shall ascertain, through the coordinated licensure information system, whether the
352.18 applicant has ever held or is the holder of a license issued by any other state, whether there
352.19 are any encumbrances on any license or multistate licensure privilege held by the applicant,
352.20 whether any adverse action has been taken against any license or multistate licensure privilege
352.21 held by the applicant, and whether the applicant is currently participating in an alternative
352.22 program.

352.23 (b) A nurse may hold a multistate license issued by the home state in only one party
352.24 state at a time.

352.25 (c) If a nurse changes primary state of residence by moving between two party states,
352.26 the nurse must apply for licensure in the new home state, and the multistate license issued
352.27 by the prior home state will be deactivated in accordance with applicable rules adopted by
352.28 the commission:

352.29 (1) the nurse may apply for licensure in advance of a change in primary state of residence;
352.30 and

352.31 (2) a multistate license shall not be issued by the new home state until the nurse provides
352.32 satisfactory evidence of a change in primary state of residence to the new home state and
352.33 satisfies all applicable requirements to obtain a multistate license from the new home state.

353.1 (d) If a nurse changes primary state of residence by moving from a party state to a
353.2 nonparty state, the multistate license issued by the prior home state will convert to a
353.3 single-state license, valid only in the former home state.

353.4 ARTICLE 4

353.5 ADDITIONAL AUTHORITIES INVESTED IN PARTY STATE LICENSING BOARDS

353.6 (a) In addition to the other powers conferred by state law, a licensing board shall have
353.7 the authority to:

353.8 (1) take adverse action against a nurse's multistate licensure privilege to practice within
353.9 that party state:

353.10 (i) only the home state shall have the power to take adverse action against a nurse's
353.11 license issued by the home state; and

353.12 (ii) for purposes of taking adverse action, the home state licensing board shall give the
353.13 same priority and effect to reported conduct received from a remote state as it would if the
353.14 conduct occurred within the home state. In so doing, the home state shall apply its own state
353.15 laws to determine appropriate action;

353.16 (2) issue cease and desist orders or impose an encumbrance on a nurse's authority to
353.17 practice within that party state;

353.18 (3) complete any pending investigations of a nurse who changes primary state of residence
353.19 during the course of the investigations. The licensing board shall also have the authority to
353.20 take appropriate action and shall promptly report the conclusions of the investigations to
353.21 the administrator of the coordinated licensure information system. The administrator of the
353.22 coordinated licensure information system shall promptly notify the new home state of any
353.23 such actions;

353.24 (4) issue subpoenas for hearings and investigations that require the attendance and
353.25 testimony of witnesses, as well as the production of evidence. Subpoenas issued by a licensing
353.26 board in a party state for the attendance and testimony of witnesses or the production of
353.27 evidence from another party state shall be enforced in the latter state by any court of
353.28 competent jurisdiction according to the practice and procedure of that court applicable to
353.29 subpoenas issued in proceedings pending before it. The issuing authority shall pay any
353.30 witness fees, travel expenses, mileage, and other fees required by the service statutes of the
353.31 state in which the witnesses or evidence are located;

353.32 (5) obtain and submit, for each nurse licensure applicant, fingerprint or other
353.33 biometric-based information to the Federal Bureau of Investigation for criminal background

354.1 checks, receive the results of the Federal Bureau of Investigation record search on criminal
354.2 background checks, and use the results in making licensure decisions;

354.3 (6) if otherwise permitted by state law, recover from the affected nurse the costs of
354.4 investigations and disposition of cases resulting from any adverse action taken against that
354.5 nurse; and

354.6 (7) take adverse action based on the factual findings of the remote state, provided that
354.7 the licensing board follows its own procedures for taking such adverse action.

354.8 (b) If adverse action is taken by the home state against a nurse's multistate license, the
354.9 nurse's multistate licensure privilege to practice in all other party states shall be deactivated
354.10 until all encumbrances have been removed from the multistate license. All home state
354.11 disciplinary orders that impose adverse action against a nurse's multistate license shall
354.12 include a statement that the nurse's multistate licensure privilege is deactivated in all party
354.13 states during the pendency of the order.

354.14 (c) Nothing in this compact shall override a party state's decision that participation in
354.15 an alternative program may be used in lieu of adverse action. The home state licensing board
354.16 shall deactivate the multistate licensure privilege under the multistate license of any nurse
354.17 for the duration of the nurse's participation in an alternative program.

354.18 ARTICLE 5

354.19 COORDINATED LICENSURE INFORMATION SYSTEM AND EXCHANGE OF 354.20 INFORMATION

354.21 (a) All party states shall participate in a coordinated licensure information system of
354.22 RNs and LPNs. The system will include information on the licensure and disciplinary history
354.23 of each nurse, as submitted by party states, to assist in the coordination of nurse licensure
354.24 and enforcement efforts.

354.25 (b) The commission, in consultation with the administrator of the coordinated licensure
354.26 information system, shall formulate necessary and proper procedures for the identification,
354.27 collection, and exchange of information under this compact.

354.28 (c) All licensing boards shall promptly report to the coordinated licensure information
354.29 system any adverse action, any current significant investigative information, denials of
354.30 applications, including the reasons for the denials, and nurse participation in alternative
354.31 programs known to the licensing board, regardless of whether the participation is deemed
354.32 nonpublic or confidential under state law.

355.1 (d) Current significant investigative information and participation in nonpublic or
 355.2 confidential alternative programs shall be transmitted through the coordinated licensure
 355.3 information system only to party state licensing boards.

355.4 (e) Notwithstanding any other provision of law, all party state licensing boards
 355.5 contributing information to the coordinated licensure information system may designate
 355.6 information that shall not be shared with nonparty states or disclosed to other entities or
 355.7 individuals without the express permission of the contributing state.

355.8 (f) Any personally identifiable information obtained from the coordinated licensure
 355.9 information system by a party state licensing board shall not be shared with nonparty states
 355.10 or disclosed to other entities or individuals except to the extent permitted by the laws of the
 355.11 party state contributing the information.

355.12 (g) Any information contributed to the coordinated licensure information system that is
 355.13 subsequently required to be expunged by the laws of the party state contributing that
 355.14 information shall also be expunged from the coordinated licensure information system.

355.15 (h) The compact administrator of each party state shall furnish a uniform data set to the
 355.16 compact administrator of each other party state, which shall include, at a minimum:

355.17 (1) identifying information;

355.18 (2) licensure data;

355.19 (3) information related to alternative program participation; and

355.20 (4) other information that may facilitate the administration of this compact, as determined
 355.21 by commission rules.

355.22 (i) The compact administrator of a party state shall provide all investigative documents
 355.23 and information requested by another party state.

355.24 ARTICLE 6

355.25 ESTABLISHMENT OF THE INTERSTATE COMMISSION OF NURSE LICENSURE

355.26 COMPACT ADMINISTRATORS

355.27 (a) The party states hereby create and establish a joint public entity known as the Interstate
 355.28 Commission of Nurse Licensure Compact Administrators:

355.29 (1) the commission is an instrumentality of the party states;

355.30 (2) venue is proper, and judicial proceedings by or against the commission shall be
 355.31 brought solely and exclusively in a court of competent jurisdiction where the principal office

356.1 of the commission is located. The commission may waive venue and jurisdictional defenses
356.2 to the extent it adopts or consents to participate in alternative dispute resolution proceedings;
356.3 and

356.4 (3) nothing in this compact shall be construed to be a waiver of sovereign immunity.

356.5 (b) Membership, voting, and meetings:

356.6 (1) each party state shall have and be limited to one administrator. The head of the state
356.7 licensing board or designee shall be the administrator of this compact for each party state.

356.8 Any administrator may be removed or suspended from office as provided by the laws of
356.9 the state from which the administrator is appointed. Any vacancy occurring in the commission
356.10 shall be filled in accordance with the laws of the party state in which the vacancy exists;

356.11 (2) each administrator shall be entitled to one vote with regard to the promulgation of
356.12 rules and creation of bylaws and shall otherwise have an opportunity to participate in the
356.13 business and affairs of the commission. An administrator shall vote in person or by such
356.14 other means as provided in the bylaws. The bylaws may provide for an administrator's
356.15 participation in meetings by telephone or other means of communication;

356.16 (3) the commission shall meet at least once during each calendar year. Additional
356.17 meetings shall be held as set forth in the bylaws or rules of the commission;

356.18 (4) all meetings shall be open to the public, and public notice of meetings shall be given
356.19 in the same manner as required under the rulemaking provisions in article 7;

356.20 (5) the commission may convene in a closed, nonpublic meeting if the commission must
356.21 discuss:

356.22 (i) noncompliance of a party state with its obligations under this compact;

356.23 (ii) the employment, compensation, discipline, or other personnel matters, practices, or
356.24 procedures related to specific employees or other matters related to the commission's internal
356.25 personnel practices and procedures;

356.26 (iii) current, threatened, or reasonably anticipated litigation;

356.27 (iv) negotiation of contracts for the purchase or sale of goods, services, or real estate;

356.28 (v) accusing any person of a crime or formally censuring any person;

356.29 (vi) disclosure of trade secrets or commercial or financial information that is privileged
356.30 or confidential;

357.1 (vii) disclosure of information of a personal nature where disclosure would constitute a
357.2 clearly unwarranted invasion of personal privacy;

357.3 (viii) disclosure of investigatory records compiled for law enforcement purposes;

357.4 (ix) disclosure of information related to any reports prepared by or on behalf of the
357.5 commission for the purpose of investigation of compliance with this compact; or

357.6 (x) matters specifically exempted from disclosure by federal or state statute; and

357.7 (6) if a meeting or portion of a meeting is closed pursuant to this provision, the
357.8 commission's legal counsel or designee shall certify that the meeting may be closed and
357.9 shall reference each relevant exempting provision. The commission shall keep minutes that
357.10 fully and clearly describe all matters discussed in a meeting and shall provide a full and
357.11 accurate summary of actions taken and the reasons therefore, including a description of the
357.12 views expressed. All documents considered in connection with an action shall be identified
357.13 in the minutes. All minutes and documents of a closed meeting shall remain under seal,
357.14 subject to release by a majority vote of the commission or order of a court of competent
357.15 jurisdiction.

357.16 (c) The commission shall, by a majority vote of the administrators, prescribe bylaws or
357.17 rules to govern its conduct as may be necessary or appropriate to carry out the purposes and
357.18 exercise the powers of this compact, including but not limited to:

357.19 (1) establishing the fiscal year of the commission;

357.20 (2) providing reasonable standards and procedures:

357.21 (i) for the establishment and meetings of other committees; and

357.22 (ii) governing any general or specific delegation of any authority or function of the
357.23 commission;

357.24 (3) providing reasonable procedures for calling and conducting meetings of the
357.25 commission, ensuring reasonable advance notice of all meetings and providing an opportunity
357.26 for attendance of the meetings by interested parties, with enumerated exceptions designed
357.27 to protect the public's interest, the privacy of individuals, and proprietary information,
357.28 including trade secrets. The commission may meet in closed session only after a majority
357.29 of the administrators vote to close a meeting in whole or in part. As soon as practicable, the
357.30 commission must make public a copy of the vote to close the meeting revealing the vote of
357.31 each administrator, with no proxy votes allowed;

358.1 (4) establishing the titles, duties, and authority and reasonable procedures for the election
358.2 of the officers of the commission;

358.3 (5) providing reasonable standards and procedures for the establishment of the personnel
358.4 policies and programs of the commission. Notwithstanding any civil service or other similar
358.5 laws of any party state, the bylaws shall exclusively govern the personnel policies and
358.6 programs of the commission; and

358.7 (6) providing a mechanism for winding up the operations of the commission and the
358.8 equitable disposition of any surplus funds that may exist after the termination of this compact
358.9 after the payment or reserving of all of its debts and obligations.

358.10 (d) The commission shall publish its bylaws, rules, and any amendments in a convenient
358.11 form on the website of the commission.

358.12 (e) The commission shall maintain its financial records in accordance with the bylaws.

358.13 (f) The commission shall meet and take actions consistent with the provisions of this
358.14 compact and the bylaws.

358.15 (g) The commission shall have the following powers:

358.16 (1) to promulgate uniform rules to facilitate and coordinate implementation and
358.17 administration of this compact. The rules shall have the force and effect of law and shall
358.18 be binding in all party states;

358.19 (2) to bring and prosecute legal proceedings or actions in the name of the commission,
358.20 provided that the standing of any licensing board to sue or be sued under applicable law
358.21 shall not be affected;

358.22 (3) to purchase and maintain insurance and bonds;

358.23 (4) to borrow, accept, or contract for services of personnel, including but not limited to
358.24 employees of a party state or nonprofit organizations;

358.25 (5) to cooperate with other organizations that administer state compacts related to the
358.26 regulation of nursing, including but not limited to sharing administrative or staff expenses,
358.27 office space, or other resources;

358.28 (6) to hire employees, elect or appoint officers, fix compensation, define duties, grant
358.29 such individuals appropriate authority to carry out the purposes of this compact, and establish
358.30 the commission's personnel policies and programs relating to conflicts of interest,
358.31 qualifications of personnel, and other related personnel matters;

359.1 (7) to accept any and all appropriate donations, grants, and gifts of money, equipment,
359.2 supplies, materials, and services, and to receive, utilize, and dispose of the same; provided
359.3 that at all times the commission shall avoid any appearance of impropriety or conflict of
359.4 interest;

359.5 (8) to lease, purchase, accept appropriate gifts or donations of, or otherwise to own,
359.6 hold, improve, or use any property, whether real, personal, or mixed; provided that at all
359.7 times the commission shall avoid any appearance of impropriety;

359.8 (9) to sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose
359.9 of any property, whether real, personal, or mixed;

359.10 (10) to establish a budget and make expenditures;

359.11 (11) to borrow money;

359.12 (12) to appoint committees, including advisory committees comprised of administrators,
359.13 state nursing regulators, state legislators or their representatives, and consumer
359.14 representatives, and other such interested persons;

359.15 (13) to provide and receive information from, and to cooperate with, law enforcement
359.16 agencies;

359.17 (14) to adopt and use an official seal; and

359.18 (15) to perform other functions as may be necessary or appropriate to achieve the purposes
359.19 of this compact consistent with the state regulation of nurse licensure and practice.

359.20 (h) Financing of the commission:

359.21 (1) the commission shall pay or provide for the payment of the reasonable expenses of
359.22 its establishment, organization, and ongoing activities;

359.23 (2) the commission may also levy on and collect an annual assessment from each party
359.24 state to cover the cost of its operations, activities, and staff in its annual budget as approved
359.25 each year. The aggregate annual assessment amount, if any, shall be allocated based on a
359.26 formula to be determined by the commission, which shall promulgate a rule that is binding
359.27 upon all party states;

359.28 (3) the commission shall not incur obligations of any kind prior to securing the funds
359.29 adequate to meet the same; nor shall the commission pledge the credit of any of the party
359.30 states, except by and with the authority of the party state; and

359.31 (4) the commission shall keep accurate accounts of all receipts and disbursements. The
359.32 receipts and disbursements of the commission shall be subject to the audit and accounting

360.1 procedures established under its bylaws. However, all receipts and disbursements of funds
360.2 handled by the commission shall be audited yearly by a certified or licensed public
360.3 accountant, and the report of the audit shall be included in and become part of the annual
360.4 report of the commission.

360.5 (i) Qualified immunity, defense, and indemnification:

360.6 (1) the administrators, officers, executive director, employees, and representatives of
360.7 the commission shall be immune from suit and liability, either personally or in their official
360.8 capacity, for any claim for damage to or loss of property or personal injury or other civil
360.9 liability caused by or arising out of any actual or alleged act, error, or omission that occurred,
360.10 or that the person against whom the claim is made had a reasonable basis for believing
360.11 occurred, within the scope of commission employment, duties, or responsibilities; provided
360.12 that nothing in this paragraph shall be construed to protect any such person from suit or
360.13 liability for any damage, loss, injury, or liability caused by the intentional, willful, or wanton
360.14 misconduct of that person;

360.15 (2) the commission shall defend any administrator, officer, executive director, employee,
360.16 or representative of the commission in any civil action seeking to impose liability arising
360.17 out of any actual or alleged act, error, or omission that occurred within the scope of
360.18 commission employment, duties, or responsibilities, or that the person against whom the
360.19 claim is made had a reasonable basis for believing occurred within the scope of commission
360.20 employment, duties, or responsibilities; provided that nothing herein shall be construed to
360.21 prohibit that person from retaining the person's counsel; and provided further that the actual
360.22 or alleged act, error, or omission did not result from that person's intentional, willful, or
360.23 wanton misconduct; and

360.24 (3) the commission shall indemnify and hold harmless any administrator, officer,
360.25 executive director, employee, or representative of the commission for the amount of any
360.26 settlement or judgment obtained against that person arising out of any actual or alleged act,
360.27 error, or omission that occurred within the scope of commission employment, duties, or
360.28 responsibilities, or that the person had a reasonable basis for believing occurred within the
360.29 scope of commission employment, duties, or responsibilities, provided that the actual or
360.30 alleged act, error, or omission did not result from the intentional, willful, or wanton
360.31 misconduct of that person.

360.32 ARTICLE 7

360.33 RULEMAKING

361.1 (a) The commission shall exercise its rulemaking powers pursuant to this article and the
361.2 rules adopted thereunder. Rules and amendments shall become binding as of the date
361.3 specified in each rule or amendment and shall have the same force and effect as provisions
361.4 of this compact.

361.5 (b) Rules or amendments to the rules shall be adopted at a regular or special meeting of
361.6 the commission.

361.7 (c) Prior to promulgation and adoption of a final rule or rules by the commission, and
361.8 at least 60 days in advance of the meeting at which the rule will be considered and voted
361.9 on, the commission shall file a notice of proposed rulemaking:

361.10 (1) on the website of the commission; and

361.11 (2) on the website of each licensing board or the publication in which the state would
361.12 otherwise publish proposed rules.

361.13 (d) The notice of proposed rulemaking shall include:

361.14 (1) the proposed time, date, and location of the meeting in which the rule will be
361.15 considered and voted on;

361.16 (2) the text of the proposed rule or amendment, and the reason for the proposed rule;

361.17 (3) a request for comments on the proposed rule from any interested person; and

361.18 (4) the manner in which interested persons may submit notice to the commission of their
361.19 intention to attend the public hearing and any written comments.

361.20 (e) Prior to adoption of a proposed rule, the commission shall allow persons to submit
361.21 written data, facts, opinions, and arguments that shall be made available to the public.

361.22 (f) The commission shall grant an opportunity for a public hearing before it adopts a
361.23 rule or amendment.

361.24 (g) The commission shall publish the place, time, and date of the scheduled public
361.25 hearing:

361.26 (1) hearings shall be conducted in a manner providing each person who wishes to
361.27 comment a fair and reasonable opportunity to comment orally or in writing. All hearings
361.28 will be recorded and a copy will be made available upon request; and

361.29 (2) nothing in this section shall be construed as requiring a separate hearing on each
361.30 rule. Rules may be grouped for the convenience of the commission at hearings required by
361.31 this section.

362.1 (h) If no person appears at the public hearing, the commission may proceed with
362.2 promulgation of the proposed rule.

362.3 (i) Following the scheduled hearing date or by the close of business on the scheduled
362.4 hearing date if the hearing was not held, the commission shall consider all written and oral
362.5 comments received.

362.6 (j) The commission shall, by majority vote of all administrators, take final action on the
362.7 proposed rule and shall determine the effective date of the rule, if any, based on the
362.8 rulemaking record and the full text of the rule.

362.9 (k) Upon determination that an emergency exists, the commission may consider and
362.10 adopt an emergency rule without prior notice or opportunity for comment or hearing,
362.11 provided that the usual rulemaking procedures provided in this compact and in this section
362.12 shall be retroactively applied to the rule as soon as reasonably possible, in no event later
362.13 than 90 days after the effective date of the rule. For the purposes of this provision, an
362.14 emergency rule is one that must be adopted immediately in order to:

362.15 (1) meet an imminent threat to public health, safety, or welfare;

362.16 (2) prevent a loss of commission or party state funds; or

362.17 (3) meet a deadline for the promulgation of an administrative rule that is required by
362.18 federal law or rule.

362.19 (l) The commission may direct revisions to a previously adopted rule or amendment for
362.20 purposes of correcting typographical errors, errors in format, errors in consistency, or
362.21 grammatical errors. Public notice of any revisions shall be posted on the website of the
362.22 commission. The revision shall be subject to challenge by any person for a period of 30
362.23 days after posting. The revision may be challenged only on grounds that the revision results
362.24 in a material change to a rule. A challenge shall be made in writing and delivered to the
362.25 commission before the end of the notice period. If no challenge is made, the revision will
362.26 take effect without further action. If the revision is challenged, the revision shall not take
362.27 effect without the approval of the commission.

362.28 ARTICLE 8

362.29 OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

362.30 (a) Oversight:

362.31 (1) each party state shall enforce this compact and take all actions necessary and
362.32 appropriate to effectuate this compact's purposes and intent; and

363.1 (2) the commission shall be entitled to receive service of process in any proceeding that
363.2 may affect the powers, responsibilities, or actions of the commission and shall have standing
363.3 to intervene in such a proceeding for all purposes. Failure to provide service of process in
363.4 the proceeding to the commission shall render a judgment or order void as to the commission,
363.5 this compact, or promulgated rules.

363.6 (b) Default, technical assistance, and termination:

363.7 (1) if the commission determines that a party state has defaulted in the performance of
363.8 its obligations or responsibilities under this compact or the promulgated rules, the commission
363.9 shall:

363.10 (i) provide written notice to the defaulting state and other party states of the nature of
363.11 the default, the proposed means of curing the default, or any other action to be taken by the
363.12 commission; and

363.13 (ii) provide remedial training and specific technical assistance regarding the default;

363.14 (2) if a state in default fails to cure the default, the defaulting state's membership in this
363.15 compact may be terminated upon an affirmative vote of a majority of the administrators,
363.16 and all rights, privileges, and benefits conferred by this compact may be terminated on the
363.17 effective date of termination. A cure of the default does not relieve the offending state of
363.18 obligations or liabilities incurred during the period of default;

363.19 (3) termination of membership in this compact shall be imposed only after all other
363.20 means of securing compliance have been exhausted. Notice of intent to suspend or terminate
363.21 shall be given by the commission to the governor of the defaulting state and to the executive
363.22 officer of the defaulting state's licensing board and each of the party states;

363.23 (4) a state whose membership in this compact has been terminated is responsible for all
363.24 assessments, obligations, and liabilities incurred through the effective date of termination,
363.25 including obligations that extend beyond the effective date of termination;

363.26 (5) the commission shall not bear any costs related to a state that is found to be in default
363.27 or whose membership in this compact has been terminated, unless agreed upon in writing
363.28 between the commission and the defaulting state; and

363.29 (6) the defaulting state may appeal the action of the commission by petitioning the U.S.
363.30 District Court for the District of Columbia or the federal district in which the commission
363.31 has its principal offices. The prevailing party shall be awarded all costs of the litigation,
363.32 including reasonable attorney fees.

363.33 (c) Dispute resolution:

364.1 (1) upon request by a party state, the commission shall attempt to resolve disputes related
364.2 to the compact that arise among party states and between party and nonparty states;

364.3 (2) the commission shall promulgate a rule providing for both mediation and binding
364.4 dispute resolution for disputes, as appropriate; and

364.5 (3) in the event the commission cannot resolve disputes among party states arising under
364.6 this compact:

364.7 (i) the party states may submit the issues in dispute to an arbitration panel, that will be
364.8 comprised of individuals appointed by the compact administrator in each of the affected
364.9 party states and an individual mutually agreed upon by the compact administrators of all
364.10 the party states involved in the dispute; and

364.11 (ii) the decision of a majority of the arbitrators shall be final and binding.

364.12 (d) Enforcement:

364.13 (1) the commission, in the reasonable exercise of its discretion, shall enforce the
364.14 provisions and rules of this compact;

364.15 (2) by majority vote, the commission may initiate legal action in the U.S. District Court
364.16 for the District of Columbia or the federal district in which the commission has its principal
364.17 offices against a party state that is in default to enforce compliance with this compact and
364.18 its promulgated rules and bylaws. The relief sought may include both injunctive relief and
364.19 damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded
364.20 all costs of the litigation, including reasonable attorney fees; and

364.21 (3) the remedies herein shall not be the exclusive remedies of the commission. The
364.22 commission may pursue any other remedies available under federal or state law.

364.23 ARTICLE 9

364.24 EFFECTIVE DATE, WITHDRAWAL, AND AMENDMENT

364.25 (a) This compact shall become effective and binding on July 1, 2022. All party states to
364.26 this compact that also were parties to the prior Nurse Licensure Compact that was superseded
364.27 by this compact shall be deemed to have withdrawn from the prior compact within six
364.28 months after the effective date of this compact.

364.29 (b) Each party state to this compact shall continue to recognize a nurse's multistate
364.30 licensure privilege to practice in that party state issued under the prior compact until the
364.31 party state has withdrawn from the prior compact.

365.1 (c) Any party state may withdraw from this compact by legislative enactment. A party
365.2 state's withdrawal shall not take effect until six months after enactment of the repealing
365.3 statute.

365.4 (d) A party state's withdrawal or termination shall not affect the continuing requirement
365.5 of the withdrawing or terminated state's licensing board to report adverse actions and
365.6 significant investigations occurring prior to the effective date of the withdrawal or
365.7 termination.

365.8 (e) Nothing in this compact shall be construed to invalidate or prevent any nurse licensure
365.9 agreement or other cooperative arrangement between a party state and a nonparty state that
365.10 is made in accordance with the other provisions of this compact.

365.11 (f) This compact may be amended by the party states. No amendment to this compact
365.12 shall become effective and binding upon the party states unless and until it is enacted into
365.13 the laws of all party states.

365.14 (g) Representatives of nonparty states to this compact shall be invited to participate in
365.15 the activities of the commission on a nonvoting basis prior to the adoption of this compact
365.16 by all states.

365.17 ARTICLE 10

365.18 CONSTRUCTION AND SEVERABILITY

365.19 This compact shall be liberally construed so as to effectuate the purposes thereof. This
365.20 compact shall be severable, and if any phrase, clause, sentence, or provision of this compact
365.21 is declared to be contrary to the constitution of any party state or of the United States, or if
365.22 the applicability thereof to any government, agency, person, or circumstance is held invalid,
365.23 the validity of the remainder of this compact and the applicability thereof to any government,
365.24 agency, person, or circumstance shall not be affected thereby. If this compact is held to be
365.25 contrary to the constitution of any party state, this compact shall remain in full force and
365.26 effect for the remaining party states and in full force and effect for the party state affected
365.27 as to all severable matters.

365.28 **Sec. 15. [148.2856] APPLICATION OF NURSE LICENSURE COMPACT TO**
365.29 **EXISTING LAWS.**

365.30 (a) Section 148.2855 does not supersede existing state labor laws.

366.1 (b) If the board takes action against an individual's multistate privilege, the action must
366.2 be adjudicated following the procedures in sections 14.50 to 14.62 and must be subject to
366.3 the judicial review provided for in sections 14.63 to 14.69.

366.4 (c) The board may take action against an individual's multistate privilege based on the
366.5 grounds listed in section 148.261, subdivision 1, and any other statute authorizing or requiring
366.6 the board to take corrective or disciplinary action.

366.7 (d) The board may take all forms of disciplinary action provided in section 148.262,
366.8 subdivision 1, and corrective action provided in section 214.103, subdivision 6, against an
366.9 individual's multistate privilege.

366.10 (e) The cooperation requirements of section 148.265 apply to individuals who practice
366.11 professional or practical nursing in Minnesota under section 148.2855.

366.12 (f) Complaints against individuals who practice professional or practical nursing in
366.13 Minnesota under section 148.2855 must be addressed according to sections 214.10 and
366.14 214.103.

366.15 **Sec. 16. [148.5185] AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY**
366.16 **INTERSTATE COMPACT.**

366.17 **Section 1. Definitions**

366.18 As used in this Compact, and except as otherwise provided, the following definitions
366.19 shall apply:

366.20 A. "Active duty military" means full-time duty status in the active uniformed service of
366.21 the United States, including members of the National Guard and Reserve on active duty
366.22 orders pursuant to 10 U.S.C. sections 1209 and 1211.

366.23 B. "Adverse action" means any administrative, civil, equitable, or criminal action
366.24 permitted by a state's laws which is imposed by a licensing board or other authority against
366.25 an audiologist or speech-language pathologist, including actions against an individual's
366.26 license or privilege to practice such as revocation, suspension, probation, monitoring of the
366.27 licensee, or restriction on the licensee's practice.

366.28 C. "Alternative program" means a non-disciplinary monitoring process approved by an
366.29 audiology or speech-language pathology licensing board to address impaired practitioners.

366.30 D. "Audiologist" means an individual who is licensed by a state to practice audiology.

366.31 E. "Audiology" means the care and services provided by a licensed audiologist as set
366.32 forth in the member state's statutes and rules.

367.1 F. "Audiology and Speech-Language Pathology Compact Commission" or "Commission"
367.2 means the national administrative body whose membership consists of all states that have
367.3 enacted the Compact.

367.4 G. "Audiology and speech-language pathology licensing board," "audiology licensing
367.5 board," "speech-language pathology licensing board," or "licensing board" means the agency
367.6 of a state that is responsible for the licensing and regulation of audiologists or
367.7 speech-language pathologists or both.

367.8 H. "Compact privilege" means the authorization granted by a remote state to allow a
367.9 licensee from another member state to practice as an audiologist or speech-language
367.10 pathologist in the remote state under its laws and rules. The practice of audiology or
367.11 speech-language pathology occurs in the member state where the patient, client, or student
367.12 is located at the time of the patient, client, or student encounter.

367.13 I. "Current significant investigative information" means investigative information that
367.14 a licensing board, after an inquiry or investigation that includes notification and an
367.15 opportunity for the audiologist or speech-language pathologist to respond, if required by
367.16 state law, has reason to believe is not groundless and, if proved true, would indicate more
367.17 than a minor infraction.

367.18 J. "Data system" means a repository of information about licensees, including, but not
367.19 limited to, continuing education, examination, licensure, investigation, compact privilege,
367.20 and adverse action.

367.21 K. "Encumbered license" means a license in which an adverse action restricts the practice
367.22 of audiology or speech-language pathology by the licensee and said adverse action has been
367.23 reported to the National Practitioners Data Bank (NPDB).

367.24 L. "Executive Committee" means a group of directors elected or appointed to act on
367.25 behalf of, and within the powers granted to them by, the Commission.

367.26 M. "Home state" means the member state that is the licensee's primary state of residence.

367.27 N. "Impaired practitioner" means individuals whose professional practice is adversely
367.28 affected by substance abuse, addiction, or other health-related conditions.

367.29 O. "Licensee" means an individual who currently holds an authorization from the state
367.30 licensing board to practice as an audiologist or speech-language pathologist.

367.31 P. "Member state" means a state that has enacted the Compact.

368.1 Q. "Privilege to practice" means a legal authorization permitting the practice of audiology
368.2 or speech-language pathology in a remote state.

368.3 R. "Remote state" means a member state other than the home state where a licensee is
368.4 exercising or seeking to exercise the compact privilege.

368.5 S. "Rule" means a regulation, principle, or directive promulgated by the Commission
368.6 that has the force of law.

368.7 T. "Single-state license" means an audiology or speech-language pathology license
368.8 issued by a member state that authorizes practice only within the issuing state and does not
368.9 include a privilege to practice in any other member state.

368.10 U. "Speech-language pathologist" means an individual who is licensed by a state to
368.11 practice speech-language pathology.

368.12 V. "Speech-language pathology" means the care and services provided by a licensed
368.13 speech-language pathologist as set forth in the member state's statutes and rules.

368.14 W. "State" means any state, commonwealth, district, or territory of the United States of
368.15 America that regulates the practice of audiology and speech-language pathology.

368.16 X. "State practice laws" means a member state's laws, rules, and regulations that govern
368.17 the practice of audiology or speech-language pathology, define the scope of audiology or
368.18 speech-language pathology practice, and create the methods and grounds for imposing
368.19 discipline.

368.20 Y. "Telehealth" means the application of telecommunication technology to deliver
368.21 audiology or speech-language pathology services at a distance for assessment, intervention,
368.22 or consultation.

368.23 Section 2. State Participation in the Compact

368.24 A. A license issued to an audiologist or speech-language pathologist by a home state to
368.25 a resident in that state shall be recognized by each member state as authorizing an audiologist
368.26 or speech-language pathologist to practice audiology or speech-language pathology, under
368.27 a privilege to practice, in each member state.

368.28 B. A state must implement or utilize procedures for considering the criminal history
368.29 records of applicants for initial privilege to practice. These procedures shall include the
368.30 submission of fingerprints or other biometric-based information by applicants for the purpose
368.31 of obtaining an applicant's criminal history record information from the Federal Bureau of
368.32 Investigation and the agency responsible for retaining that state's criminal records.

369.1 1. A member state must fully implement a criminal background check requirement,
369.2 within a time frame established by rule, by receiving the results of the Federal Bureau of
369.3 Investigation record search on criminal background checks and use the results in making
369.4 licensure decisions.

369.5 2. Communication between a member state and the Commission and among member
369.6 states regarding the verification of eligibility for licensure through the Compact shall not
369.7 include any information received from the Federal Bureau of Investigation relating to a
369.8 federal criminal records check performed by a member state under Public Law 92-544.

369.9 C. Upon application for a privilege to practice, the licensing board in the issuing remote
369.10 state shall ascertain, through the data system, whether the applicant has ever held, or is the
369.11 holder of, a license issued by any other state, whether there are any encumbrances on any
369.12 license or privilege to practice held by the applicant, and whether any adverse action has
369.13 been taken against any license or privilege to practice held by the applicant.

369.14 D. Each member state shall require an applicant to obtain or retain a license in the home
369.15 state and meet the home state's qualifications for licensure or renewal of licensure, as well
369.16 as all other applicable state laws.

369.17 E. For an audiologist:

369.18 1. Must meet one of the following educational requirements:

369.19 a. On or before December 31, 2007, has graduated with a master's degree or doctoral
369.20 degree in audiology, or equivalent degree regardless of degree name, from a program that
369.21 is accredited by an accrediting agency recognized by the Council for Higher Education
369.22 Accreditation, or its successor, or by the United States Department of Education and operated
369.23 by a college or university accredited by a regional or national accrediting organization
369.24 recognized by the board; or

369.25 b. On or after January 1, 2008, has graduated with a doctoral degree in audiology, or
369.26 equivalent degree regardless of degree name, from a program that is accredited by an
369.27 accrediting agency recognized by the Council for Higher Education Accreditation, or its
369.28 successor, or by the United States Department of Education and operated by a college or
369.29 university accredited by a regional or national accrediting organization recognized by the
369.30 board; or

369.31 c. Has graduated from an audiology program that is housed in an institution of higher
369.32 education outside of the United States (a) for which the program and institution have been
369.33 approved by the authorized accrediting body in the applicable country and (b) the degree

370.1 program has been verified by an independent credentials review agency to be comparable
370.2 to a state licensing board-approved program;

370.3 2. Has completed a supervised clinical practicum experience from an accredited
370.4 educational institution or its cooperating programs as required by the board;

370.5 3. Has successfully passed a national examination approved by the Commission;

370.6 4. Holds an active, unencumbered license;

370.7 5. Has not been convicted or found guilty, and has not entered into an agreed disposition,
370.8 of a felony related to the practice of audiology, under applicable state or federal criminal
370.9 law; and

370.10 6. Has a valid United States Social Security or National Practitioner Identification
370.11 number.

370.12 F. For a speech-language pathologist:

370.13 1. Must meet one of the following educational requirements:

370.14 a. Has graduated with a master's degree from a speech-language pathology program that
370.15 is accredited by an organization recognized by the United States Department of Education
370.16 and operated by a college or university accredited by a regional or national accrediting
370.17 organization recognized by the board; or

370.18 b. Has graduated from a speech-language pathology program that is housed in an
370.19 institution of higher education outside of the United States (a) for which the program and
370.20 institution have been approved by the authorized accrediting body in the applicable country
370.21 and (b) the degree program has been verified by an independent credentials review agency
370.22 to be comparable to a state licensing board-approved program;

370.23 2. Has completed a supervised clinical practicum experience from an educational
370.24 institution or its cooperating programs as required by the Commission;

370.25 3. Has completed a supervised postgraduate professional experience as required by the
370.26 Commission;

370.27 4. Has successfully passed a national examination approved by the Commission;

370.28 5. Holds an active, unencumbered license;

370.29 6. Has not been convicted or found guilty, and has not entered into an agreed disposition,
370.30 of a felony related to the practice of speech-language pathology, under applicable state or
370.31 federal criminal law; and

371.1 7. Has a valid United States Social Security or National Practitioner Identification
 371.2 number.

371.3 G. The privilege to practice is derived from the home state license.

371.4 H. An audiologist or speech-language pathologist practicing in a member state must
 371.5 comply with the state practice laws of the state in which the client is located at the time
 371.6 service is provided. The practice of audiology and speech-language pathology shall include
 371.7 all audiology and speech-language pathology practice as defined by the state practice laws
 371.8 of the member state in which the client is located. The practice of audiology and
 371.9 speech-language pathology in a member state under a privilege to practice shall subject an
 371.10 audiologist or speech-language pathologist to the jurisdiction of the licensing board, the
 371.11 courts and the laws of the member state in which the client is located at the time service is
 371.12 provided.

371.13 I. Individuals not residing in a member state shall continue to be able to apply for a
 371.14 member state's single-state license as provided under the laws of each member state.
 371.15 However, the single-state license granted to these individuals shall not be recognized as
 371.16 granting the privilege to practice audiology or speech-language pathology in any other
 371.17 member state. Nothing in this Compact shall affect the requirements established by a member
 371.18 state for the issuance of a single-state license.

371.19 J. Member states may charge a fee for granting a compact privilege.

371.20 K. Member states must comply with the bylaws and rules and regulations of the
 371.21 Commission.

371.22 Section 3. Compact Privilege

371.23 A. To exercise the compact privilege under the terms and provisions of the Compact,
 371.24 the audiologist or speech-language pathologist shall:

371.25 1. Hold an active license in the home state;

371.26 2. Have no encumbrance on any state license;

371.27 3. Be eligible for a compact privilege in any member state in accordance with Section
 371.28 2;

371.29 4. Have not had any adverse action against any license or compact privilege within the
 371.30 previous two years from date of application;

371.31 5. Notify the Commission that the licensee is seeking the compact privilege within a
 371.32 remote state(s);

372.1 6. Pay any applicable fees, including any state fee, for the compact privilege; and

372.2 7. Report to the Commission adverse action taken by any non-member state within 30
372.3 days from the date the adverse action is taken.

372.4 B. For the purposes of the compact privilege, an audiologist or speech-language
372.5 pathologist shall only hold one home state license at a time.

372.6 C. Except as provided in Section 5, if an audiologist or speech-language pathologist
372.7 changes primary state of residence by moving between two member states, the audiologist
372.8 or speech-language pathologist must apply for licensure in the new home state, and the
372.9 license issued by the prior home state shall be deactivated in accordance with applicable
372.10 rules adopted by the Commission.

372.11 D. The audiologist or speech-language pathologist may apply for licensure in advance
372.12 of a change in primary state of residence.

372.13 E. A license shall not be issued by the new home state until the audiologist or
372.14 speech-language pathologist provides satisfactory evidence of a change in primary state of
372.15 residence to the new home state and satisfies all applicable requirements to obtain a license
372.16 from the new home state.

372.17 F. If an audiologist or speech-language pathologist changes primary state of residence
372.18 by moving from a member state to a non-member state, the license issued by the prior home
372.19 state shall convert to a single-state license, valid only in the former home state.

372.20 G. The compact privilege is valid until the expiration date of the home state license. The
372.21 licensee must comply with the requirements of Section 3A to maintain the compact privilege
372.22 in the remote state.

372.23 H. A licensee providing audiology or speech-language pathology services in a remote
372.24 state under the compact privilege shall function within the laws and regulations of the remote
372.25 state.

372.26 I. A licensee providing audiology or speech-language pathology services in a remote
372.27 state is subject to that state's regulatory authority. A remote state may, in accordance with
372.28 due process and that state's laws, remove a licensee's compact privilege in the remote state
372.29 for a specific period of time, impose fines, or take any other necessary actions to protect
372.30 the health and safety of its citizens.

372.31 J. If a home state license is encumbered, the licensee shall lose the compact privilege in
372.32 any remote state until the following occur:

373.1 1. The home state license is no longer encumbered; and

373.2 2. Two years have elapsed from the date of the adverse action.

373.3 K. Once an encumbered license in the home state is restored to good standing, the licensee
373.4 must meet the requirements of Section 3A to obtain a compact privilege in any remote state.

373.5 L. Once the requirements of Section 3J have been met, the licensee must meet the
373.6 requirements in Section 3A to obtain a compact privilege in a remote state.

373.7 Section 4. Compact Privilege to Practice Telehealth

373.8 Member states shall recognize the right of an audiologist or speech-language pathologist,
373.9 licensed by a home state in accordance with Section 2 and under rules promulgated by the
373.10 Commission, to practice audiology or speech-language pathology in a member state via
373.11 telehealth under a privilege to practice as provided in the Compact and rules promulgated
373.12 by the Commission.

373.13 Section 5. Active Duty Military Personnel or Their Spouses

373.14 Active duty military personnel, or their spouse, shall designate a home state where the
373.15 individual has a current license in good standing. The individual may retain the home state
373.16 designation during the period the service member is on active duty. Subsequent to designating
373.17 a home state, the individual shall only change their home state through application for
373.18 licensure in the new state.

373.19 Section 6. Adverse Actions

373.20 A. In addition to the other powers conferred by state law, a remote state shall have the
373.21 authority, in accordance with existing state due process law, to:

373.22 1. Take adverse action against an audiologist's or speech-language pathologist's privilege
373.23 to practice within that member state.

373.24 2. Issue subpoenas for both hearings and investigations that require the attendance and
373.25 testimony of witnesses as well as the production of evidence. Subpoenas issued by a licensing
373.26 board in a member state for the attendance and testimony of witnesses or the production of
373.27 evidence from another member state shall be enforced in the latter state by any court of
373.28 competent jurisdiction, according to the practice and procedure of that court applicable to
373.29 subpoenas issued in proceedings pending before it. The issuing authority shall pay any
373.30 witness fees, travel expenses, mileage and other fees required by the service statutes of the
373.31 state in which the witnesses or evidence are located.

374.1 B. Only the home state shall have the power to take adverse action against an audiologist's
374.2 or speech-language pathologist's license issued by the home state.

374.3 C. For purposes of taking adverse action, the home state shall give the same priority and
374.4 effect to reported conduct received from a member state as it would if the conduct had
374.5 occurred within the home state. In so doing, the home state shall apply its own state laws
374.6 to determine appropriate action.

374.7 D. The home state shall complete any pending investigations of an audiologist or
374.8 speech-language pathologist who changes primary state of residence during the course of
374.9 the investigations. The home state shall also have the authority to take appropriate action(s)
374.10 and shall promptly report the conclusions of the investigations to the administrator of the
374.11 data system. The administrator of the data system shall promptly notify the new home state
374.12 of any adverse actions.

374.13 E. If otherwise permitted by state law, the member state may recover from the affected
374.14 audiologist or speech-language pathologist the costs of investigations and disposition of
374.15 cases resulting from any adverse action taken against that audiologist or speech-language
374.16 pathologist.

374.17 F. The member state may take adverse action based on the factual findings of the remote
374.18 state, provided that the home state follows its own procedures for taking the adverse action.

374.19 G. Joint Investigations

374.20 1. In addition to the authority granted to a member state by its respective audiology or
374.21 speech-language pathology practice act or other applicable state law, any member state may
374.22 participate with other member states in joint investigations of licensees.

374.23 2. Member states shall share any investigative, litigation, or compliance materials in
374.24 furtherance of any joint or individual investigation initiated under the Compact.

374.25 H. If adverse action is taken by the home state against an audiologist's or speech-language
374.26 pathologist's license, the audiologist's or speech-language pathologist's privilege to practice
374.27 in all other member states shall be deactivated until all encumbrances have been removed
374.28 from the state license. All home state disciplinary orders that impose adverse action against
374.29 an audiologist's or speech-language pathologist's license shall include a statement that the
374.30 audiologist's or speech-language pathologist's privilege to practice is deactivated in all
374.31 member states during the pendency of the order.

375.1 I. If a member state takes adverse action, it shall promptly notify the administrator of
375.2 the data system. The administrator of the data system shall promptly notify the home state
375.3 of any adverse actions by remote states.

375.4 J. Nothing in this Compact shall override a member state's decision that participation in
375.5 an alternative program may be used in lieu of adverse action.

375.6 Section 7. Establishment of the Audiology and Speech-Language Pathology Compact
375.7 Commission

375.8 A. The Compact member states hereby create and establish a joint public agency known
375.9 as the Audiology and Speech-Language Pathology Compact Commission:

375.10 1. The Commission is an instrumentality of the Compact states.

375.11 2. Venue is proper and judicial proceedings by or against the Commission shall be
375.12 brought solely and exclusively in a court of competent jurisdiction where the principal office
375.13 of the Commission is located. The Commission may waive venue and jurisdictional defenses
375.14 to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

375.15 3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

375.16 B. Membership, Voting, and Meetings

375.17 1. Each member state shall have two delegates selected by that member state's licensing
375.18 board. The delegates shall be current members of the licensing board. One shall be an
375.19 audiologist and one shall be a speech-language pathologist.

375.20 2. An additional five delegates, who are either a public member or board administrator
375.21 from a state licensing board, shall be chosen by the Executive Committee from a pool of
375.22 nominees provided by the Commission at Large.

375.23 3. Any delegate may be removed or suspended from office as provided by the law of
375.24 the state from which the delegate is appointed.

375.25 4. The member state board shall fill any vacancy occurring on the Commission, within
375.26 90 days.

375.27 5. Each delegate shall be entitled to one vote with regard to the promulgation of rules
375.28 and creation of bylaws and shall otherwise have an opportunity to participate in the business
375.29 and affairs of the Commission.

375.30 6. A delegate shall vote in person or by other means as provided in the bylaws. The
375.31 bylaws may provide for delegates' participation in meetings by telephone or other means
375.32 of communication.

- 376.1 7. The Commission shall meet at least once during each calendar year. Additional
376.2 meetings shall be held as set forth in the bylaws.
- 376.3 C. The Commission shall have the following powers and duties:
- 376.4 1. Establish the fiscal year of the Commission;
- 376.5 2. Establish bylaws;
- 376.6 3. Establish a Code of Ethics;
- 376.7 4. Maintain its financial records in accordance with the bylaws;
- 376.8 5. Meet and take actions as are consistent with the provisions of this Compact and the
376.9 bylaws;
- 376.10 6. Promulgate uniform rules to facilitate and coordinate implementation and
376.11 administration of this Compact. The rules shall have the force and effect of law and shall
376.12 be binding in all member states;
- 376.13 7. Bring and prosecute legal proceedings or actions in the name of the Commission,
376.14 provided that the standing of any state audiology or speech-language pathology licensing
376.15 board to sue or be sued under applicable law shall not be affected;
- 376.16 8. Purchase and maintain insurance and bonds;
- 376.17 9. Borrow, accept, or contract for services of personnel, including, but not limited to,
376.18 employees of a member state;
- 376.19 10. Hire employees, elect or appoint officers, fix compensation, define duties, grant
376.20 individuals appropriate authority to carry out the purposes of the Compact, and establish
376.21 the Commission's personnel policies and programs relating to conflicts of interest,
376.22 qualifications of personnel, and other related personnel matters;
- 376.23 11. Accept any and all appropriate donations and grants of money, equipment, supplies,
376.24 materials and services, and to receive, utilize and dispose of the same; provided that at all
376.25 times the Commission shall avoid any appearance of impropriety and/or conflict of interest;
- 376.26 12. Lease, purchase, accept appropriate gifts or donations of, or otherwise own, hold,
376.27 improve or use, any property, real, personal, or mixed; provided that at all times the
376.28 Commission shall avoid any appearance of impropriety;
- 376.29 13. Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of
376.30 any property real, personal, or mixed;
- 376.31 14. Establish a budget and make expenditures;

- 377.1 15. Borrow money;
- 377.2 16. Appoint committees, including standing committees composed of members, and
377.3 other interested persons as may be designated in this Compact and the bylaws;
- 377.4 17. Provide and receive information from, and cooperate with, law enforcement agencies;
- 377.5 18. Establish and elect an Executive Committee; and
- 377.6 19. Perform other functions as may be necessary or appropriate to achieve the purposes
377.7 of this Compact consistent with the state regulation of audiology and speech-language
377.8 pathology licensure and practice.
- 377.9 D. The Executive Committee
- 377.10 The Executive Committee shall have the power to act on behalf of the Commission
377.11 according to the terms of this Compact.
- 377.12 1. The Executive Committee shall be composed of ten members:
- 377.13 a. Seven voting members who are elected by the Commission from the current
377.14 membership of the Commission;
- 377.15 b. Two ex-officios, consisting of one nonvoting member from a recognized national
377.16 audiology professional association and one nonvoting member from a recognized national
377.17 speech-language pathology association; and
- 377.18 c. One ex-officio, nonvoting member from the recognized membership organization of
377.19 the audiology and speech-language pathology licensing boards.
- 377.20 E. The ex-officio members shall be selected by their respective organizations.
- 377.21 1. The Commission may remove any member of the Executive Committee as provided
377.22 in bylaws.
- 377.23 2. The Executive Committee shall meet at least annually.
- 377.24 3. The Executive Committee shall have the following duties and responsibilities:
- 377.25 a. Recommend to the entire Commission changes to the rules or bylaws, changes to this
377.26 Compact legislation, fees paid by Compact member states such as annual dues, and any
377.27 commission Compact fee charged to licensees for the compact privilege;
- 377.28 b. Ensure Compact administration services are appropriately provided, contractual or
377.29 otherwise;
- 377.30 c. Prepare and recommend the budget;

- 378.1 d. Maintain financial records on behalf of the Commission;
- 378.2 e. Monitor Compact compliance of member states and provide compliance reports to
- 378.3 the Commission;
- 378.4 f. Establish additional committees as necessary; and
- 378.5 g. Other duties as provided in rules or bylaws.
- 378.6 4. Meetings of the Commission
- 378.7 All meetings shall be open to the public, and public notice of meetings shall be given
- 378.8 in the same manner as required under the rulemaking provisions in Section 9.
- 378.9 5. The Commission or the Executive Committee or other committees of the Commission
- 378.10 may convene in a closed, non-public meeting if the Commission or Executive Committee
- 378.11 or other committees of the Commission must discuss:
- 378.12 a. Non-compliance of a member state with its obligations under the Compact;
- 378.13 b. The employment, compensation, discipline, or other matters, practices, or procedures
- 378.14 related to specific employees or other matters related to the Commission's internal personnel
- 378.15 practices and procedures;
- 378.16 c. Current, threatened, or reasonably anticipated litigation;
- 378.17 d. Negotiation of contracts for the purchase, lease, or sale of goods, services, or real
- 378.18 estate;
- 378.19 e. Accusing any person of a crime or formally censuring any person;
- 378.20 f. Disclosure of trade secrets or commercial or financial information that is privileged
- 378.21 or confidential;
- 378.22 g. Disclosure of information of a personal nature where disclosure would constitute a
- 378.23 clearly unwarranted invasion of personal privacy;
- 378.24 h. Disclosure of investigative records compiled for law enforcement purposes;
- 378.25 i. Disclosure of information related to any investigative reports prepared by or on behalf
- 378.26 of or for use of the Commission or other committee charged with responsibility of
- 378.27 investigation or determination of compliance issues pursuant to the Compact; or
- 378.28 j. Matters specifically exempted from disclosure by federal or member state statute.

379.1 6. If a meeting, or portion of a meeting, is closed pursuant to this provision, the
379.2 Commission's legal counsel or designee shall certify that the meeting may be closed and
379.3 shall reference each relevant exempting provision.

379.4 7. The Commission shall keep minutes that fully and clearly describe all matters discussed
379.5 in a meeting and shall provide a full and accurate summary of actions taken, and the reasons
379.6 therefore, including a description of the views expressed. All documents considered in
379.7 connection with an action shall be identified in minutes. All minutes and documents of a
379.8 closed meeting shall remain under seal, subject to release by a majority vote of the
379.9 Commission or order of a court of competent jurisdiction.

379.10 8. Financing of the Commission

379.11 a. The Commission shall pay, or provide for the payment of, the reasonable expenses
379.12 of its establishment, organization, and ongoing activities.

379.13 b. The Commission may accept any and all appropriate revenue sources, donations, and
379.14 grants of money, equipment, supplies, materials, and services.

379.15 c. The Commission may levy on and collect an annual assessment from each member
379.16 state or impose fees on other parties to cover the cost of the operations and activities of the
379.17 Commission and its staff, which must be in a total amount sufficient to cover its annual
379.18 budget as approved each year for which revenue is not provided by other sources. The
379.19 aggregate annual assessment amount shall be allocated based upon a formula to be determined
379.20 by the Commission, which shall promulgate a rule binding upon all member states.

379.21 9. The Commission shall not incur obligations of any kind prior to securing the funds
379.22 adequate to meet the same; nor shall the Commission pledge the credit of any of the member
379.23 states, except by and with the authority of the member state.

379.24 10. The Commission shall keep accurate accounts of all receipts and disbursements. The
379.25 receipts and disbursements of the Commission shall be subject to the audit and accounting
379.26 procedures established under its bylaws. However, all receipts and disbursements of funds
379.27 handled by the Commission shall be audited yearly by a certified or licensed public
379.28 accountant, and the report of the audit shall be included in and become part of the annual
379.29 report of the Commission.

379.30 F. Qualified Immunity, Defense, and Indemnification

379.31 1. The members, officers, executive director, employees and representatives of the
379.32 Commission shall be immune from suit and liability, either personally or in their official
379.33 capacity, for any claim for damage to or loss of property or personal injury or other civil

380.1 liability caused by or arising out of any actual or alleged act, error, or omission that occurred,
380.2 or that the person against whom the claim is made had a reasonable basis for believing
380.3 occurred within the scope of Commission employment, duties, or responsibilities; provided
380.4 that nothing in this paragraph shall be construed to protect any person from suit or liability
380.5 for any damage, loss, injury, or liability caused by the intentional or willful or wanton
380.6 misconduct of that person.

380.7 2. The Commission shall defend any member, officer, executive director, employee, or
380.8 representative of the Commission in any civil action seeking to impose liability arising out
380.9 of any actual or alleged act, error, or omission that occurred within the scope of Commission
380.10 employment, duties, or responsibilities, or that the person against whom the claim is made
380.11 had a reasonable basis for believing occurred within the scope of Commission employment,
380.12 duties, or responsibilities; provided that nothing herein shall be construed to prohibit that
380.13 person from retaining his or her own counsel; and provided further, that the actual or alleged
380.14 act, error, or omission did not result from that person's intentional or willful or wanton
380.15 misconduct.

380.16 3. The Commission shall indemnify and hold harmless any member, officer, executive
380.17 director, employee, or representative of the Commission for the amount of any settlement
380.18 or judgment obtained against that person arising out of any actual or alleged act, error or
380.19 omission that occurred within the scope of Commission employment, duties, or
380.20 responsibilities, or that person had a reasonable basis for believing occurred within the scope
380.21 of Commission employment, duties, or responsibilities, provided that the actual or alleged
380.22 act, error, or omission did not result from the intentional or willful or wanton misconduct
380.23 of that person.

380.24 Section 8. Data System

380.25 A. The Commission shall provide for the development, maintenance, and utilization of
380.26 a coordinated database and reporting system containing licensure, adverse action, and
380.27 investigative information on all licensed individuals in member states.

380.28 B. Notwithstanding any other provision of state law to the contrary, a member state shall
380.29 submit a uniform data set to the data system on all individuals to whom this Compact is
380.30 applicable as required by the rules of the Commission, including:

380.31 1. Identifying information;

380.32 2. Licensure data;

380.33 3. Adverse actions against a license or compact privilege;

- 381.1 4. Non-confidential information related to alternative program participation;
381.2 5. Any denial of application for licensure, and the reason(s) for denial; and
381.3 6. Other information that may facilitate the administration of this Compact, as determined
381.4 by the rules of the Commission.

381.5 C. Investigative information pertaining to a licensee in any member state shall only be
381.6 available to other member states.

381.7 D. The Commission shall promptly notify all member states of any adverse action taken
381.8 against a licensee or an individual applying for a license. Adverse action information
381.9 pertaining to a licensee in any member state shall be available to any other member state.

381.10 E. Member states contributing information to the data system may designate information
381.11 that may not be shared with the public without the express permission of the contributing
381.12 state.

381.13 F. Any information submitted to the data system that is subsequently required to be
381.14 expunged by the laws of the member state contributing the information shall be removed
381.15 from the data system.

381.16 Section 9. Rulemaking

381.17 A. The Commission shall exercise its rulemaking powers pursuant to the criteria set
381.18 forth in this Section and the rules adopted thereunder. Rules and amendments shall become
381.19 binding as of the date specified in each rule or amendment.

381.20 B. If a majority of the legislatures of the member states rejects a rule, by enactment of
381.21 a statute or resolution in the same manner used to adopt the Compact within four years of
381.22 the date of adoption of the rule, the rule shall have no further force and effect in any member
381.23 state.

381.24 C. Rules or amendments to the rules shall be adopted at a regular or special meeting of
381.25 the Commission.

381.26 D. Prior to promulgation and adoption of a final rule or rules by the Commission, and
381.27 at least 30 days in advance of the meeting at which the rule shall be considered and voted
381.28 upon, the Commission shall file a Notice of Proposed Rulemaking:

- 381.29 1. On the website of the Commission or other publicly accessible platform; and
381.30 2. On the website of each member state audiology or speech-language pathology licensing
381.31 board or other publicly accessible platform or the publication in which each state would
381.32 otherwise publish proposed rules.

382.1 E. The Notice of Proposed Rulemaking shall include:

382.2 1. The proposed time, date, and location of the meeting in which the rule shall be
382.3 considered and voted upon;

382.4 2. The text of the proposed rule or amendment and the reason for the proposed rule;

382.5 3. A request for comments on the proposed rule from any interested person; and

382.6 4. The manner in which interested persons may submit notice to the Commission of
382.7 their intention to attend the public hearing and any written comments.

382.8 F. Prior to the adoption of a proposed rule, the Commission shall allow persons to submit
382.9 written data, facts, opinions, and arguments, which shall be made available to the public.

382.10 G. The Commission shall grant an opportunity for a public hearing before it adopts a
382.11 rule or amendment if a hearing is requested by:

382.12 1. At least 25 persons;

382.13 2. A state or federal governmental subdivision or agency; or

382.14 3. An association having at least 25 members.

382.15 H. If a hearing is held on the proposed rule or amendment, the Commission shall publish
382.16 the place, time, and date of the scheduled public hearing. If the hearing is held via electronic
382.17 means, the Commission shall publish the mechanism for access to the electronic hearing.

382.18 1. All persons wishing to be heard at the hearing shall notify the executive director of
382.19 the Commission or other designated member in writing of their desire to appear and testify
382.20 at the hearing not less than five business days before the scheduled date of the hearing.

382.21 2. Hearings shall be conducted in a manner providing each person who wishes to comment
382.22 a fair and reasonable opportunity to comment orally or in writing.

382.23 3. All hearings shall be recorded. A copy of the recording shall be made available on
382.24 request.

382.25 4. Nothing in this section shall be construed as requiring a separate hearing on each rule.
382.26 Rules may be grouped for the convenience of the Commission at hearings required by this
382.27 section.

382.28 I. Following the scheduled hearing date, or by the close of business on the scheduled
382.29 hearing date if the hearing was not held, the Commission shall consider all written and oral
382.30 comments received.

383.1 J. If no written notice of intent to attend the public hearing by interested parties is
383.2 received, the Commission may proceed with promulgation of the proposed rule without a
383.3 public hearing.

383.4 K. The Commission shall, by majority vote of all members, take final action on the
383.5 proposed rule and shall determine the effective date of the rule, if any, based on the
383.6 rulemaking record and the full text of the rule.

383.7 L. Upon determination that an emergency exists, the Commission may consider and
383.8 adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided
383.9 that the usual rulemaking procedures provided in the Compact and in this section shall be
383.10 retroactively applied to the rule as soon as reasonably possible, in no event later than 90
383.11 days after the effective date of the rule. For the purposes of this provision, an emergency
383.12 rule is one that must be adopted immediately in order to:

383.13 1. Meet an imminent threat to public health, safety, or welfare;

383.14 2. Prevent a loss of Commission or member state funds; or

383.15 3. Meet a deadline for the promulgation of an administrative rule that is established by
383.16 federal law or rule.

383.17 M. The Commission or an authorized committee of the Commission may direct revisions
383.18 to a previously adopted rule or amendment for purposes of correcting typographical errors,
383.19 errors in format, errors in consistency, or grammatical errors. Public notice of any revisions
383.20 shall be posted on the website of the Commission. The revision shall be subject to challenge
383.21 by any person for a period of 30 days after posting. The revision may be challenged only
383.22 on grounds that the revision results in a material change to a rule. A challenge shall be made
383.23 in writing and delivered to the chair of the Commission prior to the end of the notice period.
383.24 If no challenge is made, the revision shall take effect without further action. If the revision
383.25 is challenged, the revision may not take effect without the approval of the Commission.

383.26 Section 10. Oversight, Dispute Resolution, and Enforcement

383.27 A. Dispute Resolution

383.28 1. Upon request by a member state, the Commission shall attempt to resolve disputes
383.29 related to the Compact that arise among member states and between member and non-member
383.30 states.

383.31 2. The Commission shall promulgate a rule providing for both mediation and binding
383.32 dispute resolution for disputes as appropriate.

384.1 B. Enforcement

384.2 1. The Commission, in the reasonable exercise of its discretion, shall enforce the
384.3 provisions and rules of this Compact.

384.4 2. By majority vote, the Commission may initiate legal action in the United States District
384.5 Court for the District of Columbia or the federal district where the Commission has its
384.6 principal offices against a member state in default to enforce compliance with the provisions
384.7 of the Compact and its promulgated rules and bylaws. The relief sought may include both
384.8 injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing
384.9 member shall be awarded all costs of litigation, including reasonable attorney's fees.

384.10 3. The remedies herein shall not be the exclusive remedies of the Commission. The
384.11 Commission may pursue any other remedies available under federal or state law.

384.12 Section 11. Date of Implementation of the Interstate Commission for Audiology and
384.13 Speech-Language Pathology Practice and Associated Rules, Withdrawal, and Amendment

384.14 A. The Compact shall come into effect on the date on which the Compact statute is
384.15 enacted into law in the tenth member state. The provisions, which become effective at that
384.16 time, shall be limited to the powers granted to the Commission relating to assembly and the
384.17 promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking
384.18 powers necessary to the implementation and administration of the Compact.

384.19 B. Any state that joins the Compact subsequent to the Commission's initial adoption of
384.20 the rules shall be subject to the rules as they exist on the date on which the Compact becomes
384.21 law in that state. Any rule that has been previously adopted by the Commission shall have
384.22 the full force and effect of law on the day the Compact becomes law in that state.

384.23 C. Any member state may withdraw from this Compact by enacting a statute repealing
384.24 the same.

384.25 1. A member state's withdrawal shall not take effect until six months after enactment of
384.26 the repealing statute.

384.27 2. Withdrawal shall not affect the continuing requirement of the withdrawing state's
384.28 audiology or speech-language pathology licensing board to comply with the investigative
384.29 and adverse action reporting requirements of this act prior to the effective date of withdrawal.

384.30 D. Nothing contained in this Compact shall be construed to invalidate or prevent any
384.31 audiology or speech-language pathology licensure agreement or other cooperative
384.32 arrangement between a member state and a non-member state that does not conflict with
384.33 the provisions of this Compact.

385.1 E. This Compact may be amended by the member states. No amendment to this Compact
 385.2 shall become effective and binding upon any member state until it is enacted into the laws
 385.3 of all member states.

385.4 Section 12. Construction and Severability

385.5 This Compact shall be liberally construed so as to effectuate the purposes thereof. The
 385.6 provisions of this Compact shall be severable and if any phrase, clause, sentence, or provision
 385.7 of this Compact is declared to be contrary to the constitution of any member state or of the
 385.8 United States or the applicability thereof to any government, agency, person, or circumstance
 385.9 is held invalid, the validity of the remainder of this Compact and the applicability thereof
 385.10 to any government, agency, person, or circumstance shall not be affected thereby. If this
 385.11 Compact shall be held contrary to the constitution of any member state, the Compact shall
 385.12 remain in full force and effect as to the remaining member states and in full force and effect
 385.13 as to the member state affected as to all severable matters.

385.14 Section 13. Binding Effect of Compact and Other Laws

385.15 A. Nothing herein prevents the enforcement of any other law of a member state that is
 385.16 not inconsistent with the Compact.

385.17 B. All laws in a member state in conflict with the Compact are superseded to the extent
 385.18 of the conflict.

385.19 C. All lawful actions of the Commission, including all rules and bylaws promulgated
 385.20 by the Commission, are binding upon the member states.

385.21 D. All agreements between the Commission and the member states are binding in
 385.22 accordance with their terms.

385.23 E. In the event any provision of the Compact exceeds the constitutional limits imposed
 385.24 on the legislature of any member state, the provision shall be ineffective to the extent of the
 385.25 conflict with the constitutional provision in question in that member state.

385.26 **EFFECTIVE DATE.** This section is effective on the date on which the compact statute
 385.27 is enacted into law in the tenth member state in accordance with section 11 of this Compact.

385.28 Sec. 17. **[148.5186] APPLICATION OF AUDIOLOGY AND SPEECH-LANGUAGE**
 385.29 **PATHOLOGY INTERSTATE COMPACT TO EXISTING LAWS.**

385.30 Subdivision 1. **Rulemaking.** Rules developed by the Audiology and Speech-Language
 385.31 Pathology Compact Commission under section 148.5185 are not subject to sections 14.05
 385.32 to 14.389.

386.1 Subd. 2. **Background studies.** The commissioner of health is authorized to require an
 386.2 audiologist or speech-language pathologist licensed in Minnesota as the home state to submit
 386.3 to a criminal history background check under section 144.0572.

386.4 Subd. 3. **Provision of data.** All provisions of section 148.5185 authorizing or requiring
 386.5 the commissioner to provide data to the Audiology and Speech-Language Pathology Compact
 386.6 Commission are authorized by section 144.051, subdivision 6.

386.7 Sec. 18. **[148B.75] LICENSED PROFESSIONAL COUNSELOR INTERSTATE**
 386.8 **COMPACT.**

386.9 The licensed professional counselor interstate compact is enacted into law and entered
 386.10 into with all other jurisdictions legally joining in it, in the form substantially specified in
 386.11 this section.

386.12 ARTICLE I

386.13 DEFINITIONS

386.14 (a) As used in this compact, and except as otherwise provided, the following definitions
 386.15 shall apply.

386.16 (b) "Active duty military" means full-time duty status in the active uniformed service
 386.17 of the United States, including members of the national guard and reserve on active duty
 386.18 orders pursuant to United States Code, title 10, chapters 1209 and 1211.

386.19 (c) "Adverse action" means any administrative, civil, equitable, or criminal action
 386.20 permitted by a state's laws which is imposed by a licensing board or other authority against
 386.21 a licensed professional counselor, including actions against an individual's license or privilege
 386.22 to practice such as revocation, suspension, probation, monitoring of the licensee, limitation
 386.23 on the licensee's practice, or any other encumbrance on licensure affecting a licensed
 386.24 professional counselor's authorization to practice, including issuance of a cease and desist
 386.25 action.

386.26 (d) "Alternative program" means a non-disciplinary monitoring or practice remediation
 386.27 process approved by a professional counseling licensing board to address impaired
 386.28 practitioners.

386.29 (e) "Continuing competence" and "continuing education" means a requirement, as a
 386.30 condition of license renewal, to provide evidence of participation in, and completion of,
 386.31 educational and professional activities relevant to practice or area of work.

387.1 (f) "Counseling compact commission" or "commission" means the national administrative
387.2 body whose membership consists of all states that have enacted the compact.

387.3 (g) "Current significant investigative information" means:

387.4 (1) investigative information that a licensing board, after a preliminary inquiry that
387.5 includes notification and an opportunity for the licensed professional counselor to respond,
387.6 if required by state law, has reason to believe is not groundless and, if proved true, would
387.7 indicate more than a minor infraction; or

387.8 (2) investigative information that indicates that the licensed professional counselor
387.9 represents an immediate threat to public health and safety regardless of whether the licensed
387.10 professional counselor has been notified and had an opportunity to respond.

387.11 (h) "Data system" means a repository of information about licensees, including but not
387.12 limited to continuing education, examination, licensure, investigative, privilege to practice,
387.13 and adverse action information.

387.14 (i) "Encumbered license" means a license in which an adverse action restricts the practice
387.15 of licensed professional counseling by the licensee and said adverse action has been reported
387.16 to the National Practitioners Data Bank (NPDB).

387.17 (j) "Encumbrance" means a revocation or suspension of, or any limitation on, the full
387.18 and unrestricted practice of licensed professional counseling by a licensing board.

387.19 (k) "Executive committee" means a group of directors elected or appointed to act on
387.20 behalf of, and within the powers granted to them by, the commission.

387.21 (l) "Home state" means the member state that is the licensee's primary state of residence.

387.22 (m) "Impaired practitioner" means an individual who has a condition that may impair
387.23 their ability to practice as a licensed professional counselor without some type of intervention
387.24 and may include but is not limited to alcohol and drug dependence, mental health impairment,
387.25 and neurological or physical impairment.

387.26 (n) "Investigative information" means information, records, and documents received or
387.27 generated by a professional counseling licensing board pursuant to an investigation.

387.28 (o) "Jurisprudence requirement," if required by a member state, means the assessment
387.29 of an individual's knowledge of the laws and rules governing the practice of professional
387.30 counseling in a state.

388.1 (p) "Licensed professional counselor" means a counselor licensed by a member state,
388.2 regardless of the title used by that state, to independently assess, diagnose, and treat
388.3 behavioral health conditions.

388.4 (q) "Licensee" means an individual who currently holds an authorization from the state
388.5 to practice as a licensed professional counselor.

388.6 (r) "Licensing board" means the agency of a state, or equivalent, that is responsible for
388.7 the licensing and regulation of licensed professional counselors.

388.8 (s) "Member state" means a state that has enacted the compact.

388.9 (t) "Privilege to practice" means a legal authorization, which is equivalent to a license,
388.10 permitting the practice of professional counseling in a remote state.

388.11 (u) "Professional counseling" means the assessment, diagnosis, and treatment of
388.12 behavioral health conditions by a licensed professional counselor.

388.13 (v) "Remote state" means a member state other than the home state, where a licensee is
388.14 exercising or seeking to exercise the privilege to practice.

388.15 (w) "Rule" means a regulation promulgated by the commission that has the force of law.

388.16 (x) "Single state license" means a licensed professional counselor license issued by a
388.17 member state that authorizes practice only within the issuing state and does not include a
388.18 privilege to practice in any other member state.

388.19 (y) "State" means any state, commonwealth, district, or territory of the United States
388.20 that regulates the practice of professional counseling.

388.21 (z) "Telehealth" means the application of telecommunication technology to deliver
388.22 professional counseling services remotely to assess, diagnose, and treat behavioral health
388.23 conditions.

388.24 (aa) "Unencumbered license" means a license that authorizes a licensed professional
388.25 counselor to engage in the full and unrestricted practice of professional counseling.

388.26 **ARTICLE II**

388.27 **STATE PARTICIPATION IN THE COMPACT**

388.28 (a) To participate in the compact, a state must currently:

388.29 (1) license and regulate licensed professional counselors;

388.30 (2) require licensees to pass a nationally recognized exam approved by the commission;

389.1 (3) require licensees to have a 60 semester-hour or 90 quarter-hour master's degree in
389.2 counseling or 60 semester-hours or 90 quarter-hours of graduate coursework including the
389.3 following topic areas:

389.4 (i) professional counseling orientation and ethical practice;

389.5 (ii) social and cultural diversity;

389.6 (iii) human growth and development;

389.7 (iv) career development;

389.8 (v) counseling and helping relationships;

389.9 (vi) group counseling and group work;

389.10 (vii) diagnosis and treatment; assessment and testing;

389.11 (viii) research and program evaluation; and

389.12 (ix) other areas as determined by the commission;

389.13 (4) require licensees to complete a supervised postgraduate professional experience as
389.14 defined by the commission; and

389.15 (5) have a mechanism in place for receiving and investigating complaints about licensees.

389.16 (b) A member state shall:

389.17 (1) participate fully in the commission's data system, including using the commission's
389.18 unique identifier as defined in rules;

389.19 (2) notify the commission, in compliance with the terms of the compact and rules, of
389.20 any adverse action or the availability of investigative information regarding a licensee;

389.21 (3) implement or utilize procedures for considering the criminal history records of
389.22 applicants for an initial privilege to practice. These procedures shall include the submission
389.23 of fingerprints or other biometric-based information by applicants for the purpose of obtaining
389.24 an applicant's criminal history record information from the Federal Bureau of Investigation
389.25 and the agency responsible for retaining that state's criminal records;

389.26 (i) a member state must fully implement a criminal background check requirement,
389.27 within a time frame established by rule, by receiving the results of the Federal Bureau of
389.28 Investigation record search and shall use the results in making licensure decisions; and

389.29 (ii) communication between a member state, the commission, and among member states
389.30 regarding the verification of eligibility for licensure through the compact shall not include

390.1 any information received from the Federal Bureau of Investigation relating to a federal
390.2 criminal records check performed by a member state under Public Law 92-544;

390.3 (4) comply with the rules of the commission;

390.4 (5) require an applicant to obtain or retain a license in the home state and meet the home
390.5 state's qualifications for licensure or renewal of licensure, as well as all other applicable
390.6 state laws;

390.7 (6) grant the privilege to practice to a licensee holding a valid unencumbered license in
390.8 another member state in accordance with the terms of the compact and rules; and

390.9 (7) provide for the attendance of the state's commissioner to the counseling compact
390.10 commission meetings.

390.11 (c) Member states may charge a fee for granting the privilege to practice.

390.12 (d) Individuals not residing in a member state shall continue to be able to apply for a
390.13 member state's single state license as provided under the laws of each member state. However,
390.14 the single state license granted to these individuals shall not be recognized as granting a
390.15 privilege to practice professional counseling in any other member state.

390.16 (e) Nothing in this compact shall affect the requirements established by a member state
390.17 for the issuance of a single state license.

390.18 (f) A license issued to a licensed professional counselor by a home state to a resident in
390.19 that state shall be recognized by each member state as authorizing a licensed professional
390.20 counselor to practice professional counseling, under a privilege to practice, in each member
390.21 state.

390.22 ARTICLE III

390.23 PRIVILEGE TO PRACTICE

390.24 (a) To exercise the privilege to practice under the terms and provisions of the compact,
390.25 the licensee shall:

390.26 (1) hold a license in the home state;

390.27 (2) have a valid United States Social Security number or national practitioner identifier;

390.28 (3) be eligible for a privilege to practice in any member state in accordance with this
390.29 article, paragraphs (d), (g), and (h);

390.30 (4) have not had any encumbrance or restriction against any license or privilege to
390.31 practice within the previous two years;

391.1 (5) notify the commission that the licensee is seeking the privilege to practice within a
391.2 remote state(s);

391.3 (6) pay any applicable fees, including any state fee, for the privilege to practice;

391.4 (7) meet any continuing competence or education requirements established by the home
391.5 state;

391.6 (8) meet any jurisprudence requirements established by the remote state in which the
391.7 licensee is seeking a privilege to practice; and

391.8 (9) report to the commission any adverse action, encumbrance, or restriction on license
391.9 taken by any nonmember state within 30 days from the date the action is taken.

391.10 (b) The privilege to practice is valid until the expiration date of the home state license.
391.11 The licensee must comply with the requirements of this article, paragraph (a), to maintain
391.12 the privilege to practice in the remote state.

391.13 (c) A licensee providing professional counseling in a remote state under the privilege
391.14 to practice shall adhere to the laws and regulations of the remote state.

391.15 (d) A licensee providing professional counseling services in a remote state is subject to
391.16 that state's regulatory authority. A remote state may, in accordance with due process and
391.17 that state's laws, remove a licensee's privilege to practice in the remote state for a specific
391.18 period of time, impose fines, or take any other necessary actions to protect the health and
391.19 safety of its citizens. The licensee may be ineligible for a privilege to practice in any member
391.20 state until the specific time for removal has passed and all fines are paid.

391.21 (e) If a home state license is encumbered, the licensee shall lose the privilege to practice
391.22 in any remote state until the following occur:

391.23 (1) the home state license is no longer encumbered; and

391.24 (2) have not had any encumbrance or restriction against any license or privilege to
391.25 practice within the previous two years.

391.26 (f) Once an encumbered license in the home state is restored to good standing, the
391.27 licensee must meet the requirements of this article, paragraph (a), to obtain a privilege to
391.28 practice in any remote state.

391.29 (g) If a licensee's privilege to practice in any remote state is removed, the individual
391.30 may lose the privilege to practice in all other remote states until the following occur:

391.31 (1) the specific period of time for which the privilege to practice was removed has ended;

392.1 (2) all fines have been paid; and

392.2 (3) have not had any encumbrance or restriction against any license or privilege to
392.3 practice within the previous two years.

392.4 (h) Once the requirements of this article, paragraph (g), have been met, the licensee must
392.5 meet the requirements in this article, paragraph (g), to obtain a privilege to practice in a
392.6 remote state.

392.7 **ARTICLE IV**

392.8 **OBTAINING A NEW HOME STATE LICENSE BASED ON A PRIVILEGE TO**
392.9 **PRACTICE**

392.10 (a) A licensed professional counselor may hold a home state license, which allows for
392.11 a privilege to practice in other member states, in only one member state at a time.

392.12 (b) If a licensed professional counselor changes primary state of residence by moving
392.13 between two member states:

392.14 (1) the licensed professional counselor shall file an application for obtaining a new home
392.15 state license based on a privilege to practice, pay all applicable fees, and notify the current
392.16 and new home state in accordance with applicable rules adopted by the commission;

392.17 (2) upon receipt of an application for obtaining a new home state license by virtue of a
392.18 privilege to practice, the new home state shall verify that the licensed professional counselor
392.19 meets the pertinent criteria outlined in article III via the data system, without need for
392.20 primary source verification, except for:

392.21 (i) a Federal Bureau of Investigation fingerprint-based criminal background check if not
392.22 previously performed or updated pursuant to applicable rules adopted by the commission
392.23 in accordance with Public Law 92-544;

392.24 (ii) other criminal background checks as required by the new home state; and

392.25 (iii) completion of any requisite jurisprudence requirements of the new home state;

392.26 (3) the former home state shall convert the former home state license into a privilege to
392.27 practice once the new home state has activated the new home state license in accordance
392.28 with applicable rules adopted by the commission;

392.29 (4) notwithstanding any other provision of this compact, if the licensed professional
392.30 counselor cannot meet the criteria in article V, the new home state may apply its requirements
392.31 for issuing a new single state license; and

393.1 (5) the licensed professional counselor shall pay all applicable fees to the new home
393.2 state in order to be issued a new home state license.

393.3 (c) If a licensed professional counselor changes primary state of residence by moving
393.4 from a member state to a nonmember state, or from a nonmember state to a member state,
393.5 the state criteria shall apply for issuance of a single state license in the new state.

393.6 (d) Nothing in this compact shall interfere with a licensee's ability to hold a single state
393.7 license in multiple states, however, for the purposes of this compact, a licensee shall have
393.8 only one home state license.

393.9 (e) Nothing in this compact shall affect the requirements established by a member state
393.10 for the issuance of a single state license.

393.11 **ARTICLE V**

393.12 **ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES**

393.13 Active duty military personnel, or their spouse, shall designate a home state where the
393.14 individual has a current license in good standing. The individual may retain the home state
393.15 designation during the period the service member is on active duty. Subsequent to designating
393.16 a home state, the individual shall only change their home state through application for
393.17 licensure in the new state or through the process outlined in article IV.

393.18 **ARTICLE VI**

393.19 **COMPACT PRIVILEGE TO PRACTICE TELEHEALTH**

393.20 (a) Member states shall recognize the right of a licensed professional counselor, licensed
393.21 by a home state in accordance with article II and under rules promulgated by the commission,
393.22 to practice professional counseling in any member state via telehealth under a privilege to
393.23 practice as provided in the compact and rules promulgated by the commission.

393.24 (b) A licensee providing professional counseling services in a remote state under the
393.25 privilege to practice shall adhere to the laws and regulations of the remote state.

393.26 **ARTICLE VII**

393.27 **ADVERSE ACTIONS**

393.28 (a) In addition to the other powers conferred by state law, a remote state shall have the
393.29 authority, in accordance with existing state due process law, to:

393.30 (1) take adverse action against a licensed professional counselor's privilege to practice
393.31 within that member state; and

394.1 (2) issue subpoenas for both hearings and investigations that require the attendance and
394.2 testimony of witnesses as well as the production of evidence. Subpoenas issued by a licensing
394.3 board in a member state for the attendance and testimony of witnesses or the production of
394.4 evidence from another member state shall be enforced in the latter state by any court of
394.5 competent jurisdiction according to the practice and procedure of that court applicable to
394.6 subpoenas issued in proceedings pending before it. The issuing authority shall pay any
394.7 witness fees, travel expenses, mileage, and other fees required by the service statutes of the
394.8 state in which the witnesses or evidence are located.

394.9 (b) Only the home state shall have the power to take adverse action against a licensed
394.10 professional counselor's license issued by the home state.

394.11 (c) For purposes of taking adverse action, the home state shall give the same priority
394.12 and effect to reported conduct received from a member state as it would if the conduct had
394.13 occurred within the home state. In so doing, the home state shall apply its own state laws
394.14 to determine appropriate action.

394.15 (d) The home state shall complete any pending investigations of a licensed professional
394.16 counselor who changes primary state of residence during the course of the investigations.
394.17 The home state shall also have the authority to take appropriate action and shall promptly
394.18 report the conclusions of the investigations to the administrator of the data system. The
394.19 administrator of the coordinated licensure information system shall promptly notify the new
394.20 home state of any adverse actions.

394.21 (e) A member state, if otherwise permitted by state law, may recover from the affected
394.22 licensed professional counselor the costs of investigations and dispositions of cases resulting
394.23 from any adverse action taken against that licensed professional counselor.

394.24 (f) A member state may take adverse action based on the factual findings of the remote
394.25 state, provided that the member state follows its own procedures for taking the adverse
394.26 action.

394.27 (g) Joint investigations:

394.28 (1) in addition to the authority granted to a member state by its respective professional
394.29 counseling practice act or other applicable state law, any member state may participate with
394.30 other member states in joint investigations of licensees; and

394.31 (2) member states shall share any investigative, litigation, or compliance materials in
394.32 furtherance of any joint or individual investigation initiated under the compact.

395.1 (h) If adverse action is taken by the home state against the license of a licensed
395.2 professional counselor, the licensed professional counselor's privilege to practice in all other
395.3 member states shall be deactivated until all encumbrances have been removed from the
395.4 state license. All home state disciplinary orders that impose adverse action against the license
395.5 of a licensed professional counselor shall include a statement that the licensed professional
395.6 counselor's privilege to practice is deactivated in all member states during the pendency of
395.7 the order.

395.8 (i) If a member state takes adverse action, it shall promptly notify the administrator of
395.9 the data system. The administrator of the data system shall promptly notify the home state
395.10 of any adverse actions by remote states.

395.11 (j) Nothing in this compact shall override a member state's decision that participation
395.12 in an alternative program may be used in lieu of adverse action.

395.13 ARTICLE VIII

395.14 ESTABLISHMENT OF COUNSELING COMPACT COMMISSION

395.15 (a) The compact member states hereby create and establish a joint public agency known
395.16 as the counseling compact commission:

395.17 (1) the commission is an instrumentality of the compact states;

395.18 (2) venue is proper and judicial proceedings by or against the commission shall be
395.19 brought solely and exclusively in a court of competent jurisdiction where the principal office
395.20 of the commission is located. The commission may waive venue and jurisdictional defenses
395.21 to the extent it adopts or consents to participate in alternative dispute resolution proceedings;
395.22 and

395.23 (3) nothing in this compact shall be construed to be a waiver of sovereign immunity.

395.24 (b) Membership, voting, and meetings:

395.25 (1) each member state shall have and be limited to one delegate selected by that member
395.26 state's licensing board;

395.27 (2) the delegate shall be either:

395.28 (i) a current member of the licensing board at the time of appointment who is a licensed
395.29 professional counselor or public member; or

395.30 (ii) an administrator of the licensing board;

396.1 (3) any delegate may be removed or suspended from office as provided by the law of
396.2 the state from which the delegate is appointed;

396.3 (4) the member state licensing board shall fill any vacancy occurring on the commission
396.4 within 60 days;

396.5 (5) each delegate shall be entitled to one vote with regard to the promulgation of rules
396.6 and creation of bylaws and shall otherwise have an opportunity to participate in the business
396.7 and affairs of the commission;

396.8 (6) a delegate shall vote in person or by such other means as provided in the bylaws.
396.9 The bylaws may provide for delegates' participation in meetings by telephone or other means
396.10 of communication;

396.11 (7) the commission shall meet at least once during each calendar year. Additional
396.12 meetings shall be held as set forth in the bylaws; and

396.13 (8) the commission shall by rule establish a term of office for delegates and may by rule
396.14 establish term limits.

396.15 (c) The commission shall have the following powers and duties:

396.16 (1) establish the fiscal year of the commission;

396.17 (2) establish bylaws;

396.18 (3) maintain its financial records in accordance with the bylaws;

396.19 (4) meet and take such actions as are consistent with the provisions of this compact and
396.20 the bylaws;

396.21 (5) promulgate rules which shall be binding to the extent and in the manner provided
396.22 for in the compact;

396.23 (6) bring and prosecute legal proceedings or actions in the name of the commission,
396.24 provided that the standing of any state licensing board to sue or be sued under applicable
396.25 law shall not be affected;

396.26 (7) purchase and maintain insurance and bonds;

396.27 (8) borrow, accept, or contract for services of personnel, including but not limited to
396.28 employees of a member state;

396.29 (9) hire employees, elect or appoint officers, fix compensation, define duties, grant such
396.30 individuals appropriate authority to carry out the purposes of the compact, and establish the

- 397.1 commission's personnel policies and programs relating to conflicts of interest, qualifications
397.2 of personnel, and other related personnel matters;
- 397.3 (10) accept any and all appropriate donations and grants of money, equipment, supplies,
397.4 materials, and services and to receive, utilize, and dispose of the same; provided that at all
397.5 times the commission shall avoid any appearance of impropriety and conflict of interest;
- 397.6 (11) lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold,
397.7 improve, or use any property, real, personal, or mixed; provided that at all times the
397.8 commission shall avoid any appearance of impropriety;
- 397.9 (12) sell convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of
397.10 any property real, personal, or mixed;
- 397.11 (13) establish a budget and make expenditures;
- 397.12 (14) borrow money;
- 397.13 (15) appoint committees, including standing committees composed of members, state
397.14 regulators, state legislators or their representatives, and consumer representatives, and such
397.15 other interested persons as may be designated in this compact and the bylaws;
- 397.16 (16) provide and receive information from, and cooperate with, law enforcement agencies;
- 397.17 (17) establish and elect an executive committee; and
- 397.18 (18) perform such other functions as may be necessary or appropriate to achieve the
397.19 purposes of this compact consistent with the state regulation of professional counseling
397.20 licensure and practice.
- 397.21 (d) The executive committee:
- 397.22 (1) The executive committee shall have the power to act on behalf of the commission
397.23 according to the terms of this compact;
- 397.24 (2) The executive committee shall be composed of up to eleven members:
- 397.25 (i) seven voting members who are elected by the commission from the current
397.26 membership of the commission;
- 397.27 (ii) up to four ex-officio, nonvoting members from four recognized national professional
397.28 counselor organizations; and
- 397.29 (iii) the ex-officio members will be selected by their respective organizations;
- 397.30 (3) The commission may remove any member of the executive committee as provided
397.31 in bylaws;

- 398.1 (4) The executive committee shall meet at least annually; and
- 398.2 (5) The executive committee shall have the following duties and responsibilities:
- 398.3 (i) recommend to the entire commission changes to the rules or bylaws, changes to this
- 398.4 compact legislation, fees paid by compact member states such as annual dues, and any
- 398.5 commission compact fee charged to licensees for the privilege to practice;
- 398.6 (ii) ensure compact administration services are appropriately provided, contractual or
- 398.7 otherwise;
- 398.8 (iii) prepare and recommend the budget;
- 398.9 (iv) maintain financial records on behalf of the commission;
- 398.10 (v) monitor compact compliance of member states and provide compliance reports to
- 398.11 the commission;
- 398.12 (vi) establish additional committees as necessary; and
- 398.13 (vii) other duties as provided in rules or bylaws.
- 398.14 (e) Meetings of the commission:
- 398.15 (1) all meetings shall be open to the public, and public notice of meetings shall be given
- 398.16 in the same manner as required under the rulemaking provisions in article X;
- 398.17 (2) the commission or the executive committee or other committees of the commission
- 398.18 may convene in a closed, non-public meeting if the commission or executive committee or
- 398.19 other committees of the commission must discuss:
- 398.20 (i) non-compliance of a member state with its obligations under the compact;
- 398.21 (ii) the employment, compensation, discipline, or other matters, practices, or procedures
- 398.22 related to specific employees or other matters related to the commission's internal personnel
- 398.23 practices and procedures;
- 398.24 (iii) current, threatened, or reasonably anticipated litigation;
- 398.25 (iv) negotiation of contracts for the purchase, lease, or sale of goods, services, or real
- 398.26 estate;
- 398.27 (v) accusing any person of a crime or formally censuring any person;
- 398.28 (vi) disclosure of trade secrets or commercial or financial information that is privileged
- 398.29 or confidential;

399.1 (vii) disclosure of information of a personal nature where disclosure would constitute a
399.2 clearly unwarranted invasion of personal privacy;

399.3 (viii) disclosure of investigative records compiled for law enforcement purposes;

399.4 (ix) disclosure of information related to any investigative reports prepared by or on
399.5 behalf of or for use of the commission or other committee charged with responsibility of
399.6 investigation or determination of compliance issues pursuant to the compact; or

399.7 (x) matters specifically exempted from disclosure by federal or member state statute;

399.8 (3) if a meeting, or portion of a meeting, is closed pursuant to this provision, the
399.9 commission's legal counsel or designee shall certify that the meeting may be closed and
399.10 shall reference each relevant exempting provision; and

399.11 (4) the commission shall keep minutes that fully and clearly describe all matters discussed
399.12 in a meeting and shall provide a full and accurate summary of actions taken and the reasons
399.13 therefore, including a description of the views expressed. All documents considered in
399.14 connection with an action shall be identified in such minutes. All minutes and documents
399.15 of a closed meeting shall remain under seal, subject to release by a majority vote of the
399.16 commission or order of a court of competent jurisdiction.

399.17 (f) Financing of the commission:

399.18 (i) the commission shall pay, or provide for the payment of, the reasonable expenses of
399.19 its establishment, organization, and ongoing activities;

399.20 (ii) the commission may accept any and all appropriate revenue sources, donations, and
399.21 grants of money, equipment, supplies, materials, and services;

399.22 (iii) the commission may levy on and collect an annual assessment from each member
399.23 state or impose fees on other parties to cover the cost of the operations and activities of the
399.24 commission and its staff, which must be in a total amount sufficient to cover its annual
399.25 budget as approved each year for which revenue is not provided by other sources. The
399.26 aggregate annual assessment amount shall be allocated based upon a formula to be determined
399.27 by the commission, which shall promulgate a rule binding upon all member states;

399.28 (iv) the commission shall not incur obligations of any kind prior to securing the funds
399.29 adequate to meet the same; nor shall the commission pledge the credit of any of the member
399.30 states, except by and with the authority of the member state; and

399.31 (v) the commission shall keep accurate accounts of all receipts and disbursements. The
399.32 receipts and disbursements of the commission shall be subject to the audit and accounting

400.1 procedures established under its bylaws. However, all receipts and disbursements of funds
400.2 handled by the commission shall be audited yearly by a certified or licensed public
400.3 accountant, and the report of the audit shall be included in and become part of the annual
400.4 report of the commission.

400.5 (g) Qualified immunity, defense, and indemnification:

400.6 (1) the members, officers, executive director, employees, and representatives of the
400.7 commission shall be immune from suit and liability, either personally or in their official
400.8 capacity, for any claim for damage to or loss of property or personal injury or other civil
400.9 liability caused by or arising out of any actual or alleged act, error, or omission that occurred,
400.10 or that the person against whom the claim is made had a reasonable basis for believing
400.11 occurred within the scope of commission employment, duties or responsibilities; provided
400.12 that nothing in this paragraph shall be construed to protect any such person from suit or
400.13 liability for any damage, loss, injury, or liability caused by the intentional or willful or
400.14 wanton misconduct of that person;

400.15 (2) the commission shall defend any member, officer, executive director, employee or
400.16 representative of the commission in any civil action seeking to impose liability arising out
400.17 of any actual or alleged act, error, or omission that occurred within the scope of commission
400.18 employment, duties, or responsibilities, or that the person against whom the claim is made
400.19 had a reasonable basis for believing occurred within the scope of commission employment,
400.20 duties, or responsibilities; provided that nothing herein shall be construed to prohibit that
400.21 person from retaining his or her own counsel; and provided further, that the actual or alleged
400.22 act, error, or omission did not result from that person's intentional or willful or wanton
400.23 misconduct; and

400.24 (3) the commission shall indemnify and hold harmless any member, officer, executive
400.25 director, employee, or representative of the commission for the amount of any settlement
400.26 or judgment obtained against that person arising out of any actual or alleged act, error, or
400.27 omission that occurred within the scope of commission employment, duties, or
400.28 responsibilities, or that such person had a reasonable basis for believing occurred within
400.29 the scope of commission employment, duties, or responsibilities, provided that the actual
400.30 or alleged act, error, or omission did not result from the intentional or willful or wanton
400.31 misconduct of that person.

400.32

ARTICLE IX

400.33

DATA SYSTEM

401.1 (a) The commission shall provide for the development, maintenance, operation, and
401.2 utilization of a coordinated database and reporting system containing licensure, adverse
401.3 action, and investigative information on all licensed individuals in member states.

401.4 (b) Notwithstanding any other provision of state law to the contrary, a member state
401.5 shall submit a uniform data set to the data system on all individuals to whom this compact
401.6 is applicable as required by the rules of the commission, including:

401.7 (1) identifying information;

401.8 (2) licensure data;

401.9 (3) adverse actions against a license or privilege to practice;

401.10 (4) nonconfidential information related to alternative program participation;

401.11 (5) any denial of application for licensure and the reason for such denial;

401.12 (6) current significant investigative information; and

401.13 (7) other information that may facilitate the administration of this compact, as determined
401.14 by the rules of the commission.

401.15 (c) Investigative information pertaining to a licensee in any member state will only be
401.16 available to other member states.

401.17 (d) The commission shall promptly notify all member states of any adverse action taken
401.18 against a licensee or an individual applying for a license. Adverse action information
401.19 pertaining to a licensee in any member state will be available to any other member state.

401.20 (e) Member states contributing information to the data system may designate information
401.21 that may not be shared with the public without the express permission of the contributing
401.22 state.

401.23 (f) Any information submitted to the data system that is subsequently required to be
401.24 expunged by the laws of the member state contributing the information shall be removed
401.25 from the data system.

401.26 ARTICLE X

401.27 RULEMAKING

401.28 (a) The commission shall promulgate reasonable rules in order to effectively and
401.29 efficiently achieve the purpose of the compact. Notwithstanding the foregoing, in the event
401.30 the commission exercises its rulemaking authority in a manner that is beyond the scope of

402.1 the purposes of the compact, or the powers granted hereunder, then such an action by the
402.2 commission shall be invalid and have no force or effect.

402.3 (b) The commission shall exercise its rulemaking powers pursuant to the criteria set
402.4 forth in this article and the rules adopted thereunder. Rules and amendments shall become
402.5 binding as of the date specified in each rule or amendment.

402.6 (c) If a majority of the legislatures of the member states rejects a rule, by enactment of
402.7 a statute or resolution in the same manner used to adopt the compact within four years of
402.8 the date of adoption of the rule, then such rule shall have no further force and effect in any
402.9 member state.

402.10 (d) Rules or amendments to the rules shall be adopted at a regular or special meeting of
402.11 the commission.

402.12 (e) Prior to promulgation and adoption of a final rule or rules by the commission, and
402.13 at least thirty days in advance of the meeting at which the rule will be considered and voted
402.14 upon, the commission shall file a notice of proposed rulemaking:

402.15 (1) on the website of the commission or other publicly accessible platform; and

402.16 (2) on the website of each member state professional counseling licensing board or other
402.17 publicly accessible platform or the publication in which each state would otherwise publish
402.18 proposed rules.

402.19 (f) The notice of proposed rulemaking shall include:

402.20 (1) the proposed time, date, and location of the meeting in which the rule will be
402.21 considered and voted upon;

402.22 (2) the text of the proposed rule or amendment and the reason for the proposed rule;

402.23 (3) a request for comments on the proposed rule from any interested person; and

402.24 (4) the manner in which interested persons may submit notice to the commission of their
402.25 intention to attend the public hearing and any written comments.

402.26 (g) Prior to adoption of a proposed rule, the commission shall allow persons to submit
402.27 written data, facts, opinions, and arguments, which shall be made available to the public.

402.28 (h) The commission shall grant an opportunity for a public hearing before it adopts a
402.29 rule or amendment if a hearing is requested by:

402.30 (1) at least 25 persons;

402.31 (2) a state or federal governmental subdivision or agency; or

403.1 (3) an association having at least 25 members.

403.2 (i) If a hearing is held on the proposed rule or amendment, the commission shall publish
403.3 the place, time, and date of the scheduled public hearing. If the hearing is held via electronic
403.4 means, the commission shall publish the mechanism for access to the electronic hearing:

403.5 (1) all persons wishing to be heard at the hearing shall notify the executive director of
403.6 the commission or other designated member in writing of their desire to appear and testify
403.7 at the hearing not less than five business days before the scheduled date of the hearing;

403.8 (2) hearings shall be conducted in a manner providing each person who wishes to
403.9 comment a fair and reasonable opportunity to comment orally or in writing;

403.10 (3) all hearings will be recorded. A copy of the recording will be made available on
403.11 request; and

403.12 (4) nothing in this article shall be construed as requiring a separate hearing on each rule.
403.13 Rules may be grouped for the convenience of the commission at hearings required by this
403.14 article.

403.15 (j) Following the scheduled hearing date, or by the close of business on the scheduled
403.16 hearing date if the hearing was not held, the commission shall consider all written and oral
403.17 comments received.

403.18 (k) If no written notice of intent to attend the public hearing by interested parties is
403.19 received, the commission may proceed with promulgation of the proposed rule without a
403.20 public hearing.

403.21 (l) The commission shall, by majority vote of all members, take final action on the
403.22 proposed rule and shall determine the effective date of the rule, if any, based on the
403.23 rulemaking record and the full text of the rule.

403.24 (m) Upon determination that an emergency exists, the commission may consider and
403.25 adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided
403.26 that the usual rulemaking procedures provided in the compact and in this article shall be
403.27 retroactively applied to the rule as soon as reasonably possible, in no event later than 90
403.28 days after the effective date of the rule. For the purposes of this provision, an emergency
403.29 rule is one that must be adopted immediately in order to:

403.30 (1) meet an imminent threat to public health, safety, or welfare;

403.31 (2) prevent a loss of commission or member state funds;

404.1 (3) meet a deadline for the promulgation of an administrative rule that is established by
404.2 federal law or rule; or

404.3 (4) protect public health and safety.

404.4 (n) The commission or an authorized committee of the commission may direct revisions
404.5 to a previously adopted rule or amendment for purposes of correcting typographical errors,
404.6 errors in format, errors in consistency, or grammatical errors. Public notice of any revisions
404.7 shall be posted on the website of the commission. The revision shall be subject to challenge
404.8 by any person for a period of thirty days after posting. The revision may be challenged only
404.9 on grounds that the revision results in a material change to a rule. A challenge shall be made
404.10 in writing and delivered to the chair of the commission prior to the end of the notice period.
404.11 If no challenge is made, the revision will take effect without further action. If the revision
404.12 is challenged, the revision may not take effect without the approval of the commission.

404.13 **ARTICLE XI**

404.14 **OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT**

404.15 (a) Oversight:

404.16 (1) the executive, legislative, and judicial branches of state government in each member
404.17 state shall enforce this compact and take all actions necessary and appropriate to effectuate
404.18 the compact's purposes and intent. The provisions of this compact and the rules promulgated
404.19 hereunder shall have standing as statutory law;

404.20 (2) all courts shall take judicial notice of the compact and the rules in any judicial or
404.21 administrative proceeding in a member state pertaining to the subject matter of this compact
404.22 which may affect the powers, responsibilities, or actions of the commission; and

404.23 (3) the commission shall be entitled to receive service of process in any such proceeding
404.24 and shall have standing to intervene in such a proceeding for all purposes. Failure to provide
404.25 service of process to the commission shall render a judgment or order void as to the
404.26 commission, this compact, or promulgated rules.

404.27 (b) Default, technical assistance, and termination:

404.28 (1) if the commission determines that a member state has defaulted in the performance
404.29 of its obligations or responsibilities under this compact or the promulgated rules, the
404.30 commission shall:

405.1 (i) provide written notice to the defaulting state and other member states of the nature
405.2 of the default, the proposed means of curing the default, or any other action to be taken by
405.3 the commission; and

405.4 (ii) provide remedial training and specific technical assistance regarding the default.

405.5 (c) If a state in default fails to cure the default, the defaulting state may be terminated
405.6 from the compact upon an affirmative vote of a majority of the member states, and all rights,
405.7 privileges, and benefits conferred by this compact may be terminated on the effective date
405.8 of termination. A cure of the default does not relieve the offending state of obligations or
405.9 liabilities incurred during the period of default.

405.10 (d) Termination of membership in the compact shall be imposed only after all other
405.11 means of securing compliance have been exhausted. Notice of intent to suspend or terminate
405.12 shall be given by the commission to the governor, the majority and minority leaders of the
405.13 defaulting state's legislature, and each of the member states.

405.14 (e) A state that has been terminated is responsible for all assessments, obligations, and
405.15 liabilities incurred through the effective date of termination, including obligations that
405.16 extend beyond the effective date of termination.

405.17 (f) The commission shall not bear any costs related to a state that is found to be in default
405.18 or that has been terminated from the compact, unless agreed upon in writing between the
405.19 commission and the defaulting state.

405.20 (g) The defaulting state may appeal the action of the commission by petitioning the
405.21 United States District Court for the District of Columbia or the federal district where the
405.22 commission has its principal offices. The prevailing member shall be awarded all costs of
405.23 such litigation, including reasonable attorney's fees.

405.24 (h) Dispute resolution:

405.25 (1) Upon request by a member state, the commission shall attempt to resolve disputes
405.26 related to the compact that arise among member states and between member and nonmember
405.27 states; and

405.28 (2) the commission shall promulgate a rule providing for both mediation and binding
405.29 dispute resolution for such disputes as appropriate.

405.30 (i) Enforcement:

405.31 (1) The commission, in the reasonable exercise of its discretion, shall enforce the
405.32 provisions and rules of this compact;

406.1 (2) by majority vote, the commission may initiate legal action in the United States District
406.2 Court for the District of Columbia or the federal district where the commission has its
406.3 principal offices against a member state in default to enforce compliance with the provisions
406.4 of the compact and its promulgated rules and bylaws. The relief sought may include both
406.5 injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing
406.6 member shall be awarded all costs of such litigation, including reasonable attorney's fees;
406.7 and

406.8 (3) the remedies herein shall not be the exclusive remedies of the commission. The
406.9 commission may pursue any other remedies available under federal or state law.

406.10 ARTICLE XII

406.11 DATE OF IMPLEMENTATION OF THE COUNSELING COMPACT COMMISSION 406.12 AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENT

406.13 (a) The compact shall come into effect on the date on which the compact statute is
406.14 enacted into law in the tenth member state. The provisions, which become effective at that
406.15 time, shall be limited to the powers granted to the commission relating to assembly and the
406.16 promulgation of rules. Thereafter, the commission shall meet and exercise rulemaking
406.17 powers necessary to the implementation and administration of the compact.

406.18 (b) Any state that joins the compact subsequent to the commission's initial adoption of
406.19 the rules shall be subject to the rules as they exist on the date on which the compact becomes
406.20 law in that state. Any rule that has been previously adopted by the commission shall have
406.21 the full force and effect of law on the day the compact becomes law in that state.

406.22 (c) Any member state may withdraw from this compact by enacting a statute repealing
406.23 the same.

406.24 (1) a member state's withdrawal shall not take effect until six months after enactment
406.25 of the repealing statute; and

406.26 (2) withdrawal shall not affect the continuing requirement of the withdrawing state's
406.27 professional counseling licensing board to comply with the investigative and adverse action
406.28 reporting requirements of this act prior to the effective date of withdrawal.

406.29 (d) Nothing contained in this compact shall be construed to invalidate or prevent any
406.30 professional counseling licensure agreement or other cooperative arrangement between a
406.31 member state and a nonmember state that does not conflict with the provisions of this
406.32 compact.

407.1 (e) This compact may be amended by the member states. No amendment to this compact
407.2 shall become effective and binding upon any member state until it is enacted into the laws
407.3 of all member states.

407.4 ARTICLE XIII

407.5 CONSTRUCTION AND SEVERABILITY

407.6 This compact shall be liberally construed so as to effectuate the purposes thereof. The
407.7 provisions of this compact shall be severable and if any phrase, clause, sentence, or provision
407.8 of this compact is declared to be contrary to the constitution of any member state or of the
407.9 United States or the applicability thereof to any government, agency, person, or circumstance
407.10 is held invalid, the validity of the remainder of this compact and the applicability thereof
407.11 to any government, agency, person, or circumstance shall not be affected thereby. If this
407.12 compact shall be held contrary to the constitution of any member state, the compact shall
407.13 remain in full force and effect as to the remaining member states and in full force and effect
407.14 as to the member state affected as to all severable matters.

407.15 ARTICLE XIV

407.16 BINDING EFFECT OF COMPACT AND OTHER LAWS

407.17 (a) A licensee providing professional counseling services in a remote state under the
407.18 privilege to practice shall adhere to the laws and regulations, including scope of practice,
407.19 of the remote state.

407.20 (b) Nothing herein prevents the enforcement of any other law of a member state that is
407.21 not inconsistent with the compact.

407.22 (c) Any laws in a member state in conflict with the compact are superseded to the extent
407.23 of the conflict.

407.24 (d) Any lawful actions of the commission, including all rules and bylaws properly
407.25 promulgated by the commission, are binding upon the member states.

407.26 (e) All permissible agreements between the commission and the member states are
407.27 binding in accordance with their terms.

407.28 (f) In the event any provision of the compact exceeds the constitutional limits imposed
407.29 on the legislature of any member state, the provision shall be ineffective to the extent of the
407.30 conflict with the constitutional provision in question in that member state.

408.1 Sec. 19. Minnesota Statutes 2020, section 148F.11, is amended by adding a subdivision
408.2 to read:

408.3 Subd. 2a. **Former students.** (a) A former student may practice alcohol and drug
408.4 counseling without a license for 90 days after the former student's degree conferral date
408.5 from an accredited school or educational program or after the last date the former student
408.6 received credit for an alcohol and drug counseling course from an accredited school or
408.7 educational program. The former student's practice under this subdivision must be supervised
408.8 by an alcohol and drug counselor as defined under section 245G.11, subdivision 5, an alcohol
408.9 and drug counselor supervisor as defined under section 245G.11, subdivision 4, or a treatment
408.10 director as defined under section 245G.11, subdivision 3.

408.11 (b) The former student's right to practice under this subdivision expires after 90 days
408.12 from the former student's degree conferral date or date of last course credit for an alcohol
408.13 and drug counseling course, whichever occurs last.

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

408.15 Sec. 20. Minnesota Statutes 2020, section 150A.10, subdivision 1a, is amended to read:

408.16 Subd. 1a. **Collaborative practice authorization for dental hygienists in community**
408.17 **settings.** (a) Notwithstanding subdivision 1, a dental hygienist licensed under this chapter
408.18 may be employed or retained by a health care facility, program, ~~or~~ nonprofit organization,
408.19 or licensed dentist to perform the dental hygiene services listed in Minnesota Rules, part
408.20 3100.8700, subpart 1, without the patient first being examined by a licensed dentist if the
408.21 dental hygienist:

408.22 (1) has entered into a collaborative agreement with a licensed dentist that designates
408.23 authorization for the services provided by the dental hygienist; and

408.24 (2) has documented completion of a course on medical emergencies within each
408.25 continuing education cycle.

408.26 (b) A collaborating dentist must be licensed under this chapter and may enter into a
408.27 collaborative agreement with no more than four dental hygienists unless otherwise authorized
408.28 by the board. The board shall develop parameters and a process for obtaining authorization
408.29 to collaborate with more than four dental hygienists. The collaborative agreement must
408.30 include:

408.31 (1) consideration for medically compromised patients and medical conditions for which
408.32 a dental evaluation and treatment plan must occur prior to the provision of dental hygiene
408.33 services;

409.1 (2) age- and procedure-specific standard collaborative practice protocols, including
 409.2 recommended intervals for the performance of dental hygiene services and a period of time
 409.3 in which an examination by a dentist should occur;

409.4 (3) copies of consent to treatment form provided to the patient by the dental hygienist;

409.5 (4) specific protocols for the placement of pit and fissure sealants and requirements for
 409.6 follow-up care to ~~assure the~~ ensure efficacy ~~of the sealants after application~~; and

409.7 (5) the procedure for creating and maintaining dental records for patients who are treated
 409.8 by the dental hygienist under Minnesota Rules, part 3100.9600, including specifying where
 409.9 records will be located.

409.10 ~~The collaborative agreement must be signed and maintained by the dentist, the dental~~
 409.11 ~~hygienist, and the facility, program, or organization; must be reviewed annually by the~~
 409.12 ~~collaborating dentist and dental hygienist and must be made available to the board upon~~
 409.13 ~~request.~~

409.14 (c) The collaborative agreement must be:

409.15 (1) signed and maintained by the dentist; the dental hygienist; and the facility, program,
 409.16 or organization;

409.17 (2) reviewed annually by the collaborating dentist and the dental hygienist; and

409.18 (3) made available to the board upon request.

409.19 ~~(e)~~ (d) Before performing any services authorized under this subdivision, a dental
 409.20 hygienist must provide the patient with a consent to treatment form which must include a
 409.21 statement advising the patient that the dental hygiene services provided are not a substitute
 409.22 for a dental examination by a licensed dentist. When the patient requires a referral for
 409.23 additional dental services, the dental hygienist shall complete a referral form and provide
 409.24 a copy to the patient, the facility, if applicable, the dentist to whom the patient is being
 409.25 referred, and the collaborating dentist, if specified in the collaborative agreement. A copy
 409.26 of the referral form shall be maintained in the patient's health care record. The patient does
 409.27 not become a new patient of record of the dentist to whom the patient was referred until the
 409.28 dentist accepts the patient for follow-up services after referral from the dental hygienist.

409.29 ~~(d)~~ (e) For the purposes of this subdivision, a "health care facility, program, or nonprofit
 409.30 organization" includes a hospital; nursing home; home health agency; group home serving
 409.31 the elderly, disabled, or juveniles; state-operated facility licensed by the commissioner of
 409.32 human services or the commissioner of corrections; a state agency administered public
 409.33 health program or event; and federal, state, or local public health facility, community clinic,

410.1 tribal clinic, school authority, Head Start program, or nonprofit organization that serves
410.2 individuals who are uninsured or who are Minnesota health care public program recipients.

410.3 ~~(e)~~ (f) For purposes of this subdivision, a "collaborative agreement" means a written
410.4 agreement with a licensed dentist who authorizes and accepts responsibility for the services
410.5 performed by the dental hygienist.

410.6 (g) A collaborative practice dental hygienist must be reimbursed for all services performed
410.7 through a health care facility, program, nonprofit organization, or licensed dentist.

410.8 (h) The commissioner of human services shall report annually, beginning February 15,
410.9 2023, and each February 15 thereafter, to the Board of Dentistry on the services provided
410.10 by collaborative practice dental hygienists to medical assistance and MinnesotaCare enrollees
410.11 during the previous calendar year. The information reported must include, at a minimum,
410.12 the geographic location and type of setting at which care was delivered, the number of
410.13 medical assistance and MinnesotaCare patients served, and the characteristics of the patient
410.14 population.

410.15 Sec. 21. Minnesota Statutes 2020, section 150A.105, subdivision 8, is amended to read:

410.16 Subd. 8. **Definitions.** (a) For the purposes of this section, the following definitions apply.

410.17 (b) "Practice settings that serve the low-income and underserved" mean:

410.18 (1) critical access dental provider settings as designated by the commissioner of human
410.19 services under section 256B.76, subdivision 4;

410.20 (2) dental hygiene collaborative practice settings identified in section 150A.10,
410.21 subdivision 1a, paragraph ~~(d)~~ (e), and including medical facilities, assisted living facilities,
410.22 federally qualified health centers, and organizations eligible to receive a community clinic
410.23 grant under section 145.9268, subdivision 1;

410.24 (3) military and veterans administration hospitals, clinics, and care settings;

410.25 (4) a patient's residence or home when the patient is home-bound or receiving or eligible
410.26 to receive home care services or home and community-based waived services, regardless
410.27 of the patient's income;

410.28 (5) oral health educational institutions; or

410.29 (6) any other clinic or practice setting, including mobile dental units, in which at least
410.30 50 percent of the total patient base of the dental therapist or advanced dental therapist
410.31 consists of patients who:

- 411.1 (i) are enrolled in a Minnesota health care program;
- 411.2 (ii) have a medical disability or chronic condition that creates a significant barrier to
411.3 receiving dental care;
- 411.4 (iii) do not have dental health coverage, either through a public health care program or
411.5 private insurance, and have an annual gross family income equal to or less than 200 percent
411.6 of the federal poverty guidelines; or
- 411.7 (iv) do not have dental health coverage, either through a state public health care program
411.8 or private insurance, and whose family gross income is equal to or less than 200 percent of
411.9 the federal poverty guidelines.
- 411.10 (c) "Dental health professional shortage area" means an area that meets the criteria
411.11 established by the secretary of the United States Department of Health and Human Services
411.12 and is designated as such under United States Code, title 42, section 254e.

411.13 Sec. 22. Minnesota Statutes 2020, section 151.01, subdivision 27, is amended to read:

411.14 Subd. 27. **Practice of pharmacy.** "Practice of pharmacy" means:

- 411.15 (1) interpretation and evaluation of prescription drug orders;
- 411.16 (2) compounding, labeling, and dispensing drugs and devices (except labeling by a
411.17 manufacturer or packager of nonprescription drugs or commercially packaged legend drugs
411.18 and devices);
- 411.19 (3) participation in clinical interpretations and monitoring of drug therapy for assurance
411.20 of safe and effective use of drugs, including ~~the performance of~~ ordering and performing
411.21 laboratory tests that are waived under the federal Clinical Laboratory Improvement Act of
411.22 1988, United States Code, title 42, section 263a et seq., provided that a pharmacist may
411.23 interpret the results of laboratory tests but may modify A pharmacist may collect specimens,
411.24 interpret results, notify the patient of results, and refer patients to other health care providers
411.25 for follow-up care and may initiate, modify, or discontinue drug therapy ~~only~~ pursuant to
411.26 a protocol or collaborative practice agreement. A pharmacy technician or pharmacist intern
411.27 may perform tests authorized under this clause if the technician or intern is working under
411.28 the direct supervision of a pharmacist;
- 411.29 (4) participation in drug and therapeutic device selection; drug administration for first
411.30 dosage and medical emergencies; intramuscular and subcutaneous administration used for
411.31 the treatment of alcohol or opioid dependence; drug regimen reviews; and drug or
411.32 drug-related research;

412.1 (5) drug administration, through intramuscular and subcutaneous administration used
 412.2 to treat mental illnesses as permitted under the following conditions:

412.3 (i) upon the order of a prescriber and the prescriber is notified after administration is
 412.4 complete; or

412.5 (ii) pursuant to a protocol or collaborative practice agreement as defined by section
 412.6 151.01, subdivisions 27b and 27c, and participation in the initiation, management,
 412.7 modification, administration, and discontinuation of drug therapy is according to the protocol
 412.8 or collaborative practice agreement between the pharmacist and a dentist, optometrist,
 412.9 physician, podiatrist, or veterinarian, or an advanced practice registered nurse authorized
 412.10 to prescribe, dispense, and administer under section 148.235. Any changes in drug therapy
 412.11 or medication administration made pursuant to a protocol or collaborative practice agreement
 412.12 must be documented by the pharmacist in the patient's medical record or reported by the
 412.13 pharmacist to a practitioner responsible for the patient's care;

412.14 (6) participation in administration of influenza vaccines and vaccines approved by the
 412.15 United States Food and Drug Administration related to COVID-19 or SARS-CoV-2 to all
 412.16 eligible individuals six years of age and older and all other vaccines to patients 13 years of
 412.17 age and older by written protocol with a physician licensed under chapter 147, a physician
 412.18 assistant authorized to prescribe drugs under chapter 147A, or an advanced practice registered
 412.19 nurse authorized to prescribe drugs under section 148.235, provided that the protocol includes
 412.20 a procedure for handling an adverse reaction, and the pharmacist:

412.21 ~~(i) the protocol includes, at a minimum:~~

412.22 ~~(A) the name, dose, and route of each vaccine that may be given;~~

412.23 ~~(B) the patient population for whom the vaccine may be given;~~

412.24 ~~(C) contraindications and precautions to the vaccine;~~

412.25 ~~(D) the procedure for handling an adverse reaction;~~

412.26 ~~(E) the name, signature, and address of the physician, physician assistant, or advanced~~
 412.27 ~~practice registered nurse;~~

412.28 ~~(F) a telephone number at which the physician, physician assistant, or advanced practice~~
 412.29 ~~registered nurse can be contacted; and~~

412.30 ~~(G) the date and time period for which the protocol is valid;~~

413.1 ~~(ii) the pharmacist~~ (i) has successfully completed a program approved by the Accreditation
413.2 Council for Pharmacy Education specifically for the administration of immunizations or a
413.3 program approved by the board;

413.4 ~~(iii) the pharmacist~~ (ii) utilizes the Minnesota Immunization Information Connection to
413.5 assess the immunization status of individuals prior to the administration of vaccines, except
413.6 when administering influenza vaccines to individuals age nine and older;

413.7 ~~(iv) the pharmacist~~ (iii) reports the administration of the immunization to the Minnesota
413.8 Immunization Information Connection; ~~and~~

413.9 ~~(v) the pharmacist~~ (iv) complies with guidelines for vaccines and immunizations
413.10 established by the federal Advisory Committee on Immunization Practices, except that a
413.11 pharmacist does not need to comply with those portions of the guidelines that establish
413.12 immunization schedules ~~when~~ if the pharmacist is administering a vaccine pursuant to a
413.13 valid, patient-specific order issued by a physician licensed under chapter 147, a physician
413.14 assistant authorized to prescribe drugs under chapter 147A, or an advanced practice registered
413.15 nurse authorized to prescribe drugs under section 148.235, provided that the order is
413.16 consistent with the United States Food and Drug Administration approved labeling of the
413.17 vaccine;

413.18 (v) informs the patient of any contraindications and precautions to the vaccine before
413.19 administering the vaccine; and

413.20 (vi) if the patient is 18 years of age or younger, informs the patient and any adult caregiver
413.21 accompanying the patient of the importance of a well-child visit with a pediatrician or other
413.22 licensed primary care provider;

413.23 (7) participation in the initiation, management, modification, and discontinuation of
413.24 drug therapy according to a written protocol or collaborative practice agreement between:
413.25 (i) one or more pharmacists and one or more dentists, optometrists, physicians, podiatrists,
413.26 or veterinarians; or (ii) one or more pharmacists and one or more physician assistants
413.27 authorized to prescribe, dispense, and administer under chapter 147A, or advanced practice
413.28 registered nurses authorized to prescribe, dispense, and administer under section 148.235.
413.29 Any changes in drug therapy made pursuant to a protocol or collaborative practice agreement
413.30 must be documented by the pharmacist in the patient's medical record or reported by the
413.31 pharmacist to a practitioner responsible for the patient's care;

413.32 (8) participation in the storage of drugs and the maintenance of records;

414.1 (9) patient counseling on therapeutic values, content, hazards, and uses of drugs and
414.2 devices;

414.3 (10) offering or performing those acts, services, operations, or transactions necessary
414.4 in the conduct, operation, management, and control of a pharmacy;

414.5 (11) participation in the initiation, management, modification, and discontinuation of
414.6 therapy with opiate antagonists, as defined in section 604A.04, subdivision 1, pursuant to:

414.7 (i) a written protocol as allowed under clause (7); or

414.8 (ii) a written protocol with a community health board medical consultant or a practitioner
414.9 designated by the commissioner of health, as allowed under section 151.37, subdivision 13;
414.10 and

414.11 (12) prescribing self-administered hormonal contraceptives; nicotine replacement
414.12 medications; and opiate antagonists for the treatment of an acute opiate overdose pursuant
414.13 to section 151.37, subdivision 14, 15, or 16.

414.14 Sec. 23. Minnesota Statutes 2020, section 151.065, subdivision 1, is amended to read:

414.15 Subdivision 1. **Application fees.** Application fees for licensure and registration are as
414.16 follows:

414.17 (1) pharmacist licensed by examination, \$175;

414.18 (2) pharmacist licensed by reciprocity, \$275;

414.19 (3) pharmacy intern, \$50;

414.20 (4) pharmacy technician, \$50;

414.21 (5) pharmacy, \$260;

414.22 (6) drug wholesaler, legend drugs only, \$5,260;

414.23 (7) drug wholesaler, legend and nonlegend drugs, \$5,260;

414.24 (8) drug wholesaler, nonlegend drugs, veterinary legend drugs, or both, \$5,260;

414.25 (9) drug wholesaler, medical gases, ~~\$5,260 for the first facility and \$260 for each~~
414.26 ~~additional facility;~~

414.27 (10) third-party logistics provider, \$260;

414.28 (11) drug manufacturer, nonopiate legend drugs only, \$5,260;

414.29 (12) drug manufacturer, nonopiate legend and nonlegend drugs, \$5,260;

- 415.1 (13) drug manufacturer, nonlegend or veterinary legend drugs, \$5,260;
- 415.2 (14) drug manufacturer, medical gases, ~~\$5,260 for the first facility and \$260 for each~~
- 415.3 ~~additional facility;~~
- 415.4 (15) drug manufacturer, also licensed as a pharmacy in Minnesota, \$5,260;
- 415.5 (16) drug manufacturer of opiate-containing controlled substances listed in section
- 415.6 152.02, subdivisions 3 to 5, \$55,260;
- 415.7 (17) medical gas dispenser, \$260;
- 415.8 (18) controlled substance researcher, \$75; and
- 415.9 (19) pharmacy professional corporation, \$150.
- 415.10 Sec. 24. Minnesota Statutes 2020, section 151.065, subdivision 3, is amended to read:
- 415.11 Subd. 3. **Annual renewal fees.** Annual licensure and registration renewal fees are as
- 415.12 follows:
- 415.13 (1) pharmacist, \$175;
- 415.14 (2) pharmacy technician, \$50;
- 415.15 (3) pharmacy, \$260;
- 415.16 (4) drug wholesaler, legend drugs only, \$5,260;
- 415.17 (5) drug wholesaler, legend and nonlegend drugs, \$5,260;
- 415.18 (6) drug wholesaler, nonlegend drugs, veterinary legend drugs, or both, \$5,260;
- 415.19 (7) drug wholesaler, medical gases, ~~\$5,260 for the first facility and \$260 for each~~
- 415.20 ~~additional facility;~~
- 415.21 (8) third-party logistics provider, \$260;
- 415.22 (9) drug manufacturer, nonopiate legend drugs only, \$5,260;
- 415.23 (10) drug manufacturer, nonopiate legend and nonlegend drugs, \$5,260;
- 415.24 (11) drug manufacturer, nonlegend, veterinary legend drugs, or both, \$5,260;
- 415.25 (12) drug manufacturer, medical gases, ~~\$5,260 for the first facility and \$260 for each~~
- 415.26 ~~additional facility;~~
- 415.27 (13) drug manufacturer, also licensed as a pharmacy in Minnesota, \$5,260;

- 416.1 (14) drug manufacturer of opiate-containing controlled substances listed in section
 416.2 152.02, subdivisions 3 to 5, \$55,260;
- 416.3 (15) medical gas dispenser, \$260;
- 416.4 (16) controlled substance researcher, \$75; and
- 416.5 (17) pharmacy professional corporation, \$100.

416.6 Sec. 25. Minnesota Statutes 2020, section 151.065, subdivision 7, is amended to read:

416.7 Subd. 7. **Deposit of fees.** (a) The license fees collected under this section, with the
 416.8 exception of the fees identified in paragraphs (b) and (c), shall be deposited in the state
 416.9 government special revenue fund.

416.10 (b) \$5,000 of each fee collected under subdivision 1, clauses (6) to ~~(9)~~ (8), ~~and~~ (11) to
 416.11 (13), and (15), and subdivision 3, clauses (4) to ~~(7)~~ (6), ~~and~~ (9) to (11), and (13), and \$55,000
 416.12 of each fee collected under subdivision 1, clause (16), and subdivision 3, clause (14), shall
 416.13 be deposited in the opiate epidemic response fund established in section 256.043.

416.14 (c) If the fees collected under subdivision 1, clause (16), or subdivision 3, clause (14),
 416.15 are reduced under section 256.043, \$5,000 of the reduced fee shall be deposited in the opiate
 416.16 epidemic response fund in section 256.043.

416.17 Sec. 26. **[151.103] DELEGATION OF VACCINE ADMINISTRATION.**

416.18 (a) A pharmacy technician or pharmacist intern may administer vaccines under section
 416.19 151.01, subdivision 27, clause (6), if the technician or intern:

416.20 (1) is under the direct supervision of a pharmacist while administering the vaccine;

416.21 (2) has successfully completed a program approved by the Accreditation Council for
 416.22 Pharmacy Education (ACPE) specifically for the administration of immunizations or a
 416.23 program approved by the board;

416.24 (3) has a current certificate in basic cardiopulmonary resuscitation; and

416.25 (4) if delegated to a pharmacy technician, the technician has completed:

416.26 (i) one of the training programs listed under Minnesota Rules, part 6800.3850, subpart
 416.27 1h, item B; and

416.28 (ii) a minimum of two hours of ACPE-approved, immunization-related continuing
 416.29 pharmacy education as part of the pharmacy technician's two-year continuing education
 416.30 schedule.

417.1 (b) Direct supervision under this section must be in-person and must not be done through
417.2 telehealth as defined under section 62A.673, subdivision 2.

417.3 Sec. 27. Minnesota Statutes 2020, section 152.125, is amended to read:

417.4 **152.125 INTRACTABLE PAIN.**

417.5 Subdivision 1. ~~Definition~~ **Definitions.** (a) For purposes of this section, the terms in this
417.6 subdivision have the meanings given.

417.7 (b) "Drug diversion" means the unlawful transfer of prescription drugs from their licit
417.8 medical purpose to the illicit marketplace.

417.9 (c) "Intractable pain" means a pain state in which the cause of the pain cannot be removed
417.10 or otherwise treated with the consent of the patient and in which, in the generally accepted
417.11 course of medical practice, no relief or cure of the cause of the pain is possible, or none has
417.12 been found after reasonable efforts. Conditions associated with intractable pain include but
417.13 are not limited to cancer and the recovery period, sickle cell disease, noncancer pain, rare
417.14 diseases, orphan diseases, severe injuries, and health conditions requiring the provision of
417.15 palliative care or hospice care. Reasonable efforts for relieving or curing the cause of the
417.16 pain may be determined on the basis of, but are not limited to, the following:

417.17 (1) when treating a nonterminally ill patient for intractable pain, an evaluation conducted
417.18 by the attending physician, advanced practice registered nurse, or physician assistant and
417.19 one or more physicians, advanced practice registered nurses, or physician assistants
417.20 specializing in pain medicine or the treatment of the area, system, or organ of the body
417.21 confirmed or perceived as the source of the intractable pain; or

417.22 (2) when treating a terminally ill patient, an evaluation conducted by the attending
417.23 physician, advanced practice registered nurse, or physician assistant who does so in
417.24 accordance with the standard of care and the level of care, skill, and treatment that would
417.25 be recognized by a reasonably prudent physician, advanced practice registered nurse, or
417.26 physician assistant under similar conditions and circumstances.

417.27 (d) "Palliative care" has the meaning provided in section 144A.75, subdivision 12.

417.28 (e) "Rare disease" means a disease, disorder, or condition that affects fewer than 200,000
417.29 individuals in the United States and is chronic, serious, life altering, or life threatening.

417.30 Subd. 1a. Criteria for the evaluation and treatment of intractable pain. The evaluation
417.31 and treatment of intractable pain when treating a nonterminally ill patient is governed by
417.32 the following criteria:

418.1 (1) a diagnosis of intractable pain by the treating physician, advanced practice registered
418.2 nurse, or physician assistant and either by a physician, advanced practice registered nurse,
418.3 or physician assistant specializing in pain medicine or a physician, advanced practice
418.4 registered nurse, or physician assistant treating the area, system, or organ of the body that
418.5 is the source of the pain is sufficient to meet the definition of intractable pain; and

418.6 (2) the cause of the diagnosis of intractable pain must not interfere with medically
418.7 necessary treatment including but not limited to prescribing or administering a controlled
418.8 substance in Schedules II to V of section 152.02.

418.9 **Subd. 2. Prescription and administration of controlled substances for intractable**
418.10 **pain.** (a) Notwithstanding any other provision of this chapter, a physician, advanced practice
418.11 registered nurse, or physician assistant may prescribe or administer a controlled substance
418.12 in Schedules II to V of section 152.02 to ~~an individual~~ a patient in the course of the
418.13 physician's, advanced practice registered nurse's, or physician assistant's treatment of the
418.14 ~~individual~~ patient for a diagnosed condition causing intractable pain. No physician, advanced
418.15 practice registered nurse, or physician assistant shall be subject to disciplinary action by
418.16 the Board of Medical Practice or Board of Nursing for appropriately prescribing or
418.17 administering a controlled substance in Schedules II to V of section 152.02 in the course
418.18 of treatment of ~~an individual~~ a patient for intractable pain, provided the physician, advanced
418.19 practice registered nurse, or physician assistant:

418.20 (1) keeps accurate records of the purpose, use, prescription, and disposal of controlled
418.21 substances, writes accurate prescriptions, and prescribes medications in conformance with
418.22 chapter 147; or 148 or in accordance with the current standard of care; and

418.23 (2) enters into a patient-provider agreement that meets the criteria in subdivision 5.

418.24 (b) No physician, advanced practice registered nurse, or physician assistant, acting in
418.25 good faith and based on the needs of the patient, shall be subject to disenrollment or
418.26 termination by the commissioner of health or human services solely for prescribing a dosage
418.27 that equates to an upward deviation from morphine milligram equivalent dosage
418.28 recommendations or thresholds specified in state or federal opioid prescribing guidelines
418.29 or policies, including but not limited to the Guideline for Prescribing Opioids for Chronic
418.30 Pain issued by the Centers for Disease Control and Prevention, Minnesota opioid prescribing
418.31 guidelines, the Minnesota opioid prescribing improvement program, and the Minnesota
418.32 quality improvement program established under section 256B.0638.

418.33 (c) A physician, advanced practice registered nurse, or physician assistant treating
418.34 intractable pain by prescribing, dispensing, or administering a controlled substance in

419.1 Schedules II to V of section 152.02 that includes but is not limited to opioid analgesics must
419.2 not taper a patient's medication dosage solely to meet a predetermined morphine milligram
419.3 equivalent dosage recommendation or threshold if the patient is stable and compliant with
419.4 the treatment plan, is experiencing no serious harm from the level of medication currently
419.5 being prescribed or previously prescribed, and is in compliance with the patient-provider
419.6 agreement as described in subdivision 5.

419.7 (d) A physician's, advanced practice registered nurse's, or physician assistant's decision
419.8 to taper a patient's medication dosage must be based on factors other than a morphine
419.9 milligram equivalent recommendation or threshold.

419.10 (e) No pharmacist, health plan company, or pharmacy benefit manager shall refuse to
419.11 fill a prescription for an opiate issued by a licensed practitioner with the authority to prescribe
419.12 opiates solely based on the prescription exceeding a predetermined morphine milligram
419.13 equivalent dosage recommendation or threshold.

419.14 Subd. 3. **Limits on applicability.** This section does not apply to:

419.15 (1) a physician's, advanced practice registered nurse's, or physician assistant's treatment
419.16 of ~~an individual~~ a patient for chemical dependency resulting from the use of controlled
419.17 substances in Schedules II to V of section 152.02;

419.18 (2) the prescription or administration of controlled substances in Schedules II to V of
419.19 section 152.02 to ~~an individual~~ a patient whom the physician, advanced practice registered
419.20 nurse, or physician assistant knows to be using the controlled substances for nontherapeutic
419.21 or drug diversion purposes;

419.22 (3) the prescription or administration of controlled substances in Schedules II to V of
419.23 section 152.02 for the purpose of terminating the life of ~~an individual~~ a patient having
419.24 intractable pain; or

419.25 (4) the prescription or administration of a controlled substance in Schedules II to V of
419.26 section 152.02 that is not a controlled substance approved by the United States Food and
419.27 Drug Administration for pain relief.

419.28 Subd. 4. **Notice of risks.** Prior to treating ~~an individual~~ a patient for intractable pain in
419.29 accordance with subdivision 2, a physician, advanced practice registered nurse, or physician
419.30 assistant shall discuss with the ~~individual~~ patient or the patient's legal guardian, if applicable,
419.31 the risks associated with the controlled substances in Schedules II to V of section 152.02
419.32 to be prescribed or administered in the course of the physician's, advanced practice registered
419.33 nurse's, or physician assistant's treatment of ~~an individual~~ a patient, and document the

420.1 discussion in the ~~individual's~~ patient's record as required in the patient-provider agreement
420.2 described in subdivision 5.

420.3 Subd. 5. **Patient-provider agreement.** (a) Before treating a patient for intractable pain,
420.4 a physician, advanced practice registered nurse, or physician assistant and the patient or the
420.5 patient's legal guardian, if applicable, must mutually agree to the treatment and enter into
420.6 a provider-patient agreement. The agreement must include a description of the prescriber's
420.7 and the patient's expectations, responsibilities, and rights according to best practices and
420.8 current standards of care.

420.9 (b) The agreement must be signed by the patient or the patient's legal guardian, if
420.10 applicable, and the physician, advanced practice registered nurse, or physician assistant and
420.11 included in the patient's medical records. A copy of the signed agreement must be provided
420.12 to the patient.

420.13 (c) The agreement must be reviewed by the patient and the physician, advanced practice
420.14 registered nurse, or physician assistant annually. If there is a change in the patient's treatment
420.15 plan, the agreement must be updated and a revised agreement must be signed by the patient
420.16 or the patient's legal guardian. A copy of the revised agreement must be included in the
420.17 patient's medical record and a copy must be provided to the patient.

420.18 (d) A patient-provider agreement is not required in an emergency or inpatient hospital
420.19 setting.

420.20 Sec. 28. **TEMPORARY REQUIREMENTS GOVERNING AMBULANCE SERVICE**
420.21 **OPERATIONS AND THE PROVISION OF EMERGENCY MEDICAL SERVICES.**

420.22 Subdivision 1. **Application.** Notwithstanding any law to the contrary in Minnesota
420.23 Statutes, chapter 144E, an ambulance service may operate according to this section, and
420.24 emergency medical technicians, advanced emergency medical technicians, and paramedics
420.25 may provide emergency medical services according to this section.

420.26 Subd. 2. **Definitions.** (a) The terms defined in this subdivision apply to this section.

420.27 (b) "Advanced emergency medical technician" has the meaning given in Minnesota
420.28 Statutes, section 144E.001, subdivision 5d.

420.29 (c) "Advanced life support" has the meaning given in Minnesota Statutes, section
420.30 144E.001, subdivision 1b.

420.31 (d) "Ambulance" has the meaning given in Minnesota Statutes, section 144E.001,
420.32 subdivision 2.

421.1 (e) "Ambulance service personnel" has the meaning given in Minnesota Statutes, section
421.2 144E.001, subdivision 3a.

421.3 (f) "Basic life support" has the meaning given in Minnesota Statutes, section 144E.001,
421.4 subdivision 4b.

421.5 (g) "Board" means the Emergency Medical Services Regulatory Board.

421.6 (h) "Emergency medical technician" has the meaning given in Minnesota Statutes, section
421.7 144E.001, subdivision 5c.

421.8 (i) "Paramedic" has the meaning given in Minnesota Statutes, section 144E.001,
421.9 subdivision 5e.

421.10 (j) "Primary service area" means the area designated by the board according to Minnesota
421.11 Statutes, section 144E.06, to be served by an ambulance service.

421.12 Subd. 3. **Staffing.** (a) For emergency ambulance calls in an ambulance service's primary
421.13 service area, an ambulance service must staff an ambulance that provides basic life support
421.14 with at least:

421.15 (1) one emergency medical technician, who must be in the patient compartment when
421.16 a patient is being transported; and

421.17 (2) one individual to drive the ambulance. The driver must hold a valid driver's license
421.18 from any state, must have attended an emergency vehicle driving course approved by the
421.19 ambulance service, and must have completed a course on cardiopulmonary resuscitation
421.20 approved by the ambulance service.

421.21 (b) For emergency ambulance calls in an ambulance service's primary service area, an
421.22 ambulance service must staff an ambulance that provides advanced life support with at least:

421.23 (1) one paramedic; one registered nurse who meets the requirements in Minnesota
421.24 Statutes, section 144E.001, subdivision 3a, clause (2); or one physician assistant who meets
421.25 the requirements in Minnesota Statutes, section 144E.001, subdivision 3a, clause (3), and
421.26 who must be in the patient compartment when a patient is being transported; and

421.27 (2) one individual to drive the ambulance. The driver must hold a valid driver's license
421.28 from any state, must have attended an emergency vehicle driving course approved by the
421.29 ambulance service, and must have completed a course on cardiopulmonary resuscitation
421.30 approved by the ambulance service.

421.31 (c) The ambulance service director and medical director must approve the staffing of
421.32 an ambulance according to this subdivision.

422.1 (d) An ambulance service staffing an ambulance according to this subdivision must
422.2 immediately notify the board in writing and in a manner prescribed by the board. The notice
422.3 must specify how the ambulance service is staffing its basic life support or advanced life
422.4 support ambulances and the time period the ambulance service plans to staff the ambulances
422.5 according to this subdivision. If an ambulance service continues to staff an ambulance
422.6 according to this subdivision after the date provided to the board in its initial notice, the
422.7 ambulance service must provide a new notice to the board in a manner that complies with
422.8 this paragraph.

422.9 (e) If an individual serving as a driver under this subdivision commits an act listed in
422.10 Minnesota Statutes, section 144E.27, subdivision 5, paragraph (a), the board may temporarily
422.11 suspend or prohibit the individual from driving an ambulance or place conditions on the
422.12 individual's ability to drive an ambulance using the procedures and authority in Minnesota
422.13 Statutes, section 144E.27, subdivisions 5 and 6.

422.14 **Subd. 4. Use of expired emergency medications and medical supplies.** (a) If an
422.15 ambulance service experiences a shortage of an emergency medication or medical supply,
422.16 ambulance service personnel may use an emergency medication or medical supply for up
422.17 to six months after the emergency medication's or medical supply's specified expiration
422.18 date, provided:

422.19 (1) the ambulance service director and medical director approve the use of the expired
422.20 emergency medication or medical supply;

422.21 (2) ambulance service personnel use an expired emergency medication or medical supply
422.22 only after depleting the ambulance service's supply of that emergency medication or medical
422.23 supply that is unexpired;

422.24 (3) the ambulance service has stored and maintained the expired emergency medication
422.25 or medical supply according to the manufacturer's instructions;

422.26 (4) if possible, ambulance service personnel obtain consent from the patient to use the
422.27 expired emergency medication or medical supply prior to its use; and

422.28 (5) when the ambulance service obtains a supply of that emergency medication or medical
422.29 supply that is unexpired, ambulance service personnel cease use of the expired emergency
422.30 medication or medical supply and instead use the unexpired emergency medication or
422.31 medical supply.

423.1 (b) Before approving the use of an expired emergency medication, an ambulance service
423.2 director and medical director must consult with the Board of Pharmacy regarding the safety
423.3 and efficacy of using the expired emergency medication.

423.4 (c) An ambulance service must keep a record of all expired emergency medications and
423.5 all expired medical supplies used and must submit that record in writing to the board in a
423.6 time and manner specified by the board. The record must list the specific expired emergency
423.7 medications and medical supplies used and the time period during which ambulance service
423.8 personnel used the expired emergency medication or medical supply.

423.9 **Subd. 5. Provision of emergency medical services after certification expires.** (a) At
423.10 the request of an emergency medical technician, advanced emergency medical technician,
423.11 or paramedic, and with the approval of the ambulance service director, an ambulance service
423.12 medical director may authorize the emergency medical technician, advanced emergency
423.13 medical technician, or paramedic to provide emergency medical services for the ambulance
423.14 service for up to three months after the certification of the emergency medical technician,
423.15 advanced emergency medical technician, or paramedic expires.

423.16 (b) An ambulance service must immediately notify the board each time its medical
423.17 director issues an authorization under paragraph (a). The notice must be provided in writing
423.18 and in a manner prescribed by the board and must include information on the time period
423.19 each emergency medical technician, advanced emergency medical technician, or paramedic
423.20 will provide emergency medical services according to an authorization under this subdivision;
423.21 information on why the emergency medical technician, advanced emergency medical
423.22 technician, or paramedic needs the authorization; and an attestation from the medical director
423.23 that the authorization is necessary to help the ambulance service adequately staff its
423.24 ambulances.

423.25 **Subd. 6. Reports.** The board must provide quarterly reports to the chairs and ranking
423.26 minority members of the legislative committees with jurisdiction over the board regarding
423.27 actions taken by ambulance services according to subdivisions 3, 4, and 5. The board must
423.28 submit reports by June 30, September 30, and December 31 of 2022; and by March 31, June
423.29 30, September 30, and December 31 of 2023. Each report must include the following
423.30 information:

423.31 (1) for each ambulance service staffing basic life support or advanced life support
423.32 ambulances according to subdivision 3, the primary service area served by the ambulance
423.33 service, the number of ambulances staffed according to subdivision 3, and the time period

424.1 the ambulance service has staffed and plans to staff the ambulances according to subdivision
424.2 3;

424.3 (2) for each ambulance service that authorized the use of an expired emergency
424.4 medication or medical supply according to subdivision 4, the expired emergency medications
424.5 and medical supplies authorized for use and the time period the ambulance service used
424.6 each expired emergency medication or medical supply; and

424.7 (3) for each ambulance service that authorized the provision of emergency medical
424.8 services according to subdivision 5, the number of emergency medical technicians, advanced
424.9 emergency medical technicians, and paramedics providing emergency medical services
424.10 under an expired certification and the time period each emergency medical technician,
424.11 advanced emergency medical technician, or paramedic provided and will provide emergency
424.12 medical services under an expired certification.

424.13 Subd. 7. **Expiration.** This section expires January 1, 2024.

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

424.15 **Sec. 29. EXPEDITED REREGISTRATION FOR LAPSED NURSING LICENSES.**

424.16 (a) Notwithstanding Minnesota Statutes, section 148.231, a nurse who desires to resume
424.17 the practice of professional or practical nursing at a licensed nursing facility or licensed
424.18 assisted living facility but whose license to practice nursing has lapsed effective on or after
424.19 January 1, 2019, may submit an application to the Board of Nursing for reregistration. The
424.20 application must be submitted and received by the board between March 31, 2022, and
424.21 March 31, 2023, and must be accompanied with the reregistration fee specified in Minnesota
424.22 Statutes, section 148.243, subdivision 5. The applicant must include with the application
424.23 the name and location of the facility where the nurse is or will be employed.

424.24 (b) The board shall issue a current registration if upon a licensure history review, the
424.25 board determines that at the time the nurse's license lapsed:

424.26 (1) the nurse's license was in good standing; and

424.27 (2) the nurse was not the subject of any pending investigations or disciplinary actions
424.28 or was not disqualified to practice in any way.

424.29 The board shall waive any other requirements for reregistration including any continuing
424.30 education requirements.

424.31 (c) The registration issued under this section shall remain valid until the nurse's next
424.32 registration period. If the nurse desires to continue to practice after that date, the nurse must

425.1 meet the reregistration requirements under Minnesota Statutes, section 148.231, including
425.2 any penalty fees required.

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

425.4 Sec. 30. **REPEALER.**

425.5 Minnesota Statutes 2020, section 147.02, subdivision 2a, is repealed.

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

425.7 **ARTICLE 15**

425.8 **MINNESOTA HEALTH AND EDUCATION FACILITIES AUTHORITY**

425.9 Section 1. Minnesota Statutes 2020, section 3.732, subdivision 1, is amended to read:

425.10 Subdivision 1. **Definitions.** As used in this section and section 3.736 the terms defined
425.11 in this section have the meanings given them.

425.12 (1) "State" includes each of the departments, boards, agencies, commissions, courts, and
425.13 officers in the executive, legislative, and judicial branches of the state of Minnesota and
425.14 includes but is not limited to the Housing Finance Agency, the Minnesota Office of Higher
425.15 Education, the ~~Higher~~ Health and Education Facilities Authority, the Health Technology
425.16 Advisory Committee, the Armory Building Commission, the Zoological Board, the
425.17 Department of Iron Range Resources and Rehabilitation, the Minnesota Historical Society,
425.18 the State Agricultural Society, the University of Minnesota, the Minnesota State Colleges
425.19 and Universities, state hospitals, and state penal institutions. It does not include a city, town,
425.20 county, school district, or other local governmental body corporate and politic.

425.21 (2) "Employee of the state" means all present or former officers, members, directors, or
425.22 employees of the state, members of the Minnesota National Guard, members of a bomb
425.23 disposal unit approved by the commissioner of public safety and employed by a municipality
425.24 defined in section 466.01 when engaged in the disposal or neutralization of bombs or other
425.25 similar hazardous explosives, as defined in section 299C.063, outside the jurisdiction of the
425.26 municipality but within the state, or persons acting on behalf of the state in an official
425.27 capacity, temporarily or permanently, with or without compensation. It does not include
425.28 either an independent contractor except, for purposes of this section and section 3.736 only,
425.29 a guardian ad litem acting under court appointment, or members of the Minnesota National
425.30 Guard while engaged in training or duty under United States Code, title 10, or title 32,
425.31 section 316, 502, 503, 504, or 505, as amended through December 31, 1983. Notwithstanding
425.32 sections 43A.02 and 611.263, for purposes of this section and section 3.736 only, "employee

426.1 of the state" includes a district public defender or assistant district public defender in the
426.2 Second or Fourth Judicial District, a member of the Health Technology Advisory Committee,
426.3 and any officer, agent, or employee of the state of Wisconsin performing work for the state
426.4 of Minnesota pursuant to a joint state initiative.

426.5 (3) "Scope of office or employment" means that the employee was acting on behalf of
426.6 the state in the performance of duties or tasks lawfully assigned by competent authority.

426.7 (4) "Judicial branch" has the meaning given in section 43A.02, subdivision 25.

426.8 Sec. 2. Minnesota Statutes 2021 Supplement, section 10A.01, subdivision 35, is amended
426.9 to read:

426.10 Subd. 35. **Public official.** "Public official" means any:

426.11 (1) member of the legislature;

426.12 (2) individual employed by the legislature as secretary of the senate, legislative auditor,
426.13 director of the Legislative Budget Office, chief clerk of the house of representatives, revisor
426.14 of statutes, or researcher, legislative analyst, fiscal analyst, or attorney in the Office of
426.15 Senate Counsel, Research and Fiscal Analysis, House Research, or the House Fiscal Analysis
426.16 Department;

426.17 (3) constitutional officer in the executive branch and the officer's chief administrative
426.18 deputy;

426.19 (4) solicitor general or deputy, assistant, or special assistant attorney general;

426.20 (5) commissioner, deputy commissioner, or assistant commissioner of any state
426.21 department or agency as listed in section 15.01 or 15.06, or the state chief information
426.22 officer;

426.23 (6) member, chief administrative officer, or deputy chief administrative officer of a state
426.24 board or commission that has either the power to adopt, amend, or repeal rules under chapter
426.25 14, or the power to adjudicate contested cases or appeals under chapter 14;

426.26 (7) individual employed in the executive branch who is authorized to adopt, amend, or
426.27 repeal rules under chapter 14 or adjudicate contested cases under chapter 14;

426.28 (8) executive director of the State Board of Investment;

426.29 (9) deputy of any official listed in clauses (7) and (8);

426.30 (10) judge of the Workers' Compensation Court of Appeals;

- 427.1 (11) administrative law judge or compensation judge in the State Office of Administrative
427.2 Hearings or unemployment law judge in the Department of Employment and Economic
427.3 Development;
- 427.4 (12) member, regional administrator, division director, general counsel, or operations
427.5 manager of the Metropolitan Council;
- 427.6 (13) member or chief administrator of a metropolitan agency;
- 427.7 (14) director of the Division of Alcohol and Gambling Enforcement in the Department
427.8 of Public Safety;
- 427.9 (15) member or executive director of the ~~Higher~~ Health and Education Facilities
427.10 Authority;
- 427.11 (16) member of the board of directors or president of Enterprise Minnesota, Inc.;
- 427.12 (17) member of the board of directors or executive director of the Minnesota State High
427.13 School League;
- 427.14 (18) member of the Minnesota Ballpark Authority established in section 473.755;
- 427.15 (19) citizen member of the Legislative-Citizen Commission on Minnesota Resources;
- 427.16 (20) manager of a watershed district, or member of a watershed management organization
427.17 as defined under section 103B.205, subdivision 13;
- 427.18 (21) supervisor of a soil and water conservation district;
- 427.19 (22) director of Explore Minnesota Tourism;
- 427.20 (23) citizen member of the Lessard-Sams Outdoor Heritage Council established in section
427.21 97A.056;
- 427.22 (24) citizen member of the Clean Water Council established in section 114D.30;
- 427.23 (25) member or chief executive of the Minnesota Sports Facilities Authority established
427.24 in section 473J.07;
- 427.25 (26) district court judge, appeals court judge, or supreme court justice;
- 427.26 (27) county commissioner;
- 427.27 (28) member of the Greater Minnesota Regional Parks and Trails Commission;
- 427.28 (29) member of the Destination Medical Center Corporation established in section
427.29 469.41; or

428.1 (30) chancellor or member of the Board of Trustees of the Minnesota State Colleges
428.2 and Universities.

428.3 Sec. 3. Minnesota Statutes 2020, section 136A.25, is amended to read:

428.4 **136A.25 CREATION.**

428.5 A state agency known as the Minnesota ~~Higher~~ Health and Education Facilities Authority
428.6 is hereby created.

428.7 Sec. 4. Minnesota Statutes 2020, section 136A.26, is amended to read:

428.8 **136A.26 MEMBERSHIPS; OFFICERS; COMPENSATION; REMOVAL.**

428.9 Subdivision 1. **Membership.** The Minnesota ~~Higher~~ Health and Education Facilities
428.10 Authority shall consist of ~~eight~~ nine members appointed by the governor with the advice
428.11 and consent of the senate, and a representative of the ~~office~~ Office of Higher Education.

428.12 All members to be appointed by the governor shall be residents of the state. At least two
428.13 members must reside outside the metropolitan area as defined in section 473.121, subdivision
428.14 2. At least one of the members shall be a person having a favorable reputation for skill,
428.15 knowledge, and experience in the field of state and municipal finance; ~~and~~ at least one shall
428.16 be a person having a favorable reputation for skill, knowledge, and experience in the building
428.17 construction field; ~~and~~ at least one of the members shall be a trustee, director, officer, or
428.18 employee of an institution of higher education; and at least one of the members shall be a
428.19 trustee, director, officer, or employee of a health care organization.

428.20 Subd. 1a. **Private College Council member.** The president of the Minnesota Private
428.21 College Council, or the president's designee, shall serve without compensation as an advisory,
428.22 nonvoting member of the authority.

428.23 Subd. 1b. **Nonprofit health care association member.** The chief executive officer of
428.24 a Minnesota nonprofit membership association whose members are primarily nonprofit
428.25 health care organizations, or the chief executive officer's designee, shall serve without
428.26 compensation as an advisory, nonvoting member of the authority. The identity of the
428.27 Minnesota nonprofit membership association shall be determined and may be changed from
428.28 time to time by the members of the authority in accordance with and as shall be provided
428.29 in the bylaws of the authority.

428.30 Subd. 2. **Term; compensation; removal.** The membership terms, compensation, removal
428.31 of members, and filling of vacancies for authority members other than the representative
428.32 of the office, ~~and~~ the president of the Private College Council, or the chief executive officer

429.1 of the Minnesota nonprofit membership association described in subdivision 1b shall be as
429.2 provided in section 15.0575.

429.3 Sec. 5. Minnesota Statutes 2020, section 136A.27, is amended to read:

429.4 **136A.27 POLICY.**

429.5 It is hereby declared that for the benefit of the people of the state, the increase of their
429.6 commerce, welfare and prosperity and the improvement of their health and living conditions
429.7 it is essential that health care organizations within the state be provided with appropriate
429.8 additional means to establish, acquire, construct, improve, and expand health care facilities
429.9 in furtherance of their purposes; that this and future generations of youth be given the fullest
429.10 opportunity to learn and to develop their intellectual and mental capacities; ~~that it is essential~~
429.11 that institutions of higher education within the state be provided with appropriate additional
429.12 means to assist such youth in achieving the required levels of learning and development of
429.13 their intellectual and mental capacities; and that health care organizations and institutions
429.14 of higher education be enabled to refinance outstanding indebtedness incurred to provide
429.15 existing facilities used for such purposes in order to preserve and enhance the utilization of
429.16 facilities for purposes of health care and higher education, to extend or adjust maturities in
429.17 relation to the resources available for their payment, and to save interest costs and thereby
429.18 reduce health care costs or higher education tuition, fees, and charges; ~~and~~. It is hereby
429.19 further declared that it is the purpose of sections 136A.25 to 136A.42 to provide a measure
429.20 of assistance and an alternative method to enable health care organizations and institutions
429.21 of higher education in the state to provide the facilities and structures which are sorely
429.22 needed to accomplish the purposes of sections 136A.25 to 136A.42, all to the public benefit
429.23 and good, to the extent and manner provided herein.

429.24 Sec. 6. Minnesota Statutes 2020, section 136A.28, is amended to read:

429.25 **136A.28 DEFINITIONS.**

429.26 Subdivision 1. **Scope.** In sections 136A.25 to 136A.42, the following words and terms
429.27 shall, unless the context otherwise requires, have the meanings ascribed to them.

429.28 Subd. 1a. **Affiliate.** "Affiliate" means an entity that directly or indirectly controls, is
429.29 controlled by, or is under common control with, another entity. For the purposes of this
429.30 subdivision, "control" means either the power to elect a majority of the members of the
429.31 governing body of an entity or the power, whether by contract or otherwise, to direct the
429.32 management and policies of the entity. Affiliate also means an entity whose business or
429.33 substantially all of whose property is operated under a lease, management agreement, or

430.1 operating agreement by another entity, or an entity who operates the business or substantially
 430.2 all of the property of another entity under a lease, management agreement, or operating
 430.3 agreement.

430.4 Subd. 2. **Authority.** "Authority" means the ~~Higher~~ Health and Education Facilities
 430.5 Authority created by sections 136A.25 to 136A.42.

430.6 Subd. 3. **Project.** "Project" means ~~a structure or structures available for use as a dormitory~~
 430.7 ~~or other student housing facility, a dining hall, student union, administration building,~~
 430.8 ~~academic building, library, laboratory, research facility, classroom, athletic facility, health~~
 430.9 ~~care facility, child care facility, and maintenance, storage, or utility facility and other~~
 430.10 ~~structures or facilities related thereto or required or useful for the instruction of students or~~
 430.11 ~~the conducting of research or the operation of an institution of higher education, whether~~
 430.12 ~~proposed, under construction, or completed, including parking and other facilities or~~
 430.13 ~~structures essential or convenient for the orderly conduct of such institution for higher~~
 430.14 ~~education, and shall also include landscaping, site preparation, furniture, equipment and~~
 430.15 ~~machinery, and other similar items necessary or convenient for the operation of a particular~~
 430.16 ~~facility or structure in the manner for which its use is intended but shall not include such~~
 430.17 ~~items as books, fuel, supplies, or other items the costs of which are customarily deemed to~~
 430.18 ~~result in a current operating charge, and shall~~ a health care facility or an education facility
 430.19 whether proposed, under construction, or completed, and includes land or interests in land,
 430.20 appurtenances, site preparation, landscaping, buildings and structures, systems, fixtures,
 430.21 furniture, machinery, equipment, and parking. Project also includes other structures, facilities,
 430.22 improvements, machinery, equipment, and means of transport of a capital nature that are
 430.23 necessary or convenient for the operation of the facility. Project does not include: (1) any
 430.24 facility used or to be used for sectarian instruction or as a place of religious worship nor;
 430.25 (2) any facility which is used or to be used primarily in connection with any part of the
 430.26 program of a school or department of divinity for any religious denomination; nor (3) any
 430.27 books, supplies, medicine, medical supplies, fuel, or other items, the cost of which are
 430.28 customarily deemed to result in a current operating charge.

430.29 Subd. 4. **Cost.** "Cost," as applied to a project or any portion thereof financed under the
 430.30 provisions of sections 136A.25 to 136A.42, means all or any part of the cost of construction,
 430.31 acquisition, alteration, enlargement, reconstruction and remodeling of a project including
 430.32 all lands, structures, real or personal property, rights, rights-of-way, franchises, easements
 430.33 and interests acquired or used for or in connection with a project, the cost of demolishing
 430.34 or removing any buildings or structures on land so acquired, including the cost of acquiring
 430.35 any lands to which ~~such~~ buildings or structures may be moved, the cost of all machinery

431.1 and equipment, financing charges, interest prior to, during and for a period after completion
 431.2 of such construction and acquisition, provisions for reserves for principal and interest and
 431.3 for extensions, enlargements, additions and improvements, the cost of architectural,
 431.4 engineering, financial and legal services, plans, specifications, studies, surveys, estimates
 431.5 of cost and of revenues, administrative expenses, expenses necessary or incident to
 431.6 determining the feasibility or practicability of constructing the project and such other
 431.7 expenses as may be necessary or incident to the construction and acquisition of the project,
 431.8 the financing of such construction and acquisition and the placing of the project in operation.

431.9 Subd. 5. **Bonds.** "Bonds," or "revenue bonds" means revenue bonds of the authority
 431.10 issued under the provisions of sections 136A.25 to 136A.42, including revenue refunding
 431.11 bonds, notwithstanding that the same may be secured by mortgage or the full faith and credit
 431.12 of a participating institution ~~for higher education~~ or any other lawfully pledged security of
 431.13 a participating institution ~~for higher education~~.

431.14 Subd. 6. **Institution of higher education.** "Institution of higher education" means a
 431.15 nonprofit educational institution within the state authorized to provide a program of education
 431.16 beyond the high school level.

431.17 Subd. 6a. **Health care organization.** (a) "Health care organization" means a nonprofit
 431.18 organization located within the state and authorized by law to operate a nonprofit health
 431.19 care facility in the state. Health care organization also means a nonprofit affiliate of a health
 431.20 care organization as defined under this paragraph, provided the affiliate is located within
 431.21 the state or within a state that is geographically contiguous to Minnesota.

431.22 (b) Health care organization also means a nonprofit organization located within another
 431.23 state that is geographically contiguous to Minnesota and authorized by law to operate a
 431.24 nonprofit health care facility in that state, provided that the nonprofit organization located
 431.25 within the contiguous state is an affiliate of a health care organization located within the
 431.26 state.

431.27 Subd. 6b. **Education facility.** "Education facility" means a structure or structures
 431.28 available for use as a dormitory or other student housing facility, dining hall, student union,
 431.29 administration building, academic building, library, laboratory, research facility, classroom,
 431.30 athletic facility, student health care facility, or child care facility, and includes other facilities
 431.31 or structures related thereto essential or convenient for the orderly conduct of an institution
 431.32 of higher education.

431.33 Subd. 6c. **Health care facility.** (a) "Health care facility" means a structure or structures
 431.34 available for use within this state as a hospital, clinic, psychiatric residential treatment

432.1 facility, birth center, outpatient surgical center, comprehensive outpatient rehabilitation
 432.2 facility, outpatient physical therapy or speech pathology facility, end-stage renal dialysis
 432.3 facility, medical laboratory, pharmacy, radiation therapy facility, diagnostic imaging facility,
 432.4 medical office building, residence for nurses or interns, nursing home, boarding care home,
 432.5 assisted living facility, residential hospice, intermediate care facility for persons with
 432.6 developmental disabilities, supervised living facility, housing with services establishment,
 432.7 board and lodging establishment with special services, adult day care center, day services
 432.8 facility, prescribed pediatric extended care facility, community residential setting, adult
 432.9 foster home, or other facility related to medical or health care research, or the delivery or
 432.10 administration of health care services, and includes other structures or facilities related
 432.11 thereto essential or convenient for the orderly conduct of a health care organization.

432.12 (b) Health care facility also means a facility in a state that is geographically contiguous
 432.13 to Minnesota operated by a health care organization that corresponds by purpose, function,
 432.14 or use with a facility listed in paragraph (a).

432.15 Subd. 7. **Participating institution of higher education.** "Participating institution of
 432.16 ~~higher education~~" means a health care organization or an institution of higher education
 432.17 that, under the provisions of sections 136A.25 to 136A.42, undertakes the financing and
 432.18 construction or acquisition of a project or undertakes the refunding or refinancing of
 432.19 obligations or of a mortgage or of advances as provided in sections 136A.25 to 136A.42.
 432.20 Community colleges and technical colleges may be considered participating institutions of
 432.21 ~~higher education~~ for the purpose of financing and constructing child care facilities and
 432.22 parking facilities.

432.23 Sec. 7. Minnesota Statutes 2020, section 136A.29, subdivision 1, is amended to read:

432.24 Subdivision 1. **Purpose.** The purpose of the authority shall be to assist health care
 432.25 organizations and institutions of higher education in the construction, financing, and
 432.26 refinancing of projects. The exercise by the authority of the powers conferred by sections
 432.27 136A.25 to 136A.42, shall be deemed and held to be the performance of an essential public
 432.28 function. For the purpose of sections 136A.25 to 136A.42, the authority shall have the
 432.29 powers and duties set forth in subdivisions 2 to 23.

432.30 Sec. 8. Minnesota Statutes 2020, section 136A.29, subdivision 3, is amended to read:

432.31 Subd. 3. **Employees.** The authority is authorized and empowered to appoint and employ
 432.32 employees as it may deem necessary to carry out its duties, determine the title of the
 432.33 employees so employed, and fix the salary of ~~said~~ its employees. Employees of the authority

433.1 shall participate in retirement and other benefits in the same manner that employees in the
433.2 ~~unclassified service of the office~~ managerial plan under section 43A.18, subdivision 3,
433.3 participate.

433.4 Sec. 9. Minnesota Statutes 2020, section 136A.29, subdivision 6, is amended to read:

433.5 Subd. 6. **Projects; generally.** (a) The authority is authorized and empowered to determine
433.6 the location and character of any project to be financed under the provisions of sections
433.7 136A.25 to 136A.42, and to construct, reconstruct, remodel, maintain, manage, enlarge,
433.8 alter, add to, repair, operate, lease, as lessee or lessor, and regulate the same, to enter into
433.9 contracts for any or all of such purposes, to enter into contracts for the management and
433.10 operation of a project, and to designate a participating institution ~~of higher education~~ as its
433.11 agent to determine the location and character of a project undertaken by such participating
433.12 institution ~~of higher education~~ under the provisions of sections 136A.25 to 136A.42 and as
433.13 the agent of the authority, to construct, reconstruct, remodel, maintain, manage, enlarge,
433.14 alter, add to, repair, operate, lease, as lessee or lessor, and regulate the same, and as the
433.15 agent of the authority, to enter into contracts for any or all of such purposes, including
433.16 contracts for the management and operation of such project.

433.17 (b) Notwithstanding paragraph (a), a project involving a health care facility within the
433.18 state financed under sections 136A.25 to 136A.42, must comply with all applicable
433.19 requirements in state law related to authorizing construction of or modifications to a health
433.20 care facility, including the requirements of sections 144.5509, 144.551, 144A.071, and
433.21 252.291.

433.22 (c) Contracts of the authority or of a participating institution ~~of higher education~~ to
433.23 acquire or to construct, reconstruct, remodel, maintain, enlarge, alter, add to, or repair
433.24 projects shall not be subject to the provisions of chapter 16C or section 574.26, or any other
433.25 public contract or competitive bid law.

433.26 Sec. 10. Minnesota Statutes 2020, section 136A.29, subdivision 9, is amended to read:

433.27 Subd. 9. **Revenue bonds; limit.** (a) The authority is authorized and empowered to issue
433.28 revenue bonds whose aggregate principal amount at any time shall not exceed ~~\$1,300,000,000~~
433.29 \$4,000,000,000 and to issue notes, bond anticipation notes, and revenue refunding bonds
433.30 of the authority under the provisions of sections 136A.25 to 136A.42, to provide funds for
433.31 acquiring, constructing, reconstructing, enlarging, remodeling, renovating, improving,
433.32 furnishing, or equipping one or more projects or parts thereof.

434.1 (b) Of the \$4,000,000,000 limit in paragraph (a), the aggregate principal amount used
 434.2 to fund education facilities may not exceed \$1,750,000,000 at any time, and the aggregate
 434.3 principal amount used to fund health care facilities may not exceed \$2,250,000,000 at any
 434.4 time.

434.5 Sec. 11. Minnesota Statutes 2020, section 136A.29, subdivision 10, is amended to read:

434.6 Subd. 10. **Revenue bonds; issuance, purpose, conditions.** The authority is authorized
 434.7 and empowered to issue revenue bonds to acquire projects from or to make loans to
 434.8 participating institutions ~~of higher education~~ and thereby refinance outstanding indebtedness
 434.9 incurred by participating institutions ~~of higher education~~ to provide funds for the acquisition,
 434.10 construction or improvement of a facility before or after the enactment of sections 136A.25
 434.11 to 136A.42, but otherwise eligible to be and being a project thereunder, whenever the
 434.12 authority finds that such refinancing will enhance or preserve such participating institutions
 434.13 and such facilities or utilization thereof for health care or educational purposes or extend
 434.14 or adjust maturities to correspond to the resources available for their payment, or reduce
 434.15 charges or fees imposed on patients or occupants, or the tuition, charges, or fees imposed
 434.16 on students for the use or occupancy of the facilities of such participating institutions of
 434.17 ~~higher education~~ or costs met by federal or state public funds, or enhance or preserve health
 434.18 care or educational programs and research or the acquisition or improvement of other
 434.19 facilities eligible to be a project or part thereof by the participating institution ~~of higher~~
 434.20 ~~education~~. The amount of revenue bonds to be issued to refinance outstanding indebtedness
 434.21 of a participating institution ~~of higher education~~ shall not exceed the lesser of (a) the fair
 434.22 value of the project to be acquired by the authority from the institution or mortgaged to the
 434.23 authority by the institution or (b) the amount of the outstanding indebtedness including any
 434.24 premium thereon and any interest accrued or to accrue to the date of redemption and any
 434.25 legal, fiscal and related costs in connection with such refinancing and reasonable reserves,
 434.26 as determined by the authority. The provisions of this subdivision do not prohibit the authority
 434.27 from issuing revenue bonds within and charged against the limitations provided in subdivision
 434.28 9 to provide funds for improvements, alteration, renovation, or extension of the project
 434.29 refinanced.

434.30 Sec. 12. Minnesota Statutes 2020, section 136A.29, subdivision 14, is amended to read:

434.31 Subd. 14. **Rules for use of projects.** The authority is authorized and empowered to
 434.32 establish rules for the use of a project or any portion thereof and to designate a participating
 434.33 institution ~~of higher education~~ as its agent to establish rules for the use of a project undertaken
 434.34 for such participating institution ~~of higher education~~.

435.1 Sec. 13. Minnesota Statutes 2020, section 136A.29, subdivision 19, is amended to read:

435.2 Subd. 19. **Surety.** Before the issuance of any revenue bonds under the provisions of
435.3 sections 136A.25 to 136A.42, any member or officer of the authority authorized by resolution
435.4 of the authority to handle funds or sign checks of the authority shall be covered under a
435.5 surety or fidelity bond in an amount to be determined by the authority. Each such bond shall
435.6 be conditioned upon the faithful performance of the duties of the office of the member or
435.7 officer, and shall be executed by a surety company authorized to transact business in the
435.8 state of Minnesota as surety. The cost of each such bond shall be paid by the authority.

435.9 Sec. 14. Minnesota Statutes 2020, section 136A.29, subdivision 20, is amended to read:

435.10 Subd. 20. **Sale, lease, and disposal of property.** The authority is authorized and
435.11 empowered to sell, lease, release, or otherwise dispose of real and personal property or
435.12 interests therein, or a combination thereof, acquired by the authority under authority of
435.13 sections 136A.25 to 136A.42 and no longer needed for the purposes of ~~such~~ this chapter or
435.14 of the authority, and grant such easements and other rights in, over, under, or across a project
435.15 as will not interfere with its use of ~~such~~ the property. ~~Such~~ The sale, lease, release,
435.16 disposition, or grant may be made without competitive bidding and in ~~such~~ the manner and
435.17 for such consideration as the authority in its judgment deems appropriate.

435.18 Sec. 15. Minnesota Statutes 2020, section 136A.29, subdivision 21, is amended to read:

435.19 Subd. 21. **Loans.** The authority is authorized and empowered to make loans to any
435.20 participating institution of ~~higher education~~ for the cost of a project in accordance with an
435.21 agreement between the authority and the participating institution of ~~higher education~~;
435.22 provided that no ~~such~~ loan shall exceed the total cost of the project as determined by the
435.23 participating institution of ~~higher education~~ and approved by the authority.

435.24 Sec. 16. Minnesota Statutes 2020, section 136A.29, subdivision 22, is amended to read:

435.25 Subd. 22. **Costs, expenses, and other charges.** The authority is authorized and
435.26 empowered to charge to and apportion among participating institutions of ~~higher education~~
435.27 its administrative costs and expenses incurred in the exercise of the powers and duties
435.28 conferred by sections 136A.25 to 136A.42 in the manner as the authority in its judgment
435.29 deems appropriate.

436.1 Sec. 17. Minnesota Statutes 2020, section 136A.29, is amended by adding a subdivision
436.2 to read:

436.3 Subd. 24. **Determination of affiliate status.** The authority is authorized and empowered
436.4 to determine whether an entity is an affiliate as defined in section 136A.28, subdivision 1a.
436.5 A determination by the authority of affiliate status shall be deemed conclusive for the
436.6 purposes of sections 136A.25 to 136A.42.

436.7 Sec. 18. Minnesota Statutes 2020, section 136A.32, subdivision 4, is amended to read:

436.8 Subd. 4. **Provisions of resolution authorizing bonds.** Any resolution or resolutions
436.9 authorizing any revenue bonds or any issue of revenue bonds may contain provisions, which
436.10 shall be a part of the contract with the holders of the revenue bonds to be authorized, as to:

436.11 (1) pledging all or any part of the revenues of a project or projects, any revenue producing
436.12 contract or contracts made by the authority with ~~any individual partnership, corporation or~~
436.13 ~~association or other body~~ one or more partnerships, corporations or associations, or other
436.14 bodies, public or private, to secure the payment of the revenue bonds or of any particular
436.15 issue of revenue bonds, subject to such agreements with bondholders as may then exist;

436.16 (2) the rentals, fees and other charges to be charged, and the amounts to be raised in
436.17 each year thereby, and the use and disposition of the revenues;

436.18 (3) the setting aside of reserves or sinking funds, and the regulation and disposition
436.19 thereof;

436.20 (4) limitations on the right of the authority or its agent to restrict and regulate the use of
436.21 the project;

436.22 (5) limitations on the purpose to which the proceeds of sale of any issue of revenue
436.23 bonds then or thereafter to be issued may be applied and pledging such proceeds to secure
436.24 the payment of the revenue bonds or any issue of the revenue bonds;

436.25 (6) limitations on the issuance of additional bonds, the terms upon which additional
436.26 bonds may be issued and secured and the refunding of outstanding bonds;

436.27 (7) the procedure, if any, by which the terms of any contract with bondholders may be
436.28 amended or abrogated, the amount of bonds the holders of which must consent thereto, and
436.29 the manner in which such consent may be given;

436.30 (8) limitations on the amount of moneys derived from the project to be expended for
436.31 operating, administrative or other expenses of the authority;

437.1 (9) defining the acts or omissions to act which shall constitute a default in the duties of
 437.2 the authority to holders of its obligations and providing the rights and remedies of such
 437.3 holders in the event of a default; or

437.4 (10) the mortgaging of a project and the site thereof for the purpose of securing the
 437.5 bondholders.

437.6 Sec. 19. Minnesota Statutes 2020, section 136A.33, is amended to read:

437.7 **136A.33 TRUST AGREEMENT.**

437.8 In the discretion of the authority any revenue bonds issued under the provisions of
 437.9 sections 136A.25 to 136A.42, may be secured by a trust agreement by and between the
 437.10 authority and a corporate trustee or trustees, which may be any trust company or bank having
 437.11 the powers of a trust company within the state. ~~Such~~ The trust agreement or the resolution
 437.12 providing for the issuance of ~~such~~ revenue bonds may pledge or assign the revenues to be
 437.13 received or proceeds of any contract or contracts pledged and may convey or mortgage the
 437.14 project or any portion thereof. ~~Such~~ The trust agreement or resolution providing for the
 437.15 issuance of ~~such~~ revenue bonds may contain such provisions for protecting and enforcing
 437.16 the rights and remedies of the bondholders as may be reasonable and proper and not in
 437.17 violation of laws, including particularly such provisions as have hereinabove been specifically
 437.18 authorized to be included in any resolution or resolutions of the authority authorizing revenue
 437.19 bonds thereof. Any bank or trust company incorporated under the laws of the state ~~which~~
 437.20 that may act as depository of the proceeds of bonds or of revenues or other moneys may
 437.21 furnish ~~such~~ indemnifying bonds or ~~pledges~~ ~~such~~ pledge securities as may be required by
 437.22 the authority. Any ~~such~~ trust agreement may set forth the rights and remedies of the
 437.23 bondholders and of the trustee or trustees and may restrict the individual right of action by
 437.24 bondholders. In addition to the foregoing, any ~~such~~ trust agreement or resolution may contain
 437.25 ~~such~~ other provisions as the authority may deem reasonable and proper for the security of
 437.26 the bondholders. All expenses incurred in carrying out the provisions of ~~such~~ the trust
 437.27 agreement or resolution may be treated as a part of the cost of the operation of a project.

437.28 Sec. 20. Minnesota Statutes 2020, section 136A.34, subdivision 3, is amended to read:

437.29 Subd. 3. **Investment.** Any ~~such~~ escrowed proceeds, pending such use, may be invested
 437.30 and reinvested in direct obligations of the United States of America, or in certificates of
 437.31 deposit or time deposits secured by direct obligations of the United States of America, or
 437.32 in shares or units in any money market mutual fund whose investment portfolio consists
 437.33 solely of direct obligations of the United States of America, maturing at such time or times

438.1 as shall be appropriate to assure the prompt payment, as to principal, interest and redemption
 438.2 premium, if any, of the outstanding revenue bonds to be so refunded. The interest, income
 438.3 and profits, if any, earned or realized on any such investment may also be applied to the
 438.4 payment of the outstanding revenue bonds to be so refunded. After the terms of the escrow
 438.5 have been fully satisfied and carried out, any balance of such proceeds and interest, income
 438.6 and profits, if any, earned or realized on the investments thereof may be returned to the
 438.7 authority for use by it in any lawful manner.

438.8 Sec. 21. Minnesota Statutes 2020, section 136A.34, subdivision 4, is amended to read:

438.9 Subd. 4. **Additional purpose; improvements.** The portion of the proceeds of any ~~such~~
 438.10 revenue bonds issued for the additional purpose of paying all or any part of the cost of
 438.11 constructing and acquiring additions, improvements, extensions or enlargements of a project
 438.12 may be invested or deposited ~~in time deposits~~ as provided in section 136A.32, subdivision
 438.13 7.

438.14 Sec. 22. Minnesota Statutes 2020, section 136A.36, is amended to read:

438.15 **136A.36 REVENUES.**

438.16 The authority may fix, revise, charge and collect rates, rents, fees and charges for the
 438.17 use of and for the services furnished or to be furnished by each project and ~~to~~ may contract
 438.18 with any person, partnership, association or corporation, or other body, public or private,
 438.19 in respect thereof. ~~Such~~ The rates, rents, fees, and charges may vary between projects
 438.20 involving an education facility and projects involving a health care facility and shall be
 438.21 fixed and adjusted in respect of the aggregate of rates, rents, fees, and charges from ~~such~~
 438.22 the project so as to provide funds sufficient with other revenues, if any:

438.23 (1) to pay the cost of maintaining, repairing and operating the project and each and every
 438.24 portion thereof, to the extent that the payment of such cost has not otherwise been adequately
 438.25 provided for;

438.26 (2) to pay the principal of and the interest on outstanding revenue bonds of the authority
 438.27 issued in respect of such project as the same shall become due and payable; and

438.28 (3) to create and maintain reserves required or provided for in any resolution authorizing,
 438.29 or trust agreement securing, ~~such~~ revenue bonds of the authority. ~~Such~~ The rates, rents, fees
 438.30 and charges shall not be subject to supervision or regulation by any department, commission,
 438.31 board, body, bureau or agency of this state other than the authority. A sufficient amount of
 438.32 the revenues derived in respect of a project, except ~~such~~ part of ~~such~~ the revenues as may

439.1 be necessary to pay the cost of maintenance, repair and operation and to provide reserves
 439.2 and for renewals, replacements, extensions, enlargements and improvements as may be
 439.3 provided for in the resolution authorizing the issuance of any revenue bonds of the authority
 439.4 or in the trust agreement securing the same, shall be set aside at such regular intervals as
 439.5 may be provided in ~~such~~ the resolution or trust agreement in a sinking or other similar fund
 439.6 ~~which~~ that is hereby pledged to, and charged with, the payment of the principal of and the
 439.7 interest on ~~such~~ revenue bonds as the same shall become due, and the redemption price or
 439.8 the purchase price of bonds retired by call or purchase as therein provided. ~~Such~~ The pledge
 439.9 shall be valid and binding from the time when the pledge is made; the rates, rents, fees and
 439.10 charges and other revenues or other moneys so pledged and thereafter received by the
 439.11 authority shall immediately be subject to the lien of ~~such~~ the pledge without physical delivery
 439.12 thereof or further act, and the lien of any such pledge shall be valid and binding as against
 439.13 all parties having claims of any kind against the authority, irrespective of whether such
 439.14 parties have notice thereof. Neither the resolution nor any trust agreement by which a pledge
 439.15 is created need be filed or recorded except in the records of the authority. The use and
 439.16 disposition of moneys to the credit of such sinking or other similar fund shall be subject to
 439.17 the provisions of the resolution authorizing the issuance of such bonds or of such trust
 439.18 agreement. Except as may otherwise be provided in ~~such~~ the resolution or ~~such~~ trust
 439.19 agreement, ~~such~~ the sinking or other similar fund shall be a fund for all ~~such~~ revenue bonds
 439.20 issued to finance a project or projects at one or more participating institutions ~~of higher~~
 439.21 ~~education~~ without distinction or priority of one over another; provided the authority in any
 439.22 such resolution or trust agreement may provide that such sinking or other similar fund shall
 439.23 be the fund for a particular project at ~~an~~ a participating institution ~~of higher education~~ and
 439.24 for the revenue bonds issued to finance a particular project and may, additionally, permit
 439.25 and provide for the issuance of revenue bonds having a subordinate lien in respect of the
 439.26 security herein authorized to other revenue bonds of the authority and, in such case, the
 439.27 authority may create separate or other similar funds in respect of ~~such~~ the subordinate lien
 439.28 bonds.

439.29 Sec. 23. Minnesota Statutes 2020, section 136A.38, is amended to read:

439.30 **136A.38 BONDS ELIGIBLE FOR INVESTMENT.**

439.31 Bonds issued by the authority under the provisions of sections 136A.25 to 136A.42, are
 439.32 hereby made securities in which all public officers and public bodies of the state and its
 439.33 political subdivisions, all insurance companies, trust companies, banking associations,
 439.34 investment companies, executors, administrators, trustees and other fiduciaries may properly
 439.35 and legally invest funds, including capital in their control or belonging to them; it being the

440.1 purpose of this section to authorize the investment in such bonds of all sinking, insurance,
 440.2 retirement, compensation, pension and trust funds, whether owned or controlled by private
 440.3 or public persons or officers; provided, however, that nothing contained in this section may
 440.4 be construed as relieving any person, firm, or corporation from any duty of exercising due
 440.5 care in selecting securities for purchase or investment; and provide further, that in no event
 440.6 shall assets of pension funds of public employees of the state of Minnesota or any of its
 440.7 agencies, boards or subdivisions, whether publicly or privately administered, be invested
 440.8 in bonds issued under the provisions of sections 136A.25 to 136A.42. Such bonds are hereby
 440.9 constituted "authorized securities" within the meaning and for the purposes of Minnesota
 440.10 Statutes 1969, section 50.14. ~~Such~~ The bonds are hereby made securities ~~which~~ that may
 440.11 properly and legally be deposited with and received by any state or municipal officer or any
 440.12 agency or political subdivision of the state for any purpose for which the deposit of bonds
 440.13 or obligations of the state now or may hereafter be authorized by law.

440.14 Sec. 24. Minnesota Statutes 2020, section 136A.41, is amended to read:

440.15 **136A.41 CONFLICT OF INTEREST.**

440.16 Notwithstanding any other law to the contrary it shall not be or constitute a conflict of
 440.17 interest for a trustee, director, officer or employee of any participating institution ~~of higher~~
 440.18 ~~education~~, financial institution, investment banking firm, brokerage firm, commercial bank
 440.19 or trust company, architecture firm, insurance company, construction company, or any other
 440.20 firm, person or corporation to serve as a member of the authority, provided such trustee,
 440.21 director, officer or employee shall abstain from deliberation, action and vote by the authority
 440.22 in each instance where the business affiliation of any such trustee, director, officer or
 440.23 employee is involved.

440.24 Sec. 25. Minnesota Statutes 2020, section 136A.42, is amended to read:

440.25 **136A.42 ANNUAL REPORT.**

440.26 The authority shall keep an accurate account of all of its activities and all of its receipts
 440.27 and expenditures ~~and shall annually report to the office.~~ Each year, the authority shall submit
 440.28 to the Minnesota Historical Society and the Legislative Reference Library a report of the
 440.29 authority's activities in the previous year, including all financial activities.

440.30 Sec. 26. Minnesota Statutes 2020, section 136F.67, subdivision 1, is amended to read:

440.31 Subdivision 1. **Authorization.** A technical college or a community college must not
 440.32 seek financing for child care facilities or parking facilities through the ~~Higher~~ Health and

441.1 Education Facilities Authority, as provided in section 136A.28, subdivision 7, without the
441.2 explicit authorization of the board.

441.3 Sec. 27. Minnesota Statutes 2020, section 354B.20, subdivision 7, is amended to read:

441.4 Subd. 7. **Employing unit.** "Employing unit," if the agency employs any persons covered
441.5 by the individual retirement account plan under section 354B.211, means:

441.6 (1) the board;

441.7 (2) the Minnesota Office of Higher Education; and

441.8 (3) the ~~Higher~~ Health and Education Facilities Authority.

441.9 Sec. 28. **REVISOR INSTRUCTION.**

441.10 The revisor of statutes shall renumber the law establishing and governing the Minnesota
441.11 Higher Education Facilities Authority, renamed the Minnesota Health and Education
441.12 Facilities Authority in this act, as Minnesota Statutes, chapter 16F, coded in Minnesota
441.13 Statutes 2020, sections 136A.25 to 136A.42, as amended or repealed in this act. The revisor
441.14 of statutes shall also duplicate any required definitions from Minnesota Statutes, chapter
441.15 136A, revise any statutory cross-references consistent with the recoding, and report the
441.16 history in Minnesota Statutes, chapter 16F.

441.17 Sec. 29. **REPEALER.**

441.18 Minnesota Statutes 2020, section 136A.29, subdivision 4, is repealed.

441.19 **ARTICLE 16**

441.20 **MANDATED REPORTS**

441.21 Section 1. Minnesota Statutes 2020, section 62J.692, subdivision 5, is amended to read:

441.22 Subd. 5. **Report.** (a) Sponsoring institutions receiving funds under this section must
441.23 sign and submit a medical education grant verification report (GVR) to verify that the correct
441.24 grant amount was forwarded to each eligible training site. If the sponsoring institution fails
441.25 to submit the GVR by the stated deadline, or to request and meet the deadline for an
441.26 extension, the sponsoring institution is required to return the full amount of funds received
441.27 to the commissioner within 30 days of receiving notice from the commissioner. The
441.28 commissioner shall distribute returned funds to the appropriate training sites in accordance
441.29 with the commissioner's approval letter.

441.30 (b) The reports must provide verification of the distribution of the funds and must include:

- 442.1 (1) the total number of eligible trainee FTEs in each clinical medical education program;
- 442.2 (2) the name of each funded program and, for each program, the dollar amount distributed
- 442.3 to each training site and a training site expenditure report;
- 442.4 (3) documentation of any discrepancies between the initial grant distribution notice
- 442.5 included in the commissioner's approval letter and the actual distribution;
- 442.6 (4) a statement by the sponsoring institution stating that the completed grant verification
- 442.7 report is valid and accurate; and
- 442.8 (5) other information the commissioner deems appropriate to evaluate the effectiveness
- 442.9 of the use of funds for medical education.
- 442.10 (c) Each year, the commissioner shall provide an annual summary report to the legislature
- 442.11 on the implementation of this section. This report is exempt from section 144.05, subdivision
- 442.12 7.

442.13 Sec. 2. Minnesota Statutes 2020, section 62Q.37, subdivision 7, is amended to read:

442.14 Subd. 7. **Human services.** ~~(a)~~ The commissioner of human services shall implement

442.15 this section in a manner that is consistent with applicable federal laws and regulations and

442.16 that avoids the duplication of review activities performed by a nationally recognized

442.17 independent organization.

442.18 ~~(b) By December 31 of each year, the commissioner shall submit to the legislature a~~

442.19 ~~written report identifying the number of audits performed by a nationally recognized~~

442.20 ~~independent organization that were accepted, partially accepted, or rejected by the~~

442.21 ~~commissioner under this section. The commissioner shall provide the rationale for partial~~

442.22 ~~acceptance or rejection. If the rationale for the partial acceptance or rejection was based on~~

442.23 ~~the commissioner's determination that the standards used in the audit were not equivalent~~

442.24 ~~to state law, regulation, or contract requirement, the report must document the variances~~

442.25 ~~between the audit standards and the applicable state requirements.~~

442.26 Sec. 3. Minnesota Statutes 2020, section 144.193, is amended to read:

442.27 **144.193 INVENTORY OF BIOLOGICAL AND HEALTH DATA.**

442.28 By February 1, 2014, and annually after that date, the commissioner shall prepare an

442.29 inventory of biological specimens, registries, and health data and databases collected or

442.30 maintained by the commissioner. In addition to the inventory, the commissioner shall provide

442.31 the schedules for storage of health data and biological specimens. The inventories must be

443.1 listed in reverse chronological order beginning with the year 2012. The commissioner shall
443.2 make the inventory and schedules available on the department's website ~~and submit the~~
443.3 ~~inventory and schedules to the chairs and ranking minority members of the committees of~~
443.4 ~~the legislature with jurisdiction over health policy and data practices issues.~~

443.5 Sec. 4. Minnesota Statutes 2020, section 144.4199, subdivision 8, is amended to read:

443.6 Subd. 8. **Report.** By January 15 of each year, the commissioner shall submit a report to
443.7 the chairs and ranking minority members of the house of representatives Ways and Means
443.8 Committee, the senate Finance Committee, and the house of representatives and senate
443.9 committees with jurisdiction over health and human services finance, detailing expenditures
443.10 made in the previous calendar year from the public health response contingency account.
443.11 This report is exempt from section 144.05, subdivision 7.

443.12 Sec. 5. Minnesota Statutes 2020, section 144.497, is amended to read:

443.13 **144.497 ST ELEVATION MYOCARDIAL INFARCTION.**

443.14 The commissioner of health shall assess and report on the quality of care provided in
443.15 the state for ST elevation myocardial infarction response and treatment. The commissioner
443.16 shall:

443.17 (1) utilize and analyze data provided by ST elevation myocardial infarction receiving
443.18 centers to the ACTION Registry-Get with the guidelines or an equivalent data platform that
443.19 does not identify individuals or associate specific ST elevation myocardial infarction heart
443.20 attack events with an identifiable individual;

443.21 (2) quarterly post a summary report of the data in aggregate form on the Department of
443.22 Health website; and

443.23 ~~(3) annually inform the legislative committees with jurisdiction over public health of~~
443.24 ~~progress toward improving the quality of care and patient outcomes for ST elevation~~
443.25 ~~myocardial infarctions; and~~

443.26 ~~(4)~~ (3) coordinate to the extent possible with national voluntary health organizations
443.27 involved in ST elevation myocardial infarction heart attack quality improvement to encourage
443.28 ST elevation myocardial infarction receiving centers to report data consistent with nationally
443.29 recognized guidelines on the treatment of individuals with confirmed ST elevation myocardial
443.30 infarction heart attacks within the state and encourage sharing of information among health
443.31 care providers on ways to improve the quality of care of ST elevation myocardial infarction
443.32 patients in Minnesota.

444.1 Sec. 6. Minnesota Statutes 2020, section 144A.10, subdivision 17, is amended to read:

444.2 Subd. 17. **Agency quality improvement program; annual report on survey**

444.3 **process.** (a) The commissioner shall establish a quality improvement program for the nursing
444.4 facility survey and complaint processes. The commissioner must regularly consult with
444.5 consumers, consumer advocates, and representatives of the nursing home industry and
444.6 representatives of nursing home employees in implementing the program. The commissioner,
444.7 through the quality improvement program, shall submit to the legislature an annual survey
444.8 and certification quality improvement report, beginning December 15, 2004, and each
444.9 December 15 thereafter. This report is exempt from section 144.05, subdivision 7.

444.10 (b) The report must include, but is not limited to, an analysis of:

444.11 (1) the number, scope, and severity of citations by region within the state;

444.12 (2) cross-referencing of citations by region within the state and between states within
444.13 the Centers for Medicare and Medicaid Services region in which Minnesota is located;

444.14 (3) the number and outcomes of independent dispute resolutions;

444.15 (4) the number and outcomes of appeals;

444.16 (5) compliance with timelines for survey revisits and complaint investigations;

444.17 (6) techniques of surveyors in investigations, communication, and documentation to
444.18 identify and support citations;

444.19 (7) compliance with timelines for providing facilities with completed statements of
444.20 deficiencies; and

444.21 (8) other survey statistics relevant to improving the survey process.

444.22 (c) The report must also identify and explain inconsistencies and patterns across regions
444.23 of the state; include analyses and recommendations for quality improvement areas identified
444.24 by the commissioner, consumers, consumer advocates, and representatives of the nursing
444.25 home industry and nursing home employees; and provide action plans to address problems
444.26 that are identified.

444.27 Sec. 7. Minnesota Statutes 2020, section 144A.351, subdivision 1, is amended to read:

444.28 Subdivision 1. **Report requirements.** (a) The commissioners of health and human
444.29 services, with the cooperation of counties and in consultation with stakeholders, including
444.30 persons who need or are using long-term care services and supports, lead agencies, regional
444.31 entities, senior, disability, and mental health organization representatives, service providers,

445.1 and community members shall ~~prepare a report to the legislature by August 15, 2013, and~~
 445.2 ~~biennially thereafter,~~ compile data regarding the status of the full range of long-term care
 445.3 services and supports for the elderly and children and adults with disabilities and mental
 445.4 illnesses in Minnesota. ~~Any amounts appropriated for this report are available in either year~~
 445.5 ~~of the biennium.~~ The report shall address compiled data shall include:

445.6 (1) demographics and need for long-term care services and supports in Minnesota;

445.7 (2) summary of county and regional reports on long-term care gaps, surpluses, imbalances,
 445.8 and corrective action plans;

445.9 (3) status of long-term care services and related mental health services, housing options,
 445.10 and supports by county and region including:

445.11 (i) changes in availability of the range of long-term care services and housing options;

445.12 (ii) access problems, including access to the least restrictive and most integrated services
 445.13 and settings, regarding long-term care services; and

445.14 (iii) comparative measures of long-term care services availability, including serving
 445.15 people in their home areas near family, and changes over time; and

445.16 (4) recommendations regarding goals for the future of long-term care services and
 445.17 supports, policy and fiscal changes, and resource development and transition needs.

445.18 (b) The commissioners of health and human services shall make the compiled data
 445.19 available on at least one of the department's websites.

445.20 Sec. 8. Minnesota Statutes 2020, section 144A.483, subdivision 1, is amended to read:

445.21 Subdivision 1. **Annual legislative report on home care licensing.** The commissioner
 445.22 shall establish a quality improvement program for the home care survey and home care
 445.23 complaint investigation processes. The commissioner shall submit to the legislature an
 445.24 annual report, beginning October 1, 2015, and each October 1 thereafter, until October 1,
 445.25 2027. Each report will review the previous state fiscal year of home care licensing and
 445.26 regulatory activities. The report must include, but is not limited to, an analysis of:

445.27 (1) the number of FTEs in the Division of Compliance Monitoring, including the Office
 445.28 of Health Facility Complaints units assigned to home care licensing, survey, investigation,
 445.29 and enforcement process;

445.30 (2) numbers of and descriptive information about licenses issued, complaints received
 445.31 and investigated, including allegations made and correction orders issued, surveys completed
 445.32 and timelines, and correction order reconsiderations and results;

446.1 (3) descriptions of emerging trends in home care provision and areas of concern identified
446.2 by the department in its regulation of home care providers;

446.3 (4) information and data regarding performance improvement projects underway and
446.4 planned by the commissioner in the area of home care surveys; and

446.5 (5) work of the Department of Health Home Care Advisory Council.

446.6 Sec. 9. Minnesota Statutes 2020, section 145.4134, is amended to read:

446.7 **145.4134 COMMISSIONER'S PUBLIC REPORT.**

446.8 (a) By July 1 of each year, except for 1998 and 1999 information, the commissioner
446.9 shall issue a public report providing statistics for the previous calendar year compiled from
446.10 the data submitted under sections 145.4131 to 145.4133 and sections 145.4241 to 145.4249.
446.11 For 1998 and 1999 information, the report shall be issued October 1, 2000. Each report
446.12 shall provide the statistics for all previous calendar years, adjusted to reflect any additional
446.13 information from late or corrected reports. The commissioner shall ensure that none of the
446.14 information included in the public reports can reasonably lead to identification of an
446.15 individual having performed or having had an abortion. All data included on the forms
446.16 under sections 145.4131 to 145.4133 and sections 145.4241 to 145.4249 must be included
446.17 in the public report, except that the commissioner shall maintain as confidential, data which
446.18 alone or in combination may constitute information from which an individual having
446.19 performed or having had an abortion may be identified using epidemiologic principles. ~~The~~
446.20 ~~commissioner shall submit the report to the senate Health and Family Security Committee~~
446.21 ~~and the house of representatives Health and Human Services Committee.~~

446.22 (b) The commissioner may, by rules adopted under chapter 14, alter the submission
446.23 dates established under sections 145.4131 to 145.4133 for administrative convenience, fiscal
446.24 savings, or other valid reason, provided that physicians or facilities and the commissioner
446.25 of human services submit the required information once each year and the commissioner
446.26 issues a report once each year.

446.27 Sec. 10. Minnesota Statutes 2020, section 145.928, subdivision 13, is amended to read:

446.28 Subd. 13. **Reports.** (a) The commissioner shall submit a biennial report to the legislature
446.29 on the local community projects, tribal government, and community health board prevention
446.30 activities funded under this section. These reports must include information on grant
446.31 recipients, activities that were conducted using grant funds, evaluation data, and outcome

447.1 measures, if available. These reports are due by January 15 of every other year, beginning
447.2 in the year 2003.

447.3 (b) The commissioner shall release an annual report to the public ~~and submit the annual~~
447.4 ~~report to the chairs and ranking minority members of the house of representatives and senate~~
447.5 ~~committees with jurisdiction over public health~~ on grants made under subdivision 7 to
447.6 decrease racial and ethnic disparities in infant mortality rates. The report must provide
447.7 specific information on the amount of each grant awarded to each agency or organization,
447.8 an itemized list submitted to the commissioner by each agency or organization awarded a
447.9 grant specifying all uses of grant funds and the amount expended for each use, the population
447.10 served by each agency or organization, outcomes of the programs funded by each grant,
447.11 and the amount of the appropriation retained by the commissioner for administrative and
447.12 associated expenses. The commissioner shall issue a report each January 15 for the previous
447.13 fiscal year beginning January 15, 2016.

447.14 Sec. 11. Minnesota Statutes 2020, section 245.4661, subdivision 10, is amended to read:

447.15 Subd. 10. **Commissioner duty to report on use of grant funds biennially.** (a) By
447.16 November 1, 2016, and biennially thereafter, the commissioner of human services shall
447.17 provide sufficient information to the members of the legislative committees having
447.18 jurisdiction over mental health funding and policy issues to evaluate the use of funds
447.19 appropriated under this section of law. The commissioner shall provide, at a minimum, the
447.20 following information:

447.21 (1) the amount of funding to mental health initiatives, what programs and services were
447.22 funded in the previous two years, gaps in services that each initiative brought to the attention
447.23 of the commissioner, and outcome data for the programs and services that were funded; and

447.24 (2) the amount of funding for other targeted services and the location of services.

447.25 (b) This subdivision expires January 1, 2032.

447.26 Sec. 12. Minnesota Statutes 2020, section 245.4889, subdivision 3, is amended to read:

447.27 Subd. 3. **Commissioner duty to report on use of grant funds biennially.** (a) By
447.28 November 1, 2016, and biennially thereafter, the commissioner of human services shall
447.29 provide sufficient information to the members of the legislative committees having
447.30 jurisdiction over mental health funding and policy issues to evaluate the use of funds
447.31 appropriated under this section. The commissioner shall provide, at a minimum, the following
447.32 information:

448.1 (1) the amount of funding for children's mental health grants, what programs and services
448.2 were funded in the previous two years, and outcome data for the programs and services that
448.3 were funded; and

448.4 (2) the amount of funding for other targeted services and the location of services.

448.5 (b) This subdivision expires January 1, 2032.

448.6 Sec. 13. Minnesota Statutes 2021 Supplement, section 245A.03, subdivision 7, is amended
448.7 to read:

448.8 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license
448.9 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult
448.10 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter
448.11 for a physical location that will not be the primary residence of the license holder for the
448.12 entire period of licensure. If a family child foster care home or family adult foster care home
448.13 license is issued during this moratorium, and the license holder changes the license holder's
448.14 primary residence away from the physical location of the foster care license, the
448.15 commissioner shall revoke the license according to section 245A.07. The commissioner
448.16 shall not issue an initial license for a community residential setting licensed under chapter
448.17 245D. When approving an exception under this paragraph, the commissioner shall consider
448.18 the resource need determination process in paragraph (h), the availability of foster care
448.19 licensed beds in the geographic area in which the licensee seeks to operate, the results of a
448.20 person's choices during their annual assessment and service plan review, and the
448.21 recommendation of the local county board. The determination by the commissioner is final
448.22 and not subject to appeal. Exceptions to the moratorium include:

448.23 (1) foster care settings where at least 80 percent of the residents are 55 years of age or
448.24 older;

448.25 (2) foster care licenses replacing foster care licenses in existence on May 15, 2009, or
448.26 community residential setting licenses replacing adult foster care licenses in existence on
448.27 December 31, 2013, and determined to be needed by the commissioner under paragraph
448.28 (b);

448.29 (3) new foster care licenses or community residential setting licenses determined to be
448.30 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,
448.31 or regional treatment center; restructuring of state-operated services that limits the capacity
448.32 of state-operated facilities; or allowing movement to the community for people who no

449.1 longer require the level of care provided in state-operated facilities as provided under section
449.2 256B.092, subdivision 13, or 256B.49, subdivision 24;

449.3 (4) new foster care licenses or community residential setting licenses determined to be
449.4 needed by the commissioner under paragraph (b) for persons requiring hospital level care;

449.5 (5) new foster care licenses or community residential setting licenses for people receiving
449.6 services under chapter 245D and residing in an unlicensed setting before May 1, 2017, and
449.7 for which a license is required. This exception does not apply to people living in their own
449.8 home. For purposes of this clause, there is a presumption that a foster care or community
449.9 residential setting license is required for services provided to three or more people in a
449.10 dwelling unit when the setting is controlled by the provider. A license holder subject to this
449.11 exception may rebut the presumption that a license is required by seeking a reconsideration
449.12 of the commissioner's determination. The commissioner's disposition of a request for
449.13 reconsideration is final and not subject to appeal under chapter 14. The exception is available
449.14 until June 30, 2018. This exception is available when:

449.15 (i) the person's case manager provided the person with information about the choice of
449.16 service, service provider, and location of service, including in the person's home, to help
449.17 the person make an informed choice; and

449.18 (ii) the person's services provided in the licensed foster care or community residential
449.19 setting are less than or equal to the cost of the person's services delivered in the unlicensed
449.20 setting as determined by the lead agency; or

449.21 (6) new foster care licenses or community residential setting licenses for people receiving
449.22 customized living or 24-hour customized living services under the brain injury or community
449.23 access for disability inclusion waiver plans under section 256B.49 and residing in the
449.24 customized living setting before July 1, 2022, for which a license is required. A customized
449.25 living service provider subject to this exception may rebut the presumption that a license
449.26 is required by seeking a reconsideration of the commissioner's determination. The
449.27 commissioner's disposition of a request for reconsideration is final and not subject to appeal
449.28 under chapter 14. The exception is available until June 30, 2023. This exception is available
449.29 when:

449.30 (i) the person's customized living services are provided in a customized living service
449.31 setting serving four or fewer people under the brain injury or community access for disability
449.32 inclusion waiver plans under section 256B.49 in a single-family home operational on or
449.33 before June 30, 2021. Operational is defined in section 256B.49, subdivision 28;

450.1 (ii) the person's case manager provided the person with information about the choice of
450.2 service, service provider, and location of service, including in the person's home, to help
450.3 the person make an informed choice; and

450.4 (iii) the person's services provided in the licensed foster care or community residential
450.5 setting are less than or equal to the cost of the person's services delivered in the customized
450.6 living setting as determined by the lead agency.

450.7 (b) The commissioner shall determine the need for newly licensed foster care homes or
450.8 community residential settings as defined under this subdivision. As part of the determination,
450.9 the commissioner shall consider the availability of foster care capacity in the area in which
450.10 the licensee seeks to operate, and the recommendation of the local county board. The
450.11 determination by the commissioner must be final. A determination of need is not required
450.12 for a change in ownership at the same address.

450.13 (c) When an adult resident served by the program moves out of a foster home that is not
450.14 the primary residence of the license holder according to section 256B.49, subdivision 15,
450.15 paragraph (f), or the adult community residential setting, the county shall immediately
450.16 inform the Department of Human Services Licensing Division. The department may decrease
450.17 the statewide licensed capacity for adult foster care settings.

450.18 (d) Residential settings that would otherwise be subject to the decreased license capacity
450.19 established in paragraph (c) shall be exempt if the license holder's beds are occupied by
450.20 residents whose primary diagnosis is mental illness and the license holder is certified under
450.21 the requirements in subdivision 6a or section 245D.33.

450.22 (e) A resource need determination process, managed at the state level, using the available
450.23 ~~reports~~ data required by section 144A.351, and other data and information shall be used to
450.24 determine where the reduced capacity determined under section 256B.493 will be
450.25 implemented. The commissioner shall consult with the stakeholders described in section
450.26 144A.351, and employ a variety of methods to improve the state's capacity to meet the
450.27 informed decisions of those people who want to move out of corporate foster care or
450.28 community residential settings, long-term service needs within budgetary limits, including
450.29 seeking proposals from service providers or lead agencies to change service type, capacity,
450.30 or location to improve services, increase the independence of residents, and better meet
450.31 needs identified by the long-term services and supports reports and statewide data and
450.32 information.

450.33 (f) At the time of application and reapplication for licensure, the applicant and the license
450.34 holder that are subject to the moratorium or an exclusion established in paragraph (a) are

451.1 required to inform the commissioner whether the physical location where the foster care
451.2 will be provided is or will be the primary residence of the license holder for the entire period
451.3 of licensure. If the primary residence of the applicant or license holder changes, the applicant
451.4 or license holder must notify the commissioner immediately. The commissioner shall print
451.5 on the foster care license certificate whether or not the physical location is the primary
451.6 residence of the license holder.

451.7 (g) License holders of foster care homes identified under paragraph (f) that are not the
451.8 primary residence of the license holder and that also provide services in the foster care home
451.9 that are covered by a federally approved home and community-based services waiver, as
451.10 authorized under chapter 256S or section 256B.092 or 256B.49, must inform the human
451.11 services licensing division that the license holder provides or intends to provide these
451.12 waiver-funded services.

451.13 (h) The commissioner may adjust capacity to address needs identified in section
451.14 144A.351. Under this authority, the commissioner may approve new licensed settings or
451.15 delicense existing settings. Delicensing of settings will be accomplished through a process
451.16 identified in section 256B.493. ~~Annually, by August 1, the commissioner shall provide~~
451.17 ~~information and data on capacity of licensed long-term services and supports, actions taken~~
451.18 ~~under the subdivision to manage statewide long-term services and supports resources, and~~
451.19 ~~any recommendations for change to the legislative committees with jurisdiction over the~~
451.20 ~~health and human services budget.~~

451.21 (i) The commissioner must notify a license holder when its corporate foster care or
451.22 community residential setting licensed beds are reduced under this section. The notice of
451.23 reduction of licensed beds must be in writing and delivered to the license holder by certified
451.24 mail or personal service. The notice must state why the licensed beds are reduced and must
451.25 inform the license holder of its right to request reconsideration by the commissioner. The
451.26 license holder's request for reconsideration must be in writing. If mailed, the request for
451.27 reconsideration must be postmarked and sent to the commissioner within 20 calendar days
451.28 after the license holder's receipt of the notice of reduction of licensed beds. If a request for
451.29 reconsideration is made by personal service, it must be received by the commissioner within
451.30 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

451.31 (j) The commissioner shall not issue an initial license for children's residential treatment
451.32 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter
451.33 for a program that Centers for Medicare and Medicaid Services would consider an institution
451.34 for mental diseases. Facilities that serve only private pay clients are exempt from the
451.35 moratorium described in this paragraph. The commissioner has the authority to manage

452.1 existing statewide capacity for children's residential treatment services subject to the
 452.2 moratorium under this paragraph and may issue an initial license for such facilities if the
 452.3 initial license would not increase the statewide capacity for children's residential treatment
 452.4 services subject to the moratorium under this paragraph.

452.5 Sec. 14. Minnesota Statutes 2020, section 256.01, subdivision 29, is amended to read:

452.6 Subd. 29. **State medical review team.** (a) To ensure the timely processing of
 452.7 determinations of disability by the commissioner's state medical review team under sections
 452.8 256B.055, subdivisions 7, paragraph (b), and 12, and 256B.057, subdivision 9, the
 452.9 commissioner shall review all medical evidence and seek information from providers,
 452.10 applicants, and enrollees to support the determination of disability where necessary. Disability
 452.11 shall be determined according to the rules of title XVI and title XIX of the Social Security
 452.12 Act and pertinent rules and policies of the Social Security Administration.

452.13 (b) Prior to a denial or withdrawal of a requested determination of disability due to
 452.14 insufficient evidence, the commissioner shall (1) ensure that the missing evidence is necessary
 452.15 and appropriate to a determination of disability, and (2) assist applicants and enrollees to
 452.16 obtain the evidence, including, but not limited to, medical examinations and electronic
 452.17 medical records.

452.18 ~~(e) The commissioner shall provide the chairs of the legislative committees with~~
 452.19 ~~jurisdiction over health and human services finance and budget the following information~~
 452.20 ~~on the activities of the state medical review team by February 1 of each year:~~

452.21 ~~(1) the number of applications to the state medical review team that were denied,~~
 452.22 ~~approved, or withdrawn;~~

452.23 ~~(2) the average length of time from receipt of the application to a decision;~~

452.24 ~~(3) the number of appeals, appeal results, and the length of time taken from the date the~~
 452.25 ~~person involved requested an appeal for a written decision to be made on each appeal;~~

452.26 ~~(4) for applicants, their age, health coverage at the time of application, hospitalization~~
 452.27 ~~history within three months of application, and whether an application for Social Security~~
 452.28 ~~or Supplemental Security Income benefits is pending; and~~

452.29 ~~(5) specific information on the medical certification, licensure, or other credentials of~~
 452.30 ~~the person or persons performing the medical review determinations and length of time in~~
 452.31 ~~that position.~~

453.1 ~~(d)~~ (c) Any appeal made under section 256.045, subdivision 3, of a disability
 453.2 determination made by the state medical review team must be decided according to the
 453.3 timelines under section 256.0451, subdivision 22, paragraph (a). If a written decision is not
 453.4 issued within the timelines under section 256.0451, subdivision 22, paragraph (a), the appeal
 453.5 must be immediately reviewed by the chief human services judge.

453.6 Sec. 15. Minnesota Statutes 2021 Supplement, section 256.01, subdivision 42, is amended
 453.7 to read:

453.8 Subd. 42. **Expiration of report mandates.** (a) If the submission of a report by the
 453.9 commissioner of human services to the legislature is mandated by statute and the enabling
 453.10 legislation does not include a date for the submission of a final report or an expiration date,
 453.11 the mandate to submit the report shall expire in accordance with this section.

453.12 (b) If the mandate requires the submission of an annual or more frequent report and the
 453.13 mandate was enacted before January 1, 2021, the mandate shall expire on January 1, 2023.
 453.14 If the mandate requires the submission of a biennial or less frequent report and the mandate
 453.15 was enacted before January 1, 2021, the mandate shall expire on January 1, 2024.

453.16 (c) Any reporting mandate enacted on or after January 1, 2021, shall expire three years
 453.17 after the date of enactment if the mandate requires the submission of an annual or more
 453.18 frequent report and shall expire five years after the date of enactment if the mandate requires
 453.19 the submission of a biennial or less frequent report unless the enacting legislation provides
 453.20 for a different expiration date.

453.21 (d) By January 15 of each year, the commissioner shall submit ~~a list~~ to the chairs and
 453.22 ranking minority members of the legislative committees with jurisdiction over human
 453.23 services ~~by February 15 of each year, beginning February 15, 2022, a list~~ of all reports set
 453.24 to expire during the following calendar year ~~in accordance with this section~~. Notwithstanding
 453.25 paragraph (c), this paragraph does not expire.

453.26 Sec. 16. Minnesota Statutes 2020, section 256.021, subdivision 3, is amended to read:

453.27 Subd. 3. **Report.** (a) By January 15 of each year, the panel shall submit a report to the
 453.28 committees of the legislature with jurisdiction over section 626.557 regarding the number
 453.29 of requests for review it receives under this section, the number of cases where the panel
 453.30 requires the lead investigative agency to reconsider its final disposition, and the number of
 453.31 cases where the final disposition is changed, and any recommendations to improve the
 453.32 review or investigative process.

454.1 (b) This subdivision expires January 1, 2024.

454.2 Sec. 17. Minnesota Statutes 2021 Supplement, section 256.042, subdivision 4, is amended
454.3 to read:

454.4 Subd. 4. **Grants.** (a) The commissioner of human services shall submit a report of the
454.5 grants proposed by the advisory council to be awarded for the upcoming calendar year to
454.6 the chairs and ranking minority members of the legislative committees with jurisdiction
454.7 over health and human services policy and finance, by December 1 of each year, beginning
454.8 ~~March 1, 2020~~ December 1, 2022. This paragraph expires upon the expiration of the advisory
454.9 council.

454.10 (b) The grants shall be awarded to proposals selected by the advisory council that address
454.11 the priorities in subdivision 1, paragraph (a), clauses (1) to (4), unless otherwise appropriated
454.12 by the legislature. The advisory council shall determine grant awards and funding amounts
454.13 based on the funds appropriated to the commissioner under section 256.043, subdivision 3,
454.14 paragraph (e). The commissioner shall award the grants from the opiate epidemic response
454.15 fund and administer the grants in compliance with section 16B.97. No more than ten percent
454.16 of the grant amount may be used by a grantee for administration.

454.17 Sec. 18. Minnesota Statutes 2020, section 256.042, subdivision 5, is amended to read:

454.18 Subd. 5. **Reports.** (a) The advisory council shall report annually to the chairs and ranking
454.19 minority members of the legislative committees with jurisdiction over health and human
454.20 services policy and finance by January 31 of each year, beginning January 31, 2021. The
454.21 report shall include information about the individual projects that receive grants and the
454.22 overall role of the project in addressing the opioid addiction and overdose epidemic in
454.23 Minnesota. The report must describe the grantees and the activities implemented, along
454.24 with measurable outcomes as determined by the council in consultation with the
454.25 commissioner of human services and the commissioner of management and budget. At a
454.26 minimum, the report must include information about the number of individuals who received
454.27 information or treatment, the outcomes the individuals achieved, and demographic
454.28 information about the individuals participating in the project; an assessment of the progress
454.29 toward achieving statewide access to qualified providers and comprehensive treatment and
454.30 recovery services; and an update on the evaluations implemented by the commissioner of
454.31 management and budget for the promising practices and theory-based projects that receive
454.32 funding.

455.1 (b) The commissioner of management and budget, in consultation with the Opiate
455.2 Epidemic Response Advisory Council, shall report to the chairs and ranking minority
455.3 members of the legislative committees with jurisdiction over health and human services
455.4 policy and finance when an evaluation study described in subdivision 1, paragraph (c), is
455.5 complete on the promising practices or theory-based projects that are selected for evaluation
455.6 activities. The report shall include demographic information; outcome information for the
455.7 individuals in the program; the results for the program in promoting recovery, employment,
455.8 family reunification, and reducing involvement with the criminal justice system; and other
455.9 relevant outcomes determined by the commissioner of management and budget that are
455.10 specific to the projects that are evaluated. The report shall include information about the
455.11 ability of grant programs to be scaled to achieve the statewide results that the grant project
455.12 demonstrated.

455.13 (c) The advisory council, in its annual report to the legislature under paragraph (a) due
455.14 by January 31, 2024, shall include recommendations on whether the appropriations to the
455.15 specified entities under Laws 2019, chapter 63, should be continued, adjusted, or
455.16 discontinued; whether funding should be appropriated for other purposes related to opioid
455.17 abuse prevention, education, and treatment; and on the appropriate level of funding for
455.18 existing and new uses.

455.19 (d) This subdivision expires upon the expiration of the advisory council.

455.20 Sec. 19. Minnesota Statutes 2020, section 256.9657, subdivision 8, is amended to read:

455.21 Subd. 8. **Commissioner's duties.** (a) Beginning October 1, 2023, the commissioner of
455.22 human services shall annually report to the legislature quarterly on the first day of January,
455.23 April, July, and October chairs and ranking minority members of the legislative committees
455.24 with jurisdiction over health care policy and finance regarding the provider surcharge
455.25 program. The report shall include information on total billings, total collections, and
455.26 administrative expenditures for the previous fiscal year. The report on January 1, 1993,
455.27 shall include information on all surcharge billings, collections, federal matching payments
455.28 received, efforts to collect unpaid amounts, and administrative costs pertaining to the
455.29 surcharge program in effect from July 1, 1991, to September 30, 1992. This paragraph expires
455.30 January 1, 2032.

455.31 (b) The surcharge shall be adjusted by inflationary and caseload changes in future
455.32 bienniums to maintain reimbursement of health care providers in accordance with the
455.33 requirements of the state and federal laws governing the medical assistance program,

456.1 including the requirements of the Medicaid moratorium amendments of 1991 found in
456.2 Public Law No. 102-234.

456.3 (c) The commissioner shall request the Minnesota congressional delegation to support
456.4 a change in federal law that would prohibit federal disallowances for any state that makes
456.5 a good faith effort to comply with Public Law 102-234 by enacting conforming legislation
456.6 prior to the issuance of federal implementing regulations.

456.7 Sec. 20. Minnesota Statutes 2020, section 256.975, subdivision 11, is amended to read:

456.8 Subd. 11. **Regional and local dementia grants.** (a) The Minnesota Board on Aging
456.9 shall award competitive grants to eligible applicants for regional and local projects and
456.10 initiatives targeted to a designated community, which may consist of a specific geographic
456.11 area or population, to increase awareness of Alzheimer's disease and other dementias,
456.12 increase the rate of cognitive testing in the population at risk for dementias, promote the
456.13 benefits of early diagnosis of dementias, or connect caregivers of persons with dementia to
456.14 education and resources.

456.15 (b) The project areas for grants include:

456.16 (1) local or community-based initiatives to promote the benefits of physician or advanced
456.17 practice registered nurse consultations for all individuals who suspect a memory or cognitive
456.18 problem;

456.19 (2) local or community-based initiatives to promote the benefits of early diagnosis of
456.20 Alzheimer's disease and other dementias; and

456.21 (3) local or community-based initiatives to provide informational materials and other
456.22 resources to caregivers of persons with dementia.

456.23 (c) Eligible applicants for local and regional grants may include, but are not limited to,
456.24 community health boards, school districts, colleges and universities, community clinics,
456.25 tribal communities, nonprofit organizations, and other health care organizations.

456.26 (d) Applicants must:

456.27 (1) describe the proposed initiative, including the targeted community and how the
456.28 initiative meets the requirements of this subdivision; and

456.29 (2) identify the proposed outcomes of the initiative and the evaluation process to be used
456.30 to measure these outcomes.

456.31 (e) In awarding the regional and local dementia grants, the Minnesota Board on Aging
456.32 must give priority to applicants who demonstrate that the proposed project:

457.1 (1) is supported by and appropriately targeted to the community the applicant serves;

457.2 (2) is designed to coordinate with other community activities related to other health
457.3 initiatives, particularly those initiatives targeted at the elderly;

457.4 (3) is conducted by an applicant able to demonstrate expertise in the project areas;

457.5 (4) utilizes and enhances existing activities and resources or involves innovative
457.6 approaches to achieve success in the project areas; and

457.7 (5) strengthens community relationships and partnerships in order to achieve the project
457.8 areas.

457.9 (f) The board shall divide the state into specific geographic regions and allocate a
457.10 percentage of the money available for the local and regional dementia grants to projects or
457.11 initiatives aimed at each geographic region.

457.12 (g) The board shall award any available grants by January 1, 2016, and each July 1
457.13 thereafter.

457.14 (h) Each grant recipient shall report to the board on the progress of the initiative at least
457.15 once during the grant period, and within two months of the end of the grant period shall
457.16 submit a final report to the board that includes the outcome results.

457.17 (i) The Minnesota Board on Aging shall:

457.18 ~~(1) develop the criteria and procedures to allocate the grants under this subdivision,~~
457.19 ~~evaluate all applicants on a competitive basis and award the grants, and select qualified~~
457.20 ~~providers to offer technical assistance to grant applicants and grantees. The selected provider~~
457.21 ~~shall provide applicants and grantees assistance with project design, evaluation methods,~~
457.22 ~~materials, and training; and.~~

457.23 ~~(2) submit by January 15, 2017, and on each January 15 thereafter, a progress report on~~
457.24 ~~the dementia grants programs under this subdivision to the chairs and ranking minority~~
457.25 ~~members of the senate and house of representatives committees and divisions with jurisdiction~~
457.26 ~~over health finance and policy. The report shall include:~~

457.27 ~~(i) information on each grant recipient;~~

457.28 ~~(ii) a summary of all projects or initiatives undertaken with each grant;~~

457.29 ~~(iii) the measurable outcomes established by each grantee, an explanation of the~~
457.30 ~~evaluation process used to determine whether the outcomes were met, and the results of the~~
457.31 ~~evaluation; and~~

458.1 ~~(iv) an accounting of how the grant funds were spent.~~

458.2 Sec. 21. Minnesota Statutes 2020, section 256.975, subdivision 12, is amended to read:

458.3 Subd. 12. **Self-directed caregiver grants.** The Minnesota Board on Aging shall, in
458.4 consultation with area agencies on aging and other community caregiver stakeholders,
458.5 administer self-directed caregiver grants to support at-risk family caregivers of older adults
458.6 or others eligible under the Older Americans Act of 1965, United States Code, title 42,
458.7 chapter 35, sections 3001 to 3058ff, to sustain family caregivers in the caregivers' roles so
458.8 older adults can remain at home longer. ~~The board shall submit by January 15, 2022, and~~
458.9 ~~each January 15 thereafter, a progress report on the self-directed caregiver grants program~~
458.10 ~~to the chairs and ranking minority members of the senate and house of representatives~~
458.11 ~~committees and divisions with jurisdiction over human services. The progress report must~~
458.12 ~~include metrics on the use of the grant program.~~

458.13 Sec. 22. Minnesota Statutes 2020, section 256B.0561, subdivision 4, is amended to read:

458.14 Subd. 4. **Report.** (a) By September 1, 2019, and each September 1 thereafter, the
458.15 commissioner shall submit a report to the chairs and ranking minority members of the house
458.16 and senate committees with jurisdiction over human services finance that includes the
458.17 number of cases affected by periodic data matching under this section, the number of
458.18 recipients identified as possibly ineligible as a result of a periodic data match, and the number
458.19 of recipients whose eligibility was terminated as a result of a periodic data match. The report
458.20 must also specify, for recipients whose eligibility was terminated, how many cases were
458.21 closed due to failure to cooperate.

458.22 (b) This subdivision expires January 1, 2027.

458.23 Sec. 23. Minnesota Statutes 2020, section 256B.0911, subdivision 5, is amended to read:

458.24 Subd. 5. **Administrative activity.** (a) The commissioner shall streamline the processes,
458.25 including timelines for when assessments need to be completed, required to provide the
458.26 services in this section and shall implement integrated solutions to automate the business
458.27 processes to the extent necessary for community support plan approval, reimbursement,
458.28 program planning, evaluation, and policy development.

458.29 (b) The commissioner of human services shall work with lead agencies responsible for
458.30 conducting long-term consultation services to modify the MnCHOICES application and
458.31 assessment policies to create efficiencies while ensuring federal compliance with medical
458.32 assistance and long-term services and supports eligibility criteria.

459.1 (c) The commissioner shall work with lead agencies responsible for conducting long-term
459.2 consultation services to develop a set of measurable benchmarks sufficient to demonstrate
459.3 quarterly improvement in the average time per assessment and other mutually agreed upon
459.4 measures of increasing efficiency. The commissioner shall collect data on these benchmarks
459.5 and provide to the lead agencies ~~and the chairs and ranking minority members of the~~
459.6 ~~legislative committees with jurisdiction over human services~~ an annual trend analysis of
459.7 the data in order to demonstrate the commissioner's compliance with the requirements of
459.8 this subdivision.

459.9 Sec. 24. Minnesota Statutes 2020, section 256B.0949, subdivision 17, is amended to read:

459.10 Subd. 17. **Provider shortage; authority for exceptions.** (a) In consultation with the
459.11 Early Intensive Developmental and Behavioral Intervention Advisory Council and
459.12 stakeholders, including agencies, professionals, parents of people with ASD or a related
459.13 condition, and advocacy organizations, the commissioner shall determine if a shortage of
459.14 EIDBI providers exists. For the purposes of this subdivision, "shortage of EIDBI providers"
459.15 means a lack of availability of providers who meet the EIDBI provider qualification
459.16 requirements under subdivision 15 that results in the delay of access to timely services under
459.17 this section, or that significantly impairs the ability of a provider agency to have sufficient
459.18 providers to meet the requirements of this section. The commissioner shall consider
459.19 geographic factors when determining the prevalence of a shortage. The commissioner may
459.20 determine that a shortage exists only in a specific region of the state, multiple regions of
459.21 the state, or statewide. The commissioner shall also consider the availability of various types
459.22 of treatment modalities covered under this section.

459.23 (b) The commissioner, in consultation with the Early Intensive Developmental and
459.24 Behavioral Intervention Advisory Council and stakeholders, must establish processes and
459.25 criteria for granting an exception under this paragraph. The commissioner may grant an
459.26 exception only if the exception would not compromise a person's safety and not diminish
459.27 the effectiveness of the treatment. The commissioner may establish an expiration date for
459.28 an exception granted under this paragraph. The commissioner may grant an exception for
459.29 the following:

459.30 (1) EIDBI provider qualifications under this section;

459.31 (2) medical assistance provider enrollment requirements under section 256B.04,
459.32 subdivision 21; or

459.33 (3) EIDBI provider or agency standards or requirements.

460.1 (c) If the commissioner, in consultation with the Early Intensive Developmental and
460.2 Behavioral Intervention Advisory Council and stakeholders, determines that a shortage no
460.3 longer exists, the commissioner must submit a notice that a shortage no longer exists to the
460.4 chairs and ranking minority members of the senate and the house of representatives
460.5 committees with jurisdiction over health and human services. The commissioner must post
460.6 the notice for public comment for 30 days. The commissioner shall consider public comments
460.7 before submitting to the legislature a request to end the shortage declaration. ~~The~~
460.8 ~~commissioner shall annually provide an update on the status of the provider shortage and~~
460.9 ~~exceptions granted to the chairs and ranking minority members of the senate and house of~~
460.10 ~~representatives committees with jurisdiction over health and human services.~~ The
460.11 commissioner shall not declare the shortage of EIDBI providers ended without direction
460.12 from the legislature to declare it ended.

460.13 Sec. 25. Minnesota Statutes 2020, section 256B.493, subdivision 2, is amended to read:

460.14 Subd. 2. **Planned closure process needs determination.** A resource need determination
460.15 process, managed at the state level, using available ~~reports~~ data required by section 144A.351
460.16 and other data and information shall be used by the commissioner to align capacity where
460.17 needed.

460.18 Sec. 26. Minnesota Statutes 2020, section 256B.69, subdivision 9d, is amended to read:

460.19 Subd. 9d. **Financial and quality assurance audits.** (a) The commissioner shall require,
460.20 in the request for bids and resulting contracts with managed care plans and county-based
460.21 purchasing plans under this section and section 256B.692, that each managed care plan and
460.22 county-based purchasing plan submit to and fully cooperate with the independent third-party
460.23 financial audits by the legislative auditor under subdivision 9e of the information required
460.24 under subdivision 9c, paragraph (b). Each contract with a managed care plan or county-based
460.25 purchasing plan under this section or section 256B.692 must provide the commissioner, the
460.26 legislative auditor, and vendors contracting with the legislative auditor, access to all data
460.27 required to complete audits under subdivision 9e.

460.28 (b) Each managed care plan and county-based purchasing plan providing services under
460.29 this section shall provide to the commissioner biweekly encounter data and claims data for
460.30 state public health care programs and shall participate in a quality assurance program that
460.31 verifies the timeliness, completeness, accuracy, and consistency of the data provided. The
460.32 commissioner shall develop written protocols for the quality assurance program and shall
460.33 make the protocols publicly available. The commissioner shall contract for an independent

461.1 third-party audit to evaluate the quality assurance protocols as to the capacity of the protocols
461.2 to ensure complete and accurate data and to evaluate the commissioner's implementation
461.3 of the protocols.

461.4 (c) Upon completion of the evaluation under paragraph (b), the commissioner shall
461.5 provide copies of the report to the legislative auditor ~~and the chairs and ranking minority~~
461.6 ~~members of the legislative committees with jurisdiction over health care policy and financing.~~

461.7 (d) Any actuary under contract with the commissioner to provide actuarial services must
461.8 meet the independence requirements under the professional code for fellows in the Society
461.9 of Actuaries and must not have provided actuarial services to a managed care plan or
461.10 county-based purchasing plan that is under contract with the commissioner pursuant to this
461.11 section and section 256B.692 during the period in which the actuarial services are being
461.12 provided. An actuary or actuarial firm meeting the requirements of this paragraph must
461.13 certify and attest to the rates paid to the managed care plans and county-based purchasing
461.14 plans under this section and section 256B.692, and the certification and attestation must be
461.15 auditable.

461.16 (e) The commissioner, to the extent of available funding, shall conduct ad hoc audits of
461.17 state public health care program administrative and medical expenses reported by managed
461.18 care plans and county-based purchasing plans. This includes: financial and encounter data
461.19 reported to the commissioner under subdivision 9c, including payments to providers and
461.20 subcontractors; supporting documentation for expenditures; categorization of administrative
461.21 and medical expenses; and allocation methods used to attribute administrative expenses to
461.22 state public health care programs. These audits also must monitor compliance with data and
461.23 financial report certification requirements established by the commissioner for the purposes
461.24 of managed care capitation payment rate-setting. The managed care plans and county-based
461.25 purchasing plans shall fully cooperate with the audits in this subdivision.

461.26 ~~The commissioner shall report to the chairs and ranking minority members of the~~
461.27 ~~legislative committees with jurisdiction over health and human services policy and finance~~
461.28 ~~by February 1, 2016, and each February 1 thereafter, the number of ad hoc audits conducted~~
461.29 ~~in the past calendar year and the results of these audits.~~

461.30 (f) Nothing in this subdivision shall allow the release of information that is nonpublic
461.31 data pursuant to section 13.02.

462.1 Sec. 27. Minnesota Statutes 2020, section 256E.28, subdivision 6, is amended to read:

462.2 Subd. 6. **Evaluation.** (a) Using the outcomes established according to subdivision 3,
462.3 the commissioner shall conduct a biennial evaluation of the grant program funded under
462.4 this section. Grant recipients shall cooperate with the commissioner in the evaluation and
462.5 shall provide the commissioner with the information needed to conduct the evaluation.

462.6 (b) The commissioner shall consult with the legislative task force on child protection
462.7 during the evaluation process ~~and~~.

462.8 (c) The commissioner shall submit a biennial evaluation report to the task force and to
462.9 the chairs and ranking minority members of the house of representatives and senate
462.10 committees with jurisdiction over child protection funding. This paragraph expires January
462.11 1, 2032.

462.12 Sec. 28. Minnesota Statutes 2020, section 256R.18, is amended to read:

462.13 **256R.18 REPORT BY COMMISSIONER OF HUMAN SERVICES.**

462.14 (a) Beginning January 1, 2019, the commissioner shall provide to the house of
462.15 representatives and senate committees with jurisdiction over nursing facility payment rates
462.16 a biennial report on the effectiveness of the reimbursement system in improving quality,
462.17 restraining costs, and any other features of the system as determined by the commissioner.

462.18 (b) This section expires January 1, 2026.

462.19 Sec. 29. Minnesota Statutes 2020, section 257.0725, is amended to read:

462.20 **257.0725 ANNUAL REPORT.**

462.21 (a) The commissioner of human services shall publish an annual report on child
462.22 maltreatment and on children in out-of-home placement. The commissioner shall confer
462.23 with counties, child welfare organizations, child advocacy organizations, the courts, and
462.24 other groups on how to improve the content and utility of the department's annual report.
462.25 In regard to child maltreatment, the report shall include the number and kinds of maltreatment
462.26 reports received and any other data that the commissioner determines is appropriate to
462.27 include in a report on child maltreatment. In regard to children in out-of-home placement,
462.28 the report shall include, by county and statewide, information on legal status, living
462.29 arrangement, age, sex, race, accumulated length of time in placement, reason for most recent
462.30 placement, race of family with whom placed, school enrollments within seven days of
462.31 placement pursuant to section 120A.21, and other information deemed appropriate on all

463.1 children in out-of-home placement. Out-of-home placement includes placement in any
463.2 facility by an authorized child-placing agency.

463.3 (b) This section expires January 1, 2032.

463.4 Sec. 30. Minnesota Statutes 2020, section 260.775, is amended to read:

463.5 **260.775 PLACEMENT RECORDS.**

463.6 (a) The commissioner of human services shall publish annually an inventory of all Indian
463.7 children in residential facilities. The inventory shall include, by county and statewide,
463.8 information on legal status, living arrangement, age, sex, tribe in which the child is a member
463.9 or eligible for membership, accumulated length of time in foster care, and other demographic
463.10 information deemed appropriate concerning all Indian children in residential facilities. The
463.11 report must also state the extent to which authorized child-placing agencies comply with
463.12 the order of preference described in United States Code, title 25, section 1901, et seq. The
463.13 commissioner shall include the information required under this paragraph in the annual
463.14 report on child maltreatment and on children in out-of-home placement under section
463.15 257.0725.

463.16 (b) This section expires January 1, 2032.

463.17 Sec. 31. Minnesota Statutes 2020, section 260E.24, subdivision 6, is amended to read:

463.18 **Subd. 6. Required referral to early intervention services.** (a) A child under age three
463.19 who is involved in a substantiated case of maltreatment shall be referred for screening under
463.20 the Individuals with Disabilities Education Act, part C. Parents must be informed that the
463.21 evaluation and acceptance of services are voluntary. The commissioner of human services
463.22 shall monitor referral rates by county and annually report the information to the legislature.
463.23 Refusal to have a child screened is not a basis for a child in need of protection or services
463.24 petition under chapter 260C.

463.25 (b) The commissioner of human services shall include the referral rates by county for
463.26 screening under the Individuals with Disabilities Education Act, part C in the annual report
463.27 on child maltreatment under section 257.0725. This paragraph expires January 1, 2032.

463.28 Sec. 32. Minnesota Statutes 2020, section 260E.38, subdivision 3, is amended to read:

463.29 **Subd. 3. Report required.** (a) The commissioner shall produce an annual report of the
463.30 summary results of the reviews. The report must only contain aggregate data and may not
463.31 include any data that could be used to personally identify any subject whose data is included

464.1 in the report. The report is public information and must be provided to the chairs and ranking
464.2 minority members of the legislative committees having jurisdiction over child protection
464.3 issues. The commissioner shall include the information required under this paragraph in the
464.4 annual report on child maltreatment and on children in out-of-home placement under section
464.5 257.0725.

464.6 (b) This subdivision expires January 1, 2032.

464.7 Sec. 33. Minnesota Statutes 2020, section 518A.77, is amended to read:

464.8 **518A.77 GUIDELINES REVIEW.**

464.9 (a) No later than 2006 and every four years after that, the Department of Human Services
464.10 must conduct a review of the child support guidelines.

464.11 (b) This section expires January 1, 2032.

464.12 Sec. 34. Minnesota Statutes 2020, section 626.557, subdivision 12b, is amended to read:

464.13 Subd. 12b. **Data management.** (a) In performing any of the duties of this section as a
464.14 lead investigative agency, the county social service agency shall maintain appropriate
464.15 records. Data collected by the county social service agency under this section are welfare
464.16 data under section 13.46. Notwithstanding section 13.46, subdivision 1, paragraph (a), data
464.17 under this paragraph that are inactive investigative data on an individual who is a vendor
464.18 of services are private data on individuals, as defined in section 13.02. The identity of the
464.19 reporter may only be disclosed as provided in paragraph (c).

464.20 Data maintained by the common entry point are confidential data on individuals or
464.21 protected nonpublic data as defined in section 13.02. Notwithstanding section 138.163, the
464.22 common entry point shall maintain data for three calendar years after date of receipt and
464.23 then destroy the data unless otherwise directed by federal requirements.

464.24 (b) The commissioners of health and human services shall prepare an investigation
464.25 memorandum for each report alleging maltreatment investigated under this section. County
464.26 social service agencies must maintain private data on individuals but are not required to
464.27 prepare an investigation memorandum. During an investigation by the commissioner of
464.28 health or the commissioner of human services, data collected under this section are
464.29 confidential data on individuals or protected nonpublic data as defined in section 13.02.
464.30 Upon completion of the investigation, the data are classified as provided in clauses (1) to
464.31 (3) and paragraph (c).

464.32 (1) The investigation memorandum must contain the following data, which are public:

- 465.1 (i) the name of the facility investigated;
- 465.2 (ii) a statement of the nature of the alleged maltreatment;
- 465.3 (iii) pertinent information obtained from medical or other records reviewed;
- 465.4 (iv) the identity of the investigator;
- 465.5 (v) a summary of the investigation's findings;
- 465.6 (vi) statement of whether the report was found to be substantiated, inconclusive, false,
- 465.7 or that no determination will be made;
- 465.8 (vii) a statement of any action taken by the facility;
- 465.9 (viii) a statement of any action taken by the lead investigative agency; and
- 465.10 (ix) when a lead investigative agency's determination has substantiated maltreatment, a
- 465.11 statement of whether an individual, individuals, or a facility were responsible for the
- 465.12 substantiated maltreatment, if known.

465.13 The investigation memorandum must be written in a manner which protects the identity

465.14 of the reporter and of the vulnerable adult and may not contain the names or, to the extent

465.15 possible, data on individuals or private data listed in clause (2).

465.16 (2) Data on individuals collected and maintained in the investigation memorandum are

465.17 private data, including:

- 465.18 (i) the name of the vulnerable adult;
- 465.19 (ii) the identity of the individual alleged to be the perpetrator;
- 465.20 (iii) the identity of the individual substantiated as the perpetrator; and
- 465.21 (iv) the identity of all individuals interviewed as part of the investigation.

465.22 (3) Other data on individuals maintained as part of an investigation under this section

465.23 are private data on individuals upon completion of the investigation.

465.24 (c) After the assessment or investigation is completed, the name of the reporter must be

465.25 confidential. The subject of the report may compel disclosure of the name of the reporter

465.26 only with the consent of the reporter or upon a written finding by a court that the report was

465.27 false and there is evidence that the report was made in bad faith. This subdivision does not

465.28 alter disclosure responsibilities or obligations under the Rules of Criminal Procedure, except

465.29 that where the identity of the reporter is relevant to a criminal prosecution, the district court

465.30 shall do an in-camera review prior to determining whether to order disclosure of the identity

465.31 of the reporter.

466.1 (d) Notwithstanding section 138.163, data maintained under this section by the
466.2 commissioners of health and human services must be maintained under the following
466.3 schedule and then destroyed unless otherwise directed by federal requirements:

466.4 (1) data from reports determined to be false, maintained for three years after the finding
466.5 was made;

466.6 (2) data from reports determined to be inconclusive, maintained for four years after the
466.7 finding was made;

466.8 (3) data from reports determined to be substantiated, maintained for seven years after
466.9 the finding was made; and

466.10 (4) data from reports which were not investigated by a lead investigative agency and for
466.11 which there is no final disposition, maintained for three years from the date of the report.

466.12 (e) The commissioners of health and human services shall annually publish on their
466.13 websites the number and type of reports of alleged maltreatment involving licensed facilities
466.14 reported under this section, the number of those requiring investigation under this section,
466.15 and the resolution of those investigations.

466.16 ~~On a biennial basis, the commissioners of health and human services shall jointly report~~
466.17 ~~the following information to the legislature and the governor:~~

466.18 ~~(1) the number and type of reports of alleged maltreatment involving licensed facilities~~
466.19 ~~reported under this section, the number of those requiring investigations under this section,~~
466.20 ~~the resolution of those investigations, and which of the two lead agencies was responsible;~~

466.21 ~~(2) trends about types of substantiated maltreatment found in the reporting period;~~

466.22 ~~(3) if there are upward trends for types of maltreatment substantiated, recommendations~~
466.23 ~~for addressing and responding to them;~~

466.24 ~~(4) efforts undertaken or recommended to improve the protection of vulnerable adults;~~

466.25 ~~(5) whether and where backlogs of cases result in a failure to conform with statutory~~
466.26 ~~time frames and recommendations for reducing backlogs if applicable;~~

466.27 ~~(6) recommended changes to statutes affecting the protection of vulnerable adults; and~~

466.28 ~~(7) any other information that is relevant to the report trends and findings.~~

466.29 (f) Each lead investigative agency must have a record retention policy.

466.30 (g) Lead investigative agencies, prosecuting authorities, and law enforcement agencies
466.31 may exchange not public data, as defined in section 13.02, if the agency or authority

467.1 requesting the data determines that the data are pertinent and necessary to the requesting
467.2 agency in initiating, furthering, or completing an investigation under this section. Data
467.3 collected under this section must be made available to prosecuting authorities and law
467.4 enforcement officials, local county agencies, and licensing agencies investigating the alleged
467.5 maltreatment under this section. The lead investigative agency shall exchange not public
467.6 data with the vulnerable adult maltreatment review panel established in section 256.021 if
467.7 the data are pertinent and necessary for a review requested under that section.
467.8 Notwithstanding section 138.17, upon completion of the review, not public data received
467.9 by the review panel must be destroyed.

467.10 (h) Each lead investigative agency shall keep records of the length of time it takes to
467.11 complete its investigations.

467.12 (i) A lead investigative agency may notify other affected parties and their authorized
467.13 representative if the lead investigative agency has reason to believe maltreatment has occurred
467.14 and determines the information will safeguard the well-being of the affected parties or dispel
467.15 widespread rumor or unrest in the affected facility.

467.16 (j) Under any notification provision of this section, where federal law specifically
467.17 prohibits the disclosure of patient identifying information, a lead investigative agency may
467.18 not provide any notice unless the vulnerable adult has consented to disclosure in a manner
467.19 which conforms to federal requirements.

467.20 Sec. 35. Laws 2009, chapter 79, article 13, section 3, subdivision 10, as amended by Laws
467.21 2009, chapter 173, article 2, section 1, subdivision 10, is amended to read:

467.22 **Subd. 10. State-Operated Services**

467.23 The amounts that may be spent from the
467.24 appropriation for each purpose are as follows:

467.25 **Transfer Authority Related to**

467.26 **State-Operated Services. Money**

467.27 appropriated to finance state-operated services
467.28 may be transferred between the fiscal years of
467.29 the biennium with the approval of the
467.30 commissioner of finance.

467.31 **County Past Due Receivables. The**

467.32 commissioner is authorized to withhold county
467.33 federal administrative reimbursement when

468.1 the county of financial responsibility for
 468.2 cost-of-care payments due the state under
 468.3 Minnesota Statutes, section 246.54 or
 468.4 253B.045, is 90 days past due. The
 468.5 commissioner shall deposit the withheld
 468.6 federal administrative earnings for the county
 468.7 into the general fund to settle the claims with
 468.8 the county of financial responsibility. The
 468.9 process for withholding funds is governed by
 468.10 Minnesota Statutes, section 256.017.

468.11 ~~**Forecast and Census Data.** The~~
 468.12 ~~commissioner shall include census data and~~
 468.13 ~~fiscal projections for state-operated services~~
 468.14 ~~and Minnesota sex offender services with the~~
 468.15 ~~November and February budget forecasts.~~
 468.16 ~~Notwithstanding any contrary provision in this~~
 468.17 ~~article, this paragraph shall not expire.~~

468.18	(a) Adult Mental Health Services	106,702,000	107,201,000
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468.19 **Appropriation Limitation.** No part of the
 468.20 appropriation in this article to the
 468.21 commissioner for mental health treatment
 468.22 services provided by state-operated services
 468.23 shall be used for the Minnesota sex offender
 468.24 program.

468.25 **Community Behavioral Health Hospitals.**
 468.26 Under Minnesota Statutes, section 246.51,
 468.27 subdivision 1, a determination order for the
 468.28 clients served in a community behavioral
 468.29 health hospital operated by the commissioner
 468.30 of human services is only required when a
 468.31 client's third-party coverage has been
 468.32 exhausted.

469.1 **Base Adjustment.** The general fund base is
 469.2 decreased by \$500,000 for fiscal year 2012
 469.3 and by \$500,000 for fiscal year 2013.

469.4 **(b) Minnesota Sex Offender Services**

469.5 Appropriations by Fund			
469.6	General	38,348,000	67,503,000
469.7	Federal Fund	26,495,000	0

469.8 **Use of Federal Stabilization Funds.** Of this
 469.9 appropriation, \$26,495,000 in fiscal year 2010
 469.10 is from the fiscal stabilization account in the
 469.11 federal fund to the commissioner. This
 469.12 appropriation must not be used for any activity
 469.13 or service for which federal reimbursement is
 469.14 claimed. This is a onetime appropriation.

469.15 **(c) Minnesota Security Hospital and METO**
 469.16 **Services**

469.17 Appropriations by Fund			
469.18	General	230,000	83,735,000
469.19	Federal Fund	83,505,000	0

469.20 **Minnesota Security Hospital.** For the
 469.21 purposes of enhancing the safety of the public,
 469.22 improving supervision, and enhancing
 469.23 community-based mental health treatment,
 469.24 state-operated services may establish
 469.25 additional community capacity for providing
 469.26 treatment and supervision of clients who have
 469.27 been ordered into a less restrictive alternative
 469.28 of care from the state-operated services
 469.29 transitional services program consistent with
 469.30 Minnesota Statutes, section 246.014.

469.31 **Use of Federal Stabilization Funds.**
 469.32 \$83,505,000 in fiscal year 2010 is appropriated
 469.33 from the fiscal stabilization account in the
 469.34 federal fund to the commissioner. This

470.1 appropriation must not be used for any activity
 470.2 or service for which federal reimbursement is
 470.3 claimed. This is a onetime appropriation.

470.4 Sec. 36. **REPEALER.**

470.5 (a) Minnesota Statutes 2020, sections 62U.10, subdivision 3; 144.1911, subdivision 10;
 470.6 144.564, subdivision 3; 144A.483, subdivision 2; 245.981; 246.131; 246B.03, subdivision
 470.7 2; 246B.035; 256.01, subdivision 31; and 256B.0638, subdivision 7, are repealed.

470.8 (b) Laws 1998, chapter 382, article 1, section 23, is repealed.

470.9 **ARTICLE 17**

470.10 **HUMAN SERVICES FORECAST ADJUSTMENTS AND CARRY FORWARD**
 470.11 **AUTHORITY**

470.12 Section 1. **HUMAN SERVICES APPROPRIATION.**

470.13 The dollar amounts shown in the columns marked "Appropriations" are added to or, if
 470.14 shown in parentheses, are subtracted from the appropriations in Laws 2021, First Special
 470.15 Session chapter 7, article 16, from the general fund or any fund named to the Department
 470.16 of Human Services for the purposes specified in this article, to be available for the fiscal
 470.17 year indicated for each purpose. The figures "2022" and "2023" used in this article mean
 470.18 that the appropriations listed under them are available for the fiscal years ending June 30,
 470.19 2022, or June 30, 2023, respectively. "The first year" is fiscal year 2022. "The second year"
 470.20 is fiscal year 2023. "The biennium" 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>

470.25 Sec. 2. **COMMISSIONER OF HUMAN**
 470.26 **SERVICES**

470.27 <u>Subdivision 1. Total Appropriation</u>	<u>\$</u>	<u>(585,901,000)</u>	<u>\$</u>	<u>182,791,000</u>
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470.28 Appropriations by Fund

470.29 <u>General Fund</u>	<u>(406,629,000)</u>	<u>185,395,000</u>
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470.30 <u>Health Care Access</u> 470.31 <u>Fund</u>	<u>(86,146,000)</u>	<u>(11,799,000)</u>
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470.32 <u>Federal TANF</u>	<u>(93,126,000)</u>	<u>9,195,000</u>
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470.33 **Subd. 2. Forecasted Programs**

471.1 **(a) MFIP/DWP**471.2 Appropriations by Fund471.3 General Fund 72,106,000 (14,397,000)471.4 Federal TANF (93,126,000) 9,195,000471.5 **(b) MFIP Child Care Assistance** (103,347,000) (73,738,000)471.6 **(c) General Assistance** (4,175,000) (1,488,000)471.7 **(d) Minnesota Supplemental Aid** 318,000 1,613,000471.8 **(e) Housing Support** (1,994,000) 9,257,000471.9 **(f) Northstar Care for Children** (9,613,000) (4,865,000)471.10 **(g) MinnesotaCare** (86,146,000) (11,799,000)471.11 These appropriations are from the health care471.12 access fund.471.13 **(h) Medical Assistance**471.14 Appropriations by Fund471.15 General Fund (348,364,000) 292,880,000471.16 Health Care Access471.17 Fund 0 0471.18 **(i) Alternative Care Program** 0 0471.19 **(j) Behavioral Health Fund** (11,560,000) (23,867,000)471.20 Subd. 3. Technical Activities 0 0471.21 These appropriations are from the federal471.22 TANF fund.471.23 **EFFECTIVE DATE.** This section is effective the day following final enactment.

471.24 Sec. 3. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 29,

471.25 is amended to read:

471.26 Subd. 29. **Grant Programs; Disabilities Grants** 31,398,000 31,010,000471.27 **(a) Training Stipends for Direct Support**471.28 **Services Providers.** \$1,000,000 in fiscal year

471.29 2022 is from the general fund for stipends for

471.30 individual providers of direct support services

471.31 as defined in Minnesota Statutes, section

472.1 256B.0711, subdivision 1. ~~These~~ The stipends
472.2 are available to individual providers who have
472.3 completed designated voluntary trainings
472.4 made available through the State-Provider
472.5 Cooperation Committee formed by the State
472.6 of Minnesota and the Service Employees
472.7 International Union Healthcare Minnesota.
472.8 Any unspent appropriation in fiscal year 2022
472.9 is available in fiscal year 2023. This is a
472.10 onetime appropriation. This appropriation is
472.11 available only if the labor agreement between
472.12 the state of Minnesota and the Service
472.13 Employees International Union Healthcare
472.14 Minnesota under Minnesota Statutes, section
472.15 179A.54, is approved under Minnesota
472.16 Statutes, section 3.855.

472.17 **(b) Parent-to-Parent Peer Support.** \$125,000
472.18 in fiscal year 2022 and \$125,000 in fiscal year
472.19 2023 are from the general fund for a grant to
472.20 an alliance member of Parent to Parent USA
472.21 to support the alliance member's
472.22 parent-to-parent peer support program for
472.23 families of children with a disability or special
472.24 health care need.

472.25 **(c) Self-Advocacy Grants.** (1) \$143,000 in
472.26 fiscal year 2022 and \$143,000 in fiscal year
472.27 2023 are from the general fund for a grant
472.28 under Minnesota Statutes, section 256.477,
472.29 subdivision 1.

472.30 (2) \$105,000 in fiscal year 2022 and \$105,000
472.31 in fiscal year 2023 are from the general fund
472.32 for subgrants under Minnesota Statutes,
472.33 section 256.477, subdivision 2.

472.34 **(d) Minnesota Inclusion Initiative Grants.**
472.35 \$150,000 in fiscal year 2022 and \$150,000 in

473.1 fiscal year 2023 are from the general fund for
 473.2 grants under Minnesota Statutes, section
 473.3 256.4772.

473.4 **(e) Grants to Expand Access to Child Care**
 473.5 **for Children with Disabilities.** \$250,000 in
 473.6 fiscal year 2022 and \$250,000 in fiscal year
 473.7 2023 are from the general fund for grants to
 473.8 expand access to child care for children with
 473.9 disabilities. Any unexpended amount in fiscal
 473.10 year 2022 is available through June 30, 2023.
 473.11 This is a onetime appropriation.

473.12 **(f) Parenting with a Disability Pilot Project.**
 473.13 The general fund base includes \$1,000,000 in
 473.14 fiscal year 2024 and \$0 in fiscal year 2025 to
 473.15 implement the parenting with a disability pilot
 473.16 project.

473.17 **(g) Base Level Adjustment.** The general fund
 473.18 base is \$29,260,000 in fiscal year 2024 and
 473.19 \$22,260,000 in fiscal year 2025.

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

473.21 Sec. 4. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 31,
 473.22 is amended to read:

473.23 Subd. 31. **Grant Programs; Adult Mental Health**
 473.24 **Grants**

473.25	Appropriations by Fund	
473.26 General	98,772,000	98,703,000
473.27 Opiate Epidemic		
473.28 Response	2,000,000	2,000,000

473.29 **(a) Culturally and Linguistically**
 473.30 **Appropriate Services Implementation**
 473.31 **Grants.** \$2,275,000 in fiscal year 2022 and
 473.32 \$2,206,000 in fiscal year 2023 are from the
 473.33 general fund for grants to disability services,
 473.34 mental health, and substance use disorder

474.1 treatment providers to implement culturally
 474.2 and linguistically appropriate services
 474.3 standards, according to the implementation
 474.4 and transition plan developed by the
 474.5 commissioner. Any unexpended amount in
 474.6 fiscal year 2022 is available through June 30,
 474.7 2023. The general fund base for this
 474.8 appropriation is \$1,655,000 in fiscal year 2024
 474.9 and \$0 in fiscal year 2025.

474.10 **(b) Base Level Adjustment.** The general fund
 474.11 base is \$93,295,000 in fiscal year 2024 and
 474.12 \$83,324,000 in fiscal year 2025. The opiate
 474.13 epidemic response fund base is \$2,000,000 in
 474.14 fiscal year 2024 and \$0 in fiscal year 2025.

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

474.16 Sec. 5. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 33,
 474.17 is amended to read:

474.18 **Subd. 33. Grant Programs; Chemical**
 474.19 **Dependency Treatment Support Grants**

474.20	Appropriations by Fund		
474.21	General	4,273,000	4,274,000
474.22	Lottery Prize	1,733,000	1,733,000
474.23	Opiate Epidemic		
474.24	Response	500,000	500,000

474.25 **(a) Problem Gambling.** \$225,000 in fiscal
 474.26 year 2022 and \$225,000 in fiscal year 2023
 474.27 are from the lottery prize fund for a grant to
 474.28 the state affiliate recognized by the National
 474.29 Council on Problem Gambling. The affiliate
 474.30 must provide services to increase public
 474.31 awareness of problem gambling, education,
 474.32 training for individuals and organizations
 474.33 providing effective treatment services to
 474.34 problem gamblers and their families, and
 474.35 research related to problem gambling.

475.1 **(b) Recovery Community Organization**
475.2 **Grants.** \$2,000,000 in fiscal year 2022 and
475.3 \$2,000,000 in fiscal year 2023 are from the
475.4 general fund for grants to recovery community
475.5 organizations, as defined in Minnesota
475.6 Statutes, section 254B.01, subdivision 8, to
475.7 provide for costs and community-based peer
475.8 recovery support services that are not
475.9 otherwise eligible for reimbursement under
475.10 Minnesota Statutes, section 254B.05, as part
475.11 of the continuum of care for substance use
475.12 disorders. Any unexpended amount in fiscal
475.13 year 2022 is available through June 30, 2023.
475.14 The general fund base for this appropriation
475.15 is \$2,000,000 in fiscal year 2024 and \$0 in
475.16 fiscal year 2025

475.17 **(c) Base Level Adjustment.** The general fund
475.18 base is \$4,636,000 in fiscal year 2024 and
475.19 \$2,636,000 in fiscal year 2025. The opiate
475.20 epidemic response fund base is \$500,000 in
475.21 fiscal year 2024 and \$0 in fiscal year 2025.

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

475.23 Sec. 6. Laws 2021, First Special Session chapter 7, article 17, section 3, is amended to
475.24 read:

475.25 Sec. 3. **GRANTS FOR TECHNOLOGY FOR HCBS RECIPIENTS.**

475.26 (a) This act includes \$500,000 in fiscal year 2022 and \$2,000,000 in fiscal year 2023
475.27 for the commissioner of human services to issue competitive grants to home and
475.28 community-based service providers. Grants must be used to provide technology assistance,
475.29 including but not limited to Internet services, to older adults and people with disabilities
475.30 who do not have access to technology resources necessary to use remote service delivery
475.31 and telehealth. Any unexpended amount in fiscal year 2022 is available through June 30,
475.32 2023. The general fund base included in this act for this purpose is \$1,500,000 in fiscal year
475.33 2024 and \$0 in fiscal year 2025.

476.1 (b) All grant activities must be completed by March 31, 2024.

476.2 (c) This section expires June 30, 2024.

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

476.4 Sec. 7. Laws 2021, First Special Session chapter 7, article 17, section 6, is amended to
476.5 read:

476.6 Sec. 6. **TRANSITION TO COMMUNITY INITIATIVE.**

476.7 (a) This act includes \$5,500,000 in fiscal year 2022 and \$5,500,000 in fiscal year 2023
476.8 for additional funding for grants awarded under the transition to community initiative
476.9 described in Minnesota Statutes, section 256.478. Any unexpended amount in fiscal year
476.10 2022 is available through June 30, 2023. The general fund base in this act for this purpose
476.11 is \$4,125,000 in fiscal year 2024 and \$0 in fiscal year 2025.

476.12 (b) All grant activities must be completed by March 31, 2024.

476.13 (c) This section expires June 30, 2024.

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

476.15 Sec. 8. Laws 2021, First Special Session chapter 7, article 17, section 10, is amended to
476.16 read:

476.17 Sec. 10. **PROVIDER CAPACITY GRANTS FOR RURAL AND UNDERSERVED**
476.18 **COMMUNITIES.**

476.19 (a) This act includes \$6,000,000 in fiscal year 2022 and \$8,000,000 in fiscal year 2023
476.20 for the commissioner to establish a grant program for small provider organizations that
476.21 provide services to rural or underserved communities with limited home and
476.22 community-based services provider capacity. The grants are available to build organizational
476.23 capacity to provide home and community-based services in Minnesota and to build new or
476.24 expanded infrastructure to access medical assistance reimbursement. Any unexpended
476.25 amount in fiscal year 2022 is available through June 30, 2023. The general fund base in this
476.26 act for this purpose is \$8,000,000 in fiscal year 2024 and \$0 in fiscal year 2025.

476.27 (b) The commissioner shall conduct community engagement, provide technical assistance,
476.28 and establish a collaborative learning community related to the grants available under this
476.29 section and work with the commissioner of management and budget and the commissioner
476.30 of the Department of Administration to mitigate barriers in accessing grant funds. Funding

477.1 awarded for the community engagement activities described in this paragraph is exempt
477.2 from state solicitation requirements under Minnesota Statutes, section 16B.97, for activities
477.3 that occur in fiscal year 2022.

477.4 (c) All grant activities must be completed by March 31, 2024.

477.5 (d) This section expires June 30, 2024.

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

477.7 Sec. 9. Laws 2021, First Special Session chapter 7, article 17, section 11, is amended to
477.8 read:

477.9 Sec. 11. **EXPAND MOBILE CRISIS.**

477.10 (a) This act includes \$8,000,000 in fiscal year 2022 and \$8,000,000 in fiscal year 2023
477.11 for additional funding for grants for adult mobile crisis services under Minnesota Statutes,
477.12 section 245.4661, subdivision 9, paragraph (b), clause (15). Any unexpended amounts in
477.13 fiscal year 2022 and fiscal year 2023 are available through June 30, 2024. The general fund
477.14 base in this act for this purpose is \$4,000,000 in fiscal year 2024 and \$0 in fiscal year 2025.

477.15 (b) Beginning April 1, 2024, counties may fund and continue conducting activities
477.16 funded under this section.

477.17 (c) All grant activities must be completed by March 31, 2024.

477.18 (d) This section expires June 30, 2024.

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

477.20 Sec. 10. Laws 2021, First Special Session chapter 7, article 17, section 12, is amended to
477.21 read:

477.22 Sec. 12. **PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY AND CHILD**
477.23 **AND ADOLESCENT MOBILE TRANSITION UNIT.**

477.24 (a) This act includes \$2,500,000 in fiscal year 2022 and \$2,500,000 in fiscal year 2023
477.25 for the commissioner of human services to create children's mental health transition and
477.26 support teams to facilitate transition back to the community of children from psychiatric
477.27 residential treatment facilities, and child and adolescent behavioral health hospitals. Any
477.28 unexpended amount in fiscal year 2022 is available through June 30, 2023. The general
477.29 fund base included in this act for this purpose is \$1,875,000 in fiscal year 2024 and \$0 in
477.30 fiscal year 2025.

478.1 (b) Beginning April 1, 2024, counties may fund and continue conducting activities
478.2 funded under this section.

478.3 (c) This section expires March 31, 2024.

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

478.5 Sec. 11. Laws 2021, First Special Session chapter 7, article 17, section 17, subdivision 3,
478.6 is amended to read:

478.7 Subd. 3. **Respite services for older adults grants.** (a) This act includes \$2,000,000 in
478.8 fiscal year 2022 and \$2,000,000 in fiscal year 2023 for the commissioner of human services
478.9 to establish a grant program for respite services for older adults. The commissioner must
478.10 award grants on a competitive basis to respite service providers. Any unexpended amount
478.11 in fiscal year 2022 is available through June 30, 2023. The general fund base included in
478.12 this act for this purpose is \$2,000,000 in fiscal year 2024 and \$0 in fiscal year 2025.

478.13 (b) All grant activities must be completed by March 31, 2024.

478.14 (c) This subdivision expires June 30, 2024.

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

478.16 Sec. 12. Laws 2021, First Special Session chapter 7, article 17, section 19, is amended to
478.17 read:

478.18 Sec. 19. **CENTERS FOR INDEPENDENT LIVING HCBS ACCESS GRANT.**

478.19 (a) This act includes \$1,200,000 in fiscal year 2022 and \$1,200,000 in fiscal year 2023
478.20 for grants to expand services to support people with disabilities from underserved
478.21 communities who are ineligible for medical assistance to live in their own homes and
478.22 communities by providing accessibility modifications, independent living services, and
478.23 public health program facilitation. The commissioner of human services must award the
478.24 grants in equal amounts to ~~the eight organizations~~ grantees. To be eligible, grantees must
478.25 be an organization defined in Minnesota Statutes, section 268A.01, subdivision 8. Any
478.26 unexpended amount in fiscal year 2022 is available through June 30, 2023. The general
478.27 fund base included in this act for this purpose is \$0 in fiscal year 2024 and \$0 in fiscal year
478.28 2025.

478.29 (b) All grant activities must be completed by March 31, 2024.

478.30 (c) This section expires June 30, 2024.

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

479.2 **ARTICLE 18**

479.3 **APPROPRIATIONS**

479.4 Section 1. **HEALTH AND HUMAN SERVICES APPROPRIATIONS.**

479.5 The sums shown in the columns marked "Appropriations" are added to or, if shown in
 479.6 parentheses, subtracted from the appropriations in Laws 2021, First Special Session chapter
 479.7 7, article 16, to the agencies and for the purposes specified in this article. The appropriations
 479.8 are from the general fund or other named fund and are available for the fiscal years indicated
 479.9 for each purpose. The figures "2022" and "2023" used in this article mean that the addition
 479.10 to or subtraction from the appropriation listed under them is available for the fiscal year
 479.11 ending June 30, 2022, or June 30, 2023, respectively. Base adjustments mean the addition
 479.12 to or subtraction from the base level adjustment set in Laws 2021, First Special Session
 479.13 chapter 7, article 16. Supplemental appropriations and reductions to appropriations for the
 479.14 fiscal year ending June 30, 2022, are effective the day following final enactment unless a
 479.15 different effective date is explicit.

479.16 **APPROPRIATIONS**

479.17 **Available for the Year**

479.18 **Ending June 30**

479.19 **2022**

2023

479.20 **Sec. 2. COMMISSIONER OF HUMAN**
 479.21 **SERVICES**

479.22 **Subdivision 1. Total Appropriation** **\$** **-0-** **\$** **161,848,000**

479.23 **Appropriations by Fund**

	<u>2022</u>	<u>2023</u>
479.24 <u>General</u>	<u>-0-</u>	<u>156,951,000</u>
479.25 <u>Federal TANF</u>	<u>-0-</u>	<u>4,897,000</u>

479.26 **Subd. 2. Central Office; Operations** **-0-** **1,986,000**

479.27 **(a) Supplemental Nutrition Assistance**

479.28 **Program.** The general fund appropriation for
 479.29 operations in Laws 2021, First Special Session
 479.30 chapter 7, article 16, section 2, subdivision 3,
 479.31 is reduced by \$8,000 in fiscal year 2022, and
 479.32

480.1 reduced by \$2,000 in fiscal year 2023. \$8,000
 480.2 in fiscal year 2022 and \$2,000 in fiscal year
 480.3 2023 are appropriated to implement the
 480.4 supplemental nutrition assistance gross income
 480.5 limit increase to 200 percent of the federal
 480.6 poverty guidelines.

480.7 **(b) Duplicative Background Study**
 480.8 **Elimination.** \$522,000 is to implement
 480.9 provisions to eliminate duplicative background
 480.10 studies. The general fund base for this
 480.11 appropriation is \$334,000 in fiscal year 2024,
 480.12 \$574,000 in fiscal year 2025, \$170,000 in
 480.13 fiscal year 2026, and \$170,000 in fiscal year
 480.14 2027. This paragraph expires July 1, 2027.

480.15 **(c) Base Level Adjustment.** The general fund
 480.16 base is increased by \$853,000 in fiscal year
 480.17 2024 and increased by \$1,228,000 in fiscal
 480.18 year 2025.

480.19 **Subd. 3. Central Office; Health Care** -0- 80,000

480.20 **Base Level Adjustment.** The general fund
 480.21 base is increased by \$89,000 in fiscal year
 480.22 2024 and increased by \$89,000 in fiscal year
 480.23 2025.

480.24 **Subd. 4. Central Office; Continuing Care for**
 480.25 **Older Adults** -0- 4,498,000

480.26 **(a) Life-Sharing Service Development.**
 480.27 \$92,000 in fiscal year 2023 is for engaging
 480.28 stakeholders and developing recommendations
 480.29 regarding establishing a life-sharing service
 480.30 under the state's medical assistance elderly
 480.31 waiver. This is a onetime appropriation.

480.32 **(b) Base Level Adjustment.** The general fund
 480.33 base is increased by \$326,000 in fiscal year

481.1 2024 and increased by \$326,000 in fiscal year
 481.2 2025.

481.3 **Subd. 5. Central Office; Community Supports** -0- 442,000

481.4 **(a) Life-Sharing Service Development.**

481.5 \$92,000 in fiscal year 2023 is for engaging
 481.6 stakeholders and developing recommendations
 481.7 regarding establishing a life-sharing service
 481.8 under the state's medical assistance disability
 481.9 waivers. This is a onetime appropriation.

481.10 **(b) Base Level Adjustment.** The general fund

481.11 base is increased by \$119,000 in fiscal year
 481.12 2024 and increased by \$119,000 in fiscal year
 481.13 2025.

481.14 **Subd. 6. Forecasted Programs; MFIP/DWP**

481.15 Appropriations by Fund

481.16 General -0- (825,000)

481.17 Federal TANF -0- 4,689,000

481.18 **MFIP Earned Income Disregard TANF**

481.19 **Allocation.** In fiscal year 2023 the

481.20 commissioner shall reduce general fund

481.21 expenditures that are TANF eligible

481.22 expenditures by \$2,216,000 and allocate

481.23 \$2,216,000 of additional eligible general

481.24 expenditures to the federal TANF fund.

481.25 In fiscal year 2024 the commissioner shall

481.26 reduce general fund expenditures that are

481.27 TANF eligible expenditures by \$2,942,000

481.28 and allocate \$2,942,000 of additional eligible

481.29 general expenditures to the federal TANF

481.30 fund. This paragraph expires on July 1, 2025.

481.31 In fiscal year 2025 the commissioner shall

481.32 reduce general fund expenditures that are

481.33 TANF eligible expenditures by \$2,945,000

481.34 and allocate \$2,945,000 of additional eligible

482.1	<u>general expenditures to the federal TANF</u>		
482.2	<u>fund. This paragraph expires on July 1, 2025.</u>		
482.3	<u>Subd. 7. Forecasted Programs; MFIP Child Care</u>		
482.4	<u>Assistance</u>	<u>-0-</u>	<u>208,000</u>
482.5	<u>This appropriation is from the federal TANF</u>		
482.6	<u>fund.</u>		
482.7	<u>Subd. 8. Forecasted Programs; General</u>		
482.8	<u>Assistance</u>	<u>-0-</u>	<u>35,000</u>
482.9	<u>Subd. 9. Forecasted Programs; Housing Support</u>	<u>-0-</u>	<u>896,000</u>
482.10	<u>Subd. 10. Forecasted Programs; Medical</u>		
482.11	<u>Assistance</u>	<u>-0-</u>	<u>143,214,000</u>
482.12	<u>Base Level Adjustment.</u> The health care		
482.13	<u>access fund base is increased by \$147,103,000</u>		
482.14	<u>in fiscal year 2024 only.</u>		
482.15	<u>Subd. 11. Forecasted Programs; Alternative</u>		
482.16	<u>Care</u>	<u>-0-</u>	<u>492,000</u>
482.17	<u>Subd. 12. Grant Programs; Children and</u>		
482.18	<u>Economic Support Grants</u>	<u>-0-</u>	<u>525,000</u>
482.19	<u>(a) Community Organizations Grants.</u>		
482.20	<u>\$100,000 in fiscal year 2023 is for community</u>		
482.21	<u>organizations grants under Minnesota Statutes,</u>		
482.22	<u>section 256.4791.</u>		
482.23	<u>(b) Quality Parenting Initiative.</u> \$100,000		
482.24	<u>in fiscal year 2023 is for a grant to Quality</u>		
482.25	<u>Parenting Initiative Minnesota.</u>		
482.26	<u>(c) Minnesota Association for Volunteer</u>		
482.27	<u>Administration.</u> \$100,000 in fiscal year 2023		
482.28	<u>is for a grant to the Minnesota Association for</u>		
482.29	<u>Volunteer Administration to award subgrants</u>		
482.30	<u>to needs-based volunteerism subgrants</u>		
482.31	<u>targeting under-resourced nonprofit</u>		
482.32	<u>organizations in greater Minnesota to support</u>		
482.33	<u>selected organizations' ongoing efforts to</u>		
482.34	<u>address and minimize disparities in access to</u>		
482.35	<u>human services through increased</u>		

483.1 volunteerism. Successful subgrant applicants
 483.2 must demonstrate that the populations to be
 483.3 served by the subgrantee are underserved or
 483.4 are homeless or are at risk of homelessness,
 483.5 hunger, poverty, or lack of access to health
 483.6 care. The Minnesota Association for Volunteer
 483.7 Administration shall give priority to
 483.8 organizations that serve the needs of
 483.9 vulnerable populations. By December 15 of
 483.10 each year the Minnesota Association for
 483.11 Volunteer Administration shall report data on
 483.12 outcomes from the subgrants and
 483.13 recommendations for improving and
 483.14 sustaining volunteer efforts statewide to the
 483.15 chairs and ranking minority members of the
 483.16 legislative committees with jurisdiction over
 483.17 human services.

483.18 **Subd. 13. Grant Programs; Other Long-Term**
 483.19 **Care Grants**

-0-

6,166,000

483.20 **Residential Setting Closure Prevention**
 483.21 **Grants.** \$6,166,000 is for residential setting
 483.22 closure prevention grants under Minnesota
 483.23 Statutes, section 256.4795. The general fund
 483.24 base for this appropriation is \$6,671,000 in
 483.25 fiscal year 2024 and \$6,671,000 in fiscal year
 483.26 2025.

483.27 **Subd. 14. Grant Programs; Disabilities Grants**

-0-

(811,000)

483.28 **Subd. 15. Grant Programs; Chemical**
 483.29 **Dependency Treatment Support Grants**

-0-

253,000

483.30 **(a) Olmsted County Recovery Community**
 483.31 **Organization.** \$100,000 in fiscal year 2023
 483.32 is for a grant to a recovery community
 483.33 organization in Olmsted County, located in
 483.34 the city of Rochester, that provides services
 483.35 in an 11-county region.

485.1 increased by \$750,000 in fiscal year 2024 and
 485.2 increased by \$750,000 in fiscal year 2025.

485.3 **Subd. 3. Health Protection**

485.4 Appropriations by Fund

485.5 General -0- 309,000

485.6 State Government

485.7 Special Revenue -0- 103,000

485.8 **(a) Submerged Closed Loop Heat**

485.9 **Exchanger Regulation.** \$103,000 in fiscal

485.10 year 2023 is from the state government special

485.11 revenue fund to implement submerged closed

485.12 loop heat exchanger requirements under

485.13 Minnesota Statutes, section 103I.631. The

485.14 state government special revenue fund base

485.15 for this appropriation is \$86,000 in fiscal year

485.16 2024 and \$86,000 in fiscal year 2025.

485.17 **(b) Audiology and Speech-Language**

485.18 **Pathology Interstate Compact.** \$309,000 in

485.19 fiscal year 2023 is from the general fund to

485.20 implement the audiology and speech-language

485.21 pathology interstate compact under Minnesota

485.22 Statutes, section 148.5185. The general fund

485.23 base for this appropriation is \$63,000 in fiscal

485.24 year 2024 and \$63,000 in fiscal year 2025.

485.25 **(c) Base Level Adjustments.** The general

485.26 fund base is increased by \$63,000 in fiscal

485.27 year 2024 and increased by \$63,000 in fiscal

485.28 year 2025. The state government special

485.29 revenue fund base is increased by \$86,000 in

485.30 fiscal year 2024 and increased by \$86,000 in

485.31 fiscal year 2025.

485.32 **Sec. 4. HEALTH-RELATED BOARDS**

485.33 **Subdivision 1. Total Appropriation** \$ -0- \$ 200,000

486.1	<u>This appropriation is from the state</u>			
486.2	<u>government special revenue fund. The</u>			
486.3	<u>amounts that may be spent for each purpose</u>			
486.4	<u>are specified in the following subdivisions.</u>			
486.5	<u>Subd. 2. Board of Nursing</u>		<u>-0-</u>	<u>157,000</u>
486.6	<u>Nurse Licensure Compact Implementation.</u>			
486.7	<u>\$157,000 in fiscal year 2023 is to implement</u>			
486.8	<u>the nurse licensure compact under Minnesota</u>			
486.9	<u>Statutes, section 148.2855. The base for this</u>			
486.10	<u>appropriation is \$6,000 in fiscal year 2024 and</u>			
486.11	<u>\$6,000 in fiscal year 2025.</u>			
486.12	<u>Subd. 3. Board of Behavioral Health and</u>			
486.13	<u>Therapy</u>		<u>-0-</u>	<u>43,000</u>
486.14	<u>\$43,000 in fiscal year 2023 is to implement</u>			
486.15	<u>the interstate compact for professional</u>			
486.16	<u>counselors. The state government special</u>			
486.17	<u>revenue fund base for this appropriation is</u>			
486.18	<u>\$23,000 in fiscal year 2024 and \$23,000 in</u>			
486.19	<u>fiscal year 2025.</u>			
486.20	<u>Sec. 5. PROFESSIONAL EDUCATOR</u>			
486.21	<u>LICENSING STANDARDS BOARD</u>	\$	<u>-0-</u>	<u>\$ 82,000</u>
486.22	<u>Audiology and Speech-Language Pathology</u>			
486.23	<u>Interstate Compact. \$82,000 in fiscal year</u>			
486.24	<u>2023 is to implement the audiology and</u>			
486.25	<u>speech-language pathology interstate compact</u>			
486.26	<u>under Minnesota Statutes, section 148.5185.</u>			
486.27	<u>The general fund base for this appropriation</u>			
486.28	<u>is \$57,000 in fiscal year 2024 and \$57,000 in</u>			
486.29	<u>fiscal year 2025.</u>			
486.30	Sec. 6. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 1, is			
486.31	amended to read:			
486.32				<u>9,803,181,000</u>
486.33	Subdivision 1. Total Appropriation	\$	<u>8,356,760,000</u>	\$ <u>9,802,370,000</u>

487.1 Appropriations by Fund

487.2		2022	2023
487.3			8,951,733,000
487.4	General	7,295,463,000	<u>8,950,922,000</u>
487.5	State Government		
487.6	Special Revenue	4,299,000	4,299,000
487.7	Health Care Access	769,889,000	564,448,000
487.8	Federal TANF	282,653,000	278,245,000
487.9	Lottery Prize	1,896,000	1,896,000
487.10	Opiate Epidemic		
487.11	Response	2,560,000	2,560,000

487.12 The amounts that may be spent for each
 487.13 purpose are specified in the following
 487.14 subdivisions.

487.15 Sec. 7. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 24,
 487.16 is amended to read:

487.17	Subd. 24. Grant Programs; Children and		
487.18	Economic Support Grants	29,740,000	29,740,000

487.19 (a) Minnesota Food Assistance Program.
 487.20 Unexpended funds for the Minnesota food
 487.21 assistance program for fiscal year 2022 do not
 487.22 cancel but are available in fiscal year 2023.

487.23 (b) Provider Repair or Improvement
 487.24 Grants. \$1,000,000 in fiscal year 2022 and
 487.25 \$1,000,000 in fiscal year 2023 are for provider
 487.26 repair or improvement grants under Minnesota
 487.27 Statutes, section 256K.45, subdivision 8. The
 487.28 amounts in this paragraph are available until
 487.29 June 30, 2025. This paragraph expires July 1,
 487.30 2025.

487.31 Sec. 8. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 29,
 487.32 is amended to read:

487.33			<u>31,010,000</u>
487.34	Subd. 29. Grant Programs; Disabilities Grants	31,398,000	<u>30,199,000</u>

488.1 **(a) Training Stipends for Direct Support**
488.2 **Services Providers.** \$1,000,000 in fiscal year
488.3 2022 is from the general fund for stipends for
488.4 individual providers of direct support services
488.5 as defined in Minnesota Statutes, section
488.6 256B.0711, subdivision 1. These stipends are
488.7 available to individual providers who have
488.8 completed designated voluntary trainings
488.9 made available through the State-Provider
488.10 Cooperation Committee formed by the State
488.11 of Minnesota and the Service Employees
488.12 International Union Healthcare Minnesota.
488.13 Any unspent appropriation in fiscal year 2022
488.14 is available in fiscal year 2023. This is a
488.15 onetime appropriation. This appropriation is
488.16 available only if the labor agreement between
488.17 the state of Minnesota and the Service
488.18 Employees International Union Healthcare
488.19 Minnesota under Minnesota Statutes, section
488.20 179A.54, is approved under Minnesota
488.21 Statutes, section 3.855.

488.22 **(b) Parent-to-Parent Peer Support.** \$125,000
488.23 in fiscal year 2022 and \$125,000 in fiscal year
488.24 2023 are from the general fund for a grant to
488.25 an alliance member of Parent to Parent USA
488.26 to support the alliance member's
488.27 parent-to-parent peer support program for
488.28 families of children with a disability or special
488.29 health care need.

488.30 **(c) Self-Advocacy Grants.** (1) \$143,000 in
488.31 fiscal year 2022 and \$143,000 in fiscal year
488.32 2023 are from the general fund for a grant
488.33 under Minnesota Statutes, section 256.477,
488.34 subdivision 1.

489.1 (2) \$105,000 in fiscal year 2022 and \$105,000
 489.2 in fiscal year 2023 are from the general fund
 489.3 for subgrants under Minnesota Statutes,
 489.4 section 256.477, subdivision 2.

489.5 **(d) Minnesota Inclusion Initiative Grants.**
 489.6 \$150,000 in fiscal year 2022 and \$150,000 in
 489.7 fiscal year 2023 are from the general fund for
 489.8 grants under Minnesota Statutes, section
 489.9 256.4772.

489.10 **(e) Grants to Expand Access to Child Care**
 489.11 **for Children with Disabilities.** \$250,000 in
 489.12 fiscal year 2022 and \$250,000 in fiscal year
 489.13 2023 are from the general fund for grants to
 489.14 expand access to child care for children with
 489.15 disabilities. This is a onetime appropriation.

489.16 **(f) Parenting with a Disability Pilot Project.**
 489.17 The general fund base includes \$1,000,000 in
 489.18 fiscal year 2024 and \$0 in fiscal year 2025 to
 489.19 implement the parenting with a disability pilot
 489.20 project.

489.21 **(g) Base Level Adjustment.** The general fund
 489.22 base is ~~\$29,260,000~~ \$28,449,000 in fiscal year
 489.23 2024 and ~~\$22,260,000~~ \$21,449,000 in fiscal
 489.24 year 2025.

489.25 Sec. 9. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 33,
 489.26 is amended to read:

489.27 **Subd. 33. Grant Programs; Chemical**
 489.28 **Dependency Treatment Support Grants**

489.29	Appropriations by Fund		
489.30	General	4,273,000	4,274,000
489.31	Lottery Prize	1,733,000	1,733,000
489.32	Opiate Epidemic		
489.33	Response	500,000	500,000

490.1 (a) **Problem Gambling.** \$225,000 in fiscal
490.2 year 2022 and \$225,000 in fiscal year 2023
490.3 are from the lottery prize fund for a grant to
490.4 the state affiliate recognized by the National
490.5 Council on Problem Gambling. The affiliate
490.6 must provide services to increase public
490.7 awareness of problem gambling, education,
490.8 training for individuals and organizations
490.9 providing effective treatment services to
490.10 problem gamblers and their families, and
490.11 research related to problem gambling.

490.12 (b) **Recovery Community Organization**
490.13 **Grants.** \$2,000,000 in fiscal year 2022 and
490.14 \$2,000,000 in fiscal year 2023 are from the
490.15 general fund for grants to recovery community
490.16 organizations, as defined in Minnesota
490.17 Statutes, section 254B.01, subdivision 8, to
490.18 provide for costs and community-based peer
490.19 recovery support services that are not
490.20 otherwise eligible for reimbursement under
490.21 Minnesota Statutes, section 254B.05, as part
490.22 of the continuum of care for substance use
490.23 disorders. The general fund base for this
490.24 appropriation is \$2,000,000 in fiscal year 2024
490.25 and \$0 in fiscal year 2025

490.26 (c) **Grant to Anoka County for Enhanced**
490.27 **Treatment Program.** \$125,000 in fiscal year
490.28 2023 is from the general fund for a grant to
490.29 Anoka County for an enhanced treatment
490.30 program for substance use disorder. This
490.31 paragraph does not expire.

490.32 (d) **Base Level Adjustment.** The general fund
490.33 base is \$4,636,000 in fiscal year 2024 and
490.34 \$2,636,000 in fiscal year 2025. The opiate

491.1 epidemic response fund base is \$500,000 in
 491.2 fiscal year 2024 and \$0 in fiscal year 2025.

491.3 Sec. 10. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 33,
 491.4 is amended to read:

491.5 **Subd. 33. Grant Programs; Chemical**
 491.6 **Dependency Treatment Support Grants**

491.7 Appropriations by Fund

491.8	General	4,273,000	4,274,000
491.9	Lottery Prize	1,733,000	1,733,000
491.10	Opiate Epidemic		
491.11	Response	500,000	500,000

491.12 (a) **Problem Gambling.** \$225,000 in fiscal
 491.13 year 2022 and \$225,000 in fiscal year 2023
 491.14 are from the lottery prize fund for a grant to
 491.15 the state affiliate recognized by the National
 491.16 Council on Problem Gambling. The affiliate
 491.17 must provide services to increase public
 491.18 awareness of problem gambling, education,
 491.19 training for individuals and organizations
 491.20 providing effective treatment services to
 491.21 problem gamblers and their families, and
 491.22 research related to problem gambling.

491.23 (b) **Recovery Community Organization**
 491.24 **Grants.** \$2,000,000 in fiscal year 2022 and
 491.25 \$2,000,000 in fiscal year 2023 are from the
 491.26 general fund for grants to recovery community
 491.27 organizations, as defined in Minnesota
 491.28 Statutes, section 254B.01, subdivision 8, to
 491.29 provide for costs and community-based peer
 491.30 recovery support services that are not
 491.31 otherwise eligible for reimbursement under
 491.32 Minnesota Statutes, section 254B.05, as part
 491.33 of the continuum of care for substance use
 491.34 disorders. The general fund base for this

492.1 appropriation is \$2,000,000 in fiscal year 2024
492.2 and \$0 in fiscal year 2025

492.3 (c) **Base Level Adjustment.** The general fund
492.4 base is ~~\$4,636,000~~ \$3,886,000 in fiscal year
492.5 2024 and ~~\$2,636,000~~ \$1,886,000 in fiscal year
492.6 2025. The opiate epidemic response fund base
492.7 is \$500,000 in fiscal year 2024 and \$0 in fiscal
492.8 year 2025.

492.9 Sec. 11. Laws 2021, First Special Session chapter 7, article 16, section 5, is amended to
492.10 read:

492.11 Sec. 5. **EMERGENCY MEDICAL SERVICES**
492.12 **REGULATORY BOARD**

\$ 4,780,000 \$ 4,576,000

492.13 (a) **Cooper/Sams Volunteer Ambulance**
492.14 **Program.** \$950,000 in fiscal year 2022 and
492.15 \$950,000 in fiscal year 2023 are for the
492.16 Cooper/Sams volunteer ambulance program
492.17 under Minnesota Statutes, section 144E.40.

492.18 (1) Of this amount, \$861,000 in fiscal year
492.19 2022 and \$861,000 in fiscal year 2023 are for
492.20 the ambulance service personnel longevity
492.21 award and incentive program under Minnesota
492.22 Statutes, section 144E.40.

492.23 (2) Of this amount, \$89,000 in fiscal year 2022
492.24 and \$89,000 in fiscal year 2023 are for the
492.25 operations of the ambulance service personnel
492.26 longevity award and incentive program under
492.27 Minnesota Statutes, section 144E.40.

492.28 (b) **EMSRB Operations.** \$1,880,000 in fiscal
492.29 year 2022 and \$1,880,000 in fiscal year 2023
492.30 are for board operations.

492.31 ~~(c) **Regional Grants for Continuing**~~
492.32 ~~**Education.** \$585,000 in fiscal year 2022 and~~
492.33 ~~\$585,000 in fiscal year 2023 are for regional~~

493.1 ~~emergency medical services programs, to be~~
 493.2 ~~distributed equally to the eight emergency~~
 493.3 ~~medical service regions under Minnesota~~
 493.4 ~~Statutes, section 144E.52.~~

493.5 **(d) Regional Grants for Local and Regional**
 493.6 **Emergency Medical Services (c) Emergency**
 493.7 **Medical Services Fund. \$800,000 \$1,385,000**
 493.8 **in fiscal year 2022 and \$800,000 \$1,385,000**
 493.9 **in fiscal year 2023 are for distribution to**
 493.10 **regional emergency medical services ~~regions~~**
 493.11 **systems for ~~regional emergency medical~~**
 493.12 **~~services programs~~ the purposes specified in**
 493.13 **Minnesota Statutes, section 144E.50.**
 493.14 **Notwithstanding Minnesota Statutes, section**
 493.15 **144E.50, subdivision 5, in each year the board**
 493.16 **shall distribute the appropriation equally**
 493.17 **among the eight emergency medical services**
 493.18 **~~regions~~ systems designated by the board. ~~This~~**
 493.19 **~~is a onetime appropriation~~ The general fund**
 493.20 **base for this appropriation is \$585,000 in fiscal**
 493.21 **year 2024 and \$585,000 in fiscal year 2025.**

493.22 **~~(e)~~ (d) Ambulance Training Grants.**
 493.23 **\$565,000 in fiscal year 2022 and \$361,000 in**
 493.24 **fiscal year 2023 are for training grants under**
 493.25 **Minnesota Statutes, section 144E.35.**

493.26 **~~(f)~~ (e) Base Level Adjustment.** The general
 493.27 fund base is \$3,776,000 in fiscal year 2024
 493.28 and \$3,776,000 in fiscal year 2025.

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

494.1 Sec. 12. Laws 2022, chapter 40, section 7, is amended to read:

494.2 Sec. 7. **APPROPRIATION; TEMPORARY STAFFING POOL.**

494.3 ~~\$1,029,000~~ \$5,145,000 in fiscal year 2022 is appropriated from the general fund to the
494.4 commissioner of human services for the temporary staffing pool described in this act. This
494.5 is a onetime appropriation and is available until June 30, ~~2022~~ 2023.

62U.10 HEALTH CARE TRANSFER, SAVINGS, AND REPAYMENT.

Subd. 3. **Actual spending and savings determination.** By June 1, 2010, and each June 1 thereafter until June 1, 2020, the commissioner of health shall determine the actual total private and public health care spending for residents of this state for the calendar year two years before the current calendar year, based on data collected under chapter 62J, and shall determine the difference between the projected spending, as determined under subdivision 2, and the actual spending for that year. The actual spending must be certified by an independent actuarial consultant. If the actual spending is less than the projected spending, the commissioner shall determine, based on the proportion of spending for state-administered health care programs to total private and public health care spending for the calendar year two years before the current calendar year, the percentage of the calculated aggregate savings amount accruing to state-administered health care programs.

136A.29 POWERS; DUTIES.

Subd. 4. **Mutual agreement; staff, equipment, office space.** By mutual agreement between the authority and the office, authority staff employees may also be members of the office staff. By mutual agreement, authority employees may be provided office space in the office of the Office of Higher Education, and said employees may make use of equipment, supplies, and office space, provided that the authority fully reimburses the office for salaries and for space, equipment, supplies, and materials used. In the absence of such mutual agreement between the authority and the office, the authority may maintain an office at such place or places as it may designate.

144.1911 INTERNATIONAL MEDICAL GRADUATES ASSISTANCE PROGRAM.

Subd. 10. **Report.** The commissioner shall submit an annual report to the chairs and ranking minority members of the legislative committees with jurisdiction over health care and higher education on the progress of the integration of international medical graduates into the Minnesota health care delivery system. The report shall include recommendations on actions needed for continued progress integrating international medical graduates. The report shall be submitted by January 15 each year, beginning January 15, 2016.

144.564 MONITORING OF SUBACUTE OR TRANSITIONAL CARE SERVICES.

Subd. 3. **Annual report.** The commissioner shall monitor the provision of services described in this section and shall report annually to the legislature concerning these services, including recommendations on the need for legislation.

144A.483 AGENCY QUALITY IMPROVEMENT PROGRAM.

Subd. 2. **Study of correction order appeal process.** Starting July 1, 2015, the commissioner shall study whether to add a correction order appeal process conducted by an independent reviewer such as an administrative law judge or other office and submit a report to the legislature by February 1, 2016. The commissioner shall review home care regulatory systems in other states as part of that study. The commissioner shall consult with the home care providers and representatives.

147.02 EXAMINATION; LICENSING.

Subd. 2a. **Temporary permit.** The board may issue a temporary permit to practice medicine to a physician eligible for licensure under this section only if the application for licensure is complete, all requirements in subdivision 1 have been met, and a nonrefundable fee set by the board has been paid. The permit remains valid only until the meeting of the board at which a decision is made on the physician's application for licensure.

169A.70 ALCOHOL SAFETY PROGRAMS; CHEMICAL USE ASSESSMENTS.

Subd. 6. **Method of assessment.** (a) As used in this subdivision, "collateral contact" means an oral or written communication initiated by an assessor for the purpose of gathering information from an individual or agency, other than the offender, to verify or supplement information provided by the offender during an assessment under this section. The term includes contacts with family members and criminal justice agencies.

(b) An assessment conducted under this section must include at least one personal interview with the offender designed to make a determination about the extent of the offender's past and present chemical and alcohol use or abuse. It must also include collateral contacts and a review of relevant records or reports regarding the offender including, but not limited to, police reports, arrest reports, driving records, chemical testing records, and test refusal records. If the offender has a probation officer, the officer must be the subject of a collateral contact under this subdivision. If

an assessor is unable to make collateral contacts, the assessor shall specify why collateral contacts were not made.

245.981 COMPULSIVE GAMBLING ANNUAL REPORT.

(a) Each year by February 15, 2014, and thereafter, the commissioner of human services shall report to the chairs and ranking minority members of the legislative committees having jurisdiction over compulsive gambling on the percentage of gambling revenues that come from gamblers identified as problem gamblers, or a similarly defined term, as defined by the National Council on Problem Gambling. The report must disaggregate the revenue by the various types of gambling, including, but not limited to: lottery; electronic and paper pull-tabs; bingo; linked bingo; and pari-mutuel betting.

(b) By February 15, 2013, the commissioner shall provide a preliminary update for the report required under paragraph (a) to the chairs and ranking minority members of the legislative committees having jurisdiction over compulsive gambling and the estimated cost of the full report.

245G.22 OPIOID TREATMENT PROGRAMS.

Subd. 19. **Placing authorities.** A program must provide certain notification and client-specific updates to placing authorities for a client who is enrolled in Minnesota health care programs. At the request of the placing authority, the program must provide client-specific updates, including but not limited to informing the placing authority of positive drug testings and changes in medications used for the treatment of opioid use disorder ordered for the client.

246.0136 ESTABLISHING ENTERPRISE ACTIVITIES IN STATE-OPERATED SERVICES.

Subdivision 1. **Planning for enterprise activities.** The commissioner of human services is directed to study and make recommendations to the legislature on establishing enterprise activities within state-operated services. Before implementing an enterprise activity, the commissioner must obtain statutory authorization for its implementation, except that the commissioner has authority to implement enterprise activities for adult mental health, adolescent services, and to establish a public group practice without statutory authorization. Enterprise activities are defined as the range of services, which are delivered by state employees, needed by people with disabilities and are fully funded by public or private third-party health insurance or other revenue sources available to clients that provide reimbursement for the services provided. Enterprise activities within state-operated services shall specialize in caring for vulnerable people for whom no other providers are available or for whom state-operated services may be the provider selected by the payer. In subsequent biennia after an enterprise activity is established within a state-operated service, the base state appropriation for that state-operated service shall be reduced proportionate to the size of the enterprise activity.

Subd. 2. **Required components of any proposal; considerations.** In any proposal for an enterprise activity brought to the legislature by the commissioner, the commissioner must demonstrate that there is public or private third-party health insurance or other revenue available to the people served, that the anticipated revenues to be collected will fully fund the services, that there will be sufficient funds for cash flow purposes, and that access to services by vulnerable populations served by state-operated services will not be limited by implementation of an enterprise activity. In studying the feasibility of establishing an enterprise activity, the commissioner must consider:

- (1) creating public or private partnerships to facilitate client access to needed services;
- (2) administrative simplification and efficiencies throughout the state-operated services system;
- (3) converting or disposing of buildings not utilized and surplus lands; and
- (4) exploring the efficiencies and benefits of establishing state-operated services as an independent state agency.

246.131 REPORT ON ANOKA-METRO REGIONAL TREATMENT CENTER (AMRTC), MINNESOTA SECURITY HOSPITAL (MSH), AND COMMUNITY BEHAVIORAL HEALTH HOSPITALS (CBHH).

The commissioner of human services shall issue a public quarterly report to the chairs and ranking minority leaders of the senate and house of representatives committees having jurisdiction over health and human services issues on the AMRTC, MSH, and CBHH. The report shall contain information on the number of licensed beds, budgeted capacity, occupancy rate, number of Occupational Safety and Health Administration (OSHA) recordable injuries and the number of OSHA recordable injuries due to patient aggression or restraint, number of clinical positions

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budgeted, the percentage of those positions that are filled, the number of direct care positions budgeted, and the percentage of those positions that are filled.

246B.03 LICENSURE, EVALUATION, AND GRIEVANCE RESOLUTION.

Subd. 2. **Minnesota Sex Offender Program evaluation.** (a) The commissioner shall contract with national sex offender experts to evaluate the sex offender treatment program. The consultant group shall consist of four national experts, including:

(1) three experts who are licensed psychologists, psychiatrists, clinical therapists, or other mental health treatment providers with established and recognized training and experience in the assessment and treatment of sexual offenders; and

(2) one nontreatment professional with relevant training and experience regarding the oversight or licensing of sex offender treatment programs or other relevant mental health treatment programs.

(b) These experts shall, in consultation with the executive clinical director of the sex offender treatment program:

(1) review and identify relevant information and evidence-based best practices and methodologies for effectively assessing, diagnosing, and treating civilly committed sex offenders;

(2) on at least an annual basis, complete a site visit and comprehensive program evaluation that may include a review of program policies and procedures to determine the program's level of compliance, address specific areas of concern brought to the panel's attention by the executive clinical director or executive director, offer recommendations, and complete a written report of its findings to the executive director and clinical director; and

(3) in addition to the annual site visit and review, provide advice, input, and assistance as requested by the executive clinical director or executive director.

(c) The commissioner or commissioner's designee shall enter into contracts as necessary to fulfill the responsibilities under this subdivision.

246B.035 ANNUAL PERFORMANCE REPORT REQUIRED.

The executive director of the Minnesota Sex Offender Program shall submit electronically a performance report to the chairs and ranking minority members of the legislative committees and divisions with jurisdiction over funding for the program by February 15 of each year beginning in 2017. The report must include the following:

(1) a description of the program, including the strategic mission, goals, objectives, and outcomes;

(2) the programwide per diem reported in a standard calculated method as outlined in the program policies and procedures;

(3) program annual statistics as outlined in the departmental policies and procedures; and

(4) the sex offender program evaluation report required under section 246B.03. The executive director shall submit a printed copy upon request.

252.025 STATE HOSPITALS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES.

Subd. 7. **Minnesota extended treatment options.** The commissioner shall develop by July 1, 1997, the Minnesota extended treatment options to serve Minnesotans who have developmental disabilities and exhibit severe behaviors which present a risk to public safety. This program is statewide and must provide specialized residential services in Cambridge and an array of community-based services with sufficient levels of care and a sufficient number of specialists to ensure that individuals referred to the program receive the appropriate care. The individuals working in the community-based services under this section are state employees supervised by the commissioner of human services. No layoffs shall occur as a result of restructuring under this section.

252.035 REGIONAL TREATMENT CENTER CATCHMENT AREAS.

The commissioner may administratively designate catchment areas for regional treatment centers and state nursing homes. Catchment areas may vary by client group served. Catchment areas in effect on January 1, 1989, may not be modified until the commissioner has consulted with the regional planning committees of the affected regional treatment centers.

254A.02 DEFINITIONS.

Subd. 8a. **Placing authority.** "Placing authority" means a county, prepaid health plan, or tribal governing board governed by Minnesota Rules, parts 9530.6600 to 9530.6655.

254A.04 CITIZENS ADVISORY COUNCIL.

There is hereby created an Alcohol and Other Drug Abuse Advisory Council to advise the Department of Human Services concerning the problems of substance misuse and substance use disorder, composed of ten members. Five members shall be individuals whose interests or training are in the field of alcohol-specific substance use disorder and alcohol misuse; and five members whose interests or training are in the field of substance use disorder and misuse of substances other than alcohol. The terms, compensation and removal of members shall be as provided in section 15.059. The council expires June 30, 2018. The commissioner of human services shall appoint members whose terms end in even-numbered years. The commissioner of health shall appoint members whose terms end in odd-numbered years.

254A.16 RESPONSIBILITIES OF THE COMMISSIONER.

Subd. 6. **Monitoring.** The commissioner shall gather and placing authorities shall provide information to measure compliance with Minnesota Rules, parts 9530.6600 to 9530.6655. The commissioner shall specify the format for data collection to facilitate tracking, aggregating, and using the information.

254A.19 CHEMICAL USE ASSESSMENTS.

Subd. 1a. **Emergency room patients.** A county may enter into a contract with a hospital to provide chemical use assessments under Minnesota Rules, parts 9530.6600 to 9530.6655, for patients admitted to an emergency room or inpatient hospital when:

- (1) an assessor is not available; and
- (2) detoxification services in the county are at full capacity.

Subd. 2. **Probation officer as contact.** When a chemical use assessment is required under Minnesota Rules, parts 9530.6600 to 9530.6655, for a person who is on probation or under other correctional supervision, the assessor, either orally or in writing, shall contact the person's probation officer to verify or supplement the information provided by the person.

Subd. 5. **Assessment via telehealth.** Notwithstanding Minnesota Rules, part 9530.6615, subpart 3, item A, a chemical use assessment may be conducted via telehealth as defined in section 256B.0625, subdivision 3b.

254A.21 FETAL ALCOHOL SPECTRUM DISORDERS PREVENTION GRANTS.

(a) The commissioner of human services shall award a grant to a statewide organization that focuses solely on prevention of and intervention with fetal alcohol spectrum disorders. The grant recipient must make subgrants to eligible regional collaboratives in rural and urban areas of the state for the purposes specified in paragraph (c).

(b) "Eligible regional collaboratives" means a partnership between at least one local government or tribal government and at least one community-based organization and, where available, a family home visiting program. For purposes of this paragraph, a local government includes a county or a multicounty organization, a county-based purchasing entity, or a community health board.

(c) Eligible regional collaboratives must use subgrant funds to reduce the incidence of fetal alcohol spectrum disorders and other prenatal drug-related effects in children in Minnesota by identifying and serving pregnant women suspected of or known to use or abuse alcohol or other drugs. Eligible regional collaboratives must provide intensive services to chemically dependent women to increase positive birth outcomes.

(d) An eligible regional collaborative that receives a subgrant under this section must report to the grant recipient by January 15 of each year on the services and programs funded by the subgrant. The report must include measurable outcomes for the previous year, including the number of pregnant women served and the number of toxic-free babies born. The grant recipient must compile the information in the subgrant reports and submit a summary report to the commissioner of human services by February 15 of each year.

254B.04 ELIGIBILITY FOR BEHAVIORAL HEALTH FUND SERVICES.

Subd. 2b. **Eligibility for placement in opioid treatment programs.** Prior to placement of an individual who is determined by the assessor to require treatment for opioid addiction, the assessor must provide educational information concerning treatment options for opioid addiction, including the use of a medication for the use of opioid addiction. The commissioner shall develop educational materials supported by research and updated periodically that must be used by assessors to comply with this requirement.

Subd. 2c. **Eligibility to receive peer recovery support and treatment service coordination.** Notwithstanding Minnesota Rules, part 9530.6620, subpart 6, a placing authority may authorize peer recovery support and treatment service coordination for a person who scores a severity of one or more in dimension 4, 5, or 6, under Minnesota Rules, part 9530.6622. Authorization for peer recovery support and treatment service coordination under this subdivision does not need to be provided in conjunction with treatment services under Minnesota Rules, part 9530.6622, subpart 4, 5, or 6.

254B.041 CHEMICAL DEPENDENCY RULES.

Subd. 2. **Vendor collections; rule amendment.** The commissioner may amend Minnesota Rules, parts 9530.7000 to 9530.7025, to require a vendor of chemical dependency transitional and extended care rehabilitation services to collect the cost of care received under a program from an eligible person who has been determined to be partially responsible for treatment costs, and to remit the collections to the commissioner. The commissioner shall pay to a vendor, for the collections, an amount equal to five percent of the collections remitted to the commissioner by the vendor.

254B.14 CONTINUUM OF CARE PILOT PROJECTS; CHEMICAL HEALTH CARE.

Subdivision 1. **Authorization for continuum of care pilot projects.** The commissioner shall establish chemical dependency continuum of care pilot projects to begin implementing the measures developed with stakeholder input and identified in the report completed pursuant to Laws 2012, chapter 247, article 5, section 8. The pilot projects are intended to improve the effectiveness and efficiency of the service continuum for chemically dependent individuals in Minnesota while reducing duplication of efforts and promoting scientifically supported practices.

Subd. 2. **Program implementation.** (a) The commissioner, in coordination with representatives of the Minnesota Association of County Social Service Administrators and the Minnesota Inter-County Association, shall develop a process for identifying and selecting interested counties and providers for participation in the continuum of care pilot projects. There shall be three pilot projects: one representing the northern region, one for the metro region, and one for the southern region. The selection process of counties and providers must include consideration of population size, geographic distribution, cultural and racial demographics, and provider accessibility. The commissioner shall identify counties and providers that are selected for participation in the continuum of care pilot projects no later than September 30, 2013.

(b) The commissioner and entities participating in the continuum of care pilot projects shall enter into agreements governing the operation of the continuum of care pilot projects. The agreements shall identify pilot project outcomes and include timelines for implementation and beginning operation of the pilot projects.

(c) Entities that are currently participating in the navigator pilot project are eligible to participate in the continuum of care pilot project subsequent to or instead of participating in the navigator pilot project.

(d) The commissioner may waive administrative rule requirements that are incompatible with implementation of the continuum of care pilot projects.

(e) Notwithstanding section 254A.19, the commissioner may designate noncounty entities to complete chemical use assessments and placement authorizations required under section 254A.19 and Minnesota Rules, parts 9530.6600 to 9530.6655. Section 254A.19, subdivision 3, is applicable to the continuum of care pilot projects at the discretion of the commissioner.

Subd. 3. **Program design.** (a) The operation of the pilot projects shall include:

- (1) new services that are responsive to the chronic nature of substance use disorder;
- (2) telehealth services, when appropriate to address barriers to services;
- (3) services that assure integration with the mental health delivery system when appropriate;

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(4) services that address the needs of diverse populations; and

(5) an assessment and access process that permits clients to present directly to a service provider for a substance use disorder assessment and authorization of services.

(b) Prior to implementation of the continuum of care pilot projects, a utilization review process must be developed and agreed to by the commissioner, participating counties, and providers. The utilization review process shall be described in the agreements governing operation of the continuum of care pilot projects.

Subd. 4. **Notice of project discontinuation.** Each entity's participation in the continuum of care pilot project may be discontinued for any reason by the county or the commissioner after 30 days' written notice to the entity.

Subd. 5. **Duties of commissioner.** (a) Notwithstanding any other provisions in this chapter, the commissioner may authorize the behavioral health fund to pay for nontreatment services arranged by continuum of care pilot projects. Individuals who are currently accessing Rule 31 treatment services are eligible for concurrent participation in the continuum of care pilot projects.

(b) County expenditures for continuum of care pilot project services shall not be greater than their expected share of forecasted expenditures in the absence of the continuum of care pilot projects.

Subd. 6. **Managed care.** An individual who is eligible for the continuum of care pilot project is excluded from mandatory enrollment in managed care unless these services are included in the health plan's benefit set.

256.01 COMMISSIONER OF HUMAN SERVICES; POWERS, DUTIES.

Subd. 31. **Consumer satisfaction; human services.** (a) The commissioner of human services shall submit a memorandum each year to the governor and the chairs of the house of representatives and senate standing committees with jurisdiction over the department's programs that provides the following information:

(1) the number of calls made to each of the department's help lines by consumers and citizens regarding the services provided by the department;

(2) the program area related to the call;

(3) the number of calls resolved at the department;

(4) the number of calls that were referred to a county agency for resolution;

(5) the number of calls that were referred elsewhere for resolution;

(6) the number of calls that remain open; and

(7) the number of calls that were without merit.

(b) The initial memorandum shall be submitted no later than February 15, 2012, with subsequent memoranda submitted no later than February 15 each following year.

(c) The commissioner shall publish the annual memorandum on the department's website each year no later than March 1.

256B.0638 OPIOID PRESCRIBING IMPROVEMENT PROGRAM.

Subd. 7. **Annual report to legislature.** By September 15, 2016, and annually thereafter, the commissioner of human services shall report to the legislature on the implementation of the opioid prescribing improvement program in the Minnesota health care programs. The report must include data on the utilization of opioids within the Minnesota health care programs.

Laws 1998, chapter 382, article 1, section 23

Sec. 23. Laws 1995, chapter 257, article 1, section 34, is amended to read:

Sec. 34. **REPORT.**

(a) The commissioner of human services shall evaluate all child support programs and enforcement mechanisms. The evaluation must include a cost-benefit analysis of each program or enforcement mechanism, and information related to which programs produce the highest revenue, reduce arrears, avoid litigation, and result in the best outcome for children and their parents.

The reports related to the provisions in this chapter are due two years after the implementation date. All other reports on existing programs and enforcement mechanisms are due January 15, 1997 to determine the following:

(1) Minnesota's performance on the child support and incentive measures submitted by the federal Office of Child Support to the United States Congress;

(2) Minnesota's performance relative to other states;

(3) individual county performance; and

(4) recommendations for further improvement.

(b) The commissioner shall evaluate in separate categories the federal, state, and local government costs of child support enforcement in this state. The evaluation must also include a representative sample of private business costs relating to child support enforcement based on a survey of at least 50 Minnesota businesses and nonprofit organizations.

(c) The commissioner shall also report on the amount of child support arrearages in this state with separate categories for the amount of child support in arrears for 90 days, six months, one year, and two or more years. The report must establish a process for determining when an arrearage is considered uncollectible based on the age of the arrearage and likelihood of collection of the amount owed. The amounts determined to be uncollectible must be deducted from the total amount of outstanding arrearages for purposes of determining arrearages that are considered collectible.

(d) The first report on these topics shall be submitted to the legislature by January 1, 1999, and subsequent reports shall be submitted biennially before January 15 of each odd-numbered year.

Laws 2022, chapter 33, section 1, subdivision 9

Section 1. Minnesota Statutes 2020, section 256B.4914, as amended by Laws 2021, First Special Session chapter 7, article 13, sections 42 and 43, is amended to read:

256B.4914 HOME AND COMMUNITY-BASED SERVICES WAIVERS; RATE SETTING.

Subd. 9. ~~Payments for Unit-based services without programming; component values and calculation of payment rates.~~ Payments for (a) For the purposes of this section, unit-based services without programming, including include individualized home supports, without training and night supervision, personal support, respite, and companion care provided to an individual outside of any service plan for a day program or residential support service plan. Unit-based services without programming do not include respite.

(b) Component values for unit-based services without programming are:

(1) competitive workforce factor: 4.7 percent;

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

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

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

(5) program plan support ratio: 7.0 percent;

(6) client programming and support ratio: 2.3 percent, updated as specified in subdivision 5b;

(7) general administrative support ratio: 13.25 percent;

(8) program-related expense ratio: 2.9 percent; and

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

(c) A unit of service for unit-based services without programming is 15 minutes.

(d) Payments for unit-based services without programming must be calculated as follows unless the services are ~~authorized~~ reimbursed separately ~~under subdivision 6 or 7~~ as part of a residential support services or day program payment rate:

(1) ~~for all services except respite~~, determine the number of units of service to meet a recipient's needs;

(2) ~~personnel~~ determine the appropriate hourly staff wage rates ~~must be based on the 2009 Bureau of Labor Statistics Minnesota-specific rate or rates~~ derived by the commissioner as provided in ~~subdivision 5~~ subdivisions 5 to 5a;

(3) except for subdivision 5, ~~paragraph (a), clauses (4) and (21) to (23)~~ 5a, clauses (1) to (4), multiply the result of clause (2) by the product of one plus the competitive workforce factor ~~in subdivision 5, paragraph (g), clause (1)~~;

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

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

(6) multiply the number of direct ~~staff~~ staffing hours by the product of the ~~supervision~~ supervisory span of control ratio ~~in subdivision 5, paragraph (g), clause (2)~~, and the appropriate ~~supervision~~ supervisory staff wage in subdivision 5, ~~paragraph (a), clause (21)~~ 5a, clause (1);

(7) combine the results of clauses (5) and (6), and multiply the result by one plus the employee vacation, sick, and training allowance ratio ~~in subdivision 5, paragraph (g), clause (3)~~. This is defined as the direct staffing rate;

(8) for program plan support, multiply the result of clause (7) by one plus the program plan support ratio ~~in subdivision 5, paragraph (g), clause (5)~~;

(9) for employee-related expenses, multiply the result of clause (8) by one plus the employee-related cost ratio ~~in subdivision 5, paragraph (g), clause (4)~~;

(10) for client programming and supports, multiply the result of clause (9) by one plus the client programming and support ratio ~~in subdivision 5, paragraph (g), clause (6)~~;

(11) this is the subtotal rate;

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

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

(14) for individualized home supports without training provided in a shared manner, divide the total payment amount in clause (13) by the number of service recipients, not to exceed two; and

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

9530.7000 DEFINITIONS.

Subpart 1. **Scope.** For the purposes of parts 9530.7000 to 9530.7030, the following terms have the meanings given them.

Subp. 2. **Chemical.** "Chemical" means alcohol, solvents, and other mood altering substances, including controlled substances as defined in Minnesota Statutes, chapter 152.

Subp. 5. **Chemical dependency treatment services.** "Chemical dependency treatment services" means services provided by chemical dependency treatment programs licensed according to Minnesota Statutes, chapter 245G, or certified according to parts 2960.0450 to 2960.0490.

Subp. 6. **Client.** "Client" means an individual who has requested chemical abuse or dependency services, or for whom chemical abuse or dependency services have been requested, from a local agency.

Subp. 7. **Commissioner.** "Commissioner" means the commissioner of the Minnesota Department of Human Services or the commissioner's designated representative.

Subp. 8. **Behavioral health fund.** "Behavioral health fund" means money appropriated for payment of chemical dependency treatment services under Minnesota Statutes, chapter 254B.

Subp. 9. **Copayment.** "Copayment" means the amount an insured person is obligated to pay before the person's third-party payment source is obligated to make a payment, or the amount an insured person is obligated to pay in addition to the amount the person's third-party payment source is obligated to pay.

Subp. 10. **Drug and Alcohol Abuse Normative Evaluation System or DAANES.** "Drug and Alcohol Abuse Normative Evaluation System" or "DAANES" means the client information system operated by the department's Chemical Dependency Program Division.

Subp. 11. **Department.** "Department" means the Minnesota Department of Human Services.

Subp. 13. **Income.** "Income" means the total amount of cash received by an individual from the following sources:

- A. cash payments for wages or salaries;
- B. cash receipts from nonfarm or farm self-employment, minus deductions allowed by the federal Internal Revenue Service for business or farm expenses;
- C. regular cash payments from social security, railroad retirement, unemployment compensation, workers' union funds, veterans' benefits, the Minnesota family investment program, Supplemental Security Income, General Assistance, training stipends, alimony, child support, and military family allotments;
- D. cash payments from private pensions, government employee pensions, and regular insurance or annuity payments;
- E. cash payments for dividends, interest, rents, or royalties; and
- F. periodic cash receipts from estates or trusts.

Income does not include capital gains; any cash assets drawn down as withdrawals from a bank, the sale of property, a house, or a car; tax refunds, gifts, lump sum inheritances, one time insurance payments, or compensation for injury; court-ordered child support or health insurance premium payments made by the client or responsible relative; and noncash benefits such as health insurance, food or rent received in lieu of wages, and noncash benefits from programs such as Medicare, Medical Assistance, the Supplemental Nutrition Assistance Program, school lunches, and housing assistance. Annual income is the amount reported and verified by an individual as current income calculated prospectively to cover one year.

Subp. 14. **Local agency.** "Local agency" means the county or multicounty agency authorized under Minnesota Statutes, sections 254B.01, subdivision 5, and 254B.03, subdivision 1, to make placements under the behavioral health fund.

Subp. 15. **Minor child.** "Minor child" means an individual under the age of 18 years.

Subp. 17a. **Policyholder.** "Policyholder" means a person who has a third-party payment policy under which a third-party payment source has an obligation to pay all or part of a client's treatment costs.

Subp. 19. **Responsible relative.** "Responsible relative" means a person who is a member of the client's household and is a client's spouse or the parent of a minor child who is a client.

Subp. 20. **Third-party payment source.** "Third-party payment source" means a person, entity, or public or private agency other than medical assistance or general assistance medical care that has a probable obligation to pay all or part of the costs of a client's chemical dependency treatment.

Subp. 21. **Vendor.** "Vendor" means a licensed provider of chemical dependency treatment services that meets the criteria established in Minnesota Statutes, section 254B.05, and that has applied according to part 9505.0195 to participate as a provider in the medical assistance program.

9530.7005 SCOPE AND APPLICABILITY.

Parts 9530.7000 to 9530.7030 govern the administration of the behavioral health fund, establish the criteria to be applied by local agencies to determine a client's eligibility under the behavioral health fund, and establish a client's obligation to pay for chemical dependency treatment services.

These parts must be read in conjunction with Minnesota Statutes, chapter 254B, and parts 9530.6600 to 9530.6655.

9530.7010 COUNTY RESPONSIBILITY TO PROVIDE SERVICES.

The local agency shall provide chemical dependency treatment services to eligible clients who have been assessed and placed by the county according to parts 9530.6600 to 9530.6655 and Minnesota Statutes, chapter 256G.

9530.7012 VENDOR AGREEMENTS.

When a local agency enters into an agreement with a vendor of chemical dependency treatment services, the agreement must distinguish client per unit room and board costs from per unit chemical dependency treatment services costs.

For purposes of this part, "chemical dependency treatment services costs" are costs, including related administrative costs, of services that meet the criteria in items A to C:

A. The services are provided within a program licensed according to Minnesota Statutes, chapter 245G, or certified according to parts 2960.0430 to 2960.0490.

B. The services meet the definition of chemical dependency services in Minnesota Statutes, section 254B.01, subdivision 3.

C. The services meet the applicable service standards for licensed chemical dependency treatment programs in item A, but are not under the jurisdiction of the commissioner.

This part also applies to vendors of room and board services that are provided concurrently with chemical dependency treatment services according to Minnesota Statutes, sections 254B.03, subdivision 2, and 254B.05, subdivision 1.

This part does not apply when a county contracts for chemical dependency services in an acute care inpatient hospital licensed by the Department of Health under chapter 4640.

9530.7015 CLIENT ELIGIBILITY; BEHAVIORAL HEALTH FUND.

Subpart 1. **Client eligibility to have treatment totally paid under the behavioral health fund.** A client who meets the criteria established in item A, B, C, or D shall be eligible to have chemical dependency treatment paid for totally with funds from the behavioral health fund.

A. The client is eligible for MFIP as determined under Minnesota Statutes, chapter 256J.

B. The client is eligible for medical assistance as determined under parts 9505.0010 to 9505.0140.

C. The client is eligible for general assistance, general assistance medical care, or work readiness as determined under parts 9500.1200 to 9500.1272.

D. The client's income is within current household size and income guidelines for entitled persons, as defined in Minnesota Statutes, section 254B.04, subdivision 1, and as determined by the local agency under part 9530.7020, subpart 1.

Subp. 2a. **Third-party payment source and client eligibility for the behavioral health fund.** Clients who meet the financial eligibility requirement in subpart 1 and who have a third-party payment source are eligible for the behavioral health fund if the third party payment source pays less than 100 percent of the treatment services determined according to parts 9530.6600 to 9530.6655.

Subp. 4. **Client ineligible to have treatment paid for from the behavioral health fund.** A client who meets the criteria in item A or B shall be ineligible to have chemical dependency treatment services paid for with behavioral health funds.

A. The client has an income that exceeds current household size and income guidelines for entitled persons as defined in Minnesota Statutes, section 254B.04, subdivision 1, and as determined by the local agency under part 9530.7020, subpart 1.

B. The client has an available third-party payment source that will pay the total cost of the client's treatment.

Subp. 5. **Eligibility of clients disenrolled from prepaid health plans.** A client who is disenrolled from a state prepaid health plan during a treatment episode is eligible for continued treatment service that is paid for by the behavioral health fund, until the treatment episode is completed or the client is re-enrolled in a state prepaid health plan if the client meets the criteria in item A or B. The client must:

A. continue to be enrolled in MinnesotaCare, medical assistance, or general assistance medical care; or

B. be eligible according to subparts 1 and 2a and be determined eligible by a local agency under part 9530.7020.

Subp. 6. **County responsibility.** When a county commits a client under Minnesota Statutes, chapter 253B, to a regional treatment center for chemical dependency treatment services and the client is ineligible for the behavioral health fund, the county is responsible for the payment to the regional treatment center according to Minnesota Statutes, section 254B.05, subdivision 4.

9530.7020 LOCAL AGENCY TO DETERMINE CLIENT ELIGIBILITY.

Subpart 1. **Local agency duty to determine client eligibility.** The local agency shall determine a client's eligibility for the behavioral health fund at the time the client is assessed under parts 9530.6600 to 9530.6655. Client eligibility must be determined using forms

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prescribed by the department. To determine a client's eligibility, the local agency must determine the client's income, the size of the client's household, the availability of a third-party payment source, and a responsible relative's ability to pay for the client's chemical dependency treatment, as specified in items A to C.

A. The local agency must determine the client's income. A client who is a minor child shall not be deemed to have income available to pay for chemical dependency treatment, unless the minor child is responsible for payment under Minnesota Statutes, section 144.347, for chemical dependency treatment services sought under Minnesota Statutes, section 144.343, subdivision 1.

B. The local agency must determine the client's household size according to subitems (1), (2), and (3).

(1) If the client is a minor child, the household size includes the following persons living in the same dwelling unit:

- (a) the client;
- (b) the client's birth or adoptive parents; and
- (c) the client's siblings who are minors.

(2) If the client is an adult, the household size includes the following persons living in the same dwelling unit:

- (a) the client;
- (b) the client's spouse;
- (c) the client's minor children; and
- (d) the client's spouse's minor children.

(3) For purposes of this item, household size includes a person listed in subitems (1) and (2) who is in out-of-home placement if a person listed in subitem (1) or (2) is contributing to the cost of care of the person in out-of-home placement.

C. The local agency must determine the client's current prepaid health plan enrollment, the availability of a third-party payment source, including the availability of total payment, partial payment, and amount of copayment.

D. The local agency must provide the required eligibility information to the department in the manner specified by the department.

E. The local agency shall require the client and policyholder to conditionally assign to the department the client and policyholder's rights and the rights of minor children to benefits or services provided to the client if the department is required to collect from a third-party pay source.

Subp. 1a. **Redetermination of client eligibility.** The local agency shall redetermine a client's eligibility for CCDTF every six months after the initial eligibility determination, if the client has continued to receive uninterrupted chemical dependency treatment services for that six months. For purposes of this subpart, placement of a client into more than one chemical dependency treatment program in less than ten working days, or placement of a client into a residential chemical dependency treatment program followed by nonresidential chemical dependency treatment services shall be treated as a single placement.

Subp. 2. **Client, responsible relative, and policyholder obligation to cooperate.** A client, responsible relative, and policyholder shall provide income or wage verification, household size verification, and shall make an assignment of third-party payment rights under subpart 1, item C. If a client, responsible relative, or policyholder does not comply with the provisions of this subpart, the client shall be deemed to be ineligible to have the behavioral health fund pay for his or her chemical dependency treatment, and the client and

responsible relative shall be obligated to pay for the full cost of chemical dependency treatment services provided to the client.

9530.7021 PAYMENT AGREEMENTS.

When the local agency, the client, and the vendor agree that the vendor will accept payment from a third-party payment source for an eligible client's treatment, the local agency, the client, and the vendor shall enter into a third-party payment agreement. The agreement must stipulate that the vendor will accept, as payment in full for services provided to the client, the amount the third-party payor is obligated to pay for services provided to the client. The agreement must be executed in a form prescribed by the commissioner and is not effective unless an authorized representative of each of the three parties has signed it. The local agency shall maintain a record of third-party payment agreements into which the local agency has entered.

The vendor shall notify the local agency as soon as possible and not less than one business day before discharging a client whose treatment is covered by a payment agreement under this part if the discharge is caused by disruption of the third-party payment.

9530.7022 CLIENT FEES.

Subpart 1. **Income and household size criteria.** A client whose household income is within current household size and income guidelines for entitled persons as defined in Minnesota Statutes, section 254B.04, subdivision 1, shall pay no fee.

9530.7025 DENIAL OF PAYMENT.

Subpart 1. **Denial of payment when required assessment not completed.** The department shall deny payments from the behavioral health fund to vendors for chemical dependency treatment services provided to clients who have not been assessed and placed by the county in accordance with parts 9530.6600 to 9530.6655.

Subp. 2. **Denial of state participation in behavioral health fund payments when client found not eligible.** The department shall pay vendors from the behavioral health fund for chemical dependency treatment services provided to clients and shall bill the county for 100 percent of the costs of chemical dependency treatment services as follows:

A. The department shall bill the county for 100 percent of the costs of a client's chemical dependency treatment services when the department determines that the client was not placed in accordance with parts 9530.6600 to 9530.6655.

B. When a county's allocation under Minnesota Statutes, section 254B.02, subdivisions 1 and 2, has been exhausted, and the county's maintenance of effort has been met as required under Minnesota Statutes, section 254B.02, subdivision 3, and the local agency has been notified by the department that the only clients who are eligible to have their treatment paid for from the behavioral health fund are clients who are eligible under part 9530.7015, subpart 1, the department shall bill the county for 100 percent of the costs of a client's chemical dependency treatment services when the department determines that the client was not eligible under part 9530.7015, subpart 1.

9530.7030 VENDOR MUST PARTICIPATE IN DAANES SYSTEM.

Subpart 1. **Participation a condition of eligibility.** To be eligible for payment under the behavioral health fund, a vendor must participate in the Drug and Alcohol Normative Evaluation System (DAANES) or submit to the commissioner the information required in DAANES in the format specified by the commissioner.