

1.1 Senator ..... moves to amend S.F. No. 383 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "ARTICLE 1  
1.4 ECONOMIC SUPPORTS

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

1.6 Subd. 4. **Eligibility; annual income; calculation.** (a) Annual income of the applicant  
1.7 family is the current monthly income of the family multiplied by 12 or the income for the  
1.8 12-month period immediately preceding the date of application, or income calculated by  
1.9 the method which provides the most accurate assessment of income available to the family.

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

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

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

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

1.18 Subdivision 1. **Subsidy restrictions.** (a) The maximum rate paid for child care assistance  
1.19 in any county or county price cluster under the child care fund shall be the greater of the  
1.20 25th percentile of the ~~2018~~ 2021 child care provider rate survey or the rates in effect at the  
1.21 time of the update. For a child care provider located within the boundaries of a city located  
1.22 in two or more of the counties of Benton, Sherburne, and Stearns, the maximum rate paid  
1.23 for child care assistance shall be equal to the maximum rate paid in the county with the  
1.24 highest maximum reimbursement rates or the provider's charge, whichever is less. The  
1.25 commissioner may: (1) assign a county with no reported provider prices to a similar price  
1.26 cluster; and (2) consider county level access when determining final price clusters.

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

1.29 (c) The department shall monitor the effect of this paragraph on provider rates. The  
1.30 county shall pay the provider's full charges for every child in care up to the maximum

2.1 established. The commissioner shall determine the maximum rate for each type of care on  
2.2 an hourly, full-day, and weekly basis, including special needs and disability care.

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

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

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

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

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

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

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

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

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

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

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

2.30 Subd. 6. **Provider payments.** (a) A provider shall bill only for services documented  
2.31 according to section 119B.125, subdivision 6. The provider shall bill for services provided  
2.32 within ten days of the end of the service period. Payments under the child care fund shall

3.1 be made within 21 days of receiving a complete bill from the provider. Counties or the state  
3.2 may establish policies that make payments on a more frequent basis.

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

3.11 (c) If a provider provided care for a time period without receiving an authorization of  
3.12 care and a billing form for an eligible family, payment of child care assistance may only be  
3.13 made retroactively for a maximum of ~~six~~ three months from the date the provider is issued  
3.14 an authorization of care and billing form. For a family at application, if a provider provided  
3.15 child care during a time period without receiving an authorization of care and a billing form,  
3.16 a county may only make child care assistance payments to the provider retroactively from  
3.17 the date that child care began, or from the date that the family's eligibility began under  
3.18 section 119B.09, subdivision 7, or from the date that the family meets authorization  
3.19 requirements, not to exceed six months from the date that the provider is issued an  
3.20 authorization of care and billing form, whichever is later.

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

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

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

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

3.32 (4) the provider is operating after:

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

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

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

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

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

4.7 (7) the provider fails to report decreases in a child's attendance as required under section  
4.8 119B.125, subdivision 9.

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

4.12 (f) A county's payment policies must be included in the county's child care plan under  
4.13 section 119B.08, subdivision 3. If payments are made by the state, in addition to being in  
4.14 compliance with this subdivision, the payments must be made in compliance with section  
4.15 16A.124.

4.16 (g) The commissioner shall not withhold a provider's authorization or payment under  
4.17 paragraph (d) where the provider's alleged misconduct is the result of the provider relying  
4.18 upon representations from the commissioner, local agency, or licenser that the provider had  
4.19 been in compliance with the rules and regulations necessary to maintain the provider's  
4.20 authorization.

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

4.23 Sec. 4. Minnesota Statutes 2020, section 256D.051, is amended by adding a subdivision  
4.24 to read:

4.25 Subd. 20. **SNAP employment and training.** The commissioner shall implement a  
4.26 Supplemental Nutrition Assistance Program (SNAP) employment and training program  
4.27 that meets the SNAP employment and training participation requirements of the United  
4.28 States Department of Agriculture governed by Code of Federal Regulations, title 7, section  
4.29 273.7. The commissioner shall operate a SNAP employment and training program in which  
4.30 SNAP recipients elect to participate. In order to receive SNAP assistance beyond the time  
4.31 limit, unless residing in an area covered by a time-limit waiver governed by Code of Federal  
4.32 Regulations, title 7, section 273.24, nonexempt SNAP recipients who do not meet federal

5.1 SNAP work requirements must participate in an employment and training program. In  
5.2 addition to county and tribal agencies that administer SNAP, the commissioner may contract  
5.3 with third-party providers for SNAP employment and training services.

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

5.5 Sec. 5. Minnesota Statutes 2020, section 256D.051, is amended by adding a subdivision  
5.6 to read:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6.25 (e) The commissioner of human services may reallocate unexpended money disbursed  
6.26 under this section to county, tribal, or contracted agencies that demonstrate a need for  
6.27 additional funds.

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

6.29 Sec. 9. Minnesota Statutes 2020, section 256E.30, subdivision 2, is amended to read:

6.30 Subd. 2. **Allocation of money.** (a) State money appropriated and community service  
6.31 block grant money allotted to the state and all money transferred to the community service

7.1 block grant from other block grants shall be allocated annually to community action agencies  
7.2 and Indian reservation governments under paragraphs (b) and (c), and to migrant and seasonal  
7.3 farmworker organizations under paragraph (d).

7.4 (b) The available annual money will provide base funding to all community action  
7.5 agencies and the Indian reservations. Base funding amounts per agency are as follows: for  
7.6 agencies with low income populations up to ~~1,999, \$25,000; 2,000 to 23,999, \$50,000;~~ and  
7.7 24,000 or more, \$100,000.

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

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

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

7.18 Sec. 10. Minnesota Statutes 2020, section 256E.34, subdivision 1, is amended to read:

7.19 Subdivision 1. **Distribution of appropriation.** The commissioner must distribute funds  
7.20 appropriated to the commissioner by law for that purpose to Hunger Solutions, a statewide  
7.21 association of food shelves organized as a nonprofit corporation as defined under section  
7.22 501(c)(3) of the Internal Revenue Code of 1986, to distribute to qualifying food shelves. A  
7.23 food shelf qualifies under this section if:

7.24 (1) it is a nonprofit corporation, or is affiliated with a nonprofit corporation, as defined  
7.25 in section 501(c)(3) of the Internal Revenue Code of 1986 or a federally recognized tribal  
7.26 nation;

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

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

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

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

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

8.5 Sec. 11. Minnesota Statutes 2020, section 256J.08, subdivision 21, is amended to read:

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

8.9 Sec. 12. Minnesota Statutes 2020, section 256J.09, subdivision 3, is amended to read:

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

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

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

8.19 (3) inform a person that when the person submits the application by telephone or through  
8.20 Internet telepresence, the county agency must receive a signed written application within  
8.21 30 days of the date that the person submitted the application by telephone or through Internet  
8.22 telepresence;

8.23 ~~(2)~~ (4) inform the person that any delay in submitting the application will reduce the  
8.24 amount of assistance paid for the month of application;

8.25 ~~(3)~~ (5) inform a person that the person may submit the application before an interview;

8.26 ~~(4)~~ (6) explain the information that will be verified during the application process by  
8.27 the county agency as provided in section 256J.32;

8.28 ~~(5)~~ (7) inform a person about the county agency's average application processing time  
8.29 and explain how the application will be processed under subdivision 5;

9.1 ~~(6)~~ (8) explain how to contact the county agency if a person's application information  
9.2 changes and how to withdraw the application;

9.3 ~~(7)~~ (9) inform a person that the next step in the application process is an interview and  
9.4 what a person must do if the application is approved including, but not limited to, attending  
9.5 orientation under section 256J.45 and complying with employment and training services  
9.6 requirements in sections 256J.515 to 256J.57;

9.7 ~~(8)~~ (10) inform the person that ~~the~~ an interview must be conducted. The interview may  
9.8 be conducted face-to-face in the county office or at a location mutually agreed upon, through  
9.9 Internet telepresence, or ~~at a location mutually agreed upon~~ by telephone;

9.10 ~~(9) inform a person who has received MFIP or DWP in the past 12 months of the option~~  
9.11 ~~to have a face-to-face, Internet telepresence, or telephone interview;~~

9.12 ~~(10)~~ (11) explain the child care and transportation services that are available under  
9.13 paragraph (c) to enable caregivers to attend the interview, screening, and orientation; and

9.14 ~~(11)~~ (12) identify any language barriers and arrange for translation assistance during  
9.15 appointments, including, but not limited to, screening under subdivision 3a, orientation  
9.16 under section 256J.45, and assessment under section 256J.521.

9.17 (b) Upon receipt of a signed application, the county agency must stamp the date of receipt  
9.18 on the face of the application. The county agency must process the application within the  
9.19 time period required under subdivision 5. An applicant may withdraw the application at  
9.20 any time by giving written or oral notice to the county agency. The county agency must  
9.21 issue a written notice confirming the withdrawal. The notice must inform the applicant of  
9.22 the county agency's understanding that the applicant has withdrawn the application and no  
9.23 longer wants to pursue it. When, within ten days of the date of the agency's notice, an  
9.24 applicant informs a county agency, in writing, that the applicant does not wish to withdraw  
9.25 the application, the county agency must reinstate the application and finish processing the  
9.26 application.

9.27 (c) Upon a participant's request, the county agency must arrange for transportation and  
9.28 child care or reimburse the participant for transportation and child care expenses necessary  
9.29 to enable participants to attend the screening under subdivision 3a and orientation under  
9.30 section 256J.45.

9.31 Sec. 13. Minnesota Statutes 2020, section 256J.30, subdivision 8, is amended to read:

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

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

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

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

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

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

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

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

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

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

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

10.29 Sec. 14. Minnesota Statutes 2020, section 256J.45, subdivision 1, is amended to read:

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

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

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

11.5 The county agency must inform caregivers who are not exempt under clause (1) or (2) that  
11.6 failure to attend the orientation is considered an occurrence of noncompliance with program  
11.7 requirements, and will result in the imposition of a sanction under section 256J.46. If the  
11.8 client complies with the orientation requirement prior to the first day of the month in which  
11.9 the grant reduction is proposed to occur, the orientation sanction shall be lifted.

11.10 Sec. 15. Minnesota Statutes 2020, section 256J.626, subdivision 1, is amended to read:

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

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

11.22 Sec. 16. Minnesota Statutes 2020, section 256J.95, subdivision 5, is amended to read:

11.23 Subd. 5. **Submitting application form.** The eligibility date for the diversionary work  
11.24 program begins ~~with~~ on the date that the signed combined application form (CAF) is received  
11.25 by the county agency either as a signed written application; an application submitted by  
11.26 telephone; or an application submitted through Internet telepresence; or on the date that  
11.27 diversionary work program eligibility criteria are met, whichever is later. The county agency  
11.28 must inform an applicant that when the applicant submits the application by telephone or  
11.29 through Internet telepresence, the county agency must receive a signed written application  
11.30 within 30 days of the date that the applicant submitted the application by telephone or  
11.31 through Internet telepresence. The county agency must inform the applicant that any delay  
11.32 in submitting the application will reduce the benefits paid for the month of application. The  
11.33 county agency must inform a person that an application may be submitted before the person

12.1 has an interview appointment. Upon receipt of a signed application, the county agency must  
12.2 stamp the date of receipt on the face of the application. The applicant may withdraw the  
12.3 application at any time prior to approval by giving written or oral notice to the county  
12.4 agency. The county agency must follow the notice requirements in section 256J.09,  
12.5 subdivision 3, when issuing a notice confirming the withdrawal.

12.6 Sec. 17. Minnesota Statutes 2020, section 256N.02, subdivision 16, is amended to read:

12.7 Subd. 16. **Permanent legal and physical custody.** "Permanent legal and physical  
12.8 custody" means: (1) a full transfer of permanent legal and physical custody of a child ordered  
12.9 by a Minnesota juvenile court under section 260C.515, subdivision 4, to a relative ~~ordered~~  
12.10 ~~by a Minnesota juvenile court under section 260C.515, subdivision 4, who is not the child's~~  
12.11 parent as defined in section 260C.007, subdivision 25; or (2) for a child under jurisdiction  
12.12 of a tribal court, a judicial determination under a similar provision in tribal code which  
12.13 means that a relative will assume the duty and authority to provide care, control, and  
12.14 protection of a child who is residing in foster care, and to make decisions regarding the  
12.15 child's education, health care, and general welfare until adulthood. To establish eligibility  
12.16 for Northstar kinship assistance, permanent legal and physical custody does not include  
12.17 joint legal custody, joint physical custody, or joint legal and joint physical custody of a child  
12.18 shared by the child's parent and relative custodian.

12.19 Sec. 18. Minnesota Statutes 2020, section 256N.02, subdivision 17, is amended to read:

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

12.27 Sec. 19. Minnesota Statutes 2020, section 256N.22, subdivision 1, is amended to read:

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

13.1 who is residing in foster care, and to make decisions regarding the child's education, health  
13.2 care, and general welfare until adulthood, and that this is in the child's best interest is  
13.3 considered equivalent. A child whose parent shares legal, physical, or legal and physical  
13.4 custody of the child with a relative custodian is not eligible for Northstar kinship assistance.

13.5 Additionally, a child must:

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

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

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

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

13.14 (B) expedited permanency cannot be completed without provision of Northstar kinship  
13.15 assistance;

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

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

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

13.23 (3) meet the agency determinations regarding permanency requirements in subdivision  
13.24 2;

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

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

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

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

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

14.13 Sec. 20. Minnesota Statutes 2020, section 256N.23, subdivision 2, is amended to read:

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

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

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

14.19 (2) a petition to terminate parental rights;

14.20 (3) consent of the child's parent to adoption accepted by the court under chapter 260C  
14.21 or, in the case of a child receiving Northstar kinship assistance payments under section  
14.22 256N.22, consent of the child's parent to the child's adoption executed under chapter 259;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

16.10 (g) Once the legally responsible agency has determined that placement with an identified  
16.11 parent is in the child's best interests and made full written disclosure about the child's social  
16.12 and medical history, the agency must ask the prospective adoptive parent if the prospective  
16.13 adoptive parent is willing to adopt the child without receiving adoption assistance under  
16.14 this section. If the identified parent is either unwilling or unable to adopt the child without  
16.15 adoption assistance, the legally responsible agency must provide documentation as prescribed  
16.16 by the commissioner to fulfill the requirement to make a reasonable effort to place the child  
16.17 without adoption assistance. If the identified parent is willing to adopt the child without  
16.18 adoption assistance, the parent must provide a written statement to this effect to the legally  
16.19 responsible agency and the statement must be maintained in the permanent adoption record  
16.20 of the legally responsible agency. For children under guardianship of the commissioner,  
16.21 the legally responsible agency shall submit a copy of this statement to the commissioner to  
16.22 be maintained in the permanent adoption record.

16.23 Sec. 21. Minnesota Statutes 2020, section 256N.23, subdivision 6, is amended to read:

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

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

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

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

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

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

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

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

17.13 Sec. 22. Minnesota Statutes 2020, section 256N.24, subdivision 1, is amended to read:

17.14 Subdivision 1. **Assessment.** (a) Each child eligible under sections 256N.21, 256N.22,  
17.15 and 256N.23, must be assessed to determine the benefits the child may receive under section  
17.16 256N.26, in accordance with the assessment tool, process, and requirements specified in  
17.17 subdivision 2.

17.18 (b) If an agency applies the emergency foster care rate for initial placement under section  
17.19 256N.26, the agency may wait up to 30 days to complete the initial assessment.

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

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

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

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

17.28 Sec. 23. Minnesota Statutes 2020, section 256N.24, subdivision 8, is amended to read:

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

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

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

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

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

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

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

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

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

18.30 (e) If the child's caregiver is unable or unwilling to cooperate with the reassessment, the  
18.31 child must be assessed at level B under section 256N.26, subdivision 3, unless the child has  
18.32 ~~an a Northstar adoption assistance or Northstar kinship assistance agreement in place and~~

19.1 is known to be an at-risk child, in which case the child must be assessed at level A under  
19.2 section 256N.26, subdivision 1.

19.3 Sec. 25. Minnesota Statutes 2020, section 256N.24, subdivision 12, is amended to read:

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

19.9 (b) In cases where a special assessment or reassessment for ~~guardian~~ Northstar kinship  
19.10 assistance and adoption assistance is required under subdivision 8 or 11, the commissioner  
19.11 shall review and approve the assessment as part of the eligibility determination process  
19.12 outlined in section 256N.22, subdivision 7, for Northstar kinship assistance, or section  
19.13 256N.23, subdivision 7, for adoption assistance. The assessment determines the maximum  
19.14 ~~for~~ of the negotiated agreement amount under section 256N.25.

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

19.17 Sec. 26. Minnesota Statutes 2020, section 256N.24, subdivision 14, is amended to read:

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

19.23 Sec. 27. Minnesota Statutes 2020, section 256N.25, subdivision 1, is amended to read:

19.24 Subdivision 1. **Agreement; Northstar kinship assistance; adoption assistance.** (a) In  
19.25 order to receive Northstar kinship assistance or adoption assistance benefits on behalf of  
19.26 an eligible child, a written, binding agreement between the caregiver or caregivers, the  
19.27 financially responsible agency, or, if there is no financially responsible agency, the agency  
19.28 designated by the commissioner, and the commissioner must be established prior to  
19.29 finalization of the adoption or a transfer of permanent legal and physical custody. The  
19.30 agreement must be negotiated with the caregiver or caregivers under subdivision 2 and  
19.31 renegotiated under subdivision 3, if applicable.

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

20.3 (1) duration of the agreement;

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

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

20.7 (4) the terms of the payment, including any child care portion as specified in section  
20.8 256N.24, subdivision 3;

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

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

20.14 (7) provisions for modification of the terms of the agreement, including renegotiation  
20.15 of the agreement;

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

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

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

20.24 (d) The effective date of the Northstar kinship assistance agreement must be the date of  
20.25 the court order that transfers permanent legal and physical custody to the relative. The  
20.26 effective date of the adoption assistance agreement is the date of the finalized adoption  
20.27 decree.

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

21.1 Sec. 28. Minnesota Statutes 2020, section 256N.25, is amended by adding a subdivision  
21.2 to read:

21.3 Subd. 1a. **Reimbursement of nonrecurring expenses.** (a) The commissioner of human  
21.4 services must reimburse a relative custodian with a fully executed Northstar kinship assistance  
21.5 benefit agreement for costs that the relative custodian incurs while seeking permanent legal  
21.6 and physical custody of a child who is the subject of a Northstar kinship assistance benefit  
21.7 agreement. The commissioner must reimburse a relative custodian for expenses that are  
21.8 reasonable and necessary that the relative incurs during the transfer of permanent legal and  
21.9 physical custody of a child to the relative custodian, subject to a maximum of \$2,000. To  
21.10 be eligible for reimbursement, the expenses must directly relate to the legal transfer of  
21.11 permanent legal and physical custody of the child to the relative custodian, must not have  
21.12 been incurred by the relative custodian in violation of state or federal law, and must not  
21.13 have been reimbursed from other sources or funds. The relative custodian must submit  
21.14 reimbursement requests to the commissioner within 21 months of the date of the child's  
21.15 finalized transfer of permanent legal and physical custody, and the relative custodian must  
21.16 follow all requirements and procedures that the commissioner prescribes.

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

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

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

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

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

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

22.15 Sec. 29. Minnesota Statutes 2020, section 256P.02, subdivision 1a, is amended to read:

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

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

22.21 Sec. 30. Minnesota Statutes 2020, section 256P.02, subdivision 2, is amended to read:

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

22.25 (1) cash;

22.26 (2) bank accounts;

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

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

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

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

23.1 Sec. 31. Minnesota Statutes 2020, section 256P.04, subdivision 4, is amended to read:

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

23.3 (1) identity of adults;

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

23.5 (3) immigration status;

23.6 (4) income;

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

23.8 (6) vehicles;

23.9 (7) checking and savings accounts, including but not limited to any business accounts

23.10 used to pay expenses not related to the business;

23.11 (8) inconsistent information, if related to eligibility;

23.12 (9) residence;

23.13 (10) Social Security number; and

23.14 (11) use of nonrecurring income under section 256P.06, subdivision 3, clause (2), item

23.15 (ix), for the intended purpose for which it was given and received.

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

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

23.24 Sec. 32. Minnesota Statutes 2020, section 256P.05, is amended to read:

23.25 **256P.05 SELF-EMPLOYMENT EARNINGS.**

23.26 Subdivision 1. **Exempted programs.** Participants who qualify for ~~child care assistance~~  
23.27 ~~programs under chapter 119B~~, Minnesota supplemental aid under chapter 256D; and housing  
23.28 support under chapter 256I on the basis of eligibility for Supplemental Security Income are  
23.29 exempt from this section. Participants who qualify for child care assistance programs under  
23.30 chapter 119B are exempt from subdivision 3.

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

24.4 (1) one-half of gross earnings from self-employment; or

24.5 (2) taxable income as determined from an Internal Revenue Service tax form that has  
24.6 been filed with the Internal Revenue Service ~~within the last~~ for the most recent year and  
24.7 according to guidance provided for the Supplemental Nutrition Assistance Program. A  
24.8 12-month average using ~~net~~ taxable income shall be used to budget monthly income.

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

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

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

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

24.23 Sec. 33. Minnesota Statutes 2020, section 256P.06, subdivision 3, is amended to read:

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

24.26 (1) earned income; and

24.27 (2) unearned income, which includes:

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

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

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

- 25.1 (iv) income from trusts, excluding special needs and supplemental needs trusts;
- 25.2 (v) interest income from loans made by the participant or household;
- 25.3 (vi) cash prizes and winnings;
- 25.4 (vii) unemployment insurance income that is received by an adult member of the
- 25.5 assistance unit unless the individual receiving unemployment insurance income is:
- 25.6 (A) 18 years of age and enrolled in a secondary school; or
- 25.7 (B) 18 or 19 years of age, a caregiver, and is enrolled in school at least half-time;
- 25.8 (viii) retirement, survivors, and disability insurance payments;
- 25.9 (ix) nonrecurring income over \$60 per quarter unless earmarked and used for the purpose
- 25.10 for which it is intended. Income and use of this income is subject to verification requirements
- 25.11 under section 256P.04;
- 25.12 (x) retirement benefits;
- 25.13 (xi) cash assistance benefits, as defined by each program in chapters 119B, 256D, 256I,
- 25.14 and 256J;
- 25.15 (xii) tribal per capita payments unless excluded by federal and state law;
- 25.16 (xiii) income and payments from service and rehabilitation programs that meet or exceed
- 25.17 the state's minimum wage rate;
- 25.18 (xiv) income from members of the United States armed forces unless excluded from
- 25.19 income taxes according to federal or state law;
- 25.20 (xv) all child support payments for programs under chapters 119B, 256D, and 256I;
- 25.21 (xvi) the amount of child support received that exceeds \$100 for assistance units with
- 25.22 one child and \$200 for assistance units with two or more children for programs under chapter
- 25.23 256J; and
- 25.24 (xvii) spousal support.

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

25.26 Sec. 34. Minnesota Statutes 2020, section 259.22, subdivision 4, is amended to read:

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

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

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

26.1 the placement shall file with the district court in the county where the prospective adoptive  
 26.2 parent resides a motion for an order and a report recommending one of the following:

26.3 (1) that the time for filing a petition be extended because of the child's special needs as  
 26.4 defined under title IV-E of the Social Security Act, United States Code, title 42, section  
 26.5 673;

26.6 (2) that, based on a written plan for completing filing of the petition, including a specific  
 26.7 timeline, to which the prospective adoptive parents have agreed, the time for filing a petition  
 26.8 be extended long enough to complete the plan because such an extension is in the best  
 26.9 interests of the child and additional time is needed for the child to adjust to the adoptive  
 26.10 home; or

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

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

26.15 Sec. 35. Minnesota Statutes 2020, section 259.241, is amended to read:

26.16 **259.241 ADULT ADOPTION.**

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

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

26.24 (c) Notwithstanding paragraph (b), a person in extended foster care under section  
 26.25 260C.451 may consent to the person's own adoption as long as the court with jurisdiction  
 26.26 finds the person competent to give consent.

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

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

27.1 Sec. 36. Minnesota Statutes 2020, section 259.35, subdivision 1, is amended to read:

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

27.5 "Minnesota Statutes, section 259.59, provides that upon legally adopting a child, adoptive  
27.6 parents assume all the rights and responsibilities of birth parents. The responsibilities include  
27.7 providing for the child's financial support and caring for health, emotional, and behavioral  
27.8 problems. Except for subsidized adoptions under Minnesota Statutes, chapter ~~259A~~ 256N,  
27.9 or any other provisions of law that expressly apply to adoptive parents and children, adoptive  
27.10 parents are not eligible for state or federal financial subsidies besides those that a birth  
27.11 parent would be eligible to receive for a child. Adoptive parents may not terminate their  
27.12 parental rights to a legally adopted child for a reason that would not apply to a birth parent  
27.13 seeking to terminate rights to a child. An individual who takes guardianship of a child for  
27.14 the purpose of adopting the child shall, upon taking guardianship from the child's country  
27.15 of origin, assume all the rights and responsibilities of birth and adoptive parents as stated  
27.16 in this paragraph."

27.17 Sec. 37. Minnesota Statutes 2020, section 259.53, subdivision 4, is amended to read:

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

27.21 Sec. 38. Minnesota Statutes 2020, section 259.73, is amended to read:

27.22 **259.73 REIMBURSEMENT OF NONRECURRING ADOPTION EXPENSES.**

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

27.25 Sec. 39. Minnesota Statutes 2020, section 259.75, subdivision 5, is amended to read:

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

28.1 Sec. 40. Minnesota Statutes 2020, section 259.75, subdivision 6, is amended to read:

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

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

28.13 Sec. 41. Minnesota Statutes 2020, section 259.75, subdivision 9, is amended to read:

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

28.17 Sec. 42. Minnesota Statutes 2020, section 259.83, subdivision 1a, is amended to read:

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

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

28.29 Sec. 43. Minnesota Statutes 2020, section 259A.75, subdivision 1, is amended to read:

28.30 Subdivision 1. **General information.** (a) Subject to the procedures required by the  
28.31 commissioner and the provisions of this section, a Minnesota county or tribal agency shall  
28.32 receive a reimbursement from the commissioner equal to 100 percent of the reasonable and

29.1 appropriate cost for contracted adoption placement services identified for a specific child  
29.2 that are not reimbursed under other federal or state funding sources.

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

29.7 (c) The commissioner shall set aside an amount not to exceed five percent of the total  
29.8 amount of the fiscal year appropriation from the state for the adoption assistance program  
29.9 to reimburse a Minnesota county or tribal social services placing agency for child-specific  
29.10 adoption placement services. When adoption assistance payments for children's needs exceed  
29.11 95 percent of the total amount of the fiscal year appropriation from the state for the adoption  
29.12 assistance program, the amount of reimbursement available to placing agencies for adoption  
29.13 services is reduced correspondingly.

29.14 Sec. 44. Minnesota Statutes 2020, section 259A.75, subdivision 2, is amended to read:

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

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

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

29.21 (3) meet all of the special needs criteria according to section ~~259A.10, subdivision 2~~  
29.22 256N.23, subdivision 2.

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

29.26 Sec. 45. Minnesota Statutes 2020, section 259A.75, subdivision 3, is amended to read:

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

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

30.3 Sec. 46. Minnesota Statutes 2020, section 259A.75, subdivision 4, is amended to read:

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

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

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

30.16 Sec. 47. Minnesota Statutes 2020, section 260C.007, subdivision 22a, is amended to read:

30.17 Subd. 22a. **Licensed residential family-based substance use disorder treatment**  
30.18 **program.** "Licensed residential family-based substance use disorder treatment program"  
30.19 means a residential treatment facility that provides the parent or guardian with parenting  
30.20 skills training, parent education, or individual and family counseling, under an organizational  
30.21 structure and treatment framework that involves understanding, recognizing, and responding  
30.22 to the effects of all types of trauma according to recognized principles of a trauma-informed  
30.23 approach and trauma-specific interventions to address the consequences of trauma and  
30.24 facilitate healing. The residential program must be licensed by the Department of Human  
30.25 Services under ~~chapter~~ chapters 245A and ~~sections 245G.01 to 245G.16, 245G.19, and~~  
30.26 ~~245G.21~~ 245G or tribally licensed or approved as a residential substance use disorder  
30.27 treatment program specializing in the treatment of clients with children.

30.28 Sec. 48. Minnesota Statutes 2020, section 260C.212, subdivision 1, is amended to read:

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

31.1 (b) An out-of-home placement plan means a written document which is prepared by the  
31.2 responsible social services agency jointly with the parent or parents or guardian of the child  
31.3 and in consultation with the child's guardian ad litem, the child's tribe, if the child is an  
31.4 Indian child, the child's foster parent or representative of the foster care facility, and, where  
31.5 appropriate, the child. When a child is age 14 or older, the child may include two other  
31.6 individuals on the team preparing the child's out-of-home placement plan. The child may  
31.7 select one member of the case planning team to be designated as the child's advisor and to  
31.8 advocate with respect to the application of the reasonable and prudent parenting standards.  
31.9 The responsible social services agency may reject an individual selected by the child if the  
31.10 agency has good cause to believe that the individual would not act in the best interest of the  
31.11 child. For a child in voluntary foster care for treatment under chapter 260D, preparation of  
31.12 the out-of-home placement plan shall additionally include the child's mental health treatment  
31.13 provider. For a child 18 years of age or older, the responsible social services agency shall  
31.14 involve the child and the child's parents as appropriate. As appropriate, the plan shall be:

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

31.16 (2) ordered by the court, either as presented or modified after hearing, under section  
31.17 260C.178, subdivision 7, or 260C.201, subdivision 6; and

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

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

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

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

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

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

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

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

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

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

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

33.1 transfer of permanent legal and physical custody or the reasons why these efforts were not  
33.2 made;

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

33.9 Educational stability efforts include:

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

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

33.17 (9) the educational records of the child including the most recent information available  
33.18 regarding:

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

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

33.21 (iii) the child's school record;

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

33.24 (v) any other relevant educational information;

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

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

33.28 (ii) how the child's known medical problems and identified needs from the screens,  
33.29 including any known communicable diseases, as defined in section 144.4172, subdivision  
33.30 2, shall be monitored and treated while the child is in foster care;

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

- 34.1 (iv) who is responsible to coordinate and respond to the child's health care needs,  
34.2 including the role of the parent, the agency, and the foster parent;
- 34.3 (v) who is responsible for oversight of the child's prescription medications;
- 34.4 (vi) how physicians or other appropriate medical and nonmedical professionals shall be  
34.5 consulted and involved in assessing the health and well-being of the child and determine  
34.6 the appropriate medical treatment for the child; and
- 34.7 (vii) the responsibility to ensure that the child has access to medical care through either  
34.8 medical insurance or medical assistance;
- 34.9 (11) the health records of the child including information available regarding:
- 34.10 (i) the names and addresses of the child's health care and dental care providers;
- 34.11 (ii) a record of the child's immunizations;
- 34.12 (iii) the child's known medical problems, including any known communicable diseases  
34.13 as defined in section 144.4172, subdivision 2;
- 34.14 (iv) the child's medications; and
- 34.15 (v) any other relevant health care information such as the child's eligibility for medical  
34.16 insurance or medical assistance;
- 34.17 (12) an independent living plan for a child 14 years of age or older, developed in  
34.18 consultation with the child. The child may select one member of the case planning team to  
34.19 be designated as the child's advisor and to advocate with respect to the application of the  
34.20 reasonable and prudent parenting standards in subdivision 14. The plan should include, but  
34.21 not be limited to, the following objectives:
- 34.22 (i) educational, vocational, or employment planning;
- 34.23 (ii) health care planning and medical coverage;
- 34.24 (iii) transportation including, where appropriate, assisting the child in obtaining a driver's  
34.25 license;
- 34.26 (iv) money management, including the responsibility of the responsible social services  
34.27 agency to ensure that the child annually receives, at no cost to the child, a consumer report  
34.28 as defined under section 13C.001 and assistance in interpreting and resolving any inaccuracies  
34.29 in the report;
- 34.30 (v) planning for housing;
- 34.31 (vi) social and recreational skills;

35.1 (vii) establishing and maintaining connections with the child's family and community;  
35.2 and

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

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

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

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

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

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

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

36.1 Sec. 49. Minnesota Statutes 2020, section 260C.212, subdivision 2, is amended to read:

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

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

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

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

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

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

36.18 (2) the medical needs of the child;

36.19 (3) the educational needs of the child;

36.20 (4) the developmental needs of the child;

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

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

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

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

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

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

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

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

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

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

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

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

37.25 Sec. 50. Minnesota Statutes 2020, section 260C.212, is amended by adding a subdivision  
37.26 to read:

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

37.32 (b) If the child continues to be in placement out of the home of the parent or guardian  
37.33 from whom the child was removed, reasonable efforts by the responsible social services

38.1 agency to complete the child's social and medical history must begin no later than the child's  
38.2 permanency progress review hearing required under section 260C.204 or six months after  
38.3 the child's placement in foster care, whichever occurs earlier.

38.4 (c) In a child's social and medical history, the responsible social services agency must  
38.5 include background information and health history specific to the child, the child's birth  
38.6 parents, and the child's other birth relatives. Applicable background and health information  
38.7 about the child includes the child's current health condition, behavior, and demeanor;  
38.8 placement history; education history; sibling information; and birth, medical, dental, and  
38.9 immunization information. Redacted copies of pertinent records, assessments, and evaluations  
38.10 must be attached to the child's social and medical history. Applicable background information  
38.11 about the child's birth parents and other birth relatives includes general background  
38.12 information; education and employment history; physical health and mental health history;  
38.13 and reasons for the child's placement.

38.14 Sec. 51. Minnesota Statutes 2020, section 260C.219, subdivision 5, is amended to read:

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

38.20 Sec. 52. Minnesota Statutes 2020, section 260C.503, subdivision 2, is amended to read:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

39.28 Sec. 53. Minnesota Statutes 2020, section 260C.515, subdivision 3, is amended to read:

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

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

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

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

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

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

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

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

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

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

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

40.32 (9) unless otherwise required by the Indian Child Welfare Act, United States Code, title  
40.33 25, section 1913(c), a consent to adopt executed under this section shall be irrevocable upon

41.1 acceptance by the court except upon order permitting revocation issued by the same court  
41.2 after written findings that consent was obtained by fraud.

41.3 Sec. 54. Minnesota Statutes 2020, section 260C.605, subdivision 1, is amended to read:

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

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

41.13 (c) Reasonable efforts under paragraph (b) must begin as soon as possible when the  
41.14 child is in foster care under this chapter, but not later than the hearing required under section  
41.15 260C.204.

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

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

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

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

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

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

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

41.26 (ii) an updated search is required whenever:

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

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

- 42.1 (C) the court determines a relative search by the agency is in the best interests of the  
42.2 child;
- 42.3 (iii) engaging the child's foster parent and the child's relatives identified as an adoptive  
42.4 resource during the search conducted under section 260C.221, to commit to being the  
42.5 prospective adoptive parent of the child; or
- 42.6 (iv) when there is no identified prospective adoptive parent:
- 42.7 (A) registering the child on the state adoption exchange as required in section 259.75  
42.8 unless the agency documents to the court an exception to placing the child on the state  
42.9 adoption exchange reported to the commissioner;
- 42.10 (B) reviewing all families with approved adoption home studies associated with the  
42.11 responsible social services agency;
- 42.12 (C) presenting the child to adoption agencies and adoption personnel who may assist  
42.13 with finding an adoptive home for the child;
- 42.14 (D) using newspapers and other media to promote the particular child;
- 42.15 (E) using a private agency under grant contract with the commissioner to provide adoption  
42.16 services for intensive child-specific recruitment efforts; and
- 42.17 (F) making any other efforts or using any other resources reasonably calculated to identify  
42.18 a prospective adoption parent for the child;
- 42.19 (4) updating and completing the social and medical history required under sections  
42.20 ~~259.43~~ 260C.212, subdivision 15, and 260C.609;
- 42.21 (5) making, and keeping updated, appropriate referrals required by section 260.851, the  
42.22 Interstate Compact on the Placement of Children;
- 42.23 (6) giving notice regarding the responsibilities of an adoptive parent to any prospective  
42.24 adoptive parent as required under section 259.35;
- 42.25 (7) offering the adopting parent the opportunity to apply for or decline adoption assistance  
42.26 under chapter ~~259A~~ 256N;
- 42.27 (8) certifying the child for adoption assistance, assessing the amount of adoption  
42.28 assistance, and ascertaining the status of the commissioner's decision on the level of payment  
42.29 if the adopting parent has applied for adoption assistance;
- 42.30 (9) placing the child with siblings. If the child is not placed with siblings, the agency  
42.31 must document reasonable efforts to place the siblings together, as well as the reason for

43.1 separation. The agency may not cease reasonable efforts to place siblings together for final  
43.2 adoption until the court finds further reasonable efforts would be futile or that placement  
43.3 together for purposes of adoption is not in the best interests of one of the siblings; and

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

43.6 Sec. 55. Minnesota Statutes 2020, section 260C.607, subdivision 6, is amended to read:

43.7 Subd. 6. **Motion and hearing to order adoptive placement.** (a) At any time after the  
43.8 district court orders the child under the guardianship of the commissioner of human services,  
43.9 but not later than 30 days after receiving notice required under section 260C.613, subdivision  
43.10 1, paragraph (c), that the agency has made an adoptive placement, a relative or the child's  
43.11 foster parent may file a motion for an order for adoptive placement of a child who is under  
43.12 the guardianship of the commissioner if the relative or the child's foster parent:

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

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

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

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

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

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

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

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

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

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

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

44.22 Sec. 56. Minnesota Statutes 2020, section 260C.609, is amended to read:

44.23 **260C.609 SOCIAL AND MEDICAL HISTORY.**

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

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

44.31 ~~(c)~~ (a) The responsible social services agency shall thoroughly discuss the child's history  
44.32 with the adopting prospective adoptive parent of the child and shall give a redacted copy

45.1 of ~~the report~~ of the child's social and medical history as described in section 260C.212,  
 45.2 subdivision 15, including redacted attachments, to the ~~adopting~~ prospective adoptive parent.  
 45.3 If the prospective adoptive parent does not pursue adoption of the child, the prospective  
 45.4 adoptive parent must return the child's social and medical history and redacted attachments  
 45.5 to the agency. The responsible social services agency may give a redacted copy of the child's  
 45.6 social and medical history ~~may also be given~~ to the child, ~~as appropriate~~ according to section  
 45.7 260C.212, subdivision 1.

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

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

45.15 Sec. 57. Minnesota Statutes 2020, section 260C.615, is amended to read:

45.16 **260C.615 DUTIES OF COMMISSIONER.**

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

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

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

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

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

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

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

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

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

46.8 Sec. 58. **GRANTS TO EXPAND ACCESS TO CHILD CARE FOR CHILDREN**  
 46.9 **WITH DISABILITIES.**

46.10 Subdivision 1. **Establishment.** The commissioner of human services must establish  
 46.11 competitive grants to expand access to licensed family child care providers or licensed child  
 46.12 care centers for children with disabilities including medical complexities. Grants must be  
 46.13 awarded to counties or tribes and must be used to assist family child care providers or child  
 46.14 care centers to serve children with disabilities in inclusive settings alongside children without  
 46.15 disabilities. Competitive grants must be awarded to at least two applicants beginning no  
 46.16 later than December 1, 2021.

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

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

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

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

46.24 (4) based on information gathered throughout the grant period and at the conclusion of  
 46.25 the grant period, provide a report to the chairs and ranking minorities members of the  
 46.26 legislative committees with jurisdiction over health and human services regarding grant  
 46.27 activities, with legislative recommendations for implementing inclusive child care statewide.  
 46.28 The report must be made available to the public.

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

- 47.1 (1) onetime needs to equip a child care setting to serve children with disabilities, such  
47.2 as:
- 47.3 (i) environmental modifications;  
47.4 (ii) accessibility modifications;  
47.5 (iii) sensory adaptation;  
47.6 (iv) training and staff time for training; or  
47.7 (v) equipment purchase;
- 47.8 (2) ongoing medical or disability-related services for children with disabilities in inclusive  
47.9 child care settings, such as:
- 47.10 (i) mental health supports;  
47.11 (ii) inclusion specialist services;  
47.12 (iii) home care nursing;  
47.13 (iv) behavioral supports;  
47.14 (v) coaching or training for staff;  
47.15 (vi) substitute teaching time; or  
47.16 (vii) enhanced rate for increased staff-to-child ratio; and
- 47.17 (3) other expenses determined by the grantee and family child care provider or child  
47.18 care center partners to be necessary to serve children with disabilities in inclusive child care  
47.19 settings.
- 47.20 Subd. 4. Requirements for grantees. Upon receipt of grant money and throughout the  
47.21 grant period, grant recipients must:
- 47.22 (1) partner with at least three family child care providers or child care centers, each of  
47.23 which must meet one of the following criteria:
- 47.24 (i) serve ten or fewer children, including at least one child with a disability who is not  
47.25 a family member of the family child care provider or of an employee of the child care center;  
47.26 (ii) serve 11 to 30 children, including at least two children with disabilities; or  
47.27 (iii) serve more than 30 children, including at least three children with disabilities;

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

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

48.6 (i) Medicaid or private health insurance coverage;

48.7 (ii) additional grant funding; or

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

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

48.13 Subd. 5. **Reporting.** Grantees must report semiannually to the commissioner according  
48.14 to a manner specified by the commissioner on the following:

48.15 (1) additional supports needed to serve children with disabilities in inclusive child care  
48.16 settings;

48.17 (2) costs for additional supports;

48.18 (3) billing best practices;

48.19 (4) available funding sources;

48.20 (5) processes for identifying families of children with disabilities who could benefit  
48.21 from grant activities and connecting them with family child care providers or child care  
48.22 centers interested in serving them; and

48.23 (6) processes used to determine whether a child is a child with a disability and means  
48.24 of prioritizing grant funding to serve children with significant support needs associated with  
48.25 their disability.

48.26 Sec. 59. **REPEALER.**

48.27 Minnesota Statutes 2020, sections 256D.051, subdivisions 1, 1a, 2, 2a, 3, 3a, 3b, 6b, 6c,  
48.28 7, 8, 9, and 18; 256D.052, subdivision 3; and 259A.70, are repealed.

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

**ARTICLE 2****CHILD PROTECTION**

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

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

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

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

Subdivision 1. **Availability of residential treatment services.** County boards must provide or contract for enough residential treatment services to meet the needs of each child with severe emotional disturbance residing in the county and needing this level of care. Length of stay is based on the child's residential treatment need and shall be ~~subject to the six-month review process established in section 260C.203, and for children in voluntary placement for treatment, the court review process in section 260D.06~~ reviewed every six months. Services must be appropriate to the child's age and treatment needs and must be made available as close to the county as possible. Residential treatment must be designed to:

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

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

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

50.8 Subdivision 1. **Admission criteria.** (a) Prior to admission or placement, except in the

50.9 case of an emergency, all children referred for treatment of severe emotional disturbance

50.10 in a treatment foster care setting, residential treatment facility, or informally admitted to a

50.11 regional treatment center shall undergo an assessment to determine the appropriate level of

50.12 care if public county funds are used to pay for the child's services.

50.13 (b) ~~The responsible social services agency county board~~ shall determine the appropriate

50.14 level of care for a child when county-controlled funds are used to pay for the child's ~~services~~

50.15 ~~or placement residential treatment under this chapter, including residential treatment provided~~

50.16 ~~in a qualified residential treatment facility under chapter 260C and licensed by the~~

50.17 ~~commissioner under chapter 245A. In accordance with section 260C.157, a juvenile treatment~~

50.18 ~~screening team shall conduct a screening before the team may recommend whether to place~~

50.19 ~~a child in a qualified residential treatment program as defined in section 260C.007,~~

50.20 ~~subdivision 26d. When a social services agency county board~~ does not have responsibility

50.21 for a child's placement and the child is enrolled in a prepaid health program under section

50.22 256B.69, the enrolled child's contracted health plan must determine the appropriate level

50.23 of care for the child. When Indian Health Services funds or funds of a tribally owned facility

50.24 funded under the Indian Self-Determination and Education Assistance Act, Public Law

50.25 93-638, are to be used for a child, the Indian Health Services or 638 tribal health facility

50.26 must determine the appropriate level of care for the child. When more than one entity bears

50.27 responsibility for a child's coverage, the entities shall coordinate level of care determination

50.28 activities for the child to the extent possible.

50.29 (c) ~~The responsible social services agency must make the level of care determination~~

50.30 ~~available to the juvenile treatment screening team, as permitted under chapter 13. The level~~

50.31 ~~of care determination shall inform the juvenile treatment screening team process and the~~

50.32 ~~assessment in section 260C.704 when considering whether to place the child in a qualified~~

50.33 ~~residential treatment program. When the responsible social services agency is not involved~~

51.1 ~~in determining a child's placement, the~~ child's level of care determination shall determine  
51.2 whether the proposed treatment:

51.3 (1) is necessary;

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

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

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

51.8 (d) When a level of care determination is conducted, the ~~responsible social services~~  
51.9 ~~agency~~ county board or other entity may not determine that a screening ~~under section~~  
51.10 ~~260C.157 or~~ referral, or admission to a treatment foster care setting or residential treatment  
51.11 facility is not appropriate solely because services were not first provided to the child in a  
51.12 less restrictive setting and the child failed to make progress toward or meet treatment goals  
51.13 in the less restrictive setting. The level of care determination must be based on a diagnostic  
51.14 assessment of a child that includes a functional assessment which evaluates the child's  
51.15 family, school, and community living situations; and an assessment of the child's need for  
51.16 care out of the home using a validated tool which assesses a child's functional status and  
51.17 assigns an appropriate level of care to the child. The validated tool must be approved by  
51.18 the commissioner of human services. If a diagnostic assessment including a functional  
51.19 assessment has been completed by a mental health professional within the past 180 days, a  
51.20 new diagnostic assessment need not be completed unless in the opinion of the current treating  
51.21 mental health professional the child's mental health status has changed markedly since the  
51.22 assessment was completed. The child's parent shall be notified if an assessment will not be  
51.23 completed and of the reasons. A copy of the notice shall be placed in the child's file.

51.24 Recommendations developed as part of the level of care determination process shall include  
51.25 specific community services needed by the child and, if appropriate, the child's family, and  
51.26 shall indicate whether ~~or not~~ these services are available and accessible to the child and the  
51.27 child's family. The child and the child's family must be invited to any meeting at which the  
51.28 level of care determination is discussed and decisions regarding treatment foster care or  
51.29 residential treatment are made. The child and the child's family may invite other relatives,  
51.30 friends, or advocates to attend these meetings.

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

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

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

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

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

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

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

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

52.18 Subd. 4a. **Children's residential facility.** "Children's residential facility" is defined as  
52.19 a residential program licensed under this chapter or chapter 241 according to the applicable  
52.20 standards in Minnesota Rules, parts 2960.0010 to 2960.0710.

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

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

52.24 Subd. 6d. **Foster family setting.** "Foster family setting" has the meaning given in  
52.25 Minnesota Rules, chapter 2960.3010, subpart 23, and includes settings licensed by the  
52.26 commissioner of human services or the commissioner of corrections.

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

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

53.3 Subd. 6e. **Foster residence setting.** "Foster residence setting" has the meaning given  
53.4 in Minnesota Rules, chapter 2960.3010, subpart 26, and includes settings licensed by the  
53.5 commissioner of human services or the commissioner of corrections.

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

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

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

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

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

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

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

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

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

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

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

54.3 **Subd. 6. First date of working in a facility or setting; documentation**  
54.4 **requirements. Children's residential facility and foster residence setting license holders**  
54.5 **must document the first date that a person who is a background study subject begins working**  
54.6 **in the license holder's facility or setting. If the license holder does not maintain documentation**  
54.7 **of each background study subject's first date of working in the facility or setting in the**  
54.8 **license holder's personnel files, the license holder must provide documentation to the**  
54.9 **commissioner that contains the first date that each background study subject began working**  
54.10 **in the license holder's program upon the commissioner's request.**

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

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

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

54.17 **(1) a qualified residential treatment program;**

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

54.21 **(3) a residential setting specializing in providing prenatal, postpartum, or parenting**  
54.22 **support for youth; or**

54.23 **(4) a supervised independent living setting for youth 18 years of age or older.**

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

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

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

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

55.4 Subd. 2. **Program certification types and requests for certification.** (a) By July 1,  
55.5 2021, the commissioner of human services must offer certifications to license holders for  
55.6 the following types of programs:

55.7 (1) qualified residential treatment programs;

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

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

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

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

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

55.22 (b) For the purposes of this section, "trauma-informed care" is defined as care that:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

56.30 (2) avoids aspects that may be retraumatizing;

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

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

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

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

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

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

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

57.13 (5) if the program is certified to use restrictive procedures under Minnesota Rules, part  
57.14 2960.0710, how the program uses restrictive procedures only when necessary for a youth  
57.15 in a manner that addresses the youth's history of trauma and avoids causing the youth  
57.16 additional trauma.

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

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

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

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

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

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

57.30 (3) the requirements of this subdivision.

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

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

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

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

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

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

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

58.22 (2) the Joint Commission;

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

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

58.26 (f) The license holder must facilitate participation of a youth's family members in the  
58.27 youth's treatment program, consistent with the youth's best interests and according to the  
58.28 youth's out-of-home placement plan required by sections 260C.212, subdivision 1; and  
58.29 260C.708.

58.30 (g) The license holder must contact and facilitate outreach to each youth's family  
58.31 members, including the youth's siblings, and must document outreach to the youth's family  
58.32 members in the youth's file, including the contact method and each family member's contact

59.1 information. In the youth's file, the license holder must record and maintain the contact  
59.2 information for all known biological family members and fictive kin of the youth.

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

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

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

59.15 **Subd. 5. Residential settings specializing in providing care and supportive services**  
59.16 **for youth who have been or are at risk of becoming victims of sex trafficking or**  
59.17 **commercial sexual exploitation; certification requirements.** (a) To be certified as a  
59.18 residential setting specializing in providing care and support services for youth who have  
59.19 been or are at risk of becoming victims of sex trafficking or commercial sexual exploitation,  
59.20 a license holder must meet the requirements of this subdivision.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

61.7 (1) instruction that: (i) a child or infant should never be left unattended around water;  
61.8 (ii) a tub should be filled with only two to four inches of water for infants; and (iii) an infant  
61.9 should never be put into a tub when the water is running; and

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

61.13 The license holder must document the parent's receipt of the education and keep the  
61.14 documentation in the parent's file. The documentation must indicate whether the parent  
61.15 agrees to comply with the safeguards described in this paragraph. If the parent refuses to  
61.16 comply, program staff must provide additional education to the parent as described in the  
61.17 parental supervision plan. The parental supervision plan must include the intervention,  
61.18 frequency, and staff responsible for the duration of the parent's participation in the program  
61.19 or until the parent agrees to comply with the safeguards described in this paragraph.

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

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

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

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

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

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

61.30 (g) If the parent refuses to comply with the safeguards described in paragraph (d) or is  
61.31 unable to adequately care for the child, the license holder must develop a parental supervision  
61.32 plan in conjunction with the parent. The plan must account for any factors in paragraph (e)

62.1 that contribute to the parent's inability to adequately care for the child. The plan must be  
62.2 dated and signed by the staff person who completed the plan.

62.3 (h) The license holder must have written procedures addressing whether the program  
62.4 permits a parent to arrange for supervision of the parent's child by another youth in the  
62.5 program. If permitted, the facility must have a procedure that requires staff approval of the  
62.6 supervision arrangement before the supervision by the nonparental youth occurs. The  
62.7 procedure for approval must include an assessment of the nonparental youth's capacity to  
62.8 assume the supervisory responsibilities using the criteria in paragraph (e). The license holder  
62.9 must document the license holder's approval of the supervisory arrangement and the  
62.10 assessment of the nonparental youth's capacity to supervise the child and must keep this  
62.11 documentation in the file of the parent whose child is being supervised by the nonparental  
62.12 youth.

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

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

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

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

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

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

62.28 Subd. 8. **Monitoring and inspections.** (a) For a program licensed by the commissioner  
62.29 of human services, the commissioner of human services may review a program's compliance  
62.30 with certification requirements by conducting an inspection, a licensing review, or an  
62.31 investigation of the program. The commissioner may issue a correction order to the license  
62.32 holder for a program's noncompliance with the certification requirements of this section.  
62.33 For a program licensed by the commissioner of human services, a license holder must make

63.1 a request for reconsideration of a correction order according to section 245A.06, subdivision  
63.2 2.

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

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

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

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

63.11 (c) For a program licensed by the commissioner of corrections, if a license holder believes  
63.12 that there are errors in the correction order of the commissioner of human services, the  
63.13 license holder may ask the Department of Human Services to reconsider the parts of the  
63.14 correction order that the license holder alleges are in error. To submit a request for  
63.15 reconsideration, the license holder must send a written request for reconsideration by United  
63.16 States mail to the commissioner of human services. The request for reconsideration must  
63.17 be postmarked within 20 calendar days of the date that the correction order was received  
63.18 by the license holder and must:

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

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

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

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

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

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

63.30 (b) The license holder may request reconsideration of a decertification by notifying the  
63.31 commissioner of human services by certified mail or personal service. The license holder  
63.32 must request reconsideration of a decertification in writing. If the license holder sends the

64.1 request for reconsideration of a decertification by certified mail, the license holder must  
64.2 send the request by United States mail to the commissioner of human services and the  
64.3 request must be postmarked within 20 calendar days after the license holder received the  
64.4 notice of decertification. If the license holder requests reconsideration of a decertification  
64.5 by personal service, the request for reconsideration must be received by the commissioner  
64.6 of human services within 20 calendar days after the license holder received the notice of  
64.7 decertification. When submitting a request for reconsideration of a decertification, the license  
64.8 holder must submit a written argument or evidence in support of the request for  
64.9 reconsideration.

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

64.12 Subd. 10. **Variances.** The commissioner of human services may grant variances to the  
64.13 requirements in this section that do not affect a youth's health or safety or compliance with  
64.14 federal requirements for Title IV-E funding if the conditions in section 245A.04, subdivision  
64.15 9, are met.

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

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

64.18 Subd. 14b. **American Indian child welfare projects.** (a) The commissioner of human  
64.19 services may authorize projects to initiate tribal delivery of child welfare services to American  
64.20 Indian children and their parents and custodians living on the reservation. The commissioner  
64.21 has authority to solicit and determine which tribes may participate in a project. Grants may  
64.22 be issued to Minnesota Indian tribes to support the projects. The commissioner may waive  
64.23 existing state rules as needed to accomplish the projects. The commissioner may authorize  
64.24 projects to use alternative methods of (1) screening, investigating, and assessing reports of  
64.25 child maltreatment, and (2) administrative reconsideration, administrative appeal, and  
64.26 judicial appeal of maltreatment determinations, provided the alternative methods used by  
64.27 the projects comply with the provisions of section 256.045 and chapter 260E that deal with  
64.28 the rights of individuals who are the subjects of reports or investigations, including notice  
64.29 and appeal rights and data practices requirements. The commissioner shall only authorize  
64.30 alternative methods that comply with the public policy under section 260E.01. The  
64.31 commissioner may seek any federal approval necessary to carry out the projects as well as  
64.32 seek and use any funds available to the commissioner, including use of federal funds,  
64.33 foundation funds, existing grant funds, and other funds. The commissioner is authorized to  
64.34 advance state funds as necessary to operate the projects. Federal reimbursement applicable

65.1 to the projects is appropriated to the commissioner for the purposes of the projects. The  
65.2 projects must be required to address responsibility for safety, permanency, and well-being  
65.3 of children.

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

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

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

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

65.10 (3) have a substantial number of children for whom determinations of maltreatment have  
65.11 occurred;

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

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

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

65.18 (7) enter into host tribal contracts pursuant to section 256.0112, subdivision 6.

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

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

65.23 (2) family preservation;

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

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

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

65.29 (e) When a tribe has initiated a project and has been approved by the commissioner to  
65.30 assume child welfare responsibilities for American Indian children of that tribe under this  
65.31 section, the affected county social service agency is relieved of responsibility for responding

66.1 to reports of abuse and neglect under chapter 260E for those children during the time within  
66.2 which the tribal project is in effect and funded. The commissioner shall work with tribes  
66.3 and affected counties to develop procedures for data collection, evaluation, and clarification  
66.4 of ongoing role and financial responsibilities of the county and tribe for child welfare services  
66.5 prior to initiation of the project. Children who have not been identified by the tribe as  
66.6 participating in the project shall remain the responsibility of the county. Nothing in this  
66.7 section shall alter responsibilities of the county for law enforcement or court services.

66.8 (f) Participating tribes may conduct children's mental health screenings under section  
66.9 245.4874, subdivision 1, paragraph (a), clause (12), for children who are eligible for the  
66.10 initiative and living on the reservation and who meet one of the following criteria:

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

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

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

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

66.17 (g) Participating tribes may establish a local child mortality review panel. In establishing  
66.18 a local child mortality review panel, the tribe agrees to conduct local child mortality reviews  
66.19 for child deaths or near-fatalities occurring on the reservation under subdivision 12. Tribes  
66.20 with established child mortality review panels shall have access to nonpublic data and shall  
66.21 protect nonpublic data under subdivision 12, paragraphs (c) to (e). The tribe shall provide  
66.22 written notice to the commissioner and affected counties when a local child mortality review  
66.23 panel has been established and shall provide data upon request of the commissioner for  
66.24 purposes of sharing nonpublic data with members of the state child mortality review panel  
66.25 in connection to an individual case.

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

66.30 (i) In consultation with the White Earth Band, the commissioner shall develop and submit  
66.31 to the chairs and ranking minority members of the legislative committees with jurisdiction  
66.32 over health and human services a plan to transfer legal responsibility for providing child  
66.33 protective services to White Earth Band member children residing in Hennepin County to

67.1 the White Earth Band. The plan shall include a financing proposal, definitions of key terms,  
67.2 statutory amendments required, and other provisions required to implement the plan. The  
67.3 commissioner shall submit the plan by January 15, 2012.

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

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

67.6 Subd. 6. **Contracting within and across county lines; lead county contracts; lead**  
67.7 **tribal contracts.** Paragraphs (a) to (e) govern contracting within and across county lines  
67.8 and lead county contracts. Paragraphs (a) to (e) govern contracting within and across  
67.9 reservation boundaries and lead tribal contracts for initiative tribes under section 256.01,  
67.10 subdivision 14b. For purposes of this subdivision, "local agency" includes a tribe or a county  
67.11 agency.

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

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

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

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

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

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

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

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

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

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

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

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

68.23 When the Indian Child Welfare Act of 1978, United States Code, title 25, sections 1901  
68.24 to 1963, applies to a child, the county must contact the child's tribe without delay to give  
68.25 the tribe the option to designate a qualified individual who is a trained culturally competent  
68.26 professional or licensed clinician, including a mental health professional under section  
68.27 245.4871, subdivision 27, who is not employed by the responsible social services agency  
68.28 and who is not connected to or affiliated with any placement setting in which a responsible  
68.29 social services agency has placed children. Only a federal waiver that demonstrates  
68.30 maintained objectivity may allow a responsible social services agency employee or tribal  
68.31 employee affiliated with any placement setting in which the responsible social services  
68.32 agency has placed children to be designated the qualified individual.

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

69.2 Subd. 31. **Sexually exploited youth.** "Sexually exploited youth" means an individual  
69.3 who:

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

69.7 (2) is a victim of a crime described in section 609.342, 609.343, 609.344, 609.345,  
69.8 609.3451, 609.3453, 609.352, 617.246, or 617.247;

69.9 (3) is a victim of a crime described in United States Code, title 18, section 2260; 2421;  
69.10 2422; 2423; 2425; 2425A; or 2256; ~~or~~

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

69.12 (5) is a victim of commercial sexual exploitation as defined in United States Code, title  
69.13 22, section 7102(11)(A) and (12).

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

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

69.16 Subd. 3. **Juvenile treatment screening team.** (a) The responsible social services agency  
69.17 shall establish a juvenile treatment screening team to conduct screenings under this chapter,  
69.18 chapter 260D, and section 245.487, subdivision 3, for a child to receive treatment for an  
69.19 emotional disturbance, a developmental disability, or related condition in a residential  
69.20 treatment facility licensed by the commissioner of human services under chapter 245A, or  
69.21 licensed or approved by a tribe. A screening team is not required for a child to be in: (1) a  
69.22 residential facility specializing in prenatal, postpartum, or parenting support; (2) a facility  
69.23 specializing in high-quality residential care and supportive services to children and youth  
69.24 who ~~are~~ have been or are at risk of becoming victims of sex-trafficking victims or are at  
69.25 risk of becoming sex-trafficking victims or commercial sexual exploitation; (3) supervised  
69.26 settings for youth who are 18 years ~~old~~ of age or older and living independently; or (4) a  
69.27 licensed residential family-based treatment facility for substance abuse consistent with  
69.28 section 260C.190. Screenings are also not required when a child must be placed in a facility  
69.29 due to an emotional crisis or other mental health emergency.

69.30 (b) The responsible social services agency shall conduct screenings within 15 days of a  
69.31 request for a screening, unless the screening is for the purpose of residential treatment and  
69.32 the child is enrolled in a prepaid health program under section 256B.69, in which case the

70.1 agency shall conduct the screening within ten working days of a request. The responsible  
70.2 social services agency shall convene the juvenile treatment screening team, which may be  
70.3 constituted under section 245.4885 or 256B.092 or Minnesota Rules, parts 9530.6600 to  
70.4 9530.6655. The team shall consist of social workers; persons with expertise in the treatment  
70.5 of juveniles who are emotionally ~~disabled~~ disturbed, chemically dependent, or have a  
70.6 developmental disability; and the child's parent, guardian, or permanent legal custodian.  
70.7 The team may include the child's relatives as defined in section 260C.007, subdivisions 26b  
70.8 and 27, the child's foster care provider, and professionals who are a resource to the child's  
70.9 family such as teachers, medical or mental health providers, and clergy, as appropriate,  
70.10 consistent with the family and permanency team as defined in section 260C.007, subdivision  
70.11 16a. Prior to forming the team, the responsible social services agency must consult with the  
70.12 child's parents, the child if the child is age 14 or older, ~~the child's parents~~, and, if applicable,  
70.13 the child's tribe to obtain recommendations regarding which individuals to include on the  
70.14 team and to ensure that the team is family-centered and will act in the child's best interest  
70.15 interests. If the child, child's parents, or legal guardians raise concerns about specific relatives  
70.16 or professionals, the team should not include those individuals. This provision does not  
70.17 apply to paragraph (c).

70.18 (c) If the agency provides notice to tribes under section 260.761, and the child screened  
70.19 is an Indian child, the responsible social services agency must make a rigorous and concerted  
70.20 effort to include a designated representative of the Indian child's tribe on the juvenile  
70.21 treatment screening team, unless the child's tribal authority declines to appoint a  
70.22 representative. The Indian child's tribe may delegate its authority to represent the child to  
70.23 any other federally recognized Indian tribe, as defined in section 260.755, subdivision 12.  
70.24 The provisions of the Indian Child Welfare Act of 1978, United States Code, title 25, sections  
70.25 1901 to 1963, and the Minnesota Indian Family Preservation Act, sections 260.751 to  
70.26 260.835, apply to this section.

70.27 (d) If the court, prior to, or as part of, a final disposition or other court order, proposes  
70.28 to place a child with an emotional disturbance or developmental disability or related condition  
70.29 in residential treatment, the responsible social services agency must conduct a screening.  
70.30 If the team recommends treating the child in a qualified residential treatment program, the  
70.31 agency must follow the requirements of sections 260C.70 to 260C.714.

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

71.1 (e) When the responsible social services agency is responsible for placing and caring  
71.2 for the child and the screening team recommends placing a child in a qualified residential  
71.3 treatment program as defined in section 260C.007, subdivision 26d, the agency must: (1)  
71.4 begin the assessment and processes required in section 260C.704 without delay; and (2)  
71.5 conduct a relative search according to section 260C.221 to assemble the child's family and  
71.6 permanency team under section 260C.706. Prior to notifying relatives regarding the family  
71.7 and permanency team, the responsible social services agency must consult with the child's  
71.8 parents and the child if the child is age 14 or older, ~~the child's parents~~ and, if applicable, the  
71.9 child's tribe to ensure that the agency is providing notice to individuals who will act in the  
71.10 child's best ~~interest~~ interests. The child and the child's parents may identify a culturally  
71.11 competent qualified individual to complete the child's assessment. The agency shall make  
71.12 efforts to refer the assessment to the identified qualified individual. The assessment may  
71.13 not be delayed for the purpose of having the assessment completed by a specific qualified  
71.14 individual.

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

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

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

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

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

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

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

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

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

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

72.9 (c) ~~Except in proceedings where the sole basis for the petition is habitual truancy, if the~~  
72.10 ~~parent, guardian, or custodian desires counsel but is unable to employ it, the court shall~~  
72.11 ~~appoint counsel to represent the parent, guardian, or custodian in any case in which it feels~~  
72.12 ~~that such an appointment is appropriate if the person would be financially unable to obtain~~  
72.13 ~~counsel under the guidelines set forth in section 611.17. In all child protection proceedings~~  
72.14 ~~where a child risks removal from the care of the child's parent, guardian, or custodian,~~  
72.15 ~~including a child in need of protection or services petition, an action pursuing removal of~~  
72.16 ~~a child from the child's home, a termination of parental rights petition, or a petition for~~  
72.17 ~~permanent out-of-home placement, if the parent, guardian, or custodian desires counsel and~~  
72.18 ~~is eligible for counsel under section 611.17, the court shall appoint counsel to represent~~  
72.19 ~~each parent, guardian, or custodian prior to the first hearing on the petition and at all stages~~  
72.20 ~~of the proceedings.~~ Court appointed counsel shall be at county expense as outlined in  
72.21 paragraph (h).

72.22 (d) In any proceeding where the subject of a petition for a child in need of protection or  
72.23 services is ten years of age or older, the responsible social services agency shall, within 14  
72.24 days after filing the petition or at the emergency removal hearing under section 260C.178,  
72.25 subdivision 1, if the child is present, fully and effectively inform the child of the child's  
72.26 right to be represented by appointed counsel upon request and shall notify the court as to  
72.27 whether the child desired counsel. Information provided to the child shall include, at a  
72.28 minimum, the fact that counsel will be provided without charge to the child, that the child's  
72.29 communications with counsel are confidential, and that the child has the right to participate  
72.30 in all proceedings on a petition, including the opportunity to personally attend all hearings.  
72.31 The responsible social services agency shall also, within 14 days of the child's tenth birthday,  
72.32 fully and effectively inform the child of the child's right to be represented by counsel if the  
72.33 child reaches the age of ten years while the child is the subject of a petition for a child in  
72.34 need of protection or services or is a child under the guardianship of the commissioner.

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

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

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

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

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

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

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

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

74.1 (1) when the agency moves a child to a different foster care setting, the agency shall  
74.2 inform the court within 30 days of the child's placement change or court-ordered trial home  
74.3 visit. The agency must file the child's updated out-of-home placement plan with the court  
74.4 at the next required review hearing;

74.5 (2) when the agency places a child in a qualified residential treatment program as defined  
74.6 in section 260C.007, subdivision 26d, or moves a child from one qualified residential  
74.7 treatment program to a different qualified residential treatment program, the agency must  
74.8 update the child's out-of-home placement plan within 60 days. To meet the requirements  
74.9 of section 260C.708, the agency must file the child's out-of-home placement plan ~~with the~~  
74.10 ~~court as part of the 60-day hearing and~~ along with the agency's report seeking the court's  
74.11 approval of the child's placement at a qualified residential treatment program under section  
74.12 260C.71. After the court issues an order, the agency must update the child's out-of-home  
74.13 placement plan after the court hearing to document the court's approval or disapproval of  
74.14 the child's placement in a qualified residential treatment program;

74.15 (3) when the agency places a child with the child's parent in a licensed residential  
74.16 family-based substance use disorder treatment program under section 260C.190, the agency  
74.17 must identify the treatment program where the child will be placed in the child's out-of-home  
74.18 placement plan prior to the child's placement. The agency must file the child's out-of-home  
74.19 placement plan with the court at the next required review hearing; and

74.20 (4) under sections 260C.227 and 260C.521, the agency must update the child's  
74.21 out-of-home placement plan and file the child's out-of-home placement plan with the court.

74.22 (b) When none of the items in paragraph (a) apply, the agency must update the child's  
74.23 out-of-home placement plan no later than 180 days after the child's initial placement and  
74.24 every six months thereafter, consistent with section 260C.203, paragraph (a).

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

74.26 Sec. 20. Minnesota Statutes 2020, section 260C.212, subdivision 13, is amended to read:

74.27 Subd. 13. **Protecting missing and runaway children and youth at risk of sex**  
74.28 **trafficking or commercial sexual exploitation.** (a) The local social services agency shall  
74.29 expeditiously locate any child missing from foster care.

74.30 (b) The local social services agency shall report immediately, but no later than 24 hours,  
74.31 after receiving information on a missing or abducted child to the local law enforcement  
74.32 agency for entry into the National Crime Information Center (NCIC) database of the Federal  
74.33 Bureau of Investigation, and to the National Center for Missing and Exploited Children.

75.1 (c) The local social services agency shall not discharge a child from foster care or close  
75.2 the social services case until diligent efforts have been exhausted to locate the child and the  
75.3 court terminates the agency's jurisdiction.

75.4 (d) The local social services agency shall determine the primary factors that contributed  
75.5 to the child's running away or otherwise being absent from care and, to the extent possible  
75.6 and appropriate, respond to those factors in current and subsequent placements.

75.7 (e) The local social services agency shall determine what the child experienced while  
75.8 absent from care, including screening the child to determine if the child is a possible sex  
75.9 trafficking or commercial sexual exploitation victim as defined in section ~~609.321~~,  
75.10 ~~subdivision 7b~~ 260C.007, subdivision 31.

75.11 (f) The local social services agency shall report immediately, but no later than 24 hours,  
75.12 to the local law enforcement agency any reasonable cause to believe a child is, or is at risk  
75.13 of being, a sex trafficking or commercial sexual exploitation victim.

75.14 (g) The local social services agency shall determine appropriate services as described  
75.15 in section 145.4717 with respect to any child for whom the local social services agency has  
75.16 responsibility for placement, care, or supervision when the local social services agency has  
75.17 reasonable cause to believe that the child is, or is at risk of being, a sex trafficking or  
75.18 commercial sexual exploitation victim.

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

75.20 Sec. 21. Minnesota Statutes 2020, section 260C.4412, is amended to read:

75.21 **260C.4412 PAYMENT FOR RESIDENTIAL PLACEMENTS.**

75.22 (a) When a child is placed in a foster care group residential setting under Minnesota  
75.23 Rules, parts 2960.0020 to 2960.0710, a foster residence licensed under chapter 245A that  
75.24 meets the standards of Minnesota Rules, parts 2960.3200 to 2960.3230, or a children's  
75.25 residential facility licensed or approved by a tribe, foster care maintenance payments must  
75.26 be made on behalf of the child to cover the cost of providing food, clothing, shelter, daily  
75.27 supervision, school supplies, child's personal incidentals and supports, reasonable travel for  
75.28 visitation, or other transportation needs associated with the items listed. Daily supervision  
75.29 in the group residential setting includes routine day-to-day direction and arrangements to  
75.30 ensure the well-being and safety of the child. It may also include reasonable costs of  
75.31 administration and operation of the facility.

75.32 (b) The commissioner of human services shall specify the title IV-E administrative  
75.33 procedures under section 256.82 for each of the following residential program settings:

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

76.2 (i) qualified residential treatment programs as defined in section 260C.007, subdivision  
76.3 26d;

76.4 (ii) program settings specializing in providing prenatal, postpartum, or parenting supports  
76.5 for youth; and

76.6 (iii) program settings providing high-quality residential care and supportive services to  
76.7 children and youth who are, or are at risk of becoming, sex trafficking victims;

76.8 (2) licensed residential family-based substance use disorder treatment programs as  
76.9 defined in section 260C.007, subdivision 22a; and

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

76.12 (c) A lead county contract under section 256.0112, subdivision 6, is not required to  
76.13 establish the foster care maintenance payment in paragraph (a) for foster residence settings  
76.14 licensed under chapter 245A that meet the standards of Minnesota Rules, parts 2960.3200  
76.15 to 2960.3230. The foster care maintenance payment for these settings must be consistent  
76.16 with section 256N.26, subdivision 3, and subject to the annual revision as specified in section  
76.17 256N.26, subdivision 9.

76.18 Sec. 22. Minnesota Statutes 2020, section 260C.452, is amended to read:

76.19 **260C.452 SUCCESSFUL TRANSITION TO ADULTHOOD.**

76.20 Subdivision 1. **Scope and purpose.** (a) For purposes of this section, "youth" means a  
76.21 person who is at least 14 years of age and under 23 years of age.

76.22 (b) This section pertains to a ~~child~~ youth who:

76.23 (1) is in foster care and is 14 years of age or older, including a youth who is under the  
76.24 guardianship of the commissioner of human services, ~~or who;~~

76.25 (2) has a permanency disposition of permanent custody to the agency, ~~or who;~~

76.26 (3) will leave foster care ~~at 18 to 21 years of age.~~ when the youth is 18 years of age or  
76.27 older and under 21 years of age;

76.28 (4) has left foster care and was placed at a permanent adoptive placement when the youth  
76.29 was 16 years of age or older;

76.30 (5) is 16 years of age or older, has left foster care, and was placed with a relative to  
76.31 whom permanent legal and physical custody of the youth has been transferred; or

77.1 (6) was reunified with the youth's primary caretaker when the youth was 14 years of age  
77.2 or older and under 18 years of age.

77.3 (c) The purpose of this section is to provide support to each youth who is transitioning  
77.4 to adulthood by providing services to the youth in the areas of:

77.5 (1) education;

77.6 (2) employment;

77.7 (3) daily living skills such as financial literacy training and driving instruction; preventive  
77.8 health activities including promoting abstinence from substance use and smoking; and  
77.9 nutrition education and pregnancy prevention;

77.10 (4) forming meaningful, permanent connections with caring adults;

77.11 (5) engaging in age and developmentally appropriate activities under section 260C.212,  
77.12 subdivision 14, and positive youth development;

77.13 (6) financial, housing, counseling, and other services to assist a youth over 18 years of  
77.14 age in achieving self-sufficiency and accepting personal responsibility for the transition  
77.15 from adolescence to adulthood; and

77.16 (7) making vouchers available for education and training.

77.17 (d) The responsible social services agency may provide support and case management  
77.18 services to a youth as defined in paragraph (a) until the youth reaches the age of 23 years.  
77.19 According to section 260C.451, a youth's placement in a foster care setting will end when  
77.20 the youth reaches the age of 21 years.

77.21 Subd. 1a. **Case management services.** Case management services include the  
77.22 responsibility for planning, coordinating, authorizing, monitoring, and evaluating services  
77.23 for a youth and shall be provided to a youth by the responsible social services agency or  
77.24 the contracted agency. Case management services include the out-of-home placement plan  
77.25 under section 260C.212, subdivision 1, when the youth is in out-of-home placement.

77.26 Subd. 2. **Independent living plan.** When the ~~child~~ youth is 14 years of age or older and  
77.27 is receiving support from the responsible social services agency under this section, the  
77.28 responsible social services agency, in consultation with the ~~child~~ youth, shall complete the  
77.29 youth's independent living plan according to section 260C.212, subdivision 1, paragraph  
77.30 (c), clause (12), regardless of the youth's current placement status.

77.31 Subd. 3. **Notification.** Six months before the child is expected to be discharged from  
77.32 foster care, the responsible social services agency shall provide written notice to the child

78.1 ~~regarding the right to continued access to services for certain children in foster care past 18~~  
78.2 ~~years of age and of the right to appeal a denial of social services under section 256.045.~~

78.3 Subd. 4. **Administrative or court review of placements.** (a) When the child youth is  
78.4 14 years of age or older, the court, in consultation with the child youth, shall review the  
78.5 youth's independent living plan according to section 260C.203, paragraph (d).

78.6 (b) The responsible social services agency shall file a copy of the notification ~~required~~  
78.7 ~~in subdivision 3~~ of foster care benefits for a youth who is 18 years of age or older according  
78.8 to section 260C.451, subdivision 1, with the court. If the responsible social services agency  
78.9 does not file the notice by the time the child youth is 17-1/2 years of age, the court shall  
78.10 require the responsible social services agency to file the notice.

78.11 (c) When a youth is 18 years of age or older, the court shall ensure that the responsible  
78.12 social services agency assists the child youth in obtaining the following documents before  
78.13 the child youth leaves foster care: a Social Security card; an official or certified copy of the  
78.14 child's youth's birth certificate; a state identification card or driver's license, tribal enrollment  
78.15 identification card, green card, or school visa; health insurance information; the child's  
78.16 youth's school, medical, and dental records; a contact list of the child's youth's medical,  
78.17 dental, and mental health providers; and contact information for the child's youth's siblings,  
78.18 if the siblings are in foster care.

78.19 (d) For a child youth who will be discharged from foster care at 18 years of age or older  
78.20 because the youth is not eligible for extended foster care benefits or chooses to leave foster  
78.21 care, the responsible social services agency must develop a personalized transition plan as  
78.22 directed by the child youth during the 90-day period immediately prior to the expected date  
78.23 of discharge. The transition plan must be as detailed as the child youth elects and include  
78.24 specific options, including but not limited to:

78.25 (1) affordable housing with necessary supports that does not include a homeless shelter;

78.26 (2) health insurance, including eligibility for medical assistance as defined in section  
78.27 256B.055, subdivision 17;

78.28 (3) education, including application to the Education and Training Voucher Program;

78.29 (4) local opportunities for mentors and continuing support services, ~~including the Healthy~~  
78.30 ~~Transitions and Homeless Prevention program, if available;~~

78.31 (5) workforce supports and employment services;

79.1 (6) a copy of the ~~child's~~ youth's consumer credit report as defined in section 13C.001  
79.2 and assistance in interpreting and resolving any inaccuracies in the report, at no cost to the  
79.3 ~~child~~ youth;

79.4 (7) information on executing a health care directive under chapter 145C and on the  
79.5 importance of designating another individual to make health care decisions on behalf of the  
79.6 ~~child~~ youth if the ~~child~~ youth becomes unable to participate in decisions;

79.7 (8) appropriate contact information through 21 years of age if the ~~child~~ youth needs  
79.8 information or help dealing with a crisis situation; and

79.9 (9) official documentation that the youth was previously in foster care.

79.10 Subd. 5. **Notice of termination of ~~foster care~~ social services.** (a) ~~When~~ Before a ~~child~~  
79.11 youth who is 18 years of age or older leaves foster care ~~at 18 years of age or older~~, the  
79.12 responsible social services agency shall give the ~~child~~ youth written notice that foster care  
79.13 shall terminate 30 days from the date that the notice is sent by the agency according to  
79.14 section 260C.451, subdivision 8.

79.15 ~~(b) The child or the child's guardian ad litem may file a motion asking the court to review~~  
79.16 ~~the responsible social services agency's determination within 15 days of receiving the notice.~~  
79.17 ~~The child shall not be discharged from foster care until the motion is heard. The responsible~~  
79.18 ~~social services agency shall work with the child to transition out of foster care.~~

79.19 ~~(c) The written notice of termination of benefits shall be on a form prescribed by the~~  
79.20 ~~commissioner and shall give notice of the right to have the responsible social services~~  
79.21 ~~agency's determination reviewed by the court under this section or sections 260C.203,~~  
79.22 ~~260C.317, and 260C.515, subdivision 5 or 6. A copy of the termination notice shall be sent~~  
79.23 ~~to the child and the child's attorney, if any, the foster care provider, the child's guardian ad~~  
79.24 ~~litem, and the court. The responsible social services agency is not responsible for paying~~  
79.25 ~~foster care benefits for any period of time after the child leaves foster care.~~

79.26 (b) Before case management services will end for a youth who is at least 18 years of  
79.27 age and under 23 years of age, the responsible social services agency shall give the youth:  
79.28 (1) written notice that case management services for the youth shall terminate; and (2)  
79.29 written notice that the youth has the right to appeal the termination of case management  
79.30 services under section 256.045, subdivision 3, by responding in writing within ten days of  
79.31 the date that the agency mailed the notice. The termination notice must include information  
79.32 about services for which the youth is eligible and how to access the services.

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

80.1 Sec. 23. Minnesota Statutes 2020, section 260C.704, is amended to read:

80.2 **260C.704 REQUIREMENTS FOR THE QUALIFIED INDIVIDUAL'S**  
80.3 **ASSESSMENT OF THE CHILD FOR PLACEMENT IN A QUALIFIED**  
80.4 **RESIDENTIAL TREATMENT PROGRAM.**

80.5 (a) A qualified individual must complete an assessment of the child prior to ~~or within~~  
80.6 ~~30 days of~~ the child's placement in a qualified residential treatment program in a format  
80.7 approved by the commissioner of human services, ~~and~~ unless, due to a crisis, the child must  
80.8 immediately be placed in a qualified residential treatment program. When a child must  
80.9 immediately be placed in a qualified residential treatment program without an assessment,  
80.10 the qualified individual must complete the child's assessment within 30 days of the child's  
80.11 placement. The qualified individual must:

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

80.14 (2) determine whether the child's needs can be met by the child's family members or  
80.15 through placement in a family foster home; or, if not, determine which residential setting  
80.16 would provide the child with the most effective and appropriate level of care to the child  
80.17 in the least restrictive environment;

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

80.20 (4) work with the child's family and permanency team using culturally competent  
80.21 practices.

80.22 If a level of care determination was conducted under section 245.4885, that information  
80.23 must be shared with the qualified individual and the juvenile treatment screening team.

80.24 (b) The child and the child's parents, when appropriate, may request that a specific  
80.25 culturally competent qualified individual complete the child's assessment. The agency shall  
80.26 make efforts to refer the child to the identified qualified individual to complete the  
80.27 assessment. The assessment must not be delayed for a specific qualified individual to  
80.28 complete the assessment.

80.29 (c) The qualified individual must provide the assessment, when complete, to the  
80.30 responsible social services agency, ~~the child's parents or legal guardians, the guardian ad~~  
80.31 ~~litem, and the court.~~ If the assessment recommends placement of the child in a qualified  
80.32 residential treatment facility, the agency must distribute the assessment to the child's parent  
80.33 or legal guardian and file the assessment with the court report as required in section 260C.71,

81.1 subdivision 2. If the assessment does not recommend placement in a qualified residential  
81.2 treatment facility, the agency must provide a copy of the assessment to the parents or legal  
81.3 guardians and the guardian ad litem and file the assessment determination with the court at  
81.4 the next required hearing as required in section 260C.71, subdivision 5. If court rules and  
81.5 chapter 13 permit disclosure of the results of the child's assessment, the agency may share  
81.6 the results of the child's assessment with the child's foster care provider, other members of  
81.7 the child's family, and the family and permanency team. The agency must not share the  
81.8 child's private medical data with the family and permanency team unless: (1) chapter 13  
81.9 permits the agency to disclose the child's private medical data to the family and permanency  
81.10 team; or (2) the child's parent has authorized the agency to disclose the child's private medical  
81.11 data to the family and permanency team.

81.12 (d) For an Indian child, the assessment of the child must follow the order of placement  
81.13 preferences in the Indian Child Welfare Act of 1978, United States Code, title 25, section  
81.14 1915.

81.15 (e) In the assessment determination, the qualified individual must specify in writing:

81.16 (1) the reasons why the child's needs cannot be met by the child's family or in a family  
81.17 foster home. A shortage of family foster homes is not an acceptable reason for determining  
81.18 that a family foster home cannot meet a child's needs;

81.19 (2) why the recommended placement in a qualified residential treatment program will  
81.20 provide the child with the most effective and appropriate level of care to meet the child's  
81.21 needs in the least restrictive environment possible and how placing the child at the treatment  
81.22 program is consistent with the short-term and long-term goals of the child's permanency  
81.23 plan; and

81.24 (3) if the qualified individual's placement recommendation is not the placement setting  
81.25 that the parent, family and permanency team, child, or tribe prefer, the qualified individual  
81.26 must identify the reasons why the qualified individual does not recommend the parent's,  
81.27 family and permanency team's, child's, or tribe's placement preferences. The out-of-home  
81.28 placement plan under section 260C.708 must also include reasons why the qualified  
81.29 individual did not recommend the preferences of the parents, family and permanency team,  
81.30 child, or tribe.

81.31 (f) If the qualified individual determines that the child's family or a family foster home  
81.32 or other less restrictive placement may meet the child's needs, the agency must move the  
81.33 child out of the qualified residential treatment program and transition the child to a less  
81.34 restrictive setting within 30 days of the determination. If the responsible social services

82.1 agency has placement authority of the child, the agency must make a plan for the child's  
82.2 placement according to section 260C.212, subdivision 2. The agency must file the child's  
82.3 assessment determination with the court at the next required hearing.

82.4 (g) If the qualified individual recommends placing the child in a qualified residential  
82.5 treatment program and if the responsible social services agency has placement authority of  
82.6 the child, the agency shall make referrals to appropriate qualified residential treatment  
82.7 programs and upon acceptance by an appropriate program, place the child in an approved  
82.8 or certified qualified residential treatment program.

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

82.10 Sec. 24. Minnesota Statutes 2020, section 260C.706, is amended to read:

82.11 **260C.706 FAMILY AND PERMANENCY TEAM REQUIREMENTS.**

82.12 (a) When the responsible social services agency's juvenile treatment screening team, as  
82.13 defined in section 260C.157, recommends placing the child in a qualified residential treatment  
82.14 program, the agency must assemble a family and permanency team within ten days.

82.15 (1) The team must include all appropriate biological family members, the child's parents,  
82.16 legal guardians or custodians, foster care providers, and relatives as defined in section  
82.17 260C.007, subdivisions ~~26e~~ 26b and 27, and professionals, as appropriate, who are a resource  
82.18 to the child's family, such as teachers, medical or mental health providers, or clergy.

82.19 (2) When a child is placed in foster care prior to the qualified residential treatment  
82.20 program, the agency shall include relatives responding to the relative search notice as  
82.21 required under section 260C.221 on this team, unless the juvenile court finds that contacting  
82.22 a specific relative would ~~endanger~~ present a safety or health risk to the parent, guardian,  
82.23 child, sibling, or any other family member.

82.24 (3) When a qualified residential treatment program is the child's initial placement setting,  
82.25 the responsible social services agency must engage with the child and the child's parents to  
82.26 determine the appropriate family and permanency team members.

82.27 (4) When the permanency goal is to reunify the child with the child's parent or legal  
82.28 guardian, the purpose of the relative search and focus of the family and permanency team  
82.29 is to preserve family relationships and identify and develop supports for the child and parents.

82.30 (5) The responsible agency must make a good faith effort to identify and assemble all  
82.31 appropriate individuals to be part of the child's family and permanency team and request  
82.32 input from the parents regarding relative search efforts consistent with section 260C.221.

83.1 The out-of-home placement plan in section 260C.708 must include all contact information  
83.2 for the team members, as well as contact information for family members or relatives who  
83.3 are not a part of the family and permanency team.

83.4 (6) If the child is age 14 or older, the team must include members of the family and  
83.5 permanency team that the child selects in accordance with section 260C.212, subdivision  
83.6 1, paragraph (b).

83.7 (7) Consistent with section 260C.221, a responsible social services agency may disclose  
83.8 relevant and appropriate private data about the child to relatives in order for the relatives  
83.9 to participate in caring and planning for the child's placement.

83.10 (8) If the child is an Indian child under section 260.751, the responsible social services  
83.11 agency must make active efforts to include the child's tribal representative on the family  
83.12 and permanency team.

83.13 (b) The family and permanency team shall meet regarding the assessment required under  
83.14 section 260C.704 to determine whether it is necessary and appropriate to place the child in  
83.15 a qualified residential treatment program and to participate in case planning under section  
83.16 260C.708.

83.17 (c) When reunification of the child with the child's parent or legal guardian is the  
83.18 permanency plan, the family and permanency team shall support the parent-child relationship  
83.19 by recognizing the parent's legal authority, consulting with the parent regarding ongoing  
83.20 planning for the child, and assisting the parent with visiting and contacting the child.

83.21 (d) When the agency's permanency plan is to transfer the child's permanent legal and  
83.22 physical custody to a relative or for the child's adoption, the team shall:

83.23 (1) coordinate with the proposed guardian to provide the child with educational services,  
83.24 medical care, and dental care;

83.25 (2) coordinate with the proposed guardian, the agency, and the foster care facility to  
83.26 meet the child's treatment needs after the child is placed in a permanent placement with the  
83.27 proposed guardian;

83.28 (3) plan to meet the child's need for safety, stability, and connection with the child's  
83.29 family and community after the child is placed in a permanent placement with the proposed  
83.30 guardian; and

83.31 (4) in the case of an Indian child, communicate with the child's tribe to identify necessary  
83.32 and appropriate services for the child, transition planning for the child, the child's treatment

84.1 needs, and how to maintain the child's connections to the child's community, family, and  
84.2 tribe.

84.3 (e) The agency shall invite the family and permanency team to participate in case planning  
84.4 and the agency shall give the team notice of court reviews under sections 260C.152 and  
84.5 260C.221 until: (1) the child is reunited with the child's parents; or (2) the child's foster care  
84.6 placement ends and the child is in a permanent placement.

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

84.8 Sec. 25. Minnesota Statutes 2020, section 260C.708, is amended to read:

84.9 **260C.708 OUT-OF-HOME PLACEMENT PLAN FOR QUALIFIED**  
84.10 **RESIDENTIAL TREATMENT PROGRAM PLACEMENTS.**

84.11 (a) When the responsible social services agency places a child in a qualified residential  
84.12 treatment program as defined in section 260C.007, subdivision 26d, the out-of-home  
84.13 placement plan must include:

84.14 (1) the case plan requirements in section ~~260.212, subdivision 1~~ 260C.212;

84.15 (2) the reasonable and good faith efforts of the responsible social services agency to  
84.16 identify and include all of the individuals required to be on the child's family and permanency  
84.17 team under section 260C.007;

84.18 (3) all contact information for members of the child's family and permanency team and  
84.19 for other relatives who are not part of the family and permanency team;

84.20 (4) evidence that the agency scheduled meetings of the family and permanency team,  
84.21 including meetings relating to the assessment required under section 260C.704, at a time  
84.22 and place convenient for the family;

84.23 (5) evidence that the family and permanency team is involved in the assessment required  
84.24 under section 260C.704 to determine the appropriateness of the child's placement in a  
84.25 qualified residential treatment program;

84.26 (6) the family and permanency team's placement preferences for the child in the  
84.27 assessment required under section 260C.704. When making a decision about the child's  
84.28 placement preferences, the family and permanency team must recognize:

84.29 (i) that the agency should place a child with the child's siblings unless a court finds that  
84.30 placing a child with the child's siblings is not possible due to a child's specialized placement  
84.31 needs or is otherwise contrary to the child's best interests; and

85.1 (ii) that the agency should place an Indian child according to the requirements of the  
85.2 Indian Child Welfare Act, the Minnesota Family Preservation Act under sections 260.751  
85.3 to 260.835, and section 260C.193, subdivision 3, paragraph (g);

85.4 ~~(5)~~ (7) when reunification of the child with the child's parent or legal guardian is the  
85.5 agency's goal, evidence demonstrating that the parent or legal guardian provided input about  
85.6 the members of the family and permanency team under section 260C.706;

85.7 ~~(6)~~ (8) when the agency's permanency goal is to reunify the child with the child's parent  
85.8 or legal guardian, the out-of-home placement plan must identify services and supports that  
85.9 maintain the parent-child relationship and the parent's legal authority, decision-making, and  
85.10 responsibility for ongoing planning for the child. In addition, the agency must assist the  
85.11 parent with visiting and contacting the child;

85.12 ~~(7)~~ (9) when the agency's permanency goal is to transfer permanent legal and physical  
85.13 custody of the child to a proposed guardian or to finalize the child's adoption, the case plan  
85.14 must document the agency's steps to transfer permanent legal and physical custody of the  
85.15 child or finalize adoption, as required in section 260C.212, subdivision 1, paragraph (c),  
85.16 clauses (6) and (7); and

85.17 ~~(8)~~ (10) the qualified individual's recommendation regarding the child's placement in a  
85.18 qualified residential treatment program and the court approval or disapproval of the placement  
85.19 as required in section 260C.71.

85.20 (b) If the placement preferences of the family and permanency team, child, and tribe, if  
85.21 applicable, are not consistent with the placement setting that the qualified individual  
85.22 recommends, the case plan must include the reasons why the qualified individual did not  
85.23 recommend following the preferences of the family and permanency team, child, and the  
85.24 tribe.

85.25 (c) The agency must file the out-of-home placement plan with the court as part of the  
85.26 60-day hearing court order under section 260C.71.

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

85.28 Sec. 26. Minnesota Statutes 2020, section 260C.71, is amended to read:

85.29 **260C.71 COURT APPROVAL REQUIREMENTS.**

85.30 Subdivision 1. **Judicial review.** When the responsible social services agency has legal  
85.31 authority to place a child at a qualified residential treatment facility under section 260C.007,  
85.32 subdivision 21a, and the child's assessment under section 260C.704 recommends placing

86.1 the child in a qualified residential treatment facility, the agency shall place the child at a  
86.2 qualified residential facility. Within 60 days of placing the child at a qualified residential  
86.3 treatment facility, the agency must obtain a court order finding that the child's placement  
86.4 is appropriate and meets the child's individualized needs.

86.5 Subd. 2. **Qualified residential treatment program; agency report to court.** (a) The  
86.6 responsible social services agency shall file a written report with the court after receiving  
86.7 the qualified individual's assessment as specified in section 260C.704 prior to the child's  
86.8 placement or within 35 days of the date of the child's placement in a qualified residential  
86.9 treatment facility. The written report shall contain or have attached:

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

86.11 (2) the names, races, dates of birth, residence, and post office address of the child's  
86.12 parents or legal custodian, or guardian;

86.13 (3) the name and address of the qualified residential treatment program, including a  
86.14 chief administrator of the facility;

86.15 (4) a statement of the facts that necessitated the child's foster care placement;

86.16 (5) the child's out-of-home placement plan under section 260C.212, subdivision 1,  
86.17 including the requirements in section 260C.708;

86.18 (6) if the child is placed in an out-of-state qualified residential treatment program, the  
86.19 compelling reasons why the child's needs cannot be met by an in-state placement;

86.20 (7) the qualified individual's assessment of the child under section 260C.704, paragraph  
86.21 (c), in a format approved by the commissioner;

86.22 (8) if, at the time required for the report under this subdivision, the child's parent or legal  
86.23 guardian, a child who is ten years of age or older, the family and permanency team, or a  
86.24 tribe disagrees with the recommended qualified residential treatment program placement,  
86.25 the agency shall include information regarding the disagreement, and to the extent possible,  
86.26 the basis for the disagreement in the report;

86.27 (9) any other information that the responsible social services agency, child's parent, legal  
86.28 custodian or guardian, child, or in the case of an Indian child, tribe would like the court to  
86.29 consider; and

86.30 (10) the agency shall file the written report with the court and serve on the parties a  
86.31 request for a hearing or a court order without a hearing.

87.1 (b) The agency must inform the child's parent or legal guardian and a child who is ten  
87.2 years of age or older of the court review requirements of this section and the child and child's  
87.3 parent's or legal guardian's right to submit information to the court:

87.4 (1) the agency must inform the child's parent or legal guardian and a child who is ten  
87.5 years of age or older of the reporting date and the date by which the agency must receive  
87.6 information from the child and child's parent so that the agency is able to submit the report  
87.7 required by this subdivision to the court;

87.8 (2) the agency must inform the child's parent or legal guardian, and a child who is ten  
87.9 years of age or older that the court will hold a hearing upon the request of the child or the  
87.10 child's parent; and

87.11 (3) the agency must inform the child's parent or legal guardian, and a child who is ten  
87.12 years of age or older that they have the right to request a hearing and the right to present  
87.13 information to the court for the court's review under this subdivision.

87.14 Subd. 3. **Court hearing.** (a) The court shall hold a hearing when a party or a child who  
87.15 is ten years of age or older requests a hearing.

87.16 (b) In all other circumstances, the court has the discretion to hold a hearing or issue an  
87.17 order without a hearing.

87.18 Subd. 4. **Court findings and order.** (a) Within 60 days from the beginning of each  
87.19 placement in a qualified residential treatment program when the qualified individual's  
87.20 assessment of the child recommends placing the child in a qualified residential treatment  
87.21 program, the court must consider the qualified individual's assessment of the child under  
87.22 section 260C.704 and issue an order to:

87.23 ~~(1) consider the qualified individual's assessment of whether it is necessary and~~  
87.24 ~~appropriate to place the child in a qualified residential treatment program under section~~  
87.25 ~~260C.704;~~

87.26 ~~(2)~~ (1) determine whether a family foster home can meet the child's needs, whether it is  
87.27 necessary and appropriate to place a child in a qualified residential treatment program that  
87.28 is the least restrictive environment possible, and whether the child's placement is consistent  
87.29 with the child's short and long term goals as specified in the permanency plan; and

87.30 ~~(3)~~ (2) approve or disapprove of the child's placement.

87.31 ~~(b) In the out-of-home placement plan, the agency must document the court's approval~~  
87.32 ~~or disapproval of the placement, as specified in section 260C.708. If the court disapproves~~  
87.33 ~~of the child's placement in a qualified residential treatment program, the responsible social~~

88.1 services agency shall: (1) remove the child from the qualified residential treatment program  
88.2 within 30 days of the court's order; and (2) make a plan for the child's placement that is  
88.3 consistent with the child's best interests under section 260C.212, subdivision 2.

88.4 Subd. 5. **Court review and approval not required.** When the responsible social services  
88.5 agency has legal authority to place a child under section 260C.007, subdivision 21a, and  
88.6 the qualified individual's assessment of the child does not recommend placing the child in  
88.7 a qualified residential treatment program, the court is not required to hold a hearing and the  
88.8 court is not required to issue an order. Pursuant to section 260C.704, paragraph (f), the  
88.9 responsible social services agency shall make a plan for the child's placement consistent  
88.10 with the child's best interests under section 260C.212, subdivision 2. The agency must file  
88.11 the agency's assessment determination for the child with the court at the next required  
88.12 hearing.

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

88.14 Sec. 27. Minnesota Statutes 2020, section 260C.712, is amended to read:

88.15 **260C.712 ONGOING REVIEWS AND PERMANENCY HEARING**  
88.16 **REQUIREMENTS.**

88.17 As long as a child remains placed in a qualified residential treatment program, the  
88.18 responsible social services agency shall submit evidence at each administrative review under  
88.19 section 260C.203; each court review under sections 260C.202, 260C.203, ~~and~~ 260C.204,  
88.20 260D.06, 260D.07, and 260D.08; and each permanency hearing under section 260C.515,  
88.21 260C.519, ~~or~~ 260C.521, or 260D.07 that:

88.22 (1) demonstrates that an ongoing assessment of the strengths and needs of the child  
88.23 continues to support the determination that the child's needs cannot be met through placement  
88.24 in a family foster home;

88.25 (2) demonstrates that the placement of the child in a qualified residential treatment  
88.26 program provides the most effective and appropriate level of care for the child in the least  
88.27 restrictive environment;

88.28 (3) demonstrates how the placement is consistent with the short-term and long-term  
88.29 goals for the child, as specified in the child's permanency plan;

88.30 (4) documents how the child's specific treatment or service needs will be met in the  
88.31 placement;

89.1 (5) documents the length of time that the agency expects the child to need treatment or  
89.2 services; ~~and~~

89.3 (6) documents the responsible social services agency's efforts to prepare the child to  
89.4 return home or to be placed with a fit and willing relative, legal guardian, adoptive parent,  
89.5 or foster family; and

89.6 (7) if the child is placed in a qualified residential treatment program out-of-state, the  
89.7 compelling reasons for placing the child out-of-state and the reasons that the child's needs  
89.8 cannot be met by an in-state placement.

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

89.10 Sec. 28. Minnesota Statutes 2020, section 260C.714, is amended to read:

89.11 **260C.714 REVIEW OF EXTENDED QUALIFIED RESIDENTIAL TREATMENT**  
89.12 **PROGRAM PLACEMENTS.**

89.13 (a) When a responsible social services agency places a child in a qualified residential  
89.14 treatment program for more than 12 consecutive months or 18 nonconsecutive months or,  
89.15 in the case of a child who is under 13 years of age, for more than six consecutive or  
89.16 nonconsecutive months, the agency must submit: (1) the signed approval by the county  
89.17 social services director of the responsible social services agency; and (2) the evidence  
89.18 supporting the child's placement at the most recent court review or permanency hearing  
89.19 under section 260C.712, ~~paragraph (b).~~

89.20 (b) The commissioner shall specify the procedures and requirements for the agency's  
89.21 review and approval of a child's extended qualified residential treatment program placement.  
89.22 The commissioner may consult with counties, tribes, child-placing agencies, mental health  
89.23 providers, licensed facilities, the child, the child's parents, and the family and permanency  
89.24 team members to develop case plan requirements and engage in periodic reviews of the  
89.25 case plan.

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

89.27 Sec. 29. Minnesota Statutes 2020, section 260D.01, is amended to read:

89.28 **260D.01 CHILD IN VOLUNTARY FOSTER CARE FOR TREATMENT.**

89.29 (a) Sections 260D.01 to 260D.10, may be cited as the "child in voluntary foster care for  
89.30 treatment" provisions of the Juvenile Court Act.

90.1 (b) The juvenile court has original and exclusive jurisdiction over a child in voluntary  
90.2 foster care for treatment upon the filing of a report or petition required under this chapter.  
90.3 All obligations of the responsible social services agency to a child and family in foster care  
90.4 contained in chapter 260C not inconsistent with this chapter are also obligations of the  
90.5 agency with regard to a child in foster care for treatment under this chapter.

90.6 (c) This chapter shall be construed consistently with the mission of the children's mental  
90.7 health service system as set out in section 245.487, subdivision 3, and the duties of an agency  
90.8 under sections 256B.092 and 260C.157 and Minnesota Rules, parts 9525.0004 to 9525.0016,  
90.9 to meet the needs of a child with a developmental disability or related condition. This  
90.10 chapter:

90.11 (1) establishes voluntary foster care through a voluntary foster care agreement as the  
90.12 means for an agency and a parent to provide needed treatment when the child must be in  
90.13 foster care to receive necessary treatment for an emotional disturbance or developmental  
90.14 disability or related condition;

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

90.17 (3) establishes the ongoing responsibility of the parent as legal custodian to visit the  
90.18 child, to plan together with the agency for the child's treatment needs, to be available and  
90.19 accessible to the agency to make treatment decisions, and to obtain necessary medical,  
90.20 dental, and other care for the child; ~~and~~

90.21 (4) applies to voluntary foster care when the child's parent and the agency agree that the  
90.22 child's treatment needs require foster care either:

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

90.25 (ii) due to a determination regarding the level of services needed by the child by the  
90.26 responsible social services' services agency's screening team under section 256B.092, and  
90.27 Minnesota Rules, parts 9525.0004 to 9525.0016; and

90.28 (5) except as modified under this chapter, includes the requirements for a child's  
90.29 placement in sections 260C.70 to 260C.714, when the juvenile treatment screening team  
90.30 recommends placing a child in a qualified residential treatment program.

90.31 (d) This chapter does not apply when there is a current determination under chapter  
90.32 260E that the child requires child protective services or when the child is in foster care for  
90.33 any reason other than treatment for the child's emotional disturbance or developmental

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

91.7 (e) The paramount consideration in all proceedings concerning a child in voluntary foster  
91.8 care for treatment is the safety, health, and the best interests of the child. The purpose of  
91.9 this chapter is:

91.10 (1) to ensure that a child with a disability is provided the services necessary to treat or  
91.11 ameliorate the symptoms of the child's disability;

91.12 (2) to preserve and strengthen the child's family ties whenever possible and in the child's  
91.13 best interests, approving the child's placement away from the child's parents only when the  
91.14 child's need for care or treatment requires it out-of-home placement and the child cannot  
91.15 be maintained in the home of the parent; and

91.16 (3) to ensure that the child's parent retains legal custody of the child and associated  
91.17 decision-making authority unless the child's parent willfully fails or is unable to make  
91.18 decisions that meet the child's safety, health, and best interests. The court may not find that  
91.19 the parent willfully fails or is unable to make decisions that meet the child's needs solely  
91.20 because the parent disagrees with the agency's choice of foster care facility, unless the  
91.21 agency files a petition under chapter 260C, and establishes by clear and convincing evidence  
91.22 that the child is in need of protection or services.

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

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

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

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

92.1 (4) engaging with the responsible social services agency to ensure that the family and  
92.2 permanency team under section 260C.706 consists of appropriate family members. For  
92.3 purposes of voluntary placement of a child in foster care for treatment under chapter 260D,  
92.4 prior to forming the child's family and permanency team, the responsible social services  
92.5 agency must consult with the child's parents and the child if the child is 14 years of age or  
92.6 older, and if applicable, the child's tribe to obtain recommendations regarding which  
92.7 individuals to include on the team and to ensure that the team is family-centered and will  
92.8 act in the child's best interests. If the child or the child's parent or legal guardian raises  
92.9 concerns about specific relatives or professionals, the team should not include those  
92.10 individuals on the team unless the individual is a treating professional or an important  
92.11 connection to the youth as outlined in the case or crisis plan. For voluntary placements under  
92.12 this chapter in a qualified residential treatment program, as defined in section 260C.007,  
92.13 subdivision 26d, for purposes of engaging in a relative search as provided in section  
92.14 260C.221, the county agency must consult with the child's parent or legal guardian, the  
92.15 child if the child is 14 years of age or older, and, if applicable, the tribe, to obtain  
92.16 recommendations regarding which adult relatives should be notified. If the child, parent,  
92.17 or legal guardian raises concerns about specific relatives, the county agency must not notify  
92.18 them.

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

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

92.25 Sec. 30. Minnesota Statutes 2020, section 260D.05, is amended to read:

92.26 **260D.05 ADMINISTRATIVE REVIEW OF CHILD IN VOLUNTARY FOSTER**  
92.27 **CARE FOR TREATMENT.**

92.28 The administrative reviews required under section 260C.203 must be conducted for a  
92.29 child in voluntary foster care for treatment, except that the initial administrative review  
92.30 must take place prior to the submission of the report to the court required under section  
92.31 260D.06, subdivision 2. When a child is placed in a qualified residential treatment program  
92.32 as defined in section 260C.007, subdivision 26d, the responsible social services agency  
92.33 must submit evidence to the court as specified in section 260C.712.

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

93.1 Sec. 31. Minnesota Statutes 2020, section 260D.06, subdivision 2, is amended to read:

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

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

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

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

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

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

93.12 (5) the names and addresses of the foster parents or chief administrator of the facility in  
93.13 which the child is placed, if the child is not in a family foster home or group home;

93.14 (6) a copy of the out-of-home placement plan required under section 260C.212,  
93.15 subdivision 1;

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

93.18 (8) evidence as specified in section 260C.712 when a child is placed in a qualified  
93.19 residential treatment program as defined in section 260C.007, subdivision 26d; and

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

93.22 (b) In the case of a child in placement due to emotional disturbance, the written report  
93.23 shall include as an attachment, the child's individual treatment plan developed by the child's  
93.24 treatment professional, as provided in section 245.4871, subdivision 21, or the child's  
93.25 standard written plan, as provided in section 125A.023, subdivision 3, paragraph (e).

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

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

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

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

94.11 (3) the agency must also inform the child, age 12 or older, the child's parent, and the  
94.12 foster care provider that an in-court hearing will be held if requested by the child, the parent,  
94.13 or the foster care provider; and

94.14 (4) if, at the time required for the report under this section, a child, age 12 or older,  
94.15 disagrees about the foster care facility or services provided under the out-of-home placement  
94.16 plan required under section 260C.212, subdivision 1, the agency shall include information  
94.17 regarding the child's disagreement, and to the extent possible, the basis for the child's  
94.18 disagreement in the report required under this section.

94.19 (e) After receiving the required report, the court has jurisdiction to make the following  
94.20 determinations and must do so within ten days of receiving the forwarded report, whether  
94.21 a hearing is requested:

94.22 (1) whether the voluntary foster care arrangement is in the child's best interests;

94.23 (2) whether the parent and agency are appropriately planning for the child; and

94.24 (3) in the case of a child age 12 or older, who disagrees with the foster care facility or  
94.25 services provided under the out-of-home placement plan, whether it is appropriate to appoint  
94.26 counsel and a guardian ad litem for the child using standards and procedures under section  
94.27 260C.163.

94.28 (f) Unless requested by a parent, representative of the foster care facility, or the child,  
94.29 no in-court hearing is required in order for the court to make findings and issue an order as  
94.30 required in paragraph (e).

94.31 (g) If the court finds the voluntary foster care arrangement is in the child's best interests  
94.32 and that the agency and parent are appropriately planning for the child, the court shall issue  
94.33 an order containing explicit, individualized findings to support its determination. The

95.1 individualized findings shall be based on the agency's written report and other materials  
95.2 submitted to the court. The court may make this determination notwithstanding the child's  
95.3 disagreement, if any, reported under paragraph (d).

95.4 (h) The court shall send a copy of the order to the county attorney, the agency, parent,  
95.5 child, age 12 or older, and the foster parent or foster care facility.

95.6 (i) The court shall also send the parent, the child, age 12 or older, the foster parent, or  
95.7 representative of the foster care facility notice of the permanency review hearing required  
95.8 under section 260D.07, paragraph (e).

95.9 (j) If the court finds continuing the voluntary foster care arrangement is not in the child's  
95.10 best interests or that the agency or the parent are not appropriately planning for the child,  
95.11 the court shall notify the agency, the parent, the foster parent or foster care facility, the child,  
95.12 age 12 or older, and the county attorney of the court's determinations and the basis for the  
95.13 court's determinations. In this case, the court shall set the matter for hearing and appoint a  
95.14 guardian ad litem for the child under section 260C.163, subdivision 5.

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

95.16 Sec. 32. Minnesota Statutes 2020, section 260D.07, is amended to read:

95.17 **260D.07 REQUIRED PERMANENCY REVIEW HEARING.**

95.18 (a) When the court has found that the voluntary arrangement is in the child's best interests  
95.19 and that the agency and parent are appropriately planning for the child pursuant to the report  
95.20 submitted under section 260D.06, and the child continues in voluntary foster care as defined  
95.21 in section 260D.02, subdivision 10, for 13 months from the date of the voluntary foster care  
95.22 agreement, or has been in placement for 15 of the last 22 months, the agency must:

95.23 (1) terminate the voluntary foster care agreement and return the child home; or

95.24 (2) determine whether there are compelling reasons to continue the voluntary foster care  
95.25 arrangement and, if the agency determines there are compelling reasons, seek judicial  
95.26 approval of its determination; or

95.27 (3) file a petition for the termination of parental rights.

95.28 (b) When the agency is asking for the court's approval of its determination that there are  
95.29 compelling reasons to continue the child in the voluntary foster care arrangement, the agency  
95.30 shall file a "Petition for Permanency Review Regarding a Child in Voluntary Foster Care  
95.31 for Treatment" and ask the court to proceed under this section.

96.1 (c) The "Petition for Permanency Review Regarding a Child in Voluntary Foster Care  
96.2 for Treatment" shall be drafted or approved by the county attorney and be under oath. The  
96.3 petition shall include:

96.4 (1) the date of the voluntary placement agreement;

96.5 (2) whether the petition is due to the child's developmental disability or emotional  
96.6 disturbance;

96.7 (3) the plan for the ongoing care of the child and the parent's participation in the plan;

96.8 (4) a description of the parent's visitation and contact with the child;

96.9 (5) the date of the court finding that the foster care placement was in the best interests  
96.10 of the child, if required under section 260D.06, or the date the agency filed the motion under  
96.11 section 260D.09, paragraph (b);

96.12 (6) the agency's reasonable efforts to finalize the permanent plan for the child, including  
96.13 returning the child to the care of the child's family; ~~and~~

96.14 (7) a citation to this chapter as the basis for the petition; and

96.15 (8) evidence as specified in section 260C.712 when a child is placed in a qualified  
96.16 residential treatment program as defined in section 260C.007, subdivision 26d.

96.17 (d) An updated copy of the out-of-home placement plan required under section 260C.212,  
96.18 subdivision 1, shall be filed with the petition.

96.19 (e) The court shall set the date for the permanency review hearing no later than 14 months  
96.20 after the child has been in placement or within 30 days of the petition filing date when the  
96.21 child has been in placement 15 of the last 22 months. The court shall serve the petition  
96.22 together with a notice of hearing by United States mail on the parent, the child age 12 or  
96.23 older, the child's guardian ad litem, if one has been appointed, the agency, the county  
96.24 attorney, and counsel for any party.

96.25 (f) The court shall conduct the permanency review hearing on the petition no later than  
96.26 14 months after the date of the voluntary placement agreement, within 30 days of the filing  
96.27 of the petition when the child has been in placement 15 of the last 22 months, or within 15  
96.28 days of a motion to terminate jurisdiction and to dismiss an order for foster care under  
96.29 chapter 260C, as provided in section 260D.09, paragraph (b).

96.30 (g) At the permanency review hearing, the court shall:

96.31 (1) inquire of the parent if the parent has reviewed the "Petition for Permanency Review  
96.32 Regarding a Child in Voluntary Foster Care for Treatment," whether the petition is accurate,

97.1 and whether the parent agrees to the continued voluntary foster care arrangement as being  
97.2 in the child's best interests;

97.3 (2) inquire of the parent if the parent is satisfied with the agency's reasonable efforts to  
97.4 finalize the permanent plan for the child, including whether there are services available and  
97.5 accessible to the parent that might allow the child to safely be with the child's family;

97.6 (3) inquire of the parent if the parent consents to the court entering an order that:

97.7 (i) approves the responsible agency's reasonable efforts to finalize the permanent plan  
97.8 for the child, which includes ongoing future planning for the safety, health, and best interests  
97.9 of the child; and

97.10 (ii) approves the responsible agency's determination that there are compelling reasons  
97.11 why the continued voluntary foster care arrangement is in the child's best interests; and

97.12 (4) inquire of the child's guardian ad litem and any other party whether the guardian or  
97.13 the party agrees that:

97.14 (i) the court should approve the responsible agency's reasonable efforts to finalize the  
97.15 permanent plan for the child, which includes ongoing and future planning for the safety,  
97.16 health, and best interests of the child; and

97.17 (ii) the court should approve of the responsible agency's determination that there are  
97.18 compelling reasons why the continued voluntary foster care arrangement is in the child's  
97.19 best interests.

97.20 (h) At a permanency review hearing under this section, the court may take the following  
97.21 actions based on the contents of the sworn petition and the consent of the parent:

97.22 (1) approve the agency's compelling reasons that the voluntary foster care arrangement  
97.23 is in the best interests of the child; and

97.24 (2) find that the agency has made reasonable efforts to finalize the permanent plan for  
97.25 the child.

97.26 (i) A child, age 12 or older, may object to the agency's request that the court approve its  
97.27 compelling reasons for the continued voluntary arrangement and may be heard on the reasons  
97.28 for the objection. Notwithstanding the child's objection, the court may approve the agency's  
97.29 compelling reasons and the voluntary arrangement.

97.30 (j) If the court does not approve the voluntary arrangement after hearing from the child  
97.31 or the child's guardian ad litem, the court shall dismiss the petition. In this case, either:

97.32 (1) the child must be returned to the care of the parent; or

98.1 (2) the agency must file a petition under section 260C.141, asking for appropriate relief  
98.2 under sections 260C.301 or 260C.503 to 260C.521.

98.3 (k) When the court approves the agency's compelling reasons for the child to continue  
98.4 in voluntary foster care for treatment, and finds that the agency has made reasonable efforts  
98.5 to finalize a permanent plan for the child, the court shall approve the continued voluntary  
98.6 foster care arrangement, and continue the matter under the court's jurisdiction for the purposes  
98.7 of reviewing the child's placement every 12 months while the child is in foster care.

98.8 (l) A finding that the court approves the continued voluntary placement means the agency  
98.9 has continued legal authority to place the child while a voluntary placement agreement  
98.10 remains in effect. The parent or the agency may terminate a voluntary agreement as provided  
98.11 in section 260D.10. Termination of a voluntary foster care placement of an Indian child is  
98.12 governed by section 260.765, subdivision 4.

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

98.14 Sec. 33. Minnesota Statutes 2020, section 260D.08, is amended to read:

98.15 **260D.08 ANNUAL REVIEW.**

98.16 (a) After the court conducts a permanency review hearing under section 260D.07, the  
98.17 matter must be returned to the court for further review of the responsible social services  
98.18 reasonable efforts to finalize the permanent plan for the child and the child's foster care  
98.19 placement at least every 12 months while the child is in foster care. The court shall give  
98.20 notice to the parent and child, age 12 or older, and the foster parents of the continued review  
98.21 requirements under this section at the permanency review hearing.

98.22 (b) Every 12 months, the court shall determine whether the agency made reasonable  
98.23 efforts to finalize the permanency plan for the child, which means the exercise of due  
98.24 diligence by the agency to:

98.25 (1) ensure that the agreement for voluntary foster care is the most appropriate legal  
98.26 arrangement to meet the child's safety, health, and best interests and to conduct a genuine  
98.27 examination of whether there is another permanency disposition order under chapter 260C,  
98.28 including returning the child home, that would better serve the child's need for a stable and  
98.29 permanent home;

98.30 (2) engage and support the parent in continued involvement in planning and decision  
98.31 making for the needs of the child;

98.32 (3) strengthen the child's ties to the parent, relatives, and community;

99.1 (4) implement the out-of-home placement plan required under section 260C.212,  
 99.2 subdivision 1, and ensure that the plan requires the provision of appropriate services to  
 99.3 address the physical health, mental health, and educational needs of the child; ~~and~~

99.4 (5) submit evidence to the court as specified in section 260C.712 when a child is placed  
 99.5 in a qualified residential treatment program setting as defined in section 260C.007,  
 99.6 subdivision 26d; and

99.7 ~~(5)~~ (6) ensure appropriate planning for the child's safe, permanent, and independent  
 99.8 living arrangement after the child's 18th birthday.

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

99.10 Sec. 34. Minnesota Statutes 2020, section 260D.14, is amended to read:

99.11 **260D.14 SUCCESSFUL TRANSITION TO ADULTHOOD FOR CHILDREN**  
 99.12 **YOUTH IN VOLUNTARY PLACEMENT.**

99.13 Subdivision 1. **Case planning.** When ~~the child~~ a youth is 14 years of age or older, the  
 99.14 responsible social services agency shall ensure that a child youth in foster care under this  
 99.15 chapter is provided with the case plan requirements in section 260C.212, subdivisions 1  
 99.16 and 14.

99.17 Subd. 2. **Notification.** The responsible social services agency shall provide a youth with  
 99.18 written notice of the right to continued access to services for certain children in foster care  
 99.19 past 18 years of age under section 260C.452, subdivision 3 foster care benefits that a youth  
 99.20 who is 18 years of age or older may continue to receive according to section 260C.451,  
 99.21 subdivision 1, and of the right to appeal a denial of social services under section 256.045.  
 99.22 The notice must be provided to the child youth six months before the child's youth's 18th  
 99.23 birthday.

99.24 Subd. 3. **Administrative or court reviews.** When ~~the child~~ a youth is ~~17~~ 14 years of  
 99.25 age or older, the administrative review or court hearing must include a review of the  
 99.26 responsible social services agency's support for the child's youth's successful transition to  
 99.27 adulthood as required in section 260C.452, subdivision 4.

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

100.1 Sec. 35. Minnesota Statutes 2020, section 260E.36, is amended by adding a subdivision  
100.2 to read:

100.3 Subd. 1b. **Sex trafficking and sexual exploitation training requirement.** As required  
100.4 by the Child Abuse Prevention and Treatment Act amendments through Public Law 114-22  
100.5 and to implement Public Law 115-123, all child protection social workers and social services  
100.6 staff who have responsibility for child protective duties under this chapter or chapter 260C  
100.7 shall complete training implemented by the commissioner of human services regarding sex  
100.8 trafficking and sexual exploitation of children and youth.

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

100.10 Sec. 36. **DIRECTION TO THE COMMISSIONER; INITIAL IMPLEMENTATION**  
100.11 **OF COURT-APPOINTED COUNSEL IN CHILD PROTECTION PROCEEDINGS.**

100.12 The commissioner of human services shall collect data from counties regarding  
100.13 court-appointed counsel under Minnesota Statutes, section 260C.163, subdivision 3, including  
100.14 but not limited to:

100.15 (1) data documenting the presence of court-appointed counsel for qualifying parents,  
100.16 guardians, or custodians at each emergency protective hearing;

100.17 (2) total annual court-appointed parent representation expenditures for each county; and

100.18 (3) additional demographic information that would assist counties in obtaining title IV-E  
100.19 reimbursement.

100.20 The commissioner must complete and submit a report on the data in this section and efforts  
100.21 to assist counties with implementation of required court-appointment of counsel under  
100.22 Minnesota Statutes, section 260C.163, subdivision 3, to the chairs and ranking minority  
100.23 members of the legislative committees with jurisdiction over human services and judiciary  
100.24 policy and finance on or before July 1, 2022.

100.25 Sec. 37. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**  
100.26 **AFTERCARE SUPPORTS.**

100.27 The commissioner of human services shall consult with stakeholders to develop policies  
100.28 regarding aftercare supports for the transition of a child from a qualified residential treatment  
100.29 program as defined in Minnesota Statutes, section 260C.007, subdivision 26d, to reunification  
100.30 with the child's parent or legal guardian, including prior to reunification potential placement  
100.31 in a less restrictive setting that aligns with the child's permanency plan and person-centered  
100.32 support plan when applicable. The policies must be consistent with Minnesota Rules, part

101.1 2960.0190, and Minnesota Statutes, section 245A.25, subdivision 4, paragraph (i), and  
101.2 address the coordination of the qualified residential treatment program discharge planning  
101.3 and aftercare supports where needed, the county social services case plan, and services from  
101.4 community-based providers, to maintain the child's progress with behavioral health goals  
101.5 as defined in the child's treatment plan. The commissioner must complete development of  
101.6 the policy guidance by December 31, 2022.

101.7 Sec. 38. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**  
101.8 **QUALIFIED RESIDENTIAL TREATMENT PROGRAM CERTIFICATION COSTS.**

101.9 The commissioner of human services shall assess the increased license holder costs  
101.10 associated with a qualified residential treatment program initially conforming to and  
101.11 continuing to comply with the requirements the license holder must meet to be certified for  
101.12 the purposes of Title IV-E funding. The commissioner shall consult with interested  
101.13 stakeholders, including lead agencies and qualified residential treatment program license  
101.14 holders. The commissioner must share public data on increased license holder costs with  
101.15 lead agencies and must provide lead agencies and license holders with information regarding  
101.16 and procedures for implementing available methods to reimburse license holders for their  
101.17 increased costs related to conforming to and complying with the certification requirements.

101.18 Sec. 39. **REPEALER.**

101.19 Minnesota Statutes 2020, section 245.4871, subdivision 32a, is repealed.

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

### 101.21 **ARTICLE 3**

### 101.22 **CHILD PROTECTION POLICY**

101.23 Section 1. Minnesota Statutes 2020, section 518.157, subdivision 1, is amended to read:

101.24 Subdivision 1. **Implementation; administration.** (a) By January 1, 1998, the chief  
101.25 judge of each judicial district or a designee shall implement one or more parent education  
101.26 programs within the judicial district for the purpose of educating parents about the impact  
101.27 that divorce, the restructuring of families, and judicial proceedings have upon children and  
101.28 families; methods for preventing parenting time conflicts; and dispute resolution options.  
101.29 The chief judge of each judicial district or a designee may require that children attend a  
101.30 separate education program designed to deal with the impact of divorce upon children as  
101.31 part of the parent education program. Each parent education program must enable persons  
101.32 to have timely and reasonable access to education sessions.

102.1 (b) The chief judge of each judicial district shall ensure that the judicial district's website  
102.2 includes information on the parent education program or programs required under this  
102.3 section.

102.4 Sec. 2. Minnesota Statutes 2020, section 518.157, subdivision 3, is amended to read:

102.5 Subd. 3. **Attendance.** (a) In a proceeding under this chapter where the parties have not  
102.6 agreed to custody or a parenting time is contested schedule, the court shall order the parents  
102.7 of a minor child shall attend to attend or take online a minimum of eight hours in an  
102.8 orientation and education program that meets the minimum standards promulgated by the  
102.9 Minnesota Supreme Court.

102.10 (b) In all other proceedings involving custody, support, or parenting time the court may  
102.11 order the parents of a minor child to attend a parent education program.

102.12 (c) The program shall provide the court with names of persons who fail to attend the  
102.13 parent education program as ordered by the court. Persons who are separated or contemplating  
102.14 involvement in a dissolution, paternity, custody, or parenting time proceeding may attend  
102.15 a parent education program without a court order.

102.16 (d) Unless otherwise ordered by the court, participation in a parent education program  
102.17 must begin before an initial case management conference and within 30 days after the first  
102.18 filing with the court or as soon as practicable after that time based on the reasonable  
102.19 availability of classes for the program for the parent. Parent education programs must offer  
102.20 an opportunity to participate at all phases of a pending or postdecree proceeding.

102.21 (e) Upon request of a party and a showing of good cause, the court may excuse the party  
102.22 from attending the program. If past or present domestic abuse, as defined in chapter 518B,  
102.23 is alleged, the court shall not require the parties to attend the same parent education sessions  
102.24 and shall enter an order setting forth the manner in which the parties may safely participate  
102.25 in the program.

102.26 (f) Before an initial case management conference for a proceeding under this chapter  
102.27 where the parties have not agreed to custody or parenting time, the court shall notify the  
102.28 parties of their option to resolve disagreements, including the development of a parenting  
102.29 plan, through the use of private mediation.

102.30 Sec. 3. Minnesota Statutes 2020, section 518.68, subdivision 2, is amended to read:

102.31 Subd. 2. **Contents.** The required notices must be substantially as follows:

102.32 **IMPORTANT NOTICE**

103.1 1. PAYMENTS TO PUBLIC AGENCY

103.2 According to Minnesota Statutes, section 518A.50, payments ordered for maintenance  
103.3 and support must be paid to the public agency responsible for child support enforcement  
103.4 as long as the person entitled to receive the payments is receiving or has applied for  
103.5 public assistance or has applied for support and maintenance collection services. MAIL  
103.6 PAYMENTS TO:

103.7 2. DEPRIVING ANOTHER OF CUSTODIAL OR PARENTAL RIGHTS -- A FELONY

103.8 A person may be charged with a felony who conceals a minor child or takes, obtains,  
103.9 retains, or fails to return a minor child from or to the child's parent (or person with  
103.10 custodial or visitation rights), according to Minnesota Statutes, section 609.26. A copy  
103.11 of that section is available from any district court clerk.

103.12 3. NONSUPPORT OF A SPOUSE OR CHILD -- CRIMINAL PENALTIES

103.13 A person who fails to pay court-ordered child support or maintenance may be charged  
103.14 with a crime, which may include misdemeanor, gross misdemeanor, or felony charges,  
103.15 according to Minnesota Statutes, section 609.375. A copy of that section is available  
103.16 from any district court clerk.

103.17 4. RULES OF SUPPORT, MAINTENANCE, PARENTING TIME

103.18 (a) Payment of support or spousal maintenance is to be as ordered, and the giving of  
103.19 gifts or making purchases of food, clothing, and the like will not fulfill the obligation.

103.20 (b) Payment of support must be made as it becomes due, and failure to secure or denial  
103.21 of parenting time is NOT an excuse for nonpayment, but the aggrieved party must seek  
103.22 relief through a proper motion filed with the court.

103.23 (c) Nonpayment of support is not grounds to deny parenting time. The party entitled to  
103.24 receive support may apply for support and collection services, file a contempt motion,  
103.25 or obtain a judgment as provided in Minnesota Statutes, section 548.091.

103.26 (d) The payment of support or spousal maintenance takes priority over payment of debts  
103.27 and other obligations.

103.28 (e) A party who accepts additional obligations of support does so with the full knowledge  
103.29 of the party's prior obligation under this proceeding.

103.30 (f) Child support or maintenance is based on annual income, and it is the responsibility  
103.31 of a person with seasonal employment to budget income so that payments are made  
103.32 throughout the year as ordered.

104.1 (g) Reasonable parenting time guidelines are contained in Appendix B, which is available  
104.2 from the court administrator.

104.3 (h) The nonpayment of support may be enforced through the denial of student grants;  
104.4 interception of state and federal tax refunds; suspension of driver's, recreational, and  
104.5 occupational licenses; referral to the department of revenue or private collection agencies;  
104.6 seizure of assets, including bank accounts and other assets held by financial institutions;  
104.7 reporting to credit bureaus; ~~interest charging~~, income withholding, and contempt  
104.8 proceedings; and other enforcement methods allowed by law.

104.9 (i) The public authority may suspend or resume collection of the amount allocated for  
104.10 child care expenses if the conditions of Minnesota Statutes, section 518A.40, subdivision  
104.11 4, are met.

104.12 (j) The public authority may remove or resume a medical support offset if the conditions  
104.13 of Minnesota Statutes, section 518A.41, subdivision 16, are met.

104.14 ~~(k) The public authority may suspend or resume interest charging on child support~~  
104.15 ~~judgments if the conditions of Minnesota Statutes, section 548.091, subdivision 1a, are met.~~

#### 104.16 5. MODIFYING CHILD SUPPORT

104.17 If either the obligor or obligee is laid off from employment or receives a pay reduction,  
104.18 child support may be modified, increased, or decreased. Any modification will only take  
104.19 effect when it is ordered by the court, and will only relate back to the time that a motion  
104.20 is filed. Either the obligor or obligee may file a motion to modify child support, and may  
104.21 request the public agency for help. UNTIL A MOTION IS FILED, THE CHILD  
104.22 SUPPORT OBLIGATION WILL CONTINUE AT THE CURRENT LEVEL. THE  
104.23 COURT IS NOT PERMITTED TO REDUCE SUPPORT RETROACTIVELY.

#### 104.24 6. PARENTAL RIGHTS FROM MINNESOTA STATUTES, SECTION 518.17, 104.25 SUBDIVISION 3

104.26 Unless otherwise provided by the Court:

104.27 (a) Each party has the right of access to, and to receive copies of, school, medical, dental,  
104.28 religious training, and other important records and information about the minor children.  
104.29 Each party has the right of access to information regarding health or dental insurance  
104.30 available to the minor children. Presentation of a copy of this order to the custodian of  
104.31 a record or other information about the minor children constitutes sufficient authorization  
104.32 for the release of the record or information to the requesting party.

105.1 (b) Each party shall keep the other informed as to the name and address of the school  
105.2 of attendance of the minor children. Each party has the right to be informed by school  
105.3 officials about the children's welfare, educational progress and status, and to attend  
105.4 school and parent teacher conferences. The school is not required to hold a separate  
105.5 conference for each party.

105.6 (c) In case of an accident or serious illness of a minor child, each party shall notify the  
105.7 other party of the accident or illness, and the name of the health care provider and the  
105.8 place of treatment.

105.9 (d) Each party has the right of reasonable access and telephone contact with the minor  
105.10 children.

#### 105.11 7. WAGE AND INCOME DEDUCTION OF SUPPORT AND MAINTENANCE

105.12 Child support and/or spousal maintenance may be withheld from income, with or without  
105.13 notice to the person obligated to pay, when the conditions of Minnesota Statutes, section  
105.14 518A.53 have been met. A copy of those sections is available from any district court  
105.15 clerk.

#### 105.16 8. CHANGE OF ADDRESS OR RESIDENCE

105.17 Unless otherwise ordered, each party shall notify the other party, the court, and the public  
105.18 authority responsible for collection, if applicable, of the following information within  
105.19 ten days of any change: the residential and mailing address, telephone number, driver's  
105.20 license number, Social Security number, and name, address, and telephone number of  
105.21 the employer.

#### 105.22 9. COST OF LIVING INCREASE OF SUPPORT AND MAINTENANCE

105.23 Basic support and/or spousal maintenance may be adjusted every two years based upon  
105.24 a change in the cost of living (using Department of Labor Consumer Price Index .....,  
105.25 unless otherwise specified in this order) when the conditions of Minnesota Statutes,  
105.26 section 518A.75, are met. Cost of living increases are compounded. A copy of Minnesota  
105.27 Statutes, section 518A.75, and forms necessary to request or contest a cost of living  
105.28 increase are available from any district court clerk.

#### 105.29 10. JUDGMENTS FOR UNPAID SUPPORT

105.30 If a person fails to make a child support payment, the payment owed becomes a judgment  
105.31 against the person responsible to make the payment by operation of law on or after the  
105.32 date the payment is due, and the person entitled to receive the payment or the public  
105.33 agency may obtain entry and docketing of the judgment WITHOUT NOTICE to the

106.1 person responsible to make the payment under Minnesota Statutes, section 548.091.  
106.2 ~~Interest begins to accrue on a payment or installment of child support whenever the~~  
106.3 ~~unpaid amount due is greater than the current support due, according to Minnesota~~  
106.4 ~~Statutes, section 548.091, subdivision 1a.~~

106.5 11. JUDGMENTS FOR UNPAID MAINTENANCE

106.6 (a) A judgment for unpaid spousal maintenance may be entered when the conditions of  
106.7 Minnesota Statutes, section 548.091, are met. A copy of that section is available from  
106.8 any district court clerk.

106.9 (b) The public authority is not responsible for calculating interest on any judgment for  
106.10 unpaid spousal maintenance. When providing services in IV-D cases, as defined in  
106.11 Minnesota Statutes, section 518A.26, subdivision 10, the public authority will only  
106.12 collect interest on spousal maintenance if spousal maintenance is reduced to a sum  
106.13 certain judgment.

106.14 12. ATTORNEY FEES AND COLLECTION COSTS FOR ENFORCEMENT OF CHILD  
106.15 SUPPORT

106.16 A judgment for attorney fees and other collection costs incurred in enforcing a child  
106.17 support order will be entered against the person responsible to pay support when the  
106.18 conditions of Minnesota Statutes, section 518A.735, are met. A copy of Minnesota  
106.19 Statutes, sections 518.14 and 518A.735 and forms necessary to request or contest these  
106.20 attorney fees and collection costs are available from any district court clerk.

106.21 13. PARENTING TIME EXPEDITOR PROCESS

106.22 On request of either party or on its own motion, the court may appoint a parenting time  
106.23 expeditor to resolve parenting time disputes under Minnesota Statutes, section 518.1751.  
106.24 A copy of that section and a description of the expeditor process is available from any  
106.25 district court clerk.

106.26 14. PARENTING TIME REMEDIES AND PENALTIES

106.27 Remedies and penalties for the wrongful denial of parenting time are available under  
106.28 Minnesota Statutes, section 518.175, subdivision 6. These include compensatory parenting  
106.29 time; civil penalties; bond requirements; contempt; and reversal of custody. A copy of  
106.30 that subdivision and forms for requesting relief are available from any district court  
106.31 clerk.

106.32 **EFFECTIVE DATE.** This section is effective August 1, 2022.

107.1 Sec. 4. Minnesota Statutes 2020, section 518A.29, is amended to read:

107.2 **518A.29 CALCULATION OF GROSS INCOME.**

107.3 (a) Subject to the exclusions and deductions in this section, gross income includes any  
107.4 form of periodic payment to an individual, including, but not limited to, salaries, wages,  
107.5 commissions, self-employment income under section 518A.30, workers' compensation,  
107.6 unemployment benefits, annuity payments, military and naval retirement, pension and  
107.7 disability payments, spousal maintenance received under a previous order or the current  
107.8 proceeding, Social Security or veterans benefits provided for a joint child under section  
107.9 518A.31, and potential income under section 518A.32. Salaries, wages, commissions, or  
107.10 other compensation paid by third parties shall be based upon gross income before  
107.11 participation in an employer-sponsored benefit plan that allows an employee to pay for a  
107.12 benefit or expense using pretax dollars, such as flexible spending plans and health savings  
107.13 accounts. No deductions shall be allowed for contributions to pensions, 401-K, IRA, or  
107.14 other retirement benefits.

107.15 (b) Gross income does not include compensation received by a party for employment  
107.16 in excess of a 40-hour work week, provided that:

107.17 (1) child support is ordered in an amount at least equal to the guideline amount based  
107.18 on gross income not excluded under this clause; and

107.19 (2) the party demonstrates, and the court finds, that:

107.20 (i) the excess employment began after the filing of the petition for dissolution or legal  
107.21 separation or a petition related to custody, parenting time, or support;

107.22 (ii) the excess employment reflects an increase in the work schedule or hours worked  
107.23 over that of the two years immediately preceding the filing of the petition;

107.24 (iii) the excess employment is voluntary and not a condition of employment;

107.25 (iv) the excess employment is in the nature of additional, part-time or overtime  
107.26 employment compensable by the hour or fraction of an hour; and

107.27 (v) the party's compensation structure has not been changed for the purpose of affecting  
107.28 a support or maintenance obligation.

107.29 (c) Expense reimbursements or in-kind payments received by a parent in the course of  
107.30 employment, self-employment, or operation of a business shall be counted as income if  
107.31 they reduce personal living expenses.

108.1 (d) Gross income may be calculated on either an annual or monthly basis. Weekly income  
108.2 shall be translated to monthly income by multiplying the weekly income by 4.33.

108.3 (e) Gross income does not include a child support payment received by a party. It is a  
108.4 rebuttable presumption that adoption assistance payments, Northstar kinship assistance  
108.5 payments, and foster care subsidies are not gross income.

108.6 (f) Gross income does not include the income of the obligor's spouse and the obligee's  
108.7 spouse.

108.8 (g) ~~Child support or~~ Spousal maintenance payments ordered by a court for a ~~nonjoint~~  
108.9 ~~child or~~ former spouse or ordered payable to the other party as part of the current proceeding  
108.10 are deducted from other periodic payments received by a party for purposes of determining  
108.11 gross income.

108.12 (h) Gross income does not include public assistance benefits received under section  
108.13 256.741 or other forms of public assistance based on need.

108.14 **EFFECTIVE DATE.** This section is effective January 1, 2023.

108.15 Sec. 5. Minnesota Statutes 2020, section 518A.33, is amended to read:

108.16 **518A.33 DEDUCTION FROM INCOME FOR NONJOINT CHILDREN.**

108.17 (a) When either or both parents are legally responsible for a nonjoint child, a deduction  
108.18 for this obligation shall be calculated under this section ~~if:~~

108.19 ~~(1) the nonjoint child primarily resides in the parent's household; and~~

108.20 ~~(2) the parent is not obligated to pay basic child support for the nonjoint child to the~~  
108.21 ~~other parent or a legal custodian of the child under an existing child support order.~~

108.22 ~~(b) The court shall use the guidelines under section 518A.35 to determine the basic child~~  
108.23 ~~support obligation for the nonjoint child or children by using the gross income of the parent~~  
108.24 ~~for whom the deduction is being calculated and the number of nonjoint children primarily~~  
108.25 ~~residing in the parent's household. If the number of nonjoint children to be used for the~~  
108.26 ~~determination is greater than two, the determination must be made using the number two~~  
108.27 ~~instead of the greater number.~~ Court-ordered child support for a nonjoint child shall be  
108.28 deducted from the payor's gross income.

108.29 ~~(c) The deduction for nonjoint children is 50 percent of the guideline amount determined~~  
108.30 ~~under paragraph (b).~~ When a parent is legally responsible for a nonjoint child and the parent  
108.31 is not obligated to pay basic child support for the nonjoint child to the other parent or a legal  
108.32 custodian under an existing child support order, a deduction shall be calculated. The court

109.1 shall use the basic support guideline table under section 518A.35 to determine this deduction  
109.2 by using the gross income of the parent for whom the deduction is being calculated, minus  
109.3 any deduction under paragraph (b) and the number of eligible nonjoint children, up to six  
109.4 children. The deduction for nonjoint children is 75 percent of the guideline amount  
109.5 determined under this paragraph.

109.6 **EFFECTIVE DATE.** This section is effective January 1, 2023.

109.7 Sec. 6. Minnesota Statutes 2020, section 518A.35, subdivision 1, is amended to read:

109.8 Subdivision 1. **Determination of support obligation.** (a) The guideline in this section  
109.9 is a rebuttable presumption and shall be used in any judicial or administrative proceeding  
109.10 to establish or modify a support obligation under this chapter.

109.11 (b) The basic child support obligation shall be determined by referencing the guideline  
109.12 for the appropriate number of joint children and the combined parental income for  
109.13 determining child support of the parents.

109.14 (c) If a child is not in the custody of either parent and a support order is sought against  
109.15 one or both parents, the basic child support obligation shall be determined by referencing  
109.16 the guideline for the appropriate number of joint children, and the parent's individual parental  
109.17 income for determining child support, not the combined parental incomes for determining  
109.18 child support of the parents. Unless a parent has court-ordered parenting time, the parenting  
109.19 expense adjustment formula under section 518A.34 must not be applied.

109.20 (d) If a child is ~~in custody of either parent~~ not residing with the parent that has  
109.21 court-ordered or statutory custody and a support order is sought ~~by the public authority~~  
109.22 under section 256.87 against one or both parents, unless the parent against whom the support  
109.23 order is sought has court-ordered parenting time, the basic support obligation must be  
109.24 determined by referencing the guideline for the appropriate number of joint children and  
109.25 the parent's individual income without application of the parenting expense adjustment  
109.26 formula under section 518A.34.

109.27 (e) For combined parental incomes for determining child support exceeding ~~\$15,000~~  
109.28 \$20,000 per month, the presumed basic child support obligations shall be as for parents  
109.29 with combined parental income for determining child support of ~~\$15,000~~ \$20,000 per month.  
109.30 A basic child support obligation in excess of this level may be demonstrated for those reasons  
109.31 set forth in section 518A.43.

109.32 **EFFECTIVE DATE.** This section is effective January 1, 2023.

110.1 Sec. 7. Minnesota Statutes 2020, section 518A.35, subdivision 2, is amended to read:

110.2 Subd. 2. **Basic support; guideline.** Unless otherwise agreed to by the parents and  
 110.3 approved by the court, when establishing basic support, the court must order that basic  
 110.4 support be divided between the parents based on their proportionate share of the parents'  
 110.5 combined monthly parental income for determining child support (PICS). Basic support  
 110.6 must be computed using the following guideline:

110.7	Combined Parental	Number of Children					
110.8	Income for	One	Two	Three	Four	Five	Six
110.9	Determining Child						
110.10	Support						
110.11	\$0- <del>\$799</del>		<u>\$50</u>	<u>\$75</u>	<u>\$75</u>	<u>\$100</u>	
110.12	<u>\$1,399</u>	\$50	<u>\$60</u>	<u>\$70</u>	<u>\$80</u>	<u>\$90</u>	\$100
110.13	<del>800-899</del>	80	<del>129</del>	<del>149</del>	<del>173</del>	<del>201</del>	<del>233</del>
110.14	<del>900-999</del>	90	<del>145</del>	<del>167</del>	<del>194</del>	<del>226</del>	<del>262</del>
110.15	<del>1,000-1,099</del>	<del>116</del>	<del>161</del>	<del>186</del>	<del>216</del>	<del>251</del>	<del>291</del>
110.16	<del>1,100-1,199</del>	<del>145</del>	<del>205</del>	<del>237</del>	<del>275</del>	<del>320</del>	<del>370</del>
110.17	<del>1,200-1,299</del>	<del>177</del>	<del>254</del>	<del>294</del>	<del>341</del>	<del>396</del>	<del>459</del>
110.18	<del>1,300-1,399</del>	<del>212</del>	<del>309</del>	<del>356</del>	<del>414</del>	<del>480</del>	<del>557</del>
110.19		<del>251</del>	<del>368</del>	<del>425</del>	<del>493</del>	<del>573</del>	<del>664</del>
110.20	1,400- 1,499	<u>60</u>	<u>75</u>	<u>85</u>	<u>100</u>	<u>110</u>	<u>120</u>
110.21		<del>292</del>	<del>433</del>	<del>500</del>	<del>580</del>	<del>673</del>	<del>780</del>
110.22	1,500- 1,599	<u>75</u>	<u>90</u>	<u>105</u>	<u>125</u>	<u>135</u>	<u>145</u>
110.23		<del>337</del>	<del>502</del>	<del>580</del>	<del>673</del>	<del>781</del>	<del>905</del>
110.24	1,600- 1,699	<u>90</u>	<u>110</u>	<u>130</u>	<u>150</u>	<u>160</u>	<u>170</u>
110.25		<del>385</del>	<del>577</del>	<del>666</del>	<del>773</del>	<del>897</del>	<del>1,040</del>
110.26	1,700- 1,799	<u>110</u>	<u>130</u>	<u>155</u>	<u>175</u>	<u>185</u>	<u>195</u>
110.27		<del>436</del>	<del>657</del>	<del>758</del>	<del>880</del>	<del>1,021</del>	<del>1,183</del>
110.28	1,800- 1,899	<u>130</u>	<u>150</u>	<u>180</u>	<u>200</u>	<u>210</u>	<u>220</u>
110.29		<del>490</del>	<del>742</del>	<del>856</del>	<del>994</del>	<del>1,152</del>	<del>1,336</del>
110.30	1,900- 1,999	<u>150</u>	<u>175</u>	<u>205</u>	<u>235</u>	<u>245</u>	<u>255</u>
110.31		<del>516</del>	<del>832</del>	<del>960</del>	<del>1,114</del>	<del>1,292</del>	<del>1,498</del>
110.32	2,000- 2,099	<u>170</u>	<u>200</u>	<u>235</u>	<u>270</u>	<u>285</u>	<u>295</u>
110.33		<del>528</del>	<del>851</del>	<del>981</del>	<del>1,139</del>	<del>1,320</del>	<del>1,531</del>
110.34	2,100- 2,199	<u>190</u>	<u>225</u>	<u>265</u>	<u>305</u>	<u>325</u>	<u>335</u>
110.35		<del>538</del>	<del>867</del>	<del>1,000</del>	<del>1,160</del>	<del>1,346</del>	<del>1,561</del>
110.36	2,200- 2,299	<u>215</u>	<u>255</u>	<u>300</u>	<u>345</u>	<u>367</u>	<u>379</u>
110.37		<del>546</del>	<del>881</del>	<del>1,016</del>	<del>1,179</del>	<del>1,367</del>	<del>1,586</del>
110.38	2,300- 2,399	<u>240</u>	<u>285</u>	<u>335</u>	<u>385</u>	<u>409</u>	<u>423</u>
110.39		<del>554</del>	<del>893</del>	<del>1,029</del>	<del>1,195</del>	<del>1,385</del>	<del>1,608</del>
110.40	2,400- 2,499	<u>265</u>	<u>315</u>	<u>370</u>	<u>425</u>	<u>451</u>	<u>467</u>
110.41		<del>560</del>	<del>903</del>	<del>1,040</del>	<del>1,208</del>	<del>1,400</del>	<del>1,625</del>
110.42	2,500- 2,599	<u>290</u>	<u>350</u>	<u>408</u>	<u>465</u>	<u>493</u>	<u>511</u>

111.1		<u>570</u>	<u>920</u>	<u>1,060</u>	<u>1,230</u>	<u>1,426</u>	<u>1,655</u>
111.2	2,600- 2,699	<u>315</u>	<u>385</u>	<u>446</u>	<u>505</u>	<u>535</u>	<u>555</u>
111.3		<u>580</u>	<u>936</u>	<u>1,078</u>	<u>1,251</u>	<u>1,450</u>	<u>1,683</u>
111.4	2,700- 2,799	<u>340</u>	<u>420</u>	<u>484</u>	<u>545</u>	<u>577</u>	<u>599</u>
111.5		<u>589</u>	<u>950</u>	<u>1,094</u>	<u>1,270</u>	<u>1,472</u>	<u>1,707</u>
111.6	2,800- 2,899	<u>365</u>	<u>455</u>	<u>522</u>	<u>585</u>	<u>619</u>	<u>643</u>
111.7		<u>596</u>	<u>963</u>	<u>1,109</u>	<u>1,287</u>	<u>1,492</u>	<u>1,730</u>
111.8	2,900- 2,999	<u>390</u>	<u>490</u>	<u>560</u>	<u>625</u>	<u>661</u>	<u>687</u>
111.9		<u>603</u>	<u>975</u>	<u>1,122</u>	<u>1,302</u>	<u>1,509</u>	<u>1,749</u>
111.10	3,000- 3,099	<u>415</u>	<u>525</u>	<u>598</u>	<u>665</u>	<u>703</u>	<u>731</u>
111.11		<u>613</u>	<u>991</u>	<u>1,141</u>	<u>1,324</u>	<u>1,535</u>	<u>1,779</u>
111.12	3,100- 3,199	<u>440</u>	<u>560</u>	<u>636</u>	<u>705</u>	<u>745</u>	<u>775</u>
111.13		<u>623</u>	<u>1,007</u>	<u>1,158</u>	<u>1,344</u>	<u>1,558</u>	<u>1,807</u>
111.14	3,200- 3,299	<u>465</u>	<u>595</u>	<u>674</u>	<u>745</u>	<u>787</u>	<u>819</u>
111.15		<u>636</u>	<u>1,021</u>	<u>1,175</u>	<u>1,363</u>	<u>1,581</u>	<u>1,833</u>
111.16	3,300- 3,399	<u>485</u>	<u>630</u>	<u>712</u>	<u>785</u>	<u>829</u>	<u>863</u>
111.17		<u>650</u>	<u>1,034</u>	<u>1,190</u>	<u>1,380</u>	<u>1,601</u>	<u>1,857</u>
111.18	3,400- 3,499	<u>505</u>	<u>665</u>	<u>750</u>	<u>825</u>	<u>871</u>	<u>907</u>
111.19		<u>664</u>	<u>1,047</u>	<u>1,204</u>	<u>1,397</u>	<u>1,621</u>	<u>1,880</u>
111.20	3,500- 3,599	<u>525</u>	<u>695</u>	<u>784</u>	<u>861</u>	<u>910</u>	<u>948</u>
111.21		<u>677</u>	<u>1,062</u>	<u>1,223</u>	<u>1,418</u>	<u>1,646</u>	<u>1,909</u>
111.22	3,600- 3,699	<u>545</u>	<u>725</u>	<u>818</u>	<u>897</u>	<u>949</u>	<u>989</u>
111.23		<u>691</u>	<u>1,077</u>	<u>1,240</u>	<u>1,439</u>	<u>1,670</u>	<u>1,937</u>
111.24	3,700- 3,799	<u>565</u>	<u>755</u>	<u>852</u>	<u>933</u>	<u>988</u>	<u>1,030</u>
111.25		<u>705</u>	<u>1,081</u>	<u>1,257</u>	<u>1,459</u>	<u>1,693</u>	<u>1,963</u>
111.26	3,800- 3,899	<u>585</u>	<u>785</u>	<u>886</u>	<u>969</u>	<u>1,027</u>	<u>1,071</u>
111.27		<u>719</u>	<u>1,104</u>	<u>1,273</u>	<u>1,478</u>	<u>1,715</u>	<u>1,988</u>
111.28	3,900- 3,999	<u>605</u>	<u>815</u>	<u>920</u>	<u>1,005</u>	<u>1,065</u>	<u>1,111</u>
111.29		<u>732</u>	<u>1,116</u>	<u>1,288</u>	<u>1,496</u>	<u>1,736</u>	<u>2,012</u>
111.30	4,000- 4,099	<u>625</u>	<u>845</u>	<u>954</u>	<u>1,041</u>	<u>1,103</u>	<u>1,151</u>
111.31		<u>746</u>	<u>1,132</u>	<u>1,305</u>	<u>1,516</u>	<u>1,759</u>	<u>2,039</u>
111.32	4,100- 4,199	<u>645</u>	<u>875</u>	<u>988</u>	<u>1,077</u>	<u>1,142</u>	<u>1,191</u>
111.33		<u>760</u>	<u>1,147</u>	<u>1,322</u>	<u>1,536</u>	<u>1,781</u>	<u>2,064</u>
111.34	4,200- 4,299	<u>665</u>	<u>905</u>	<u>1,022</u>	<u>1,113</u>	<u>1,180</u>	<u>1,230</u>
111.35		<u>774</u>	<u>1,161</u>	<u>1,338</u>	<u>1,554</u>	<u>1,802</u>	<u>2,088</u>
111.36	4,300- 4,399	<u>685</u>	<u>935</u>	<u>1,056</u>	<u>1,149</u>	<u>1,218</u>	<u>1,269</u>
111.37		<u>787</u>	<u>1,175</u>	<u>1,353</u>	<u>1,572</u>	<u>1,822</u>	<u>2,111</u>
111.38	4,400- 4,499	<u>705</u>	<u>965</u>	<u>1,090</u>	<u>1,185</u>	<u>1,256</u>	<u>1,308</u>
111.39		<u>801</u>	<u>1,184</u>	<u>1,368</u>	<u>1,589</u>	<u>1,841</u>	<u>2,133</u>
111.40	4,500- 4,599	<u>724</u>	<u>993</u>	<u>1,122</u>	<u>1,219</u>	<u>1,292</u>	<u>1,345</u>
111.41		<u>808</u>	<u>1,200</u>	<u>1,386</u>	<u>1,608</u>	<u>1,864</u>	<u>2,160</u>
111.42	4,600- 4,699	<u>743</u>	<u>1,021</u>	<u>1,154</u>	<u>1,253</u>	<u>1,328</u>	<u>1,382</u>
111.43		<u>814</u>	<u>1,215</u>	<u>1,402</u>	<u>1,627</u>	<u>1,887</u>	<u>2,186</u>
111.44	4,700- 4,799	<u>762</u>	<u>1,049</u>	<u>1,186</u>	<u>1,287</u>	<u>1,364</u>	<u>1,419</u>
111.45		<u>820</u>	<u>1,231</u>	<u>1,419</u>	<u>1,645</u>	<u>1,908</u>	<u>2,212</u>
111.46	4,800- 4,899	<u>781</u>	<u>1,077</u>	<u>1,218</u>	<u>1,321</u>	<u>1,400</u>	<u>1,456</u>

112.1		<u>825</u>	<u>1,246</u>	<u>1,435</u>	<u>1,663</u>	<u>1,930</u>	<u>2,236</u>
112.2	4,900- 4,999	<u>800</u>	<u>1,105</u>	<u>1,250</u>	<u>1,354</u>	<u>1,435</u>	<u>1,493</u>
112.3		<u>831</u>	<u>1,260</u>	<u>1,450</u>	<u>1,680</u>	<u>1,950</u>	<u>2,260</u>
112.4	5,000- 5,099	<u>818</u>	<u>1,132</u>	<u>1,281</u>	<u>1,387</u>	<u>1,470</u>	<u>1,529</u>
112.5		<u>837</u>	<u>1,275</u>	<u>1,468</u>	<u>1,701</u>	<u>1,975</u>	<u>2,289</u>
112.6	5,100- 5,199	<u>835</u>	<u>1,159</u>	<u>1,312</u>	<u>1,420</u>	<u>1,505</u>	<u>1,565</u>
112.7		<u>843</u>	<u>1,290</u>	<u>1,485</u>	<u>1,722</u>	<u>1,999</u>	<u>2,317</u>
112.8	5,200- 5,299	<u>852</u>	<u>1,186</u>	<u>1,343</u>	<u>1,453</u>	<u>1,540</u>	<u>1,601</u>
112.9		<u>849</u>	<u>1,304</u>	<u>1,502</u>	<u>1,743</u>	<u>2,022</u>	<u>2,345</u>
112.10	5,300- 5,399	<u>869</u>	<u>1,213</u>	<u>1,374</u>	<u>1,486</u>	<u>1,575</u>	<u>1,638</u>
112.11		<u>854</u>	<u>1,318</u>	<u>1,518</u>	<u>1,763</u>	<u>2,046</u>	<u>2,372</u>
112.12	5,400- 5,499	<u>886</u>	<u>1,240</u>	<u>1,405</u>	<u>1,519</u>	<u>1,610</u>	<u>1,674</u>
112.13		<u>860</u>	<u>1,331</u>	<u>1,535</u>	<u>1,782</u>	<u>2,068</u>	<u>2,398</u>
112.14	5,500- 5,599	<u>903</u>	<u>1,264</u>	<u>1,434</u>	<u>1,550</u>	<u>1,643</u>	<u>1,708</u>
112.15		<u>866</u>	<u>1,346</u>	<u>1,551</u>	<u>1,801</u>	<u>2,090</u>	<u>2,424</u>
112.16	5,600- 5,699	<u>920</u>	<u>1,288</u>	<u>1,463</u>	<u>1,581</u>	<u>1,676</u>	<u>1,743</u>
112.17		<u>873</u>	<u>1,357</u>	<u>1,568</u>	<u>1,819</u>	<u>2,111</u>	<u>2,449</u>
112.18	5,700- 5,799	<u>937</u>	<u>1,312</u>	<u>1,492</u>	<u>1,612</u>	<u>1,709</u>	<u>1,777</u>
112.19		<u>881</u>	<u>1,376</u>	<u>1,583</u>	<u>1,837</u>	<u>2,132</u>	<u>2,473</u>
112.20	5,800- 5,899	<u>954</u>	<u>1,336</u>	<u>1,521</u>	<u>1,643</u>	<u>1,742</u>	<u>1,811</u>
112.21		<u>888</u>	<u>1,390</u>	<u>1,599</u>	<u>1,855</u>	<u>2,152</u>	<u>2,497</u>
112.22	5,900- 5,999	<u>971</u>	<u>1,360</u>	<u>1,550</u>	<u>1,674</u>	<u>1,775</u>	<u>1,846</u>
112.23		<u>895</u>	<u>1,404</u>	<u>1,604</u>	<u>1,872</u>	<u>2,172</u>	<u>2,520</u>
112.24	6,000- 6,099	<u>988</u>	<u>1,383</u>	<u>1,577</u>	<u>1,703</u>	<u>1,805</u>	<u>1,877</u>
112.25		<u>902</u>	<u>1,419</u>	<u>1,631</u>	<u>1,892</u>	<u>2,195</u>	<u>2,546</u>
112.26	6,100- 6,199	<u>993</u>	<u>1,391</u>	<u>1,586</u>	<u>1,713</u>	<u>1,815</u>	<u>1,887</u>
112.27		<u>909</u>	<u>1,433</u>	<u>1,645</u>	<u>1,912</u>	<u>2,217</u>	<u>2,572</u>
112.28	6,200- 6,299	<u>999</u>	<u>1,399</u>	<u>1,594</u>	<u>1,722</u>	<u>1,825</u>	<u>1,898</u>
112.29		<u>916</u>	<u>1,448</u>	<u>1,664</u>	<u>1,932</u>	<u>2,239</u>	<u>2,597</u>
112.30	6,300- 6,399	<u>1,005</u>	<u>1,406</u>	<u>1,603</u>	<u>1,732</u>	<u>1,836</u>	<u>1,909</u>
112.31		<u>923</u>	<u>1,462</u>	<u>1,682</u>	<u>1,951</u>	<u>2,260</u>	<u>2,621</u>
112.32	6,400- 6,499	<u>1,010</u>	<u>1,414</u>	<u>1,612</u>	<u>1,741</u>	<u>1,846</u>	<u>1,920</u>
112.33		<u>930</u>	<u>1,476</u>	<u>1,697</u>	<u>1,970</u>	<u>2,282</u>	<u>2,646</u>
112.34	6,500- 6,599	<u>1,016</u>	<u>1,422</u>	<u>1,621</u>	<u>1,751</u>	<u>1,856</u>	<u>1,931</u>
112.35		<u>936</u>	<u>1,490</u>	<u>1,713</u>	<u>1,989</u>	<u>2,305</u>	<u>2,673</u>
112.36	6,600- 6,699	<u>1,021</u>	<u>1,430</u>	<u>1,630</u>	<u>1,761</u>	<u>1,866</u>	<u>1,941</u>
112.37		<u>943</u>	<u>1,505</u>	<u>1,730</u>	<u>2,009</u>	<u>2,328</u>	<u>2,700</u>
112.38	6,700- 6,799	<u>1,027</u>	<u>1,438</u>	<u>1,639</u>	<u>1,770</u>	<u>1,876</u>	<u>1,951</u>
112.39		<u>950</u>	<u>1,519</u>	<u>1,746</u>	<u>2,028</u>	<u>2,350</u>	<u>2,727</u>
112.40	6,800- 6,899	<u>1,032</u>	<u>1,445</u>	<u>1,648</u>	<u>1,780</u>	<u>1,887</u>	<u>1,962</u>
112.41		<u>957</u>	<u>1,533</u>	<u>1,762</u>	<u>2,047</u>	<u>2,379</u>	<u>2,747</u>
112.42	6,900- 6,999	<u>1,038</u>	<u>1,453</u>	<u>1,657</u>	<u>1,790</u>	<u>1,897</u>	<u>1,973</u>
112.43		<u>963</u>	<u>1,547</u>	<u>1,778</u>	<u>2,065</u>	<u>2,394</u>	<u>2,753</u>
112.44	7,000- 7,099	<u>1,044</u>	<u>1,462</u>	<u>1,666</u>	<u>1,800</u>	<u>1,908</u>	<u>1,984</u>
112.45		<u>970</u>	<u>1,561</u>	<u>1,795</u>	<u>2,085</u>	<u>2,417</u>	<u>2,758</u>
112.46	7,100- 7,199	<u>1,050</u>	<u>1,470</u>	<u>1,676</u>	<u>1,810</u>	<u>1,918</u>	<u>1,995</u>

113.1		<u>974</u>	<u>1,574</u>	<u>1,812</u>	<u>2,104</u>	<u>2,439</u>	<u>2,764</u>
113.2	7,200- 7,299	<u>1,056</u>	<u>1,479</u>	<u>1,686</u>	<u>1,821</u>	<u>1,930</u>	<u>2,007</u>
113.3		<u>980</u>	<u>1,587</u>	<u>1,828</u>	<u>2,123</u>	<u>2,462</u>	<u>2,769</u>
113.4	7,300- 7,399	<u>1,063</u>	<u>1,488</u>	<u>1,696</u>	<u>1,832</u>	<u>1,942</u>	<u>2,019</u>
113.5		<u>989</u>	<u>1,600</u>	<u>1,844</u>	<u>2,142</u>	<u>2,483</u>	<u>2,775</u>
113.6	7,400- 7,499	<u>1,069</u>	<u>1,496</u>	<u>1,706</u>	<u>1,843</u>	<u>1,953</u>	<u>2,032</u>
113.7		<u>998</u>	<u>1,613</u>	<u>1,860</u>	<u>2,160</u>	<u>2,505</u>	<u>2,781</u>
113.8	7,500- 7,599	<u>1,075</u>	<u>1,505</u>	<u>1,716</u>	<u>1,854</u>	<u>1,965</u>	<u>2,043</u>
113.9		<u>1,006</u>	<u>1,628</u>	<u>1,877</u>	<u>2,180</u>	<u>2,528</u>	<u>2,803</u>
113.10	7,600- 7,699	<u>1,081</u>	<u>1,514</u>	<u>1,725</u>	<u>1,863</u>	<u>1,975</u>	<u>2,054</u>
113.11		<u>1,015</u>	<u>1,643</u>	<u>1,894</u>	<u>2,199</u>	<u>2,550</u>	<u>2,833</u>
113.12	7,700- 7,799	<u>1,087</u>	<u>1,522</u>	<u>1,735</u>	<u>1,874</u>	<u>1,986</u>	<u>2,066</u>
113.13		<u>1,023</u>	<u>1,658</u>	<u>1,911</u>	<u>2,218</u>	<u>2,572</u>	<u>2,864</u>
113.14	7,800- 7,899	<u>1,093</u>	<u>1,531</u>	<u>1,745</u>	<u>1,885</u>	<u>1,998</u>	<u>2,078</u>
113.15		<u>1,032</u>	<u>1,673</u>	<u>1,928</u>	<u>2,237</u>	<u>2,594</u>	<u>2,894</u>
113.16	7,900- 7,999	<u>1,099</u>	<u>1,540</u>	<u>1,755</u>	<u>1,896</u>	<u>2,009</u>	<u>2,090</u>
113.17		<u>1,040</u>	<u>1,688</u>	<u>1,944</u>	<u>2,256</u>	<u>2,616</u>	<u>2,925</u>
113.18	8,000- 8,099	<u>1,106</u>	<u>1,548</u>	<u>1,765</u>	<u>1,907</u>	<u>2,021</u>	<u>2,102</u>
113.19		<u>1,048</u>	<u>1,703</u>	<u>1,960</u>	<u>2,274</u>	<u>2,637</u>	<u>2,955</u>
113.20	8,100- 8,199	<u>1,112</u>	<u>1,557</u>	<u>1,775</u>	<u>1,917</u>	<u>2,032</u>	<u>2,114</u>
113.21		<u>1,056</u>	<u>1,717</u>	<u>1,976</u>	<u>2,293</u>	<u>2,658</u>	<u>2,985</u>
113.22	8,200- 8,299	<u>1,118</u>	<u>1,566</u>	<u>1,785</u>	<u>1,928</u>	<u>2,044</u>	<u>2,126</u>
113.23		<u>1,064</u>	<u>1,731</u>	<u>1,992</u>	<u>2,311</u>	<u>2,679</u>	<u>3,016</u>
113.24	8,300 -8,399	<u>1,124</u>	<u>1,574</u>	<u>1,795</u>	<u>1,939</u>	<u>2,055</u>	<u>2,137</u>
113.25		<u>1,072</u>	<u>1,746</u>	<u>2,008</u>	<u>2,328</u>	<u>2,700</u>	<u>3,046</u>
113.26	8,400- 8,499	<u>1,131</u>	<u>1,583</u>	<u>1,804</u>	<u>1,949</u>	<u>2,066</u>	<u>2,149</u>
113.27		<u>1,080</u>	<u>1,760</u>	<u>2,023</u>	<u>2,346</u>	<u>2,720</u>	<u>3,077</u>
113.28	8,500- 8,599	<u>1,137</u>	<u>1,592</u>	<u>1,814</u>	<u>1,960</u>	<u>2,078</u>	<u>2,161</u>
113.29		<u>1,092</u>	<u>1,780</u>	<u>2,047</u>	<u>2,374</u>	<u>2,752</u>	<u>3,107</u>
113.30	8,600- 8,699	<u>1,143</u>	<u>1,600</u>	<u>1,824</u>	<u>1,970</u>	<u>2,089</u>	<u>2,173</u>
113.31		<u>1,105</u>	<u>1,801</u>	<u>2,071</u>	<u>2,401</u>	<u>2,784</u>	<u>3,138</u>
113.32	8,700- 8,799	<u>1,149</u>	<u>1,609</u>	<u>1,834</u>	<u>1,981</u>	<u>2,100</u>	<u>2,185</u>
113.33		<u>1,118</u>	<u>1,822</u>	<u>2,094</u>	<u>2,429</u>	<u>2,816</u>	<u>3,168</u>
113.34	8,800- 8,899	<u>1,155</u>	<u>1,618</u>	<u>1,844</u>	<u>1,992</u>	<u>2,112</u>	<u>2,197</u>
113.35		<u>1,130</u>	<u>1,842</u>	<u>2,118</u>	<u>2,456</u>	<u>2,848</u>	<u>3,199</u>
113.36	8,900- 8,999	<u>1,162</u>	<u>1,626</u>	<u>1,854</u>	<u>2,003</u>	<u>2,124</u>	<u>2,209</u>
113.37		<u>1,143</u>	<u>1,863</u>	<u>2,142</u>	<u>2,484</u>	<u>2,880</u>	<u>3,223</u>
113.38	9,000- 9,099	<u>1,168</u>	<u>1,635</u>	<u>1,864</u>	<u>2,014</u>	<u>2,135</u>	<u>2,221</u>
113.39		<u>1,156</u>	<u>1,884</u>	<u>2,166</u>	<u>2,512</u>	<u>2,912</u>	<u>3,243</u>
113.40	9,100- 9,199	<u>1,174</u>	<u>1,644</u>	<u>1,874</u>	<u>2,024</u>	<u>2,146</u>	<u>2,232</u>
113.41		<u>1,168</u>	<u>1,904</u>	<u>2,190</u>	<u>2,539</u>	<u>2,944</u>	<u>3,263</u>
113.42	9,200- 9,299	<u>1,180</u>	<u>1,652</u>	<u>1,884</u>	<u>2,035</u>	<u>2,158</u>	<u>2,244</u>
113.43		<u>1,181</u>	<u>1,925</u>	<u>2,213</u>	<u>2,567</u>	<u>2,976</u>	<u>3,284</u>
113.44	9,300- 9,399	<u>1,186</u>	<u>1,661</u>	<u>1,893</u>	<u>2,045</u>	<u>2,168</u>	<u>2,255</u>
113.45		<u>1,194</u>	<u>1,946</u>	<u>2,237</u>	<u>2,594</u>	<u>3,008</u>	<u>3,304</u>
113.46	9,400- 9,499	<u>1,193</u>	<u>1,670</u>	<u>1,903</u>	<u>2,056</u>	<u>2,179</u>	<u>2,267</u>

114.1		<u>1,207</u>	<u>1,967</u>	<u>2,261</u>	<u>2,622</u>	<u>3,031</u>	<u>3,324</u>
114.2	9,500- 9,599	<u>1,199</u>	<u>1,678</u>	<u>1,913</u>	<u>2,066</u>	<u>2,190</u>	<u>2,278</u>
114.3		<u>1,219</u>	<u>1,987</u>	<u>2,285</u>	<u>2,650</u>	<u>3,050</u>	<u>3,345</u>
114.4	9,600- 9,699	<u>1,205</u>	<u>1,687</u>	<u>1,923</u>	<u>2,077</u>	<u>2,202</u>	<u>2,290</u>
114.5		<u>1,232</u>	<u>2,008</u>	<u>2,309</u>	<u>2,677</u>	<u>3,069</u>	<u>3,365</u>
114.6	9,700- 9,799	<u>1,211</u>	<u>1,696</u>	<u>1,933</u>	<u>2,088</u>	<u>2,214</u>	<u>2,302</u>
114.7		<u>1,245</u>	<u>2,029</u>	<u>2,332</u>	<u>2,705</u>	<u>3,087</u>	<u>3,385</u>
114.8	9,800- 9,899	<u>1,217</u>	<u>1,704</u>	<u>1,943</u>	<u>2,099</u>	<u>2,225</u>	<u>2,314</u>
114.9		<u>1,257</u>	<u>2,049</u>	<u>2,356</u>	<u>2,732</u>	<u>3,106</u>	<u>3,406</u>
114.10	9,900- 9,999	<u>1,224</u>	<u>1,713</u>	<u>1,953</u>	<u>2,110</u>	<u>2,237</u>	<u>2,326</u>
114.11		<u>1,270</u>	<u>2,070</u>	<u>2,380</u>	<u>2,760</u>	<u>3,125</u>	<u>3,426</u>
114.12	10,000-10,099	<u>1,230</u>	<u>1,722</u>	<u>1,963</u>	<u>2,121</u>	<u>2,248</u>	<u>2,338</u>
114.13		<u>1,283</u>	<u>2,091</u>	<u>2,404</u>	<u>2,788</u>	<u>3,144</u>	<u>3,446</u>
114.14	10,100-10,199	<u>1,236</u>	<u>1,730</u>	<u>1,973</u>	<u>2,131</u>	<u>2,259</u>	<u>2,350</u>
114.15		<u>1,295</u>	<u>2,111</u>	<u>2,428</u>	<u>2,815</u>	<u>3,162</u>	<u>3,467</u>
114.16	10,200-10,299	<u>1,242</u>	<u>1,739</u>	<u>1,983</u>	<u>2,142</u>	<u>2,270</u>	<u>2,361</u>
114.17		<u>1,308</u>	<u>2,132</u>	<u>2,451</u>	<u>2,843</u>	<u>3,181</u>	<u>3,487</u>
114.18	10,300-10,399	<u>1,248</u>	<u>1,748</u>	<u>1,992</u>	<u>2,152</u>	<u>2,281</u>	<u>2,373</u>
114.19		<u>1,321</u>	<u>2,153</u>	<u>2,475</u>	<u>2,870</u>	<u>3,200</u>	<u>3,507</u>
114.20	10,400-10,499	<u>1,254</u>	<u>1,756</u>	<u>2,002</u>	<u>2,163</u>	<u>2,292</u>	<u>2,384</u>
114.21		<u>1,334</u>	<u>2,174</u>	<u>2,499</u>	<u>2,898</u>	<u>3,218</u>	<u>3,528</u>
114.22	10,500-10,599	<u>1,261</u>	<u>1,765</u>	<u>2,012</u>	<u>2,173</u>	<u>2,304</u>	<u>2,396</u>
114.23		<u>1,346</u>	<u>2,194</u>	<u>2,523</u>	<u>2,921</u>	<u>3,237</u>	<u>3,548</u>
114.24	10,600-10,699	<u>1,267</u>	<u>1,774</u>	<u>2,022</u>	<u>2,184</u>	<u>2,316</u>	<u>2,409</u>
114.25		<u>1,359</u>	<u>2,215</u>	<u>2,547</u>	<u>2,938</u>	<u>3,256</u>	<u>3,568</u>
114.26	10,700-10,799	<u>1,273</u>	<u>1,782</u>	<u>2,032</u>	<u>2,195</u>	<u>2,327</u>	<u>2,420</u>
114.27		<u>1,372</u>	<u>2,236</u>	<u>2,570</u>	<u>2,955</u>	<u>3,274</u>	<u>3,589</u>
114.28	10,800-10,899	<u>1,279</u>	<u>1,791</u>	<u>2,042</u>	<u>2,206</u>	<u>2,338</u>	<u>2,432</u>
114.29		<u>1,384</u>	<u>2,256</u>	<u>2,594</u>	<u>2,972</u>	<u>3,293</u>	<u>3,609</u>
114.30	10,900-10,999	<u>1,285</u>	<u>1,800</u>	<u>2,052</u>	<u>2,217</u>	<u>2,349</u>	<u>2,444</u>
114.31		<u>1,397</u>	<u>2,277</u>	<u>2,618</u>	<u>2,989</u>	<u>3,312</u>	<u>3,629</u>
114.32	11,000-11,099	<u>1,292</u>	<u>1,808</u>	<u>2,061</u>	<u>2,226</u>	<u>2,360</u>	<u>2,455</u>
114.33		<u>1,410</u>	<u>2,294</u>	<u>2,642</u>	<u>3,006</u>	<u>3,331</u>	<u>3,649</u>
114.34	11,100-11,199	<u>1,298</u>	<u>1,817</u>	<u>2,071</u>	<u>2,237</u>	<u>2,372</u>	<u>2,467</u>
114.35		<u>1,422</u>	<u>2,306</u>	<u>2,666</u>	<u>3,023</u>	<u>3,349</u>	<u>3,667</u>
114.36	11,200-11,299	<u>1,304</u>	<u>1,826</u>	<u>2,081</u>	<u>2,248</u>	<u>2,384</u>	<u>2,479</u>
114.37		<u>1,435</u>	<u>2,319</u>	<u>2,689</u>	<u>3,040</u>	<u>3,366</u>	<u>3,686</u>
114.38	11,300-11,399	<u>1,310</u>	<u>1,834</u>	<u>2,091</u>	<u>2,259</u>	<u>2,395</u>	<u>2,491</u>
114.39		<u>1,448</u>	<u>2,331</u>	<u>2,713</u>	<u>3,055</u>	<u>3,383</u>	<u>3,705</u>
114.40	11,400-11,499	<u>1,316</u>	<u>1,843</u>	<u>2,101</u>	<u>2,270</u>	<u>2,406</u>	<u>2,503</u>
114.41		<u>1,461</u>	<u>2,344</u>	<u>2,735</u>	<u>3,071</u>	<u>3,400</u>	<u>3,723</u>
114.42	11,500-11,599	<u>1,323</u>	<u>1,852</u>	<u>2,111</u>	<u>2,280</u>	<u>2,417</u>	<u>2,514</u>
114.43		<u>1,473</u>	<u>2,356</u>	<u>2,748</u>	<u>3,087</u>	<u>3,417</u>	<u>3,742</u>
114.44	11,600-11,699	<u>1,329</u>	<u>1,860</u>	<u>2,121</u>	<u>2,291</u>	<u>2,428</u>	<u>2,526</u>
114.45		<u>1,486</u>	<u>2,367</u>	<u>2,762</u>	<u>3,102</u>	<u>3,435</u>	<u>3,761</u>
114.46	11,700-11,799	<u>1,335</u>	<u>1,869</u>	<u>2,131</u>	<u>2,302</u>	<u>2,439</u>	<u>2,537</u>

115.1		<u>1,499</u>	<u>2,378</u>	<u>2,775</u>	<u>3,116</u>	<u>3,452</u>	<u>3,780</u>
115.2	11,800-11,899	<u>1,341</u>	<u>1,878</u>	<u>2,141</u>	<u>2,313</u>	<u>2,451</u>	<u>2,549</u>
115.3		<u>1,511</u>	<u>2,389</u>	<u>2,788</u>	<u>3,131</u>	<u>3,469</u>	<u>3,798</u>
115.4	11,900-11,999	<u>1,347</u>	<u>1,886</u>	<u>2,150</u>	<u>2,323</u>	<u>2,463</u>	<u>2,561</u>
115.5		<u>1,524</u>	<u>2,401</u>	<u>2,801</u>	<u>3,146</u>	<u>3,485</u>	<u>3,817</u>
115.6	12,000-12,099	<u>1,354</u>	<u>1,895</u>	<u>2,160</u>	<u>2,333</u>	<u>2,474</u>	<u>2,573</u>
115.7		<u>1,537</u>	<u>2,412</u>	<u>2,814</u>	<u>3,160</u>	<u>3,501</u>	<u>3,836</u>
115.8	12,100-12,199	<u>1,360</u>	<u>1,904</u>	<u>2,170</u>	<u>2,344</u>	<u>2,485</u>	<u>2,585</u>
115.9		<u>1,549</u>	<u>2,423</u>	<u>2,828</u>	<u>3,175</u>	<u>3,517</u>	<u>3,854</u>
115.10	12,200-12,299	<u>1,366</u>	<u>1,912</u>	<u>2,180</u>	<u>2,355</u>	<u>2,497</u>	<u>2,597</u>
115.11		<u>1,562</u>	<u>2,434</u>	<u>2,841</u>	<u>3,190</u>	<u>3,534</u>	<u>3,871</u>
115.12	12,300-12,399	<u>1,372</u>	<u>1,921</u>	<u>2,190</u>	<u>2,366</u>	<u>2,509</u>	<u>2,609</u>
115.13		<u>1,575</u>	<u>2,445</u>	<u>2,854</u>	<u>3,205</u>	<u>3,550</u>	<u>3,889</u>
115.14	12,400-12,499	<u>1,378</u>	<u>1,930</u>	<u>2,200</u>	<u>2,377</u>	<u>2,520</u>	<u>2,621</u>
115.15		<u>1,588</u>	<u>2,456</u>	<u>2,867</u>	<u>3,219</u>	<u>3,566</u>	<u>3,907</u>
115.16	12,500-12,599	<u>1,385</u>	<u>1,938</u>	<u>2,210</u>	<u>2,387</u>	<u>2,531</u>	<u>2,633</u>
115.17		<u>1,600</u>	<u>2,467</u>	<u>2,880</u>	<u>3,234</u>	<u>3,582</u>	<u>3,924</u>
115.18	12,600-12,699	<u>1,391</u>	<u>1,947</u>	<u>2,220</u>	<u>2,397</u>	<u>2,542</u>	<u>2,644</u>
115.19		<u>1,613</u>	<u>2,478</u>	<u>2,894</u>	<u>3,249</u>	<u>3,598</u>	<u>3,942</u>
115.20	12,700-12,799	<u>1,397</u>	<u>1,956</u>	<u>2,230</u>	<u>2,408</u>	<u>2,553</u>	<u>2,656</u>
115.21		<u>1,626</u>	<u>2,489</u>	<u>2,907</u>	<u>3,264</u>	<u>3,615</u>	<u>3,960</u>
115.22	12,800-12,899	<u>1,403</u>	<u>1,964</u>	<u>2,240</u>	<u>2,419</u>	<u>2,565</u>	<u>2,668</u>
115.23		<u>1,638</u>	<u>2,500</u>	<u>2,920</u>	<u>3,278</u>	<u>3,631</u>	<u>3,977</u>
115.24	12,900-12,999	<u>1,409</u>	<u>1,973</u>	<u>2,250</u>	<u>2,430</u>	<u>2,576</u>	<u>2,680</u>
115.25		<u>1,651</u>	<u>2,512</u>	<u>2,933</u>	<u>3,293</u>	<u>3,647</u>	<u>3,995</u>
115.26	13,000-13,099	<u>1,416</u>	<u>1,982</u>	<u>2,259</u>	<u>2,440</u>	<u>2,587</u>	<u>2,691</u>
115.27		<u>1,664</u>	<u>2,523</u>	<u>2,946</u>	<u>3,308</u>	<u>3,663</u>	<u>4,012</u>
115.28	13,100-13,199	<u>1,422</u>	<u>1,990</u>	<u>2,269</u>	<u>2,451</u>	<u>2,599</u>	<u>2,703</u>
115.29		<u>1,676</u>	<u>2,534</u>	<u>2,960</u>	<u>3,322</u>	<u>3,679</u>	<u>4,030</u>
115.30	13,200-13,299	<u>1,428</u>	<u>1,999</u>	<u>2,279</u>	<u>2,462</u>	<u>2,610</u>	<u>2,715</u>
115.31		<u>1,689</u>	<u>2,545</u>	<u>2,973</u>	<u>3,337</u>	<u>3,696</u>	<u>4,048</u>
115.32	13,300-13,399	<u>1,434</u>	<u>2,008</u>	<u>2,289</u>	<u>2,473</u>	<u>2,622</u>	<u>2,727</u>
115.33		<u>1,702</u>	<u>2,556</u>	<u>2,986</u>	<u>3,352</u>	<u>3,712</u>	<u>4,065</u>
115.34	13,400-13,499	<u>1,440</u>	<u>2,016</u>	<u>2,299</u>	<u>2,484</u>	<u>2,633</u>	<u>2,739</u>
115.35		<u>1,715</u>	<u>2,567</u>	<u>2,999</u>	<u>3,367</u>	<u>3,728</u>	<u>4,083</u>
115.36	13,500-13,599	<u>1,446</u>	<u>2,025</u>	<u>2,309</u>	<u>2,494</u>	<u>2,644</u>	<u>2,751</u>
115.37		<u>1,727</u>	<u>2,578</u>	<u>3,012</u>	<u>3,381</u>	<u>3,744</u>	<u>4,100</u>
115.38	13,600-13,699	<u>1,453</u>	<u>2,034</u>	<u>2,318</u>	<u>2,504</u>	<u>2,655</u>	<u>2,762</u>
115.39		<u>1,740</u>	<u>2,589</u>	<u>3,026</u>	<u>3,396</u>	<u>3,760</u>	<u>4,118</u>
115.40	13,700-13,799	<u>1,459</u>	<u>2,042</u>	<u>2,328</u>	<u>2,515</u>	<u>2,666</u>	<u>2,773</u>
115.41		<u>1,753</u>	<u>2,600</u>	<u>3,039</u>	<u>3,411</u>	<u>3,777</u>	<u>4,136</u>
115.42	13,800-13,899	<u>1,465</u>	<u>2,051</u>	<u>2,338</u>	<u>2,526</u>	<u>2,677</u>	<u>2,784</u>
115.43		<u>1,765</u>	<u>2,611</u>	<u>3,052</u>	<u>3,425</u>	<u>3,793</u>	<u>4,153</u>
115.44	13,900-13,999	<u>1,471</u>	<u>2,060</u>	<u>2,348</u>	<u>2,537</u>	<u>2,688</u>	<u>2,795</u>
115.45		<u>1,778</u>	<u>2,623</u>	<u>3,065</u>	<u>3,440</u>	<u>3,809</u>	<u>4,171</u>
115.46	14,000-14,099	<u>1,477</u>	<u>2,068</u>	<u>2,358</u>	<u>2,547</u>	<u>2,699</u>	<u>2,807</u>

116.1		<u>1,791</u>	<u>2,634</u>	<u>3,078</u>	<u>3,455</u>	<u>3,825</u>	<u>4,189</u>
116.2	14,100-14,199	<u>1,484</u>	<u>2,077</u>	<u>2,368</u>	<u>2,558</u>	<u>2,711</u>	<u>2,819</u>
116.3		<u>1,803</u>	<u>2,645</u>	<u>3,092</u>	<u>3,470</u>	<u>3,841</u>	<u>4,206</u>
116.4	14,200-14,299	<u>1,490</u>	<u>2,086</u>	<u>2,378</u>	<u>2,569</u>	<u>2,722</u>	<u>2,831</u>
116.5		<u>1,816</u>	<u>2,656</u>	<u>3,105</u>	<u>3,484</u>	<u>3,858</u>	<u>4,224</u>
116.6	14,300-14,399	<u>1,496</u>	<u>2,094</u>	<u>2,388</u>	<u>2,580</u>	<u>2,734</u>	<u>2,843</u>
116.7		<u>1,829</u>	<u>2,667</u>	<u>3,118</u>	<u>3,499</u>	<u>3,874</u>	<u>4,239</u>
116.8	14,400-14,499	<u>1,502</u>	<u>2,103</u>	<u>2,398</u>	<u>2,590</u>	<u>2,746</u>	<u>2,855</u>
116.9		<u>1,842</u>	<u>2,678</u>	<u>3,131</u>	<u>3,514</u>	<u>3,889</u>	<u>4,253</u>
116.10	14,500-14,599	<u>1,508</u>	<u>2,111</u>	<u>2,407</u>	<u>2,600</u>	<u>2,757</u>	<u>2,867</u>
116.11		<u>1,854</u>	<u>2,689</u>	<u>3,144</u>	<u>3,529</u>	<u>3,902</u>	<u>4,268</u>
116.12	14,600-14,699	<u>1,515</u>	<u>2,120</u>	<u>2,417</u>	<u>2,611</u>	<u>2,768</u>	<u>2,879</u>
116.13		<u>1,864</u>	<u>2,700</u>	<u>3,158</u>	<u>3,541</u>	<u>3,916</u>	<u>4,282</u>
116.14	14,700-14,799	<u>1,521</u>	<u>2,129</u>	<u>2,427</u>	<u>2,622</u>	<u>2,780</u>	<u>2,891</u>
116.15		<u>1,872</u>	<u>2,711</u>	<u>3,170</u>	<u>3,553</u>	<u>3,929</u>	<u>4,297</u>
116.16	14,800-14,899	<u>1,527</u>	<u>2,138</u>	<u>2,437</u>	<u>2,633</u>	<u>2,792</u>	<u>2,903</u>
116.17		<u>1,879</u>	<u>2,722</u>	<u>3,181</u>	<u>3,565</u>	<u>3,942</u>	<u>4,311</u>
116.18	14,900-14,999	<u>1,533</u>	<u>2,146</u>	<u>2,447</u>	<u>2,643</u>	<u>2,802</u>	<u>2,914</u>
116.19	15,000, or the	<u>1,883</u>	<u>2,727</u>	<u>3,186</u>	<u>3,571</u>	<u>3,949</u>	<u>4,319</u>
116.20	amount in effect	<u>1,539</u>	<u>2,155</u>	<u>2,457</u>	<u>2,654</u>	<u>2,813</u>	<u>2,926</u>
116.21	under subd. 4						
116.22	-15,099						
116.23	<u>15,100-15,199</u>	<u>1,545</u>	<u>2,163</u>	<u>2,466</u>	<u>2,664</u>	<u>2,825</u>	<u>2,937</u>
116.24	<u>15,200-15,299</u>	<u>1,551</u>	<u>2,171</u>	<u>2,476</u>	<u>2,675</u>	<u>2,836</u>	<u>2,949</u>
116.25	<u>15,300-15,399</u>	<u>1,557</u>	<u>2,180</u>	<u>2,486</u>	<u>2,685</u>	<u>2,847</u>	<u>2,961</u>
116.26	<u>15,400-15,499</u>	<u>1,563</u>	<u>2,188</u>	<u>2,495</u>	<u>2,695</u>	<u>2,858</u>	<u>2,973</u>
116.27	<u>15,500-15,599</u>	<u>1,569</u>	<u>2,197</u>	<u>2,505</u>	<u>2,706</u>	<u>2,869</u>	<u>2,985</u>
116.28	<u>15,600-15,699</u>	<u>1,575</u>	<u>2,205</u>	<u>2,514</u>	<u>2,716</u>	<u>2,880</u>	<u>2,996</u>
116.29	<u>15,700-15,799</u>	<u>1,581</u>	<u>2,214</u>	<u>2,524</u>	<u>2,727</u>	<u>2,891</u>	<u>3,008</u>
116.30	<u>15,800-15,899</u>	<u>1,587</u>	<u>2,222</u>	<u>2,534</u>	<u>2,737</u>	<u>2,902</u>	<u>3,019</u>
116.31	<u>15,900-15,999</u>	<u>1,593</u>	<u>2,230</u>	<u>2,543</u>	<u>2,747</u>	<u>2,913</u>	<u>3,030</u>
116.32	<u>16,000-16,099</u>	<u>1,599</u>	<u>2,239</u>	<u>2,553</u>	<u>2,758</u>	<u>2,924</u>	<u>3,042</u>
116.33	<u>16,100-16,199</u>	<u>1,605</u>	<u>2,247</u>	<u>2,562</u>	<u>2,768</u>	<u>2,935</u>	<u>3,053</u>
116.34	<u>16,200-16,299</u>	<u>1,611</u>	<u>2,256</u>	<u>2,572</u>	<u>2,779</u>	<u>2,946</u>	<u>3,065</u>
116.35	<u>16,300-16,399</u>	<u>1,617</u>	<u>2,264</u>	<u>2,582</u>	<u>2,789</u>	<u>2,957</u>	<u>3,076</u>
116.36	<u>16,400-16,499</u>	<u>1,623</u>	<u>2,272</u>	<u>2,591</u>	<u>2,799</u>	<u>2,968</u>	<u>3,088</u>
116.37	<u>16,500-16,599</u>	<u>1,629</u>	<u>2,281</u>	<u>2,601</u>	<u>2,810</u>	<u>2,979</u>	<u>3,099</u>
116.38	<u>16,600-16,699</u>	<u>1,635</u>	<u>2,289</u>	<u>2,610</u>	<u>2,820</u>	<u>2,990</u>	<u>3,110</u>
116.39	<u>16,700-16,799</u>	<u>1,641</u>	<u>2,298</u>	<u>2,620</u>	<u>2,830</u>	<u>3,001</u>	<u>3,121</u>
116.40	<u>16,800-16,899</u>	<u>1,647</u>	<u>2,306</u>	<u>2,629</u>	<u>2,840</u>	<u>3,011</u>	<u>3,132</u>
116.41	<u>16,900-16,999</u>	<u>1,653</u>	<u>2,315</u>	<u>2,639</u>	<u>2,851</u>	<u>3,022</u>	<u>3,143</u>
116.42	<u>17,000-17,099</u>	<u>1,659</u>	<u>2,323</u>	<u>2,649</u>	<u>2,861</u>	<u>3,033</u>	<u>3,155</u>

117.1	<u>17,100-17,199</u>	<u>1,665</u>	<u>2,331</u>	<u>2,658</u>	<u>2,871</u>	<u>3,044</u>	<u>3,167</u>
117.2	<u>17,200-17,299</u>	<u>1,671</u>	<u>2,340</u>	<u>2,668</u>	<u>2,882</u>	<u>3,055</u>	<u>3,178</u>
117.3	<u>17,300-17,399</u>	<u>1,677</u>	<u>2,348</u>	<u>2,677</u>	<u>2,892</u>	<u>3,066</u>	<u>3,189</u>
117.4	<u>17,400-17,499</u>	<u>1,683</u>	<u>2,357</u>	<u>2,687</u>	<u>2,902</u>	<u>3,077</u>	<u>3,201</u>
117.5	<u>17,500-17,599</u>	<u>1,689</u>	<u>2,365</u>	<u>2,696</u>	<u>2,912</u>	<u>3,088</u>	<u>3,212</u>
117.6	<u>17,600-17,699</u>	<u>1,695</u>	<u>2,373</u>	<u>2,705</u>	<u>2,922</u>	<u>3,098</u>	<u>3,223</u>
117.7	<u>17,700-17,799</u>	<u>1,701</u>	<u>2,382</u>	<u>2,715</u>	<u>2,932</u>	<u>3,109</u>	<u>3,234</u>
117.8	<u>17,800-17,899</u>	<u>1,707</u>	<u>2,390</u>	<u>2,724</u>	<u>2,942</u>	<u>3,119</u>	<u>3,245</u>
117.9	<u>17,900-17,999</u>	<u>1,713</u>	<u>2,399</u>	<u>2,734</u>	<u>2,953</u>	<u>3,130</u>	<u>3,256</u>
117.10	<u>18,000-18,099</u>	<u>1,719</u>	<u>2,407</u>	<u>2,744</u>	<u>2,963</u>	<u>3,141</u>	<u>3,268</u>
117.11	<u>18,100-18,199</u>	<u>1,725</u>	<u>2,415</u>	<u>2,753</u>	<u>2,973</u>	<u>3,152</u>	<u>3,279</u>
117.12	<u>18,200-18,299</u>	<u>1,731</u>	<u>2,424</u>	<u>2,763</u>	<u>2,984</u>	<u>3,163</u>	<u>3,290</u>
117.13	<u>18,300-18,399</u>	<u>1,737</u>	<u>2,432</u>	<u>2,772</u>	<u>2,994</u>	<u>3,174</u>	<u>3,301</u>
117.14	<u>18,400-18,499</u>	<u>1,743</u>	<u>2,441</u>	<u>2,782</u>	<u>3,004</u>	<u>3,185</u>	<u>3,313</u>
117.15	<u>18,500-18,599</u>	<u>1,749</u>	<u>2,449</u>	<u>2,791</u>	<u>3,014</u>	<u>3,196</u>	<u>3,324</u>
117.16	<u>18,600-18,699</u>	<u>1,755</u>	<u>2,457</u>	<u>2,801</u>	<u>3,024</u>	<u>3,206</u>	<u>3,335</u>
117.17	<u>18,700-18,799</u>	<u>1,761</u>	<u>2,466</u>	<u>2,811</u>	<u>3,035</u>	<u>3,217</u>	<u>3,346</u>
117.18	<u>18,800-18,899</u>	<u>1,767</u>	<u>2,474</u>	<u>2,820</u>	<u>3,045</u>	<u>3,227</u>	<u>3,357</u>
117.19	<u>18,900-18,999</u>	<u>1,773</u>	<u>2,483</u>	<u>2,830</u>	<u>3,056</u>	<u>3,238</u>	<u>3,368</u>
117.20	<u>19,000-19,099</u>	<u>1,779</u>	<u>2,491</u>	<u>2,840</u>	<u>3,066</u>	<u>3,249</u>	<u>3,380</u>
117.21	<u>19,100-19,199</u>	<u>1,785</u>	<u>2,499</u>	<u>2,849</u>	<u>3,076</u>	<u>3,260</u>	<u>3,392</u>
117.22	<u>19,200-19,299</u>	<u>1,791</u>	<u>2,508</u>	<u>2,859</u>	<u>3,087</u>	<u>3,271</u>	<u>3,403</u>
117.23	<u>19,300-19,399</u>	<u>1,797</u>	<u>2,516</u>	<u>2,868</u>	<u>3,097</u>	<u>3,282</u>	<u>3,414</u>
117.24	<u>19,400-19,499</u>	<u>1,803</u>	<u>2,525</u>	<u>2,878</u>	<u>3,107</u>	<u>3,293</u>	<u>3,426</u>
117.25	<u>19,500-19,599</u>	<u>1,809</u>	<u>2,533</u>	<u>2,887</u>	<u>3,117</u>	<u>3,304</u>	<u>3,437</u>
117.26	<u>19,600-19,699</u>	<u>1,815</u>	<u>2,541</u>	<u>2,896</u>	<u>3,127</u>	<u>3,315</u>	<u>3,448</u>
117.27	<u>19,700-19,799</u>	<u>1,821</u>	<u>2,550</u>	<u>2,906</u>	<u>3,138</u>	<u>3,326</u>	<u>3,459</u>
117.28	<u>19,800-19,899</u>	<u>1,827</u>	<u>2,558</u>	<u>2,915</u>	<u>3,148</u>	<u>3,337</u>	<u>3,470</u>
117.29	<u>19,900-19,999</u>	<u>1,833</u>	<u>2,567</u>	<u>2,925</u>	<u>3,159</u>	<u>3,348</u>	<u>3,481</u>
117.30	<u>20,000 and over or</u>	<u>1,839</u>	<u>2,575</u>	<u>2,935</u>	<u>3,170</u>	<u>3,359</u>	<u>3,492</u>
117.31	<u>the amount in</u>						
117.32	<u>effect under</u>						
117.33	<u>subdivision 4</u>						

117.34 **EFFECTIVE DATE.** This section is effective January 1, 2023.

117.35 Sec. 8. Minnesota Statutes 2020, section 518A.39, subdivision 7, is amended to read:

117.36 Subd. 7. **Child care exception.** Child care support must be based on the actual child  
 117.37 care expenses. The court may provide that a decrease in the amount of the child care based

118.1 on a decrease in the actual child care expenses is effective as of the date the expense is  
118.2 decreased. Under section 518A.40, subdivision 4, paragraph (d), a decrease in the amount  
118.3 of child care support shall be effective as of the date the expenses terminated unless otherwise  
118.4 found by the court.

118.5 Sec. 9. Minnesota Statutes 2020, section 518A.40, is amended by adding a subdivision to  
118.6 read:

118.7 Subd. 3a. **Child care cost information.** (a) Upon the request of the obligor when child  
118.8 care support is ordered to be paid, unless there is a protective or restraining order issued by  
118.9 the court regarding one of the parties or on behalf of a joint child, or the obligee is a  
118.10 participant in the Safe at Home program:

118.11 (1) the obligee must give the child care provider the name and address of the obligor  
118.12 and must give the obligor the name, address, and telephone number of the child care provider;

118.13 (2) by February 1 of each year, the obligee must provide the obligor with verification  
118.14 from the child care provider that indicates the total child care expenses paid for the previous  
118.15 year; and

118.16 (3) when there is a change in the child care provider, the type of child care provider, or  
118.17 the age group of the child, the obligee must provide updated information to the obligor  
118.18 within 30 calendar days. If the obligee fails to provide the annual verification from the  
118.19 provider or updated information, the obligor may request the verification from the provider.

118.20 (b) When the obligee is no longer incurring child care expenses, the obligee must notify  
118.21 the obligor, and the public authority if it provides child support services, that the child care  
118.22 expenses ended and on which date. If the public authority is providing services, the public  
118.23 authority must follow the procedure outlined in subdivision 4.

118.24 Sec. 10. Minnesota Statutes 2020, section 518A.40, subdivision 4, is amended to read:

118.25 Subd. 4. **Change in child care.** (a) When a court order provides for child care expenses,  
118.26 and child care support is not assigned under section 256.741, the public authority, if the  
118.27 public authority provides child support enforcement services, may suspend collecting the  
118.28 amount allocated for child care expenses when either party informs the public authority that  
118.29 no child care ~~costs~~ expenses are being incurred and:

118.30 (1) the public authority verifies the accuracy of the information with the obligee; or

118.31 (2) the obligee fails to respond within 30 days of the date of a written request from the  
118.32 public authority for information regarding child care costs. A written or oral response from

119.1 the obligee that child care costs are being incurred is sufficient for the public authority to  
119.2 continue collecting child care expenses.

119.3 The suspension is effective as of the first day of the month following the date that the public  
119.4 authority either verified the information with the obligee or the obligee failed to respond.

119.5 The public authority will resume collecting child care expenses when either party provides  
119.6 information that child care costs are incurred, or when a child care support assignment takes  
119.7 effect under section 256.741, subdivision 4. The resumption is effective as of the first day  
119.8 of the month after the date that the public authority received the information.

119.9 (b) If the parties provide conflicting information to the public authority regarding whether  
119.10 child care expenses are being incurred, the public authority will continue or resume collecting  
119.11 child care expenses. Either party, by motion to the court, may challenge the suspension,  
119.12 continuation, or resumption of the collection of child care expenses under this subdivision.  
119.13 If the public authority suspends collection activities for the amount allocated for child care  
119.14 expenses, all other provisions of the court order remain in effect.

119.15 (c) In cases where there is a substantial increase or decrease in child care expenses, the  
119.16 parties may modify the order under section 518A.39.

119.17 (d) In cases where child care expenses have terminated, the parties may modify the order  
119.18 under section 518A.39.

119.19 (e) When the public authority is providing child support services, the parties may contact  
119.20 the public authority about the option of a stipulation to modify or terminate the child care  
119.21 support amount.

119.22 Sec. 11. Minnesota Statutes 2020, section 518A.42, is amended to read:

119.23 **518A.42 ABILITY TO PAY; SELF-SUPPORT ADJUSTMENT.**

119.24 Subdivision 1. **Ability to pay.** (a) It is a rebuttable presumption that a child support  
119.25 order should not exceed the obligor's ability to pay. To determine the amount of child support  
119.26 the obligor has the ability to pay, the court shall follow the procedure set out in this section.

119.27 (b) The court shall calculate the obligor's income available for support by subtracting a  
119.28 monthly self-support reserve equal to 120 percent of the federal poverty guidelines for one  
119.29 person from the obligor's ~~gross income~~ parental income for determining child support (PICS).  
119.30 If the obligor's income available for support calculated under this paragraph is equal to or  
119.31 greater than the obligor's support obligation calculated under section 518A.34, the court  
119.32 shall order child support under section 518A.34.

120.1 (c) If the obligor's income available for support calculated under paragraph (b) is more  
 120.2 than the minimum support amount under subdivision 2, but less than the guideline amount  
 120.3 under section 518A.34, then the court shall apply a reduction to the child support obligation  
 120.4 in the following order, until the support order is equal to the obligor's income available for  
 120.5 support:

120.6 (1) medical support obligation;

120.7 (2) child care support obligation; and

120.8 (3) basic support obligation.

120.9 (d) If the obligor's income available for support calculated under paragraph (b) is equal  
 120.10 to or less than the minimum support amount under subdivision 2 or if the obligor's gross  
 120.11 income is less than 120 percent of the federal poverty guidelines for one person, the minimum  
 120.12 support amount under subdivision 2 applies.

120.13 Subd. 2. **Minimum basic support amount.** (a) If the basic support amount applies, the  
 120.14 court must order the following amount as the minimum basic support obligation:

120.15 (1) for one ~~or two children~~ child, the obligor's basic support obligation is \$50 per month;

120.16 (2) for two children, the obligor's basic support obligation is \$60 per month;

120.17 (3) for three or four children, the obligor's basic support obligation is \$75 \$70 per month;

120.18 ~~and~~

120.19 (4) for four children, the obligor's basic support obligation is \$80 per month;

120.20 (3) (5) for five or more children, the obligor's basic support obligation is \$100 \$90 per  
 120.21 month; and

120.22 (6) for six or more children, the obligor's basic support obligation is \$100 per month.

120.23 (b) If the court orders the obligor to pay the minimum basic support amount under this  
 120.24 subdivision, the obligor is presumed unable to pay child care support and medical support.  
 120.25 ~~If the court finds the obligor receives no income and completely lacks the ability to earn~~  
 120.26 ~~income, the minimum basic support amount under this subdivision does not apply.~~

120.27 Subd. 3. **Exception.** (a) This section does not apply to an obligor who is incarcerated.

120.28 (b) If the court finds the obligor receives no income and completely lacks the ability to  
 120.29 earn income, the minimum basic support amount under this subdivision does not apply.

120.30 (c) If the obligor's basic support amount is reduced below the minimum basic support  
 120.31 amount due to the application of the parenting expense adjustment, the minimum basic

121.1 support amount under this subdivision does not apply and the lesser amount is the guideline  
121.2 basic support.

121.3 **EFFECTIVE DATE.** This section is effective January 1, 2023.

121.4 Sec. 12. Minnesota Statutes 2020, section 518A.43, is amended by adding a subdivision  
121.5 to read:

121.6 **Subd. 1b. Increase in income of custodial parent.** In a modification of support under  
121.7 section 518A.39, the court may deviate from the presumptive child support obligation under  
121.8 section 518A.34 when the only change in circumstances is an increase to the custodial  
121.9 parent's income and:

121.10 (1) the basic support increases;

121.11 (2) the parties' combined gross income is \$6,000 or less; or

121.12 (3) the obligor's income is \$2,000 or less.

121.13 **EFFECTIVE DATE.** This section is effective January 1, 2023.

121.14 Sec. 13. Minnesota Statutes 2020, section 518A.685, is amended to read:

121.15 **518A.685 CONSUMER REPORTING AGENCY; REPORTING ARREARS.**

121.16 (a) If a public authority determines that an obligor has not paid the current monthly  
121.17 support obligation plus any required arrearage payment for three months, the public authority  
121.18 ~~must~~ may report this information to a consumer reporting agency.

121.19 (b) Before reporting that an obligor is in arrears for court-ordered child support, the  
121.20 public authority must:

121.21 (1) provide written notice to the obligor that the public authority intends to report the  
121.22 arrears to a consumer reporting agency; and

121.23 (2) mail the written notice to the obligor's last known mailing address at least 30 days  
121.24 before the public authority reports the arrears to a consumer reporting agency.

121.25 (c) The obligor may, within 21 days of receipt of the notice, do the following to prevent  
121.26 the public authority from reporting the arrears to a consumer reporting agency:

121.27 (1) pay the arrears in full; ~~or~~

121.28 (2) request an administrative review. An administrative review is limited to issues of  
121.29 mistaken identity, a pending legal action involving the arrears, or an incorrect arrears  
121.30 balance; or

122.1 (3) enter into a written payment agreement pursuant to section 518A.69 that is approved  
122.2 by a court, a child support magistrate, or the public authority responsible for child support  
122.3 enforcement.

122.4 (d) A public authority that reports arrearage information under this section must make  
122.5 monthly reports to a consumer reporting agency. The monthly report must be consistent  
122.6 with credit reporting industry standards for child support.

122.7 (e) For purposes of this section, "consumer reporting agency" has the meaning given in  
122.8 section 13C.001, subdivision 4, and United States Code, title 15, section 1681a(f).

122.9 **EFFECTIVE DATE.** This section is effective January 1, 2023.

122.10 Sec. 14. Minnesota Statutes 2020, section 548.091, subdivision 1a, is amended to read:

122.11 Subd. 1a. **Child support judgment by operation of law.** ~~(a)~~ Any payment or installment  
122.12 of support required by a judgment or decree of dissolution or legal separation, determination  
122.13 of parentage, an order under chapter 518C, an order under section 256.87, or an order under  
122.14 section 260B.331 or 260C.331, that is not paid or withheld from the obligor's income as  
122.15 required under section 518A.53, or which is ordered as child support by judgment, decree,  
122.16 or order by a court in any other state, is a judgment by operation of law on and after the  
122.17 date it is due, is entitled to full faith and credit in this state and any other state, and shall be  
122.18 entered and docketed by the court administrator on the filing of affidavits as provided in  
122.19 subdivision 2a. ~~Except as otherwise provided by paragraphs (b) and (c), interest accrues~~  
122.20 ~~from the date the unpaid amount due is greater than the current support due at the annual~~  
122.21 ~~rate provided in section 549.09, subdivision 1, not to exceed an annual rate of 18 percent.~~  
122.22 A payment or installment of support that becomes a judgment by operation of law between  
122.23 the date on which a party served notice of a motion for modification under section 518A.39,  
122.24 subdivision 2, and the date of the court's order on modification may be modified under that  
122.25 subdivision. Interest does not accrue on a judgment for child support, confinement and  
122.26 pregnancy expenses, or genetic testing fees.

122.27 ~~(b) Notwithstanding the provisions of section 549.09, upon motion to the court and upon~~  
122.28 ~~proof by the obligor of 12 consecutive months of complete and timely payments of both~~  
122.29 ~~current support and court-ordered paybacks of a child support debt or arrearage, the court~~  
122.30 ~~may order interest on the remaining debt or arrearage to stop accruing. Timely payments~~  
122.31 ~~are those made in the month in which they are due. If, after that time, the obligor fails to~~  
122.32 ~~make complete and timely payments of both current support and court-ordered paybacks~~  
122.33 ~~of child support debt or arrearage, the public authority or the obligee may move the court~~

123.1 ~~for the reinstatement of interest as of the month in which the obligor ceased making complete~~  
123.2 ~~and timely payments.~~

123.3 ~~The court shall provide copies of all orders issued under this section to the public~~  
123.4 ~~authority. The state court administrator shall prepare and make available to the court and~~  
123.5 ~~the parties forms to be submitted by the parties in support of a motion under this paragraph.~~

123.6 ~~(e) Notwithstanding the provisions of section 549.09, upon motion to the court, the court~~  
123.7 ~~may order interest on a child support debt or arrearage to stop accruing where the court~~  
123.8 ~~finds that the obligor is:~~

123.9 ~~(1) unable to pay support because of a significant physical or mental disability;~~

123.10 ~~(2) a recipient of Supplemental Security Income (SSI), Title II Older Americans Survivor's~~  
123.11 ~~Disability Insurance (OASDI), other disability benefits, or public assistance based upon~~  
123.12 ~~need; or~~

123.13 ~~(3) institutionalized or incarcerated for at least 30 days for an offense other than~~  
123.14 ~~nonsupport of the child or children involved, and is otherwise financially unable to pay~~  
123.15 ~~support.~~

123.16 ~~(d) If the conditions in paragraph (c) no longer exist, upon motion to the court, the court~~  
123.17 ~~may order interest accrual to resume retroactively from the date of service of the motion to~~  
123.18 ~~resume the accrual of interest.~~

123.19 ~~(e) Notwithstanding section 549.09, the public authority must suspend the charging of~~  
123.20 ~~interest when:~~

123.21 ~~(1) the obligor makes a request to the public authority that the public authority suspend~~  
123.22 ~~the charging of interest;~~

123.23 ~~(2) the public authority provides full IV-D child support services; and~~

123.24 ~~(3) the obligor has made, through the public authority, 12 consecutive months of complete~~  
123.25 ~~and timely payments of both current support and court-ordered paybacks of a child support~~  
123.26 ~~debt or arrearage.~~

123.27 ~~Timely payments are those made in the month in which they are due.~~

123.28 ~~Interest charging must be suspended on the first of the month following the date of the~~  
123.29 ~~written notice of the public authority's action to suspend the charging of interest. If, after~~  
123.30 ~~interest charging has been suspended, the obligor fails to make complete and timely payments~~  
123.31 ~~of both current support and court-ordered paybacks of child support debt or arrearage, the~~

124.1 ~~public authority may resume the charging of interest as of the first day of the month in which~~  
124.2 ~~the obligor ceased making complete and timely payments.~~

124.3 ~~The public authority must provide written notice to the parties of the public authority's~~  
124.4 ~~action to suspend or resume the charging of interest. The notice must inform the parties of~~  
124.5 ~~the right to request a hearing to contest the public authority's action. The notice must be~~  
124.6 ~~sent by first class mail to the parties' last known addresses.~~

124.7 ~~A party may contest the public authority's action to suspend or resume the charging of~~  
124.8 ~~interest if the party makes a written request for a hearing within 30 days of the date of written~~  
124.9 ~~notice. If a party makes a timely request for a hearing, the public authority must schedule~~  
124.10 ~~a hearing and send written notice of the hearing to the parties by mail to the parties' last~~  
124.11 ~~known addresses at least 14 days before the hearing. The hearing must be conducted in~~  
124.12 ~~district court or in the expedited child support process if section 484.702 applies. The district~~  
124.13 ~~court or child support magistrate must determine whether suspending or resuming the interest~~  
124.14 ~~charging is appropriate and, if appropriate, the effective date.~~

124.15 **EFFECTIVE DATE.** This section is effective August 1, 2022.

124.16 Sec. 15. Minnesota Statutes 2020, section 548.091, subdivision 2a, is amended to read:

124.17 Subd. 2a. **Entry and docketing of child support judgment.** (a) On or after the date an  
124.18 unpaid amount becomes a judgment by operation of law under subdivision 1a, the obligee  
124.19 or the public authority may file with the court administrator:

124.20 (1) a statement identifying, or a copy of, the judgment or decree of dissolution or legal  
124.21 separation, determination of parentage, order under chapter 518B or 518C, an order under  
124.22 section 256.87, an order under section 260B.331 or 260C.331, or judgment, decree, or order  
124.23 for child support by a court in any other state, which provides for periodic installments of  
124.24 child support, or a judgment or notice of attorney fees and collection costs under section  
124.25 518A.735;

124.26 (2) an affidavit of default. The affidavit of default must state the full name, occupation,  
124.27 place of residence, and last known post office address of the obligor, the name of the obligee,  
124.28 the date or dates payment was due and not received and judgment was obtained by operation  
124.29 of law, the total amount of the judgments to be entered and docketed; and

124.30 (3) an affidavit of service of a notice of intent to enter and docket judgment and to recover  
124.31 attorney fees and collection costs on the obligor, in person or by first class mail at the  
124.32 obligor's last known post office address. Service is completed upon mailing in the manner  
124.33 designated. Where applicable, a notice of interstate lien in the form promulgated under

125.1 United States Code, title 42, section 652(a), is sufficient to satisfy the requirements of clauses  
125.2 (1) and (2).

125.3 (b) A judgment entered and docketed under this subdivision has the same effect and is  
125.4 subject to the same procedures, defenses, and proceedings as any other judgment in district  
125.5 court, and may be enforced or satisfied in the same manner as judgments under section  
125.6 548.09, except as otherwise provided.

125.7 (c) A judgment entered and docketed under this subdivision is not subject to interest  
125.8 charging or accrual.

125.9 **EFFECTIVE DATE.** This section is effective August 1, 2022.

125.10 Sec. 16. Minnesota Statutes 2020, section 548.091, subdivision 3b, is amended to read:

125.11 Subd. 3b. **Child support judgment administrative renewals.** Child support judgments  
125.12 may be renewed by service of notice upon the debtor. Service must be by first class mail at  
125.13 the last known address of the debtor, with service deemed complete upon mailing in the  
125.14 manner designated, or in the manner provided for the service of civil process. Upon the  
125.15 filing of the notice and proof of service, the court administrator shall administratively renew  
125.16 the judgment for child support without any additional filing fee in the same court file as the  
125.17 original child support judgment. The judgment must be renewed in an amount equal to the  
125.18 unpaid principal plus the ~~accrued~~ unpaid interest accrued prior to August 1, 2022. Child  
125.19 support judgments may be renewed multiple times until paid.

125.20 **EFFECTIVE DATE.** This section is effective August 1, 2022.

125.21 Sec. 17. Minnesota Statutes 2020, section 548.091, subdivision 9, is amended to read:

125.22 Subd. 9. **Payoff statement.** The public authority shall issue to the obligor, attorneys,  
125.23 lenders, and closers, or their agents, a payoff statement setting forth conclusively the amount  
125.24 necessary to satisfy the lien. Payoff statements must be issued within three business days  
125.25 after receipt of a request by mail, personal delivery, telefacsimile, or electronic mail  
125.26 transmission, and must be delivered to the requester by telefacsimile or electronic mail  
125.27 transmission if requested and if appropriate technology is available to the public authority.  
125.28 If the payoff statement includes amounts for unpaid maintenance, the statement shall specify  
125.29 that the public authority does not calculate accrued interest and that an interest balance in  
125.30 addition to the payoff statement may be owed.

125.31 **EFFECTIVE DATE.** This section is effective August 1, 2022.

126.1 Sec. 18. Minnesota Statutes 2020, section 548.091, subdivision 10, is amended to read:

126.2 Subd. 10. **Release of lien.** Upon payment of the child support amount due, the public  
126.3 authority shall execute and deliver a satisfaction of the judgment lien within five business  
126.4 days. The public authority is not responsible for satisfaction of judgments for unpaid  
126.5 maintenance.

126.6 **EFFECTIVE DATE.** This section is effective August 1, 2022.

126.7 Sec. 19. Minnesota Statutes 2020, section 549.09, subdivision 1, is amended to read:

126.8 Subdivision 1. **When owed; rate.** (a) When a judgment or award is for the recovery of  
126.9 money, including a judgment for the recovery of taxes, interest from the time of the verdict,  
126.10 award, or report until judgment is finally entered shall be computed by the court administrator  
126.11 or arbitrator as provided in paragraph (c) and added to the judgment or award.

126.12 (b) Except as otherwise provided by contract or allowed by law, preverdict, preaward,  
126.13 or prereport interest on pecuniary damages shall be computed as provided in paragraph (c)  
126.14 from the time of the commencement of the action or a demand for arbitration, or the time  
126.15 of a written notice of claim, whichever occurs first, except as provided herein. The action  
126.16 must be commenced within two years of a written notice of claim for interest to begin to  
126.17 accrue from the time of the notice of claim. If either party serves a written offer of settlement,  
126.18 the other party may serve a written acceptance or a written counteroffer within 30 days.  
126.19 After that time, interest on the judgment or award shall be calculated by the judge or arbitrator  
126.20 in the following manner. The prevailing party shall receive interest on any judgment or  
126.21 award from the time of commencement of the action or a demand for arbitration, or the time  
126.22 of a written notice of claim, or as to special damages from the time when special damages  
126.23 were incurred, if later, until the time of verdict, award, or report only if the amount of its  
126.24 offer is closer to the judgment or award than the amount of the opposing party's offer. If  
126.25 the amount of the losing party's offer was closer to the judgment or award than the prevailing  
126.26 party's offer, the prevailing party shall receive interest only on the amount of the settlement  
126.27 offer or the judgment or award, whichever is less, and only from the time of commencement  
126.28 of the action or a demand for arbitration, or the time of a written notice of claim, or as to  
126.29 special damages from when the special damages were incurred, if later, until the time the  
126.30 settlement offer was made. Subsequent offers and counteroffers supersede the legal effect  
126.31 of earlier offers and counteroffers. For the purposes of clause (2), the amount of settlement  
126.32 offer must be allocated between past and future damages in the same proportion as determined  
126.33 by the trier of fact. Except as otherwise provided by contract or allowed by law, preverdict,  
126.34 preaward, or prereport interest shall not be awarded on the following:

- 127.1 (1) judgments, awards, or benefits in workers' compensation cases, but not including  
127.2 third-party actions;
- 127.3 (2) judgments or awards for future damages;
- 127.4 (3) punitive damages, fines, or other damages that are noncompensatory in nature;
- 127.5 (4) judgments or awards not in excess of the amount specified in section 491A.01; and
- 127.6 (5) that portion of any verdict, award, or report which is founded upon interest, or costs,  
127.7 disbursements, attorney fees, or other similar items added by the court or arbitrator.

127.8 (c)(1)(i) For a judgment or award of \$50,000 or less or a judgment or award for or against  
127.9 the state or a political subdivision of the state, regardless of the amount, or a judgment or  
127.10 award in a family court action, except for a child support judgment, regardless of the amount,  
127.11 the interest shall be computed as simple interest per annum. The rate of interest shall be  
127.12 based on the secondary market yield of one year United States Treasury bills, calculated on  
127.13 a bank discount basis as provided in this section.

127.14 On or before the 20th day of December of each year the state court administrator shall  
127.15 determine the rate from the one-year constant maturity treasury yield for the most recent  
127.16 calendar month, reported on a monthly basis in the latest statistical release of the board of  
127.17 governors of the Federal Reserve System. This yield, rounded to the nearest one percent,  
127.18 or four percent, whichever is greater, shall be the annual interest rate during the succeeding  
127.19 calendar year. The state court administrator shall communicate the interest rates to the court  
127.20 administrators and sheriffs for use in computing the interest on verdicts and shall make the  
127.21 interest rates available to arbitrators.

127.22 This item applies to any section that references section 549.09 by citation for the purposes  
127.23 of computing an interest rate on any amount owed to or by the state or a political subdivision  
127.24 of the state, regardless of the amount.

127.25 (ii) The court, in a family court action, may order a lower interest rate or no interest rate  
127.26 if the parties agree or if the court makes findings explaining why application of a lower  
127.27 interest rate or no interest rate is necessary to avoid causing an unfair hardship to the debtor.  
127.28 This item does not apply to child support or spousal maintenance judgments subject to  
127.29 section 548.091.

127.30 (2) For a judgment or award over \$50,000, other than a judgment or award for or against  
127.31 the state or a political subdivision of the state or a judgment or award in a family court  
127.32 action, the interest rate shall be ten percent per year until paid.

128.1 (3) When a judgment creditor, or the judgment creditor's attorney or agent, has received  
128.2 a payment after entry of judgment, whether the payment is made voluntarily by or on behalf  
128.3 of the judgment debtor, or is collected by legal process other than execution levy where a  
128.4 proper return has been filed with the court administrator, the judgment creditor, or the  
128.5 judgment creditor's attorney, before applying to the court administrator for an execution  
128.6 shall file with the court administrator an affidavit of partial satisfaction. The affidavit must  
128.7 state the dates and amounts of payments made upon the judgment after the most recent  
128.8 affidavit of partial satisfaction filed, if any; the part of each payment that is applied to taxable  
128.9 disbursements and to accrued interest and to the unpaid principal balance of the judgment;  
128.10 and the accrued, but the unpaid interest owing, if any, after application of each payment.

128.11 (4) Interest shall not accrue on child support judgments.

128.12 (d) This section does not apply to arbitrations between employers and employees under  
128.13 chapter 179 or 179A. An arbitrator is neither required to nor prohibited from awarding  
128.14 interest under chapter 179 or under section 179A.16 for essential employees.

128.15 (e) For purposes of this subdivision:

128.16 (1) "state" includes a department, board, agency, commission, court, or other entity in  
128.17 the executive, legislative, or judicial branch of the state; and

128.18 (2) "political subdivision" includes a town, statutory or home rule charter city, county,  
128.19 school district, or any other political subdivision of the state.

128.20 **EFFECTIVE DATE.** This section is effective August 1, 2022.

## 128.21 **ARTICLE 4**

### 128.22 **BEHAVIORAL HEALTH**

128.23 Section 1. Minnesota Statutes 2020, section 245.4889, subdivision 1, is amended to read:

128.24 Subdivision 1. **Establishment and authority.** (a) The commissioner is authorized to  
128.25 make grants from available appropriations to assist:

128.26 (1) counties;

128.27 (2) Indian tribes;

128.28 (3) children's collaboratives under section 124D.23 or 245.493; or

128.29 (4) mental health service providers.

128.30 (b) The following services are eligible for grants under this section:

- 129.1 (1) services to children with emotional disturbances as defined in section 245.4871,  
129.2 subdivision 15, and their families;
- 129.3 (2) transition services under section 245.4875, subdivision 8, for young adults under  
129.4 age 21 and their families;
- 129.5 (3) respite care services for children with emotional disturbances or severe emotional  
129.6 disturbances who are at risk of out-of-home placement. A child is not required to have case  
129.7 management services to receive respite care services;
- 129.8 (4) children's mental health crisis services;
- 129.9 (5) mental health services for people from cultural and ethnic minorities;
- 129.10 (6) children's mental health screening and follow-up diagnostic assessment and treatment;
- 129.11 (7) services to promote and develop the capacity of providers to use evidence-based  
129.12 practices in providing children's mental health services;
- 129.13 (8) school-linked mental health services under section 245.4901;
- 129.14 (9) building evidence-based mental health intervention capacity for children birth to age  
129.15 five;
- 129.16 (10) suicide prevention and counseling services that use text messaging statewide;
- 129.17 (11) mental health first aid training;
- 129.18 (12) training for parents, collaborative partners, and mental health providers on the  
129.19 impact of adverse childhood experiences and trauma and development of an interactive  
129.20 website to share information and strategies to promote resilience and prevent trauma;
- 129.21 (13) transition age services to develop or expand mental health treatment and supports  
129.22 for adolescents and young adults 26 years of age or younger;
- 129.23 (14) early childhood mental health consultation;
- 129.24 (15) evidence-based interventions for youth at risk of developing or experiencing a first  
129.25 episode of psychosis, and a public awareness campaign on the signs and symptoms of  
129.26 psychosis;
- 129.27 (16) psychiatric consultation for primary care practitioners; ~~and~~
- 129.28 (17) providers to begin operations and meet program requirements when establishing a  
129.29 new children's mental health program. These may be start-up grants; and

130.1 (18) evidence-informed interventions for youth and young adults who are at risk of  
130.2 developing a mood disorder or are experiencing an emerging mood disorder, including  
130.3 major depression and bipolar disorders, and a public awareness campaign on the signs and  
130.4 symptoms of mood disorders in youth and young adults.

130.5 (c) Services under paragraph (b) must be designed to help each child to function and  
130.6 remain with the child's family in the community and delivered consistent with the child's  
130.7 treatment plan. Transition services to eligible young adults under this paragraph must be  
130.8 designed to foster independent living in the community.

130.9 (d) As a condition of receiving grant funds, a grantee shall obtain all available third-party  
130.10 reimbursement sources, if applicable.

130.11 Sec. 2. Minnesota Statutes 2020, section 245.735, subdivision 3, is amended to read:

130.12 Subd. 3. **Certified community behavioral health clinics.** (a) The commissioner shall  
130.13 establish a state certification process for certified community behavioral health clinics  
130.14 (CCBHCs) that satisfy all federal requirements necessary for CCBHCs certified under this  
130.15 section to be eligible for reimbursement under medical assistance, without service area  
130.16 limits based on geographic area or region. The commissioner shall consult with CCBHC  
130.17 stakeholders before establishing and implementing changes in the certification process and  
130.18 requirements. Entities that choose to be CCBHCs must:

130.19 ~~(1) comply with the CCBHC criteria published by the United States Department of~~  
130.20 ~~Health and Human Services;~~

130.21 (1) comply with state licensing requirements and other requirements issued by the  
130.22 commissioner;

130.23 (2) employ or contract for clinic staff who have backgrounds in diverse disciplines,  
130.24 including licensed mental health professionals and licensed alcohol and drug counselors,  
130.25 and staff who are culturally and linguistically trained to meet the needs of the population  
130.26 the clinic serves;

130.27 (3) ensure that clinic services are available and accessible to individuals and families of  
130.28 all ages and genders and that crisis management services are available 24 hours per day;

130.29 (4) establish fees for clinic services for individuals who are not enrolled in medical  
130.30 assistance using a sliding fee scale that ensures that services to patients are not denied or  
130.31 limited due to an individual's inability to pay for services;

131.1 (5) comply with quality assurance reporting requirements and other reporting  
131.2 requirements, including any required reporting of encounter data, clinical outcomes data,  
131.3 and quality data;

131.4 (6) provide crisis mental health and substance use services, withdrawal management  
131.5 services, emergency crisis intervention services, and stabilization services, in accordance  
131.6 with existing mobile crisis services; screening, assessment, and diagnosis services, including  
131.7 risk assessments and level of care determinations; person- and family-centered treatment  
131.8 planning; outpatient mental health and substance use services; targeted case management;  
131.9 psychiatric rehabilitation services; peer support and counselor services and family support  
131.10 services; and intensive community-based mental health services, including mental health  
131.11 services for members of the armed forces and veterans; CCBHCs must directly provide  
131.12 the majority of these services to enrollees, but may coordinate some services with another  
131.13 entity through a collaboration or agreement, pursuant to paragraph (b);

131.14 (7) provide coordination of care across settings and providers to ensure seamless  
131.15 transitions for individuals being served across the full spectrum of health services, including  
131.16 acute, chronic, and behavioral needs. Care coordination may be accomplished through  
131.17 partnerships or formal contracts with:

131.18 (i) counties, health plans, pharmacists, pharmacies, rural health clinics, federally qualified  
131.19 health centers, inpatient psychiatric facilities, substance use and detoxification facilities, or  
131.20 community-based mental health providers; and

131.21 (ii) other community services, supports, and providers, including schools, child welfare  
131.22 agencies, juvenile and criminal justice agencies, Indian health services clinics, tribally  
131.23 licensed health care and mental health facilities, urban Indian health clinics, Department of  
131.24 Veterans Affairs medical centers, outpatient clinics, drop-in centers, acute care hospitals,  
131.25 and hospital outpatient clinics;

131.26 (8) be certified as mental health clinics under section 245.69, subdivision 2;

131.27 (9) comply with standards established by the commissioner relating to mental health  
131.28 services in Minnesota Rules, parts 9505.0370 to 9505.0372 CCBHC screenings, assessments,  
131.29 and evaluations;

131.30 (10) be licensed to provide substance use disorder treatment under chapter 245G;

131.31 (11) be certified to provide children's therapeutic services and supports under section  
131.32 256B.0943;

132.1 (12) be certified to provide adult rehabilitative mental health services under section  
132.2 256B.0623;

132.3 (13) be enrolled to provide mental health crisis response services under sections  
132.4 256B.0624 and 256B.0944;

132.5 (14) be enrolled to provide mental health targeted case management under section  
132.6 256B.0625, subdivision 20;

132.7 (15) comply with standards relating to mental health case management in Minnesota  
132.8 Rules, parts 9520.0900 to 9520.0926;

132.9 (16) provide services that comply with the evidence-based practices described in  
132.10 paragraph (e); and

132.11 (17) comply with standards relating to peer services under sections 256B.0615,  
132.12 256B.0616, and 245G.07, subdivision 1, paragraph (a), clause (5), as applicable when peer  
132.13 services are provided.

132.14 (b) ~~If an entity a certified CCBHC is unable to provide one or more of the services listed~~  
132.15 ~~in paragraph (a), clauses (6) to (17), the commissioner may certify the entity as a CCBHC;~~  
132.16 ~~if the entity has a current~~ may contract with another entity that has the required authority  
132.17 to provide that service and that meets ~~federal CCBHC~~ the following criteria as a designated  
132.18 collaborating organization, ~~or, to the extent allowed by the federal CCBHC criteria, the~~  
132.19 ~~commissioner may approve a referral arrangement. The CCBHC must meet federal~~  
132.20 ~~requirements regarding the type and scope of services to be provided directly by the CCBHC.;~~

132.21 (1) the entity has a formal agreement with the CCBHC to furnish one or more of the  
132.22 services under paragraph (a), clause (6);

132.23 (2) the entity provides assurances that it will provide services according to CCBHC  
132.24 service standards and provider requirements;

132.25 (3) the entity agrees that the CCBHC is responsible for coordinating care and has clinical  
132.26 and financial responsibility for the services that the entity provides under the agreement;  
132.27 and

132.28 (4) the entity meets any additional requirements issued by the commissioner.

132.29 (c) Notwithstanding any other law that requires a county contract or other form of county  
132.30 approval for certain services listed in paragraph (a), clause (6), a clinic that otherwise meets  
132.31 CCBHC requirements may receive the prospective payment under section 256B.0625,  
132.32 subdivision 5m, for those services without a county contract or county approval. As part of

133.1 the certification process in paragraph (a), the commissioner shall require a letter of support  
133.2 from the CCBHC's host county confirming that the CCBHC and the county or counties it  
133.3 serves have an ongoing relationship to facilitate access and continuity of care, especially  
133.4 for individuals who are uninsured or who may go on and off medical assistance.

133.5 (d) When the standards listed in paragraph (a) or other applicable standards conflict or  
133.6 address similar issues in duplicative or incompatible ways, the commissioner may grant  
133.7 variances to state requirements if the variances do not conflict with federal requirements  
133.8 for services reimbursed under medical assistance. If standards overlap, the commissioner  
133.9 may substitute all or a part of a licensure or certification that is substantially the same as  
133.10 another licensure or certification. The commissioner shall consult with stakeholders, as  
133.11 described in subdivision 4, before granting variances under this provision. For the CCBHC  
133.12 that is certified but not approved for prospective payment under section 256B.0625,  
133.13 subdivision 5m, the commissioner may grant a variance under this paragraph if the variance  
133.14 does not increase the state share of costs.

133.15 (e) The commissioner shall issue a list of required evidence-based practices to be  
133.16 delivered by CCBHCs, and may also provide a list of recommended evidence-based practices.  
133.17 The commissioner may update the list to reflect advances in outcomes research and medical  
133.18 services for persons living with mental illnesses or substance use disorders. The commissioner  
133.19 shall take into consideration the adequacy of evidence to support the efficacy of the practice,  
133.20 the quality of workforce available, and the current availability of the practice in the state.  
133.21 At least 30 days before issuing the initial list and any revisions, the commissioner shall  
133.22 provide stakeholders with an opportunity to comment.

133.23 (f) The commissioner may grant a variance to allow an applicant for CCBHC certification  
133.24 to demonstrate compliance with standards in paragraph (a) if the CCBHC will contract with  
133.25 a designated collaborating organization to provide all services for which a particular licensure  
133.26 or certification listed in paragraph (a) is required.

133.27 (g) The commissioner shall provide a CCBHC with adequate notice of the commissioner's  
133.28 decision regarding a variance request. The notice of the commissioner's decision must  
133.29 include information providing for an appeals process through which the CCBHC may appeal  
133.30 the commissioner's decision.

133.31 ~~(h)~~ (h) The commissioner shall recertify CCBHCs at least every three years. The  
133.32 commissioner shall establish a process for decertification and shall require corrective action,  
133.33 medical assistance repayment, or decertification of a CCBHC that no longer meets the

134.1 requirements in this section or that fails to meet the standards provided by the commissioner  
134.2 in the application and certification process.

134.3 Sec. 3. Minnesota Statutes 2020, section 245.735, subdivision 5, is amended to read:

134.4 Subd. 5. **Information systems support.** The commissioner and the state chief information  
134.5 officer shall provide information systems support to the projects as necessary to comply  
134.6 with state and federal requirements.

134.7 Sec. 4. Minnesota Statutes 2020, section 245.735, is amended by adding a subdivision to  
134.8 read:

134.9 Subd. 6. **Demonstration entities.** The commissioner may operate the demonstration  
134.10 program established by section 223 of the Protecting Access to Medicare Act if federal  
134.11 funding for the demonstration program remains available from the United States Department  
134.12 of Health and Human Services. To the extent practicable, the commissioner shall align the  
134.13 requirements of the demonstration program with the requirements under this section for  
134.14 CCBHCs receiving medical assistance reimbursement. A CCBHC may not apply to  
134.15 participate as a billing provider in both the CCBHC federal demonstration and the benefit  
134.16 for CCBHCs under the medical assistance program.

134.17 Sec. 5. Minnesota Statutes 2020, section 245A.043, subdivision 3, is amended to read:

134.18 Subd. 3. **Change of ownership process.** (a) When a change in ownership is proposed  
134.19 and the party intends to assume operation without an interruption in service longer than 60  
134.20 days after acquiring the program or service, the license holder must provide the commissioner  
134.21 with written notice of the proposed change on a form provided by the commissioner at least  
134.22 60 days before the anticipated date of the change in ownership. For purposes of this  
134.23 subdivision and subdivision 4, "party" means the party that intends to operate the service  
134.24 or program.

134.25 (b) The party must submit a license application under this chapter on the form and in  
134.26 the manner prescribed by the commissioner at least 30 days before the change in ownership  
134.27 is complete, and must include documentation to support the upcoming change. The party  
134.28 must comply with background study requirements under chapter 245C and shall pay the  
134.29 application fee required under section 245A.10. ~~A party that intends to assume operation~~  
134.30 ~~without an interruption in service longer than 60 days after acquiring the program or service~~  
134.31 ~~is exempt from the requirements of Minnesota Rules, part 9530.6800.~~

135.1 (c) The commissioner may streamline application procedures when the party is an existing  
135.2 license holder under this chapter and is acquiring a program licensed under this chapter or  
135.3 service in the same service class as one or more licensed programs or services the party  
135.4 operates and those licenses are in substantial compliance. For purposes of this subdivision,  
135.5 "substantial compliance" means within the previous 12 months the commissioner did not  
135.6 (1) issue a sanction under section 245A.07 against a license held by the party, or (2) make  
135.7 a license held by the party conditional according to section 245A.06.

135.8 (d) Except when a temporary change in ownership license is issued pursuant to  
135.9 subdivision 4, the existing license holder is solely responsible for operating the program  
135.10 according to applicable laws and rules until a license under this chapter is issued to the  
135.11 party.

135.12 (e) If a licensing inspection of the program or service was conducted within the previous  
135.13 12 months and the existing license holder's license record demonstrates substantial  
135.14 compliance with the applicable licensing requirements, the commissioner may waive the  
135.15 party's inspection required by section 245A.04, subdivision 4. The party must submit to the  
135.16 commissioner (1) proof that the premises was inspected by a fire marshal or that the fire  
135.17 marshal deemed that an inspection was not warranted, and (2) proof that the premises was  
135.18 inspected for compliance with the building code or that no inspection was deemed warranted.

135.19 (f) If the party is seeking a license for a program or service that has an outstanding action  
135.20 under section 245A.06 or 245A.07, the party must submit a letter as part of the application  
135.21 process identifying how the party has or will come into full compliance with the licensing  
135.22 requirements.

135.23 (g) The commissioner shall evaluate the party's application according to section 245A.04,  
135.24 subdivision 6. If the commissioner determines that the party has remedied or demonstrates  
135.25 the ability to remedy the outstanding actions under section 245A.06 or 245A.07 and has  
135.26 determined that the program otherwise complies with all applicable laws and rules, the  
135.27 commissioner shall issue a license or conditional license under this chapter. The conditional  
135.28 license remains in effect until the commissioner determines that the grounds for the action  
135.29 are corrected or no longer exist.

135.30 (h) The commissioner may deny an application as provided in section 245A.05. An  
135.31 applicant whose application was denied by the commissioner may appeal the denial according  
135.32 to section 245A.05.

135.33 (i) This subdivision does not apply to a licensed program or service located in a home  
135.34 where the license holder resides.

136.1 Sec. 6. Minnesota Statutes 2020, section 245F.04, subdivision 2, is amended to read:

136.2 Subd. 2. **Contents of application.** Prior to the issuance of a license, an applicant must  
136.3 submit, on forms provided by the commissioner, documentation demonstrating the following:

136.4 (1) compliance with this section;

136.5 (2) compliance with applicable building, fire, and safety codes; health rules; zoning  
136.6 ordinances; and other applicable rules and regulations or documentation that a waiver has  
136.7 been granted. The granting of a waiver does not constitute modification of any requirement  
136.8 of this section; and

136.9 ~~(3) completion of an assessment of need for a new or expanded program as required by~~  
136.10 ~~Minnesota Rules, part 9530.6800; and~~

136.11 ~~(4)~~ insurance coverage, including bonding, sufficient to cover all patient funds, property,  
136.12 and interests.

136.13 Sec. 7. Minnesota Statutes 2020, section 245G.03, subdivision 2, is amended to read:

136.14 Subd. 2. **Application.** (a) Before the commissioner issues a license, an applicant must  
136.15 submit, on forms provided by the commissioner, any documents the commissioner requires.

136.16 (b) At least 60 days prior to submitting an application for licensure under this chapter,  
136.17 the applicant must notify the county human services director in writing of its intent to open  
136.18 a new treatment program.

136.19 Sec. 8. [245G.031] ALTERNATIVE LICENSING INSPECTIONS.

136.20 Subdivision 1. Eligibility for an alternative licensing inspection. (a) A license holder  
136.21 providing services licensed under this chapter, with a qualifying accreditation and meeting  
136.22 the eligibility criteria in paragraphs (b) and (c), may request approval for an alternative  
136.23 licensing inspection when all services provided under the license holder's license are  
136.24 accredited. A license holder with a qualifying accreditation and meeting the eligibility  
136.25 criteria in paragraphs (b) and (c) may request approval for an alternative licensing inspection  
136.26 for individual community residential settings or day services facilities licensed under this  
136.27 chapter.

136.28 (b) In order to be eligible for an alternative licensing inspection, the program must have  
136.29 had at least one inspection by the commissioner following issuance of the initial license.

136.30 (c) In order to be eligible for an alternative licensing inspection, the program must have  
136.31 been in substantial and consistent compliance at the time of the last licensing inspection

137.1 and during the current licensing period. For purposes of this section, "substantial and  
137.2 consistent compliance" means:

137.3 (1) the license holder's license was not made conditional, suspended, or revoked;

137.4 (2) there have been no substantiated allegations of maltreatment against the license  
137.5 holder within the past ten years; and

137.6 (3) the license holder maintained substantial compliance with the other requirements of  
137.7 chapters 245A and 245C and other applicable laws and rules.

137.8 (d) For the purposes of this section, the license holder's license includes services licensed  
137.9 under this chapter that were previously licensed under chapter 245A or Minnesota Rules,  
137.10 chapter 9530, until January 1, 2018.

137.11 Subd. 2. **Qualifying accreditation.** The commissioner must accept an accreditation  
137.12 from the joint commission as a qualifying accreditation.

137.13 Subd. 3. **Request for approval of an alternative inspection status.** (a) A request for  
137.14 an alternative inspection must be made on the forms and in the manner prescribed by the  
137.15 commissioner. When submitting the request, the license holder must submit all documentation  
137.16 issued by the accrediting body verifying that the license holder has obtained and maintained  
137.17 the qualifying accreditation and has complied with recommendations or requirements from  
137.18 the accrediting body during the period of accreditation. Based on the request and the  
137.19 additional required materials, the commissioner may approve an alternative inspection  
137.20 status.

137.21 (b) The commissioner must notify the license holder in writing that the request for an  
137.22 alternative inspection status has been approved. Approval must be granted until the end of  
137.23 the qualifying accreditation period.

137.24 (c) The license holder must submit a written request for approval of an alternative  
137.25 inspection status to be renewed one month before the end of the current approval period  
137.26 according to the requirements in paragraph (a). If the license holder does not submit a request  
137.27 to renew approval of an alternative inspection status as required, the commissioner must  
137.28 conduct a licensing inspection.

137.29 Subd. 4. **Programs approved for alternative licensing inspection; deemed compliance**  
137.30 **licensing requirements.** (a) A license holder approved for alternative licensing inspection  
137.31 under this section is required to maintain compliance with all licensing standards according  
137.32 to this chapter.

138.1 (b) A license holder approved for alternative licensing inspection under this section is  
138.2 deemed to be in compliance with all the requirements of this chapter, and the commissioner  
138.3 must not perform routine licensing inspections.

138.4 (c) Upon receipt of a complaint regarding the services of a license holder approved for  
138.5 alternative licensing inspection under this section, the commissioner must investigate the  
138.6 complaint and may take any action as provided under section 245A.06 or 245A.07.

138.7 Subd. 5. **Investigations of alleged or suspected maltreatment.** Nothing in this section  
138.8 changes the commissioner's responsibilities to investigate alleged or suspected maltreatment  
138.9 of a minor under chapter 260E or a vulnerable adult under section 626.557.

138.10 Subd. 6. **Termination or denial of subsequent approval.** Following approval of an  
138.11 alternative licensing inspection, the commissioner may terminate or deny subsequent approval  
138.12 of an alternative licensing inspection if the commissioner determines that:

138.13 (1) the license holder has not maintained the qualifying accreditation;

138.14 (2) the commissioner has substantiated maltreatment for which the license holder or  
138.15 facility is determined to be responsible during the qualifying accreditation period; or

138.16 (3) during the qualifying accreditation period, the license holder has been issued an order  
138.17 for conditional license, fine, suspension, or license revocation that has not been reversed  
138.18 upon appeal.

138.19 Subd. 7. **Appeals.** The commissioner's decision that the conditions for approval for an  
138.20 alternative licensing inspection have not been met is subject to appeal under the provisions  
138.21 of chapter 14.

138.22 Subd. 8. **Commissioner's programs.** Substance use disorder treatment services licensed  
138.23 under this chapter for which the commissioner is the license holder with a qualifying  
138.24 accreditation are excluded from being approved for an alternative licensing inspection.

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

138.26 Sec. 9. Minnesota Statutes 2020, section 246.54, subdivision 1b, is amended to read:

138.27 Subd. 1b. **Community behavioral health hospitals.** A county's payment of the cost of  
138.28 care provided at state-operated community-based behavioral health hospitals for adults and  
138.29 children shall be according to the following schedule:

138.30 (1) 100 percent for each day during the stay, including the day of admission, when the  
138.31 facility determines that it is clinically appropriate for the client to be discharged; and

139.1 (2) the county shall not be entitled to reimbursement from the client, the client's estate,  
139.2 or from the client's relatives, except as provided in section 246.53.

139.3 Sec. 10. [254B.17] SCHOOL-LINKED SUBSTANCE ABUSE GRANTS.

139.4 Subdivision 1. Establishment. The commissioner of human services shall establish a  
139.5 school-linked substance abuse grant program to provide early identification of and  
139.6 intervention for secondary school students with substance use disorder needs, and to build  
139.7 the capacity of secondary schools to support students with substance use disorder needs in  
139.8 the classroom.

139.9 Subd. 2. Eligible applicant. (a) An eligible applicant for a school-linked substance  
139.10 abuse grant is an entity or individual that is:

139.11 (1) licensed under chapter 245G and in compliance with the general requirements in  
139.12 chapters 245A, 245C, and 260E, section 626.557, and Minnesota Rules, chapter 9544; or

139.13 (2) an alcohol and drug counselor licensed under chapter 148F and in compliance with  
139.14 section 245G.11, subdivision 5.

139.15 Subd. 3. Allowable grant activities and related expenses. (a) Allowable grant activities  
139.16 and related expenses may include but are not limited to:

139.17 (1) identifying and diagnosing substance use disorders of students;

139.18 (2) delivering substance use disorder treatment and services to students and their families,  
139.19 including via telemedicine;

139.20 (3) supporting families in meeting their child's needs, including navigating health care,  
139.21 social service, and juvenile justice systems;

139.22 (4) providing transportation for students receiving school-linked substance use disorder  
139.23 treatment services when school is not in session;

139.24 (5) building the capacity of schools to meet the needs of students with substance use  
139.25 disorder concerns, including school staff development activities for licensed and nonlicensed  
139.26 staff; and

139.27 (6) purchasing equipment, connection charges, on-site coordination, setup fees, and site  
139.28 fees in order to deliver school-linked substance use disorder treatment services via  
139.29 telemedicine.

139.30 (b) Grantees shall obtain all available third-party reimbursement sources as a condition  
139.31 of receiving a grant. For purposes of the grant program, a third-party reimbursement source

140.1 excludes a public school as defined in section 120A.20, subdivision 1. Grantees shall serve  
140.2 each student regardless of the student's health coverage status or ability to pay.

140.3 (c) Prior to issuing a request for proposals for grants under this section, the commissioner  
140.4 shall award grants to eligible applicants that are currently providing substance use disorder  
140.5 treatment services in secondary schools or that are currently providing school-linked mental  
140.6 health services but have the demonstrated capacity to provide allowable substance use  
140.7 disorder treatment services in secondary schools.

140.8 Subd. 4. **Data collection and outcome measurement.** Grantees shall provide data to  
140.9 the commissioner for the purpose of evaluating the effectiveness of the school-linked  
140.10 substance use disorder treatment grant program.

140.11 Sec. 11. Minnesota Statutes 2020, section 256B.0624, subdivision 7, is amended to read:

140.12 **Subd. 7. Crisis stabilization services.** (a) Crisis stabilization services must be provided  
140.13 by qualified staff of a crisis stabilization services provider entity and must meet the following  
140.14 standards:

140.15 (1) a crisis stabilization treatment plan must be developed which meets the criteria in  
140.16 subdivision 11;

140.17 (2) staff must be qualified as defined in subdivision 8; and

140.18 (3) services must be delivered according to the treatment plan and include face-to-face  
140.19 contact with the recipient by qualified staff for further assessment, help with referrals,  
140.20 updating of the crisis stabilization treatment plan, supportive counseling, skills training,  
140.21 and collaboration with other service providers in the community.

140.22 (b) If crisis stabilization services are provided in a supervised, licensed residential setting,  
140.23 the recipient must be contacted face-to-face daily by a qualified mental health practitioner  
140.24 or mental health professional. The program must have 24-hour-a-day residential staffing  
140.25 which may include staff who do not meet the qualifications in subdivision 8. The residential  
140.26 staff must have 24-hour-a-day immediate direct or telephone access to a qualified mental  
140.27 health professional or practitioner.

140.28 (c) If crisis stabilization services are provided in a supervised, licensed residential setting  
140.29 that serves no more than four adult residents, and one or more individuals are present at the  
140.30 setting to receive residential crisis stabilization services, the residential staff must include,  
140.31 for at least eight hours per day, at least one individual who meets the qualifications in  
140.32 subdivision 8, paragraph (a), clause (1) or (2). The commissioner shall establish a statewide  
140.33 per diem rate for crisis stabilization services provided under this paragraph to medical

141.1 assistance enrollees. The rate for a provider shall not exceed the rate charged by that provider  
141.2 for the same service to other payers. Payment shall not be made to more than one entity for  
141.3 each individual for services provided under this paragraph on a given day. The commissioner  
141.4 shall set rates prospectively for the annual rate period. The commissioner shall require  
141.5 providers to submit annual cost reports on a uniform cost reporting form and shall use  
141.6 submitted cost reports to inform the rate-setting process. The commissioner shall recalculate  
141.7 the statewide per diem every year.

141.8 (d) If crisis stabilization services are provided in a supervised, licensed residential setting  
141.9 that serves more than four adult residents, and one or more are recipients of crisis stabilization  
141.10 services, the residential staff must include, for 24 hours a day, at least one individual who  
141.11 meets the qualifications in subdivision 8. During the first 48 hours that a recipient is in the  
141.12 residential program, the residential program must have at least two staff working 24 hours  
141.13 a day. Staffing levels may be adjusted thereafter according to the needs of the recipient as  
141.14 specified in the crisis stabilization treatment plan.

141.15 **EFFECTIVE DATE.** This section is effective August 1, 2021, or upon federal approval,  
141.16 whichever is later. The commissioner of human services shall notify the revisor of statutes  
141.17 when federal approval is obtained.

141.18 Sec. 12. Minnesota Statutes 2020, section 256B.0625, subdivision 5m, is amended to read:

141.19 Subd. 5m. **Certified community behavioral health clinic services.** (a) Medical  
141.20 assistance covers certified community behavioral health clinic (CCBHC) services that meet  
141.21 the requirements of section 245.735, subdivision 3.

141.22 (b) The commissioner shall ~~establish standards and methodologies for a~~ reimburse  
141.23 CCBHCs on a per-visit basis under the prospective payment system for medical assistance  
141.24 payments for services delivered by a CCBHC, in accordance with guidance issued by the  
141.25 Centers for Medicare and Medicaid Services as described in paragraph (c). The commissioner  
141.26 shall include a quality ~~bonus~~ incentive payment in the prospective payment system ~~based~~  
141.27 ~~on federal criteria,~~ as described in paragraph (e). There is no county share for medical  
141.28 assistance services when reimbursed through the CCBHC prospective payment system.

141.29 (c) ~~Unless otherwise indicated in applicable federal requirements, the prospective payment~~  
141.30 ~~system must continue to be based on the federal instructions issued for the federal section~~  
141.31 ~~223 CCBHC demonstration, except:~~ The commissioner shall ensure that the prospective  
141.32 payment system for CCBHC payments under medical assistance meets the following  
141.33 requirements:

142.1 (1) the prospective payment rate shall be a provider-specific rate calculated for each  
142.2 CCBHC, based on the daily cost of providing CCBHC services and the total annual allowable  
142.3 costs for CCBHCs divided by the total annual number of CCBHC visits. For calculating  
142.4 the payment rate, total annual visits include visits covered by medical assistance and visits  
142.5 not covered by medical assistance. Allowable costs include but are not limited to the salaries  
142.6 and benefits of medical assistance providers; the cost of CCBHC services provided under  
142.7 section 245.735, subdivision 3, paragraph (a), clauses (6) and (7); and other costs such as  
142.8 insurance or supplies needed to provide CCBHC services;

142.9 (2) payment shall be limited to one payment per day per medical assistance enrollee for  
142.10 each CCBHC visit eligible for reimbursement. A CCBHC visit is eligible for reimbursement  
142.11 if at least one of the CCBHC services listed under section 245.735, subdivision 3, paragraph  
142.12 (a), clause (6), is furnished to a medical assistance enrollee by a health care practitioner or  
142.13 licensed agency employed by or under contract with a CCBHC;

142.14 (3) new payment rates set by the commissioner for newly certified CCBHCs under  
142.15 section 245.735, subdivision 3, shall be based on rates for established CCBHCs with a  
142.16 similar scope of services. If no comparable CCBHC exists, the commissioner shall establish  
142.17 a clinic-specific rate using audited historical cost report data adjusted for the estimated cost  
142.18 of delivering CCBHC services, including the estimated cost of providing the full scope of  
142.19 services and the projected change in visits resulting from the change in scope;

142.20 ~~(4)~~ (4) the commissioner shall rebase CCBHC rates at least once every three years;

142.21 ~~(5)~~ (5) the commissioner shall provide for a 60-day appeals process after notice of the  
142.22 results of the rebasing;

142.23 ~~(3) the prohibition against inclusion of new facilities in the demonstration does not apply~~  
142.24 ~~after the demonstration ends;~~

142.25 ~~(4)~~ (6) the prospective payment rate under this section does not apply to services rendered  
142.26 by CCBHCs to individuals who are dually eligible for Medicare and medical assistance  
142.27 when Medicare is the primary payer for the service. An entity that receives a prospective  
142.28 payment system rate that overlaps with the CCBHC rate is not eligible for the CCBHC rate;

142.29 ~~(5)~~ (7) payments for CCBHC services to individuals enrolled in managed care shall be  
142.30 coordinated with the state's phase-out of CCBHC wrap payments. The commissioner shall  
142.31 complete the phase-out of CCBHC wrap payments no later than July 1, 2021, for CCBHCs  
142.32 reimbursed under this chapter, with a final settlement of payments due made payable to  
142.33 CCBHCs no later than 18 months thereafter;

143.1 ~~(6) initial prospective payment rates for CCBHCs certified after July 1, 2019, shall be~~  
143.2 ~~based on rates for comparable CCBHCs. If no comparable provider exists, the commissioner~~  
143.3 ~~shall compute a CCBHC-specific rate based upon the CCBHC's audited costs adjusted for~~  
143.4 ~~changes in the scope of services;~~

143.5 ~~(7)~~ (8) the prospective payment rate for each CCBHC shall be adjusted updated annually  
143.6 by trending each provider-specific rate by the Medicare Economic Index as defined for the  
143.7 federal section 223 CCBHC demonstration for primary care services. This update shall  
143.8 occur each year in between rebasing periods determined by the commissioner in accordance  
143.9 with clause (4). CCBHCs must provide data on costs and visits to the state annually using  
143.10 the CCBHC cost report established by the commissioner; and

143.11 (9) a CCBHC may request a rate adjustment for changes in the CCBHC's scope of  
143.12 services when such changes are expected to result in an adjustment to the CCBHC payment  
143.13 rate by 2.5 percent or more. The CCBHC must provide the commissioner with information  
143.14 regarding the changes in the scope of services, including the estimated cost of providing  
143.15 the new or modified services and any projected increase or decrease in the number of visits  
143.16 resulting from the change. Rate adjustments for changes in scope shall occur no more  
143.17 frequently than once per year in between rebasing periods per CCBHC and are effective on  
143.18 the date of the annual CCBHC rate update.

143.19 ~~(8) the commissioner shall seek federal approval for a CCBHC rate methodology that~~  
143.20 ~~allows for rate modifications based on changes in scope for an individual CCBHC, including~~  
143.21 ~~for changes to the type, intensity, or duration of services. Upon federal approval, a CCBHC~~  
143.22 ~~may submit a change of scope request to the commissioner if the change in scope would~~  
143.23 ~~result in a change of 2.5 percent or more in the prospective payment system rate currently~~  
143.24 ~~received by the CCBHC. CCBHC change of scope requests must be according to a format~~  
143.25 ~~and timeline to be determined by the commissioner in consultation with CCBHCs.~~

143.26 (d) Managed care plans and county-based purchasing plans shall reimburse CCBHC  
143.27 providers at the prospective payment rate. The commissioner shall monitor the effect of  
143.28 this requirement on the rate of access to the services delivered by CCBHC providers. If, for  
143.29 any contract year, federal approval is not received for this paragraph, the commissioner  
143.30 must adjust the capitation rates paid to managed care plans and county-based purchasing  
143.31 plans for that contract year to reflect the removal of this provision. Contracts between  
143.32 managed care plans and county-based purchasing plans and providers to whom this paragraph  
143.33 applies must allow recovery of payments from those providers if capitation rates are adjusted  
143.34 in accordance with this paragraph. Payment recoveries must not exceed the amount equal

144.1 to any increase in rates that results from this provision. This paragraph expires if federal  
144.2 approval is not received for this paragraph at any time.

144.3 (e) The commissioner shall implement a quality incentive payment program for CCBHCs  
144.4 that meets the following requirements:

144.5 (1) a CCBHC shall receive a quality incentive payment upon meeting specific numeric  
144.6 thresholds for performance metrics established by the commissioner, in addition to payments  
144.7 for which the CCBHC is eligible under the prospective payment system described in  
144.8 paragraph (c);

144.9 (2) a CCBHC must be certified and enrolled as a CCBHC for the entire measurement  
144.10 year to be eligible for incentive payments;

144.11 (3) each CCBHC shall receive written notice of the criteria that must be met in order to  
144.12 receive quality incentive payments at least 90 days prior to the measurement year; and

144.13 (4) a CCBHC must provide the commissioner with data needed to determine incentive  
144.14 payment eligibility within six months following the measurement year. The commissioner  
144.15 shall notify CCBHC providers of their performance on the required measures and the  
144.16 incentive payment amount within 12 months following the measurement year.

144.17 (f) All claims to managed care plans for CCBHC services as provided under this section  
144.18 shall be submitted directly to, and paid by, the commissioner on the dates specified no later  
144.19 than January 1 of the following calendar year, if:

144.20 (1) one or more managed care plans does not comply with the federal requirement for  
144.21 payment of clean claims to CCBHCs, as defined in Code of Federal Regulations, title 42,  
144.22 section 447.45(b), and the managed care plan does not resolve the payment issue within 30  
144.23 days of noncompliance; and

144.24 (2) the total amount of clean claims not paid in accordance with federal requirements  
144.25 by one or more managed care plans is 50 percent of, or greater than, the total CCBHC claims  
144.26 eligible for payment by managed care.

144.27 If the above conditions are met between January 1 and June 30 of a calendar year, claims  
144.28 will be submitted to and paid by the commissioner beginning on January 1 of the following  
144.29 year. If these two conditions are met between July 1 and December 31 of a calendar year,  
144.30 claims will be submitted to and paid by the commissioner beginning on July 1 of the  
144.31 following year.

145.1 Sec. 13. Minnesota Statutes 2020, section 256B.0947, subdivision 2, is amended to read:

145.2 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings  
145.3 given them.

145.4 (a) "Intensive nonresidential rehabilitative mental health services" means child  
145.5 rehabilitative mental health services as defined in section 256B.0943, except that these  
145.6 services are provided by a multidisciplinary staff using a total team approach consistent  
145.7 with assertive community treatment, as adapted for youth, and are directed to recipients  
145.8 ages 16, 17, 18, 19, or 20 who are eight years of age or older and under 26 years of age with  
145.9 a serious mental illness or co-occurring mental illness and substance abuse addiction who  
145.10 require intensive services to prevent admission to an inpatient psychiatric hospital or  
145.11 placement in a residential treatment facility or who require intensive services to step down  
145.12 from inpatient or residential care to community-based care.

145.13 (b) "Co-occurring mental illness and substance abuse addiction" means a dual diagnosis  
145.14 of at least one form of mental illness and at least one substance use disorder. Substance use  
145.15 disorders include alcohol or drug abuse or dependence, excluding nicotine use.

145.16 (c) "Diagnostic assessment" has the meaning given to it in Minnesota Rules, part  
145.17 9505.0370, subpart 11. A diagnostic assessment must be provided according to Minnesota  
145.18 Rules, part 9505.0372, subpart 1, and for this section must incorporate a determination of  
145.19 the youth's necessary level of care using a standardized functional assessment instrument  
145.20 approved and periodically updated by the commissioner.

145.21 (d) "Education specialist" means an individual with knowledge and experience working  
145.22 with youth regarding special education requirements and goals, special education plans,  
145.23 and coordination of educational activities with health care activities.

145.24 (e) "Housing access support" means an ancillary activity to help an individual find,  
145.25 obtain, retain, and move to safe and adequate housing. Housing access support does not  
145.26 provide monetary assistance for rent, damage deposits, or application fees.

145.27 (f) "Integrated dual disorders treatment" means the integrated treatment of co-occurring  
145.28 mental illness and substance use disorders by a team of cross-trained clinicians within the  
145.29 same program, and is characterized by assertive outreach, stage-wise comprehensive  
145.30 treatment, treatment goal setting, and flexibility to work within each stage of treatment.

145.31 (g) "Medication education services" means services provided individually or in groups,  
145.32 which focus on:

146.1 (1) educating the client and client's family or significant nonfamilial supporters about  
146.2 mental illness and symptoms;

146.3 (2) the role and effects of medications in treating symptoms of mental illness; and

146.4 (3) the side effects of medications.

146.5 Medication education is coordinated with medication management services and does not  
146.6 duplicate it. Medication education services are provided by physicians, pharmacists, or  
146.7 registered nurses with certification in psychiatric and mental health care.

146.8 (h) "Peer specialist" means an employed team member who is a mental health certified  
146.9 peer specialist according to section 256B.0615 and also a former children's mental health  
146.10 consumer who:

146.11 (1) provides direct services to clients including social, emotional, and instrumental  
146.12 support and outreach;

146.13 (2) assists younger peers to identify and achieve specific life goals;

146.14 (3) works directly with clients to promote the client's self-determination, personal  
146.15 responsibility, and empowerment;

146.16 (4) assists youth with mental illness to regain control over their lives and their  
146.17 developmental process in order to move effectively into adulthood;

146.18 (5) provides training and education to other team members, consumer advocacy  
146.19 organizations, and clients on resiliency and peer support; and

146.20 (6) meets the following criteria:

146.21 (i) is at least 22 years of age;

146.22 (ii) has had a diagnosis of mental illness, as defined in Minnesota Rules, part 9505.0370,  
146.23 subpart 20, or co-occurring mental illness and substance abuse addiction;

146.24 (iii) is a former consumer of child and adolescent mental health services, or a former or  
146.25 current consumer of adult mental health services for a period of at least two years;

146.26 (iv) has at least a high school diploma or equivalent;

146.27 (v) has successfully completed training requirements determined and periodically updated  
146.28 by the commissioner;

146.29 (vi) is willing to disclose the individual's own mental health history to team members  
146.30 and clients; and

147.1 (vii) must be free of substance use problems for at least one year.

147.2 (i) "Provider agency" means a for-profit or nonprofit organization established to  
147.3 administer an assertive community treatment for youth team.

147.4 (j) "Substance use disorders" means one or more of the disorders defined in the diagnostic  
147.5 and statistical manual of mental disorders, current edition.

147.6 (k) "Transition services" means:

147.7 (1) activities, materials, consultation, and coordination that ensures continuity of the  
147.8 client's care in advance of and in preparation for the client's move from one stage of care  
147.9 or life to another by maintaining contact with the client and assisting the client to establish  
147.10 provider relationships;

147.11 (2) providing the client with knowledge and skills needed posttransition;

147.12 (3) establishing communication between sending and receiving entities;

147.13 (4) supporting a client's request for service authorization and enrollment; and

147.14 (5) establishing and enforcing procedures and schedules.

147.15 A youth's transition from the children's mental health system and services to the adult  
147.16 mental health system and services and return to the client's home and entry or re-entry into  
147.17 community-based mental health services following discharge from an out-of-home placement  
147.18 or inpatient hospital stay.

147.19 (l) "Treatment team" means all staff who provide services to recipients under this section.

147.20 (m) "Family peer specialist" means a staff person qualified under section 256B.0616.

147.21 Sec. 14. Minnesota Statutes 2020, section 256B.0947, subdivision 3, is amended to read:

147.22 Subd. 3. **Client eligibility.** An eligible recipient is an individual who:

147.23 (1) is ~~age 16, 17, 18, 19, or 20~~ eight years of age or older and under 26 years of age; ~~and~~

147.24 (2) is diagnosed with a serious mental illness or co-occurring mental illness and substance  
147.25 abuse addiction, for which intensive nonresidential rehabilitative mental health services are  
147.26 needed;

147.27 (3) has received a level-of-care determination, using an instrument approved by the  
147.28 commissioner, that indicates a need for intensive integrated intervention without 24-hour  
147.29 medical monitoring and a need for extensive collaboration among multiple providers;

148.1 (4) has a functional impairment and a history of difficulty in functioning safely and  
148.2 successfully in the community, school, home, or job; or who is likely to need services from  
148.3 the adult mental health system ~~within the next two years~~ during adulthood; and

148.4 (5) has had a recent diagnostic assessment, as provided in Minnesota Rules, part  
148.5 9505.0372, subpart 1, by a mental health professional who is qualified under Minnesota  
148.6 Rules, part 9505.0371, subpart 5, item A, that documents that intensive nonresidential  
148.7 rehabilitative mental health services are medically necessary to ameliorate identified  
148.8 symptoms and functional impairments and to achieve individual transition goals.

148.9 Sec. 15. Minnesota Statutes 2020, section 256B.0947, subdivision 5, is amended to read:

148.10 Subd. 5. **Standards for intensive nonresidential rehabilitative providers.** (a) Services  
148.11 must be provided by a provider entity as provided in subdivision 4.

148.12 (b) The treatment team must have specialized training in providing services to the specific  
148.13 age group of youth that the team serves. An individual treatment team must serve youth  
148.14 who are: (1) at least eight years of age or older and under 16 years of age, or (2) at least 14  
148.15 years of age or older and under 26 years of age.

148.16 ~~(b)~~ (c) The treatment team for intensive nonresidential rehabilitative mental health  
148.17 services comprises both permanently employed core team members and client-specific team  
148.18 members as follows:

148.19 (1) The core treatment team is an entity that operates under the direction of an  
148.20 independently licensed mental health professional, who is qualified under Minnesota Rules,  
148.21 part 9505.0371, subpart 5, item A, and that assumes comprehensive clinical responsibility  
148.22 for clients. Based on professional qualifications and client needs, clinically qualified core  
148.23 team members are assigned on a rotating basis as the client's lead worker to coordinate a  
148.24 client's care. The core team must comprise at least four full-time equivalent direct care staff  
148.25 and must include, but is not limited to:

148.26 (i) an independently licensed mental health professional, qualified under Minnesota  
148.27 Rules, part 9505.0371, subpart 5, item A, who serves as team leader to provide administrative  
148.28 direction and clinical supervision to the team;

148.29 (ii) an advanced-practice registered nurse with certification in psychiatric or mental  
148.30 health care or a board-certified child and adolescent psychiatrist, either of which must be  
148.31 credentialed to prescribe medications;

148.32 (iii) a licensed alcohol and drug counselor who is also trained in mental health  
148.33 interventions; and

- 149.1 (iv) a peer specialist as defined in subdivision 2, paragraph (h).
- 149.2 (2) The core team may also include any of the following:
- 149.3 (i) additional mental health professionals;
- 149.4 (ii) a vocational specialist;
- 149.5 (iii) an educational specialist;
- 149.6 (iv) a child and adolescent psychiatrist who may be retained on a consultant basis;
- 149.7 (v) a mental health practitioner, as defined in section 245.4871, subdivision 26;
- 149.8 (vi) a case management service provider, as defined in section 245.4871, subdivision 4;
- 149.9 (vii) a housing access specialist; and
- 149.10 (viii) a family peer specialist as defined in subdivision 2, paragraph (m).
- 149.11 (3) A treatment team may include, in addition to those in clause (1) or (2), ad hoc
- 149.12 members not employed by the team who consult on a specific client and who must accept
- 149.13 overall clinical direction from the treatment team for the duration of the client's placement
- 149.14 with the treatment team and must be paid by the provider agency at the rate for a typical
- 149.15 session by that provider with that client or at a rate negotiated with the client-specific
- 149.16 member. Client-specific treatment team members may include:
- 149.17 (i) the mental health professional treating the client prior to placement with the treatment
- 149.18 team;
- 149.19 (ii) the client's current substance abuse counselor, if applicable;
- 149.20 (iii) a lead member of the client's individualized education program team or school-based
- 149.21 mental health provider, if applicable;
- 149.22 (iv) a representative from the client's health care home or primary care clinic, as needed
- 149.23 to ensure integration of medical and behavioral health care;
- 149.24 (v) the client's probation officer or other juvenile justice representative, if applicable;
- 149.25 and
- 149.26 (vi) the client's current vocational or employment counselor, if applicable.
- 149.27 ~~(e)~~ (d) The clinical supervisor shall be an active member of the treatment team and shall
- 149.28 function as a practicing clinician at least on a part-time basis. The treatment team shall meet
- 149.29 with the clinical supervisor at least weekly to discuss recipients' progress and make rapid
- 149.30 adjustments to meet recipients' needs. The team meeting must include client-specific case

150.1 reviews and general treatment discussions among team members. Client-specific case  
150.2 reviews and planning must be documented in the individual client's treatment record.

150.3 ~~(d)~~ (e) The staffing ratio must not exceed ten clients to one full-time equivalent treatment  
150.4 team position.

150.5 ~~(e)~~ (f) The treatment team shall serve no more than 80 clients at any one time. Should  
150.6 local demand exceed the team's capacity, an additional team must be established rather than  
150.7 exceed this limit.

150.8 ~~(f)~~ (g) Nonclinical staff shall have prompt access in person or by telephone to a mental  
150.9 health practitioner or mental health professional. The provider shall have the capacity to  
150.10 promptly and appropriately respond to emergent needs and make any necessary staffing  
150.11 adjustments to ensure the health and safety of clients.

150.12 ~~(g)~~ (h) The intensive nonresidential rehabilitative mental health services provider shall  
150.13 participate in evaluation of the assertive community treatment for youth (Youth ACT) model  
150.14 as conducted by the commissioner, including the collection and reporting of data and the  
150.15 reporting of performance measures as specified by contract with the commissioner.

150.16 ~~(h)~~ (i) A regional treatment team may serve multiple counties.

150.17 Sec. 16. Minnesota Statutes 2020, section 256B.0947, subdivision 6, is amended to read:

150.18 Subd. 6. **Service standards.** The standards in this subdivision apply to intensive  
150.19 nonresidential rehabilitative mental health services.

150.20 (a) The treatment team must use team treatment, not an individual treatment model.

150.21 (b) Services must be available at times that meet client needs.

150.22 (c) Services must be age-appropriate and meet the specific needs of the client.

150.23 (d) The initial functional assessment must be completed within ten days of intake and  
150.24 updated at least every six months or prior to discharge from the service, whichever comes  
150.25 first.

150.26 (e) The treatment team must complete an individual treatment plan for each client and  
150.27 the individual treatment plan must:

150.28 (1) be based on the information in the client's diagnostic assessment and baselines;

150.29 (2) identify goals and objectives of treatment, a treatment strategy, a schedule for  
150.30 accomplishing treatment goals and objectives, and the individuals responsible for providing  
150.31 treatment services and supports;

151.1 (3) be developed after completion of the client's diagnostic assessment by a mental health  
151.2 professional or clinical trainee and before the provision of children's therapeutic services  
151.3 and supports;

151.4 (4) be developed through a child-centered, family-driven, culturally appropriate planning  
151.5 process, including allowing parents and guardians to observe or participate in individual  
151.6 and family treatment services, assessments, and treatment planning;

151.7 (5) be reviewed at least once every six months and revised to document treatment progress  
151.8 on each treatment objective and next goals or, if progress is not documented, to document  
151.9 changes in treatment;

151.10 (6) be signed by the clinical supervisor and by the client or by the client's parent or other  
151.11 person authorized by statute to consent to mental health services for the client. A client's  
151.12 parent may approve the client's individual treatment plan by secure electronic signature or  
151.13 by documented oral approval that is later verified by written signature;

151.14 (7) be completed in consultation with the client's current therapist and key providers and  
151.15 provide for ongoing consultation with the client's current therapist to ensure therapeutic  
151.16 continuity and to facilitate the client's return to the community. For clients under the age of  
151.17 18, the treatment team must consult with parents and guardians in developing the treatment  
151.18 plan;

151.19 (8) if a need for substance use disorder treatment is indicated by validated assessment:

151.20 (i) identify goals, objectives, and strategies of substance use disorder treatment; develop  
151.21 a schedule for accomplishing treatment goals and objectives; and identify the individuals  
151.22 responsible for providing treatment services and supports;

151.23 (ii) be reviewed at least once every 90 days and revised, if necessary;

151.24 (9) be signed by the clinical supervisor and by the client and, if the client is a minor, by  
151.25 the client's parent or other person authorized by statute to consent to mental health treatment  
151.26 and substance use disorder treatment for the client; and

151.27 (10) provide for the client's transition out of intensive nonresidential rehabilitative mental  
151.28 health services by defining the team's actions to assist the client and subsequent providers  
151.29 in the transition to less intensive or "stepped down" services.

151.30 (f) The treatment team shall actively and assertively engage the client's family members  
151.31 and significant others by establishing communication and collaboration with the family and  
151.32 significant others and educating the family and significant others about the client's mental  
151.33 illness, symptom management, and the family's role in treatment, unless the team knows or

152.1 has reason to suspect that the client has suffered or faces a threat of suffering any physical  
152.2 or mental injury, abuse, or neglect from a family member or significant other.

152.3 (g) For a client age 18 or older, the treatment team may disclose to a family member,  
152.4 other relative, or a close personal friend of the client, or other person identified by the client,  
152.5 the protected health information directly relevant to such person's involvement with the  
152.6 client's care, as provided in Code of Federal Regulations, title 45, part 164.502(b). If the  
152.7 client is present, the treatment team shall obtain the client's agreement, provide the client  
152.8 with an opportunity to object, or reasonably infer from the circumstances, based on the  
152.9 exercise of professional judgment, that the client does not object. If the client is not present  
152.10 or is unable, by incapacity or emergency circumstances, to agree or object, the treatment  
152.11 team may, in the exercise of professional judgment, determine whether the disclosure is in  
152.12 the best interests of the client and, if so, disclose only the protected health information that  
152.13 is directly relevant to the family member's, relative's, friend's, or client-identified person's  
152.14 involvement with the client's health care. The client may orally agree or object to the  
152.15 disclosure and may prohibit or restrict disclosure to specific individuals.

152.16 (h) The treatment team shall provide interventions to promote positive interpersonal  
152.17 relationships.

152.18 Sec. 17. Minnesota Statutes 2020, section 297E.02, subdivision 3, is amended to read:

152.19 Subd. 3. **Collection; disposition.** (a) Taxes imposed by this section are due and payable  
152.20 to the commissioner when the gambling tax return is required to be filed. Distributors must  
152.21 file their monthly sales figures with the commissioner on a form prescribed by the  
152.22 commissioner. Returns covering the taxes imposed under this section must be filed with  
152.23 the commissioner on or before the 20th day of the month following the close of the previous  
152.24 calendar month. The commissioner shall prescribe the content, format, and manner of returns  
152.25 or other documents pursuant to section 270C.30. The proceeds, along with the revenue  
152.26 received from all license fees and other fees under sections 349.11 to 349.191, 349.211,  
152.27 and 349.213, must be paid to the commissioner of management and budget for deposit in  
152.28 the general fund.

152.29 (b) The sales tax imposed by chapter 297A on the sale of pull-tabs and tipboards by the  
152.30 distributor is imposed on the retail sales price. The retail sale of pull-tabs or tipboards by  
152.31 the organization is exempt from taxes imposed by chapter 297A and is exempt from all  
152.32 local taxes and license fees except a fee authorized under section 349.16, subdivision 8.

152.33 (c) One-half of one percent of the revenue deposited in the general fund under paragraph  
152.34 (a), is appropriated to the commissioner of human services for the compulsive gambling

153.1 treatment program established under section 245.98. One-half of one percent of the revenue  
153.2 deposited in the general fund under paragraph (a), is appropriated to the commissioner of  
153.3 human services for a grant to the state affiliate recognized by the National Council on  
153.4 Problem Gambling to increase public awareness of problem gambling, education and training  
153.5 for individuals and organizations providing effective treatment services to problem gamblers  
153.6 and their families, and research relating to problem gambling. Money appropriated by this  
153.7 paragraph must supplement and must not replace existing state funding for these programs.

153.8 (d) The commissioner of human services must provide to the state affiliate recognized  
153.9 by the National Council on Problem Gambling, a monthly statement of the amounts deposited  
153.10 under paragraph (c). Beginning January 1, 2022, the commissioner of human services must  
153.11 provide to the chairs and ranking minority members of the legislative committees with  
153.12 jurisdiction over treatment for problem gambling and to the state affiliate recognized by the  
153.13 National Council on Problem Gambling, an annual reconciliation of the amounts deposited  
153.14 under paragraph (c). The annual reconciliation under this paragraph must include the amount  
153.15 allocated to the commissioner of human services for the compulsive gambling treatment  
153.16 program established under section 245.98, and the amount allocated to the state affiliate  
153.17 recognized by the National Council on Problem Gambling.

153.18 Sec. 18. **DIRECTION TO THE COMMISSIONER; SUBSTANCE USE DISORDER**  
153.19 **TREATMENT PAPERWORK REDUCTION.**

153.20 (a) The commissioner of human services, in consultation with counties, tribes, managed  
153.21 care organizations, substance use disorder treatment professional associations, and other  
153.22 relevant stakeholders, shall develop, assess, and recommend systems improvements to  
153.23 minimize regulatory paperwork and improve systems for substance use disorder programs  
153.24 licensed under Minnesota Statutes, chapter 245A, and regulated under Minnesota Statutes,  
153.25 chapters 245F and 245G, and Minnesota Rules, chapters 2960 and 9530. The commissioner  
153.26 of human services shall make available any resources needed from other divisions within  
153.27 the department to implement systems improvements.

153.28 (b) The commissioner of health shall make available needed information and resources  
153.29 from the Division of Health Policy.

153.30 (c) The Office of MN.IT Services shall provide advance consultation and implementation  
153.31 of the changes needed in data systems.

153.32 (d) The commissioner of human services shall contract with a vendor that has experience  
153.33 with developing statewide system changes for multiple states at the payer and provider  
153.34 levels. If the commissioner, after exercising reasonable diligence, is unable to secure a

154.1 vendor with the requisite qualifications, then the commissioner may select the best qualified  
154.2 vendor available. When developing recommendations, the commissioner shall consider  
154.3 input from all stakeholders. The commissioner's recommendations shall maximize benefits  
154.4 for clients and utility for providers, regulatory agencies, and payers.

154.5 (e) The commissioner of human services and contracted vendor shall follow the  
154.6 recommendations from the report issued in response to Laws 2019, First Special Session  
154.7 chapter 9, article 6, section 76.

154.8 (f) By December 15, 2022, the commissioner of human services shall take steps to  
154.9 implement paperwork reductions and systems improvements within the commissioner's  
154.10 authority and submit to the chairs and ranking minority members of the legislative committees  
154.11 with jurisdiction over health and human services a report that includes recommendations  
154.12 for changes in statutes that would further enhance systems improvements to reduce  
154.13 paperwork. The report shall include a summary of the approaches developed and assessed  
154.14 by the commissioner of human services and stakeholders and the results of any assessments  
154.15 conducted.

154.16 **Sec. 19. DIRECTION TO THE COMMISSIONER; SOBER HOUSING PROGRAM**  
154.17 **RECOMMENDATIONS.**

154.18 (a) The commissioner of human services, in consultation with stakeholders, must develop  
154.19 recommendations on:

154.20 (1) increasing access to sober housing programs;

154.21 (2) promoting person-centered practices and cultural responsiveness in sober housing  
154.22 programs;

154.23 (3) potential oversight of sober housing programs; and

154.24 (4) providing consumer protections for individuals in sober housing programs with  
154.25 substance use disorders and individuals with co-occurring mental illnesses.

154.26 (b) Stakeholders include but are not limited to the Minnesota Association of Sober  
154.27 Homes, the Minnesota Association of Resources for Recovery and Chemical Health,  
154.28 Minnesota Recovery Connection, NAMI Minnesota, and residents and former residents of  
154.29 sober housing programs based in Minnesota. Stakeholders must equitably represent  
154.30 geographic areas of the state, and must include individuals in recovery and providers  
154.31 representing Black, indigenous, people of color, or immigrant communities.

155.1 (c) The commissioner must complete and submit a report on these recommendations to  
155.2 the chairs and ranking minority members of the legislative committees with jurisdiction  
155.3 over health and human services policy and finance on or before September 1, 2022.

155.4 Sec. 20. **DIRECTION TO COMMISSIONERS OF HEALTH AND HUMAN**  
155.5 **SERVICES; COMPULSIVE GAMBLING PROGRAMMING AND FUNDING.**

155.6 By September 1, 2022, the commissioner of human services shall consult with the  
155.7 commissioner of health and report to the chairs and ranking minority members of the  
155.8 legislative committees with jurisdiction over health and human services with a  
155.9 recommendation on whether the revenue appropriated to the commissioner of human services  
155.10 for a grant to the state affiliate recognized by the National Council on Problem Gambling  
155.11 under Minnesota Statutes, section 297E.02, subdivision 3, paragraph (c), is more properly  
155.12 appropriated to and managed by an agency other than the Department of Human Services.  
155.13 The commissioners shall also recommend whether the compulsive gambling treatment  
155.14 program in Minnesota Statutes, section 245.98, should continue to be managed by the  
155.15 Department of Human Services or be managed by another agency.

155.16 Sec. 21. **SUBSTANCE USE DISORDER TREATMENT PATHFINDER**  
155.17 **COMPANION PILOT PROJECT.**

155.18 (a) Anoka County and an academic institution acting as a research partner, in consultation  
155.19 with the North Metro Mental Health Roundtable, shall conduct a one-year pilot project  
155.20 beginning September 1, 2021, to evaluate the effects on treatment outcomes of the use by  
155.21 individuals in substance use disorder recovery of the telephone-based Pathfinder Companion  
155.22 application, which allows individuals in recovery to connect with peers, resources, providers,  
155.23 and others helping with recovery after an individual is discharged from treatment, and the  
155.24 use by providers of the computer-based Pathfinder Bridge application, which allows providers  
155.25 to prioritize care, connect directly with patients, and monitor and intervene as needed to  
155.26 affect long-term outcomes and recovery effectiveness.

155.27 (b) Prior to launching the program, Anoka County must secure the participation of an  
155.28 academic research institution as a research partner and the project must receive approval  
155.29 from the institution's institutional review board.

155.30 (c) The pilot project must monitor and evaluate the effects on treatment outcomes of  
155.31 using the Pathfinder Companion and Pathfinder Bridge applications in order to determine  
155.32 whether the addition of digital recovery support services alongside traditional methods of

156.1 treatment improves treatment and recovery outcomes. The participating research partner  
156.2 shall design and conduct the program evaluation.

156.3 (d) Anoka County and the participating research partner, in consultation with the North  
156.4 Metro Mental Health Roundtable, shall report to the commissioner of human services and  
156.5 the chairs and ranking minority members of the legislative committees with jurisdiction  
156.6 over substance use disorder treatment by January 15, 2023, on the results of the pilot project.

156.7 **Sec. 22. FIRST EPISODE OF PSYCHOSIS GRANT PROGRAM AUTHORIZED**  
156.8 **USES OF GRANT FUNDS.**

156.9 (a) Grant funds awarded by the commissioner of human services pursuant to Minnesota  
156.10 Statutes, section 245.4889, subdivision 1, paragraph (b), clause (15), must be used to:

156.11 (1) provide intensive treatment and support for adolescents and adults experiencing or  
156.12 at risk of experiencing a first psychotic episode. Intensive treatment and support includes  
156.13 medication management, psychoeducation for an individual and an individual's family, case  
156.14 management, employment support, education support, cognitive behavioral approaches,  
156.15 social skills training, peer support, crisis planning, and stress management. Projects must  
156.16 use all available funding streams;

156.17 (2) conduct outreach and provide training and guidance to mental health and health care  
156.18 professionals, including postsecondary health clinics, on early psychosis symptoms, screening  
156.19 tools, and best practices; and

156.20 (3) ensure access for individuals to first psychotic episode services under this section,  
156.21 including ensuring access to first psychotic episode services for individuals who live in  
156.22 rural areas.

156.23 (b) Grant funds may also be used to pay for housing or travel expenses or to address  
156.24 other barriers preventing individuals and their families from participating in first psychotic  
156.25 episode services.

156.26 **Sec. 23. EMERGING MOOD DISORDER GRANT PROGRAM AUTHORIZED**  
156.27 **USES OF GRANT FUNDS.**

156.28 (a) Grant funds awarded by the commissioner of human services pursuant to Minnesota  
156.29 Statutes, section 245.4889, subdivision 1, paragraph (b), clause (18), must be used to:

156.30 (1) provide intensive treatment and support to adolescents and young adults experiencing  
156.31 or at risk of experiencing an emerging mood disorder. Intensive treatment and support  
156.32 includes medication management, psychoeducation for the individual and the individual's

157.1 family, case management, employment support, education support, cognitive behavioral  
157.2 approaches, social skills training, peer support, crisis planning, and stress management.

157.3 Grant recipients must use all available funding streams;

157.4 (2) conduct outreach and provide training and guidance to mental health and health care  
157.5 professionals, including postsecondary health clinics, on early symptoms of mood disorders,  
157.6 screening tools, and best practices; and

157.7 (3) ensure access for individuals to emerging mood disorder services under this section,  
157.8 including ensuring access to services for individuals who live in rural areas.

157.9 (b) Grant funds may also be used by the grant recipient to evaluate the efficacy for  
157.10 providing intensive services and supports to people with emerging mood disorders.

157.11 Sec. 24. **REVISOR INSTRUCTION.**

157.12 The revisor of statutes shall replace "EXCELLENCE IN MENTAL HEALTH  
157.13 DEMONSTRATION PROJECT" with "CERTIFIED COMMUNITY BEHAVIORAL  
157.14 HEALTH CLINIC SERVICES" in the section headnote for Minnesota Statutes, section  
157.15 245.735.

157.16 Sec. 25. **REPEALER.**

157.17 (a) Minnesota Statutes 2020, section 245.735, subdivisions 1, 2, and 4, are repealed.

157.18 (b) Minnesota Rules, parts 9530.6800; and 9530.6810, are repealed.

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

## 157.20 **ARTICLE 5**

### 157.21 **DISABILITY SERVICES AND CONTINUING CARE FOR OLDER ADULTS**

157.22 Section 1. Minnesota Statutes 2020, section 144.0724, subdivision 4, is amended to read:

157.23 Subd. 4. **Resident assessment schedule.** (a) A facility must conduct and electronically  
157.24 submit to the commissioner of health MDS assessments that conform with the assessment  
157.25 schedule defined by Code of Federal Regulations, title 42, section 483.20, and published  
157.26 by the United States Department of Health and Human Services, Centers for Medicare and  
157.27 Medicaid Services, in the Long Term Care Assessment Instrument User's Manual, version  
157.28 3.0, and subsequent updates when issued by the Centers for Medicare and Medicaid Services.  
157.29 The commissioner of health may substitute successor manuals or question and answer  
157.30 documents published by the United States Department of Health and Human Services,

158.1 Centers for Medicare and Medicaid Services, to replace or supplement the current version  
158.2 of the manual or document.

158.3 (b) The assessments used to determine a case mix classification for reimbursement  
158.4 include the following:

158.5 (1) a new admission assessment;

158.6 (2) an annual assessment which must have an assessment reference date (ARD) within  
158.7 92 days of the previous assessment and the previous comprehensive assessment;

158.8 (3) a significant change in status assessment must be completed within 14 days of the  
158.9 identification of a significant change, whether improvement or decline, and regardless of  
158.10 the amount of time since the last significant change in status assessment;

158.11 (4) all quarterly assessments must have an assessment reference date (ARD) within 92  
158.12 days of the ARD of the previous assessment;

158.13 (5) any significant correction to a prior comprehensive assessment, if the assessment  
158.14 being corrected is the current one being used for RUG classification; and

158.15 (6) any significant correction to a prior quarterly assessment, if the assessment being  
158.16 corrected is the current one being used for RUG classification.

158.17 (c) In addition to the assessments listed in paragraph (b), a significant change in status  
158.18 assessment is required when:

158.19 (1) all speech, occupational, and physical therapies have ended. The assessment reference  
158.20 date of this assessment must be set on day eight after all therapy services have ended; and

158.21 (2) isolation for an active infectious disease has ended. The assessment reference date  
158.22 of this assessment must be set on day 15 after isolation has ended.

158.23 (d) In addition to the assessments listed in ~~paragraph~~ paragraphs (b) and (c), the  
158.24 assessments used to determine nursing facility level of care include the following:

158.25 (1) preadmission screening completed under section 256.975, subdivisions 7a to 7c, by  
158.26 the Senior LinkAge Line or other organization under contract with the Minnesota Board on  
158.27 Aging; and

158.28 (2) a nursing facility level of care determination as provided for under section 256B.0911,  
158.29 subdivision 4e, as part of a face-to-face long-term care consultation assessment completed  
158.30 under section 256B.0911, by a county, tribe, or managed care organization under contract  
158.31 with the Department of Human Services.

159.1 **EFFECTIVE DATE.** This section is effective for all assessments with an assessment  
159.2 reference date of July 1, 2021, or later.

159.3 Sec. 2. Minnesota Statutes 2020, section 144A.073, is amended by adding a subdivision  
159.4 to read:

159.5 **Subd. 17. Moratorium exception funding.** Beginning fiscal year 2022 and each fiscal  
159.6 year thereafter, the commissioner of health may approve moratorium exception projects  
159.7 under this section for which the full annualized state share of medical assistance costs does  
159.8 not exceed \$5,000,000.

159.9 Sec. 3. Minnesota Statutes 2020, section 245A.03, subdivision 7, is amended to read:

159.10 **Subd. 7. Licensing moratorium.** (a) The commissioner shall not issue an initial license  
159.11 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult  
159.12 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter  
159.13 for a physical location that will not be the primary residence of the license holder for the  
159.14 entire period of licensure. If a license is issued during this moratorium, and the license  
159.15 holder changes the license holder's primary residence away from the physical location of  
159.16 the foster care license, the commissioner shall revoke the license according to section  
159.17 245A.07. The commissioner shall not issue an initial license for a community residential  
159.18 setting licensed under chapter 245D. When approving an exception under this paragraph,  
159.19 the commissioner shall consider the resource need determination process in paragraph (h),  
159.20 the availability of foster care licensed beds in the geographic area in which the licensee  
159.21 seeks to operate, the results of a person's choices during their annual assessment and service  
159.22 plan review, and the recommendation of the local county board. The determination by the  
159.23 commissioner is final and not subject to appeal. Exceptions to the moratorium include:

159.24 (1) foster care settings that are required to be registered under chapter 144D;

159.25 (2) foster care licenses replacing foster care licenses in existence on May 15, 2009, or  
159.26 community residential setting licenses replacing adult foster care licenses in existence on  
159.27 December 31, 2013, and determined to be needed by the commissioner under paragraph  
159.28 (b);

159.29 (3) new foster care licenses or community residential setting licenses determined to be  
159.30 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,  
159.31 or regional treatment center; restructuring of state-operated services that limits the capacity  
159.32 of state-operated facilities; or allowing movement to the community for people who no

160.1 longer require the level of care provided in state-operated facilities as provided under section  
160.2 256B.092, subdivision 13, or 256B.49, subdivision 24;

160.3 (4) new foster care licenses or community residential setting licenses determined to be  
160.4 needed by the commissioner under paragraph (b) for persons requiring hospital level care;  
160.5 ~~or~~

160.6 (5) new foster care licenses or community residential setting licenses for people receiving  
160.7 services under chapter 245D and residing in an unlicensed setting before May 1, 2017, and  
160.8 for which a license is required. This exception does not apply to people living in their own  
160.9 home. For purposes of this clause, there is a presumption that a foster care or community  
160.10 residential setting license is required for services provided to three or more people in a  
160.11 dwelling unit when the setting is controlled by the provider. A license holder subject to this  
160.12 exception may rebut the presumption that a license is required by seeking a reconsideration  
160.13 of the commissioner's determination. The commissioner's disposition of a request for  
160.14 reconsideration is final and not subject to appeal under chapter 14. The exception is available  
160.15 until June 30, 2018. This exception is available when:

160.16 (i) the person's case manager provided the person with information about the choice of  
160.17 service, service provider, and location of service, including in the person's home, to help  
160.18 the person make an informed choice; and

160.19 (ii) the person's services provided in the licensed foster care or community residential  
160.20 setting are less than or equal to the cost of the person's services delivered in the unlicensed  
160.21 setting as determined by the lead agency; or

160.22 (6) new foster care licenses or community residential setting licenses for people receiving  
160.23 customized living or 24-hour customized living services under the brain injury or community  
160.24 access for disability inclusion waiver plans under section 256B.49 and residing in the  
160.25 customized living setting before July 1, 2022, for which a license is required. A customized  
160.26 living service provider subject to this exception may rebut the presumption that a license  
160.27 is required by seeking a reconsideration of the commissioner's determination. The  
160.28 commissioner's disposition of a request for reconsideration is final and not subject to appeal  
160.29 under chapter 14. The exception is available until June 30, 2023. This exception is available  
160.30 when:

160.31 (i) the person's customized living services are provided in a customized living service  
160.32 setting serving four or fewer people under the brain injury or community access for disability  
160.33 inclusion waiver plans under section 256B.49 in a single-family home operational on or  
160.34 before June 30, 2021. Operational is defined in section 256B.49, subdivision 28;

161.1 (ii) the person's case manager provided the person with information about the choice of  
161.2 service, service provider, and location of service, including in the person's home, to help  
161.3 the person make an informed choice; and

161.4 (iii) the person's services provided in the licensed foster care or community residential  
161.5 setting are less than or equal to the cost of the person's services delivered in the customized  
161.6 living setting as determined by the lead agency.

161.7 (b) The commissioner shall determine the need for newly licensed foster care homes or  
161.8 community residential settings as defined under this subdivision. As part of the determination,  
161.9 the commissioner shall consider the availability of foster care capacity in the area in which  
161.10 the licensee seeks to operate, and the recommendation of the local county board. The  
161.11 determination by the commissioner must be final. A determination of need is not required  
161.12 for a change in ownership at the same address.

161.13 (c) When an adult resident served by the program moves out of a foster home that is not  
161.14 the primary residence of the license holder according to section 256B.49, subdivision 15,  
161.15 paragraph (f), or the adult community residential setting, the county shall immediately  
161.16 inform the Department of Human Services Licensing Division. The department may decrease  
161.17 the statewide licensed capacity for adult foster care settings.

161.18 (d) Residential settings that would otherwise be subject to the decreased license capacity  
161.19 established in paragraph (c) shall be exempt if the license holder's beds are occupied by  
161.20 residents whose primary diagnosis is mental illness and the license holder is certified under  
161.21 the requirements in subdivision 6a or section 245D.33.

161.22 (e) A resource need determination process, managed at the state level, using the available  
161.23 reports required by section 144A.351, and other data and information shall be used to  
161.24 determine where the reduced capacity determined under section 256B.493 will be  
161.25 implemented. The commissioner shall consult with the stakeholders described in section  
161.26 144A.351, and employ a variety of methods to improve the state's capacity to meet the  
161.27 informed decisions of those people who want to move out of corporate foster care or  
161.28 community residential settings, long-term service needs within budgetary limits, including  
161.29 seeking proposals from service providers or lead agencies to change service type, capacity,  
161.30 or location to improve services, increase the independence of residents, and better meet  
161.31 needs identified by the long-term services and supports reports and statewide data and  
161.32 information.

161.33 (f) At the time of application and reapplication for licensure, the applicant and the license  
161.34 holder that are subject to the moratorium or an exclusion established in paragraph (a) are

162.1 required to inform the commissioner whether the physical location where the foster care  
162.2 will be provided is or will be the primary residence of the license holder for the entire period  
162.3 of licensure. If the primary residence of the applicant or license holder changes, the applicant  
162.4 or license holder must notify the commissioner immediately. The commissioner shall print  
162.5 on the foster care license certificate whether or not the physical location is the primary  
162.6 residence of the license holder.

162.7 (g) License holders of foster care homes identified under paragraph (f) that are not the  
162.8 primary residence of the license holder and that also provide services in the foster care home  
162.9 that are covered by a federally approved home and community-based services waiver, as  
162.10 authorized under chapter 256S or section 256B.092 or 256B.49, must inform the human  
162.11 services licensing division that the license holder provides or intends to provide these  
162.12 waiver-funded services.

162.13 (h) The commissioner may adjust capacity to address needs identified in section  
162.14 144A.351. Under this authority, the commissioner may approve new licensed settings or  
162.15 delicense existing settings. Delicensing of settings will be accomplished through a process  
162.16 identified in section 256B.493. Annually, by August 1, the commissioner shall provide  
162.17 information and data on capacity of licensed long-term services and supports, actions taken  
162.18 under the subdivision to manage statewide long-term services and supports resources, and  
162.19 any recommendations for change to the legislative committees with jurisdiction over the  
162.20 health and human services budget.

162.21 (i) The commissioner must notify a license holder when its corporate foster care or  
162.22 community residential setting licensed beds are reduced under this section. The notice of  
162.23 reduction of licensed beds must be in writing and delivered to the license holder by certified  
162.24 mail or personal service. The notice must state why the licensed beds are reduced and must  
162.25 inform the license holder of its right to request reconsideration by the commissioner. The  
162.26 license holder's request for reconsideration must be in writing. If mailed, the request for  
162.27 reconsideration must be postmarked and sent to the commissioner within 20 calendar days  
162.28 after the license holder's receipt of the notice of reduction of licensed beds. If a request for  
162.29 reconsideration is made by personal service, it must be received by the commissioner within  
162.30 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

162.31 (j) The commissioner shall not issue an initial license for children's residential treatment  
162.32 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter  
162.33 for a program that Centers for Medicare and Medicaid Services would consider an institution  
162.34 for mental diseases. Facilities that serve only private pay clients are exempt from the  
162.35 moratorium described in this paragraph. The commissioner has the authority to manage

163.1 existing statewide capacity for children's residential treatment services subject to the  
163.2 moratorium under this paragraph and may issue an initial license for such facilities if the  
163.3 initial license would not increase the statewide capacity for children's residential treatment  
163.4 services subject to the moratorium under this paragraph.

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

163.6 Sec. 4. Minnesota Statutes 2020, section 245C.03, is amended by adding a subdivision to  
163.7 read:

163.8 **Subd. 15. Early intensive developmental and behavioral intervention providers.** The  
163.9 commissioner shall conduct background studies according to this chapter when initiated by  
163.10 an early intensive developmental and behavioral intervention provider under section  
163.11 256B.0949.

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

163.13 Sec. 5. Minnesota Statutes 2020, section 245C.10, is amended by adding a subdivision to  
163.14 read:

163.15 **Subd. 17. Early intensive developmental and behavioral intervention providers.** The  
163.16 commissioner shall recover the cost of background studies required under section 245C.03,  
163.17 subdivision 15, for the purposes of early intensive developmental and behavioral intervention  
163.18 under section 256B.0949, through a fee of no more than \$20 per study charged to the enrolled  
163.19 agency. The fees collected under this subdivision are appropriated to the commissioner for  
163.20 the purpose of conducting background studies.

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

163.22 Sec. 6. Minnesota Statutes 2020, section 256.477, is amended to read:

163.23 **256.477 SELF-ADVOCACY GRANTS.**

163.24 **Subdivision 1. The Rick Cardenas Statewide Self-Advocacy Network.** (a) The  
163.25 commissioner shall make available a grant for the purposes of establishing and maintaining  
163.26 a the Rick Cardenas Statewide Self-Advocacy Network for persons with intellectual and  
163.27 developmental disabilities. The Rick Cardenas Statewide Self-Advocacy Network shall:

163.28 (1) ensure that persons with intellectual and developmental disabilities are informed of  
163.29 their rights in employment, housing, transportation, voting, government policy, and other  
163.30 issues pertinent to the intellectual and developmental disability community;

164.1 (2) provide public education and awareness of the civil and human rights issues persons  
164.2 with intellectual and developmental disabilities face;

164.3 (3) provide funds, technical assistance, and other resources for self-advocacy groups  
164.4 across the state; ~~and~~

164.5 (4) organize systems of communications to facilitate an exchange of information between  
164.6 self-advocacy groups;

164.7 (5) train and support the activities of a statewide network of peer-to-peer mentors for  
164.8 persons with developmental disabilities focused on building awareness among people with  
164.9 developmental disabilities of service options; assisting people with developmental disabilities  
164.10 choose service options; and developing the advocacy skills of people with developmental  
164.11 disabilities necessary for them to move toward full inclusion in community life, including  
164.12 by developing and delivering a curriculum to support the peer-to-peer network;

164.13 (6) provide outreach activities, including statewide conferences and disability networking  
164.14 opportunities, focused on self-advocacy, informed choice, and community engagement  
164.15 skills; and

164.16 (7) provide an annual leadership program for persons with intellectual and developmental  
164.17 disabilities.

164.18 (b) An organization receiving a grant under paragraph (a) must be an organization  
164.19 governed by people with intellectual and developmental disabilities that administers a  
164.20 statewide network of disability groups in order to maintain and promote self-advocacy  
164.21 services and supports for persons with intellectual and developmental disabilities throughout  
164.22 the state.

164.23 (c) An organization receiving a grant under this subdivision may use a portion of grant  
164.24 revenue determined by the commissioner for administration and general operating costs.

164.25 **Subd. 2. Subgrants for outreach to persons in institutional settings.** The commissioner  
164.26 shall make available to an organization described under subdivision 1 a grant for subgrants  
164.27 to organizations in Minnesota to conduct outreach to persons working and living in  
164.28 institutional settings to provide education and information about community options. Subgrant  
164.29 funds must be used to deliver peer-led skill training sessions in six regions of the state to  
164.30 help persons with intellectual and developmental disabilities understand community service  
164.31 options related to:

164.32 (1) housing;

164.33 (2) employment;

165.1 (3) education;

165.2 (4) transportation;

165.3 (5) emerging service reform initiatives contained in the state's Olmstead plan; the  
165.4 Workforce Innovation and Opportunity Act, Public Law 113-128; and federal home and  
165.5 community-based services regulations; and

165.6 (6) connecting with individuals who can help persons with intellectual and developmental  
165.7 disabilities make an informed choice and plan for a transition in services.

165.8 Sec. 7. [256.4772] MINNESOTA INCLUSION INITIATIVE GRANT.

165.9 Subdivision 1. **Grant program established.** The commissioner of human services shall  
165.10 establish the Minnesota inclusion initiative grant program to encourage self-advocacy groups  
165.11 of persons with intellectual and developmental disabilities to develop and organize projects  
165.12 that increase the inclusion of persons with intellectual and developmental disabilities in the  
165.13 community, improve community integration outcomes, educate decision-makers and the  
165.14 public about persons with intellectual and developmental disabilities, including the systemic  
165.15 barriers that prevent them from being included in the community, and to advocate for changes  
165.16 that increase access to formal and informal supports and services necessary for greater  
165.17 inclusion of persons with intellectual and developmental disabilities in the community.

165.18 Subd. 2. **Administration.** The commissioner of human services, as authorized by section  
165.19 256.01, subdivision 2, paragraph (a), clause (6), shall issue a request for proposals to contract  
165.20 with a public or private entity to (1) serve as a fiscal host for the money appropriated for  
165.21 the purposes described in this section, and (2) develop guidelines, criteria, and procedures  
165.22 for awarding grants. The fiscal host shall establish an advisory committee consisting of  
165.23 self-advocates, nonprofit advocacy organizations, and Department of Human Services staff  
165.24 to review applications and award grants under this section.

165.25 Subd. 3. **Applications.** (a) Entities seeking grants under this section shall apply to the  
165.26 advisory committee of the fiscal host under contract with the commissioner. The grant  
165.27 applicant must include a description of the project that the applicant is proposing, the amount  
165.28 of money that the applicant is seeking, and a proposed budget describing how the applicant  
165.29 will spend the grant money.

165.30 (b) The advisory committee may award grants to applicants only for projects that meet  
165.31 the requirements of subdivision 4.

165.32 Subd. 4. **Use of grant money.** Projects funded by grant money must have person-centered  
165.33 goals, call attention to issues that limit inclusion of persons with intellectual and

166.1 developmental disabilities, address barriers to inclusion that persons with intellectual and  
166.2 developmental disabilities face in their communities, or increase the inclusion of persons  
166.3 with intellectual and developmental disabilities in their communities. Applicants may  
166.4 propose strategies to increase inclusion of persons with intellectual and developmental  
166.5 disabilities in their communities by:

166.6 (1) decreasing barriers to workforce participation experienced by persons with intellectual  
166.7 and developmental disabilities;

166.8 (2) overcoming barriers to accessible and reliable transportation options for persons with  
166.9 disabilities;

166.10 (3) identifying and addressing barriers to voting experienced by persons with disabilities;

166.11 (4) advocating for increased accessible housing for persons with disabilities;

166.12 (5) working with governmental agencies or businesses on accessibility issues under the  
166.13 Americans with Disabilities Act;

166.14 (6) increasing collaboration between self-advocacy groups and other organizations to  
166.15 effectively address systemic issues that impact persons with disabilities;

166.16 (7) increasing capacity for inclusion in a community; or

166.17 (8) providing public education and awareness of the civil and human rights of persons  
166.18 with intellectual and developmental disabilities.

166.19 Subd. 5. **Reports.** (a) Grant recipients shall provide the advisory committee with a report  
166.20 about the activities funded by the grant program in a format and at a time specified by the  
166.21 advisory committee. The advisory committee shall require grant recipients to include in the  
166.22 grant recipient's report at least the information necessary for the advisory committee to meet  
166.23 the advisory committee's obligation under paragraph (b).

166.24 (b) The advisory committee shall provide the commissioner with a report that describes  
166.25 all of the activities and outcomes of projects funded by the grant program in a format and  
166.26 at a time determined by the commissioner.

166.27 Sec. 8. Minnesota Statutes 2020, section 256B.0653, is amended by adding a subdivision  
166.28 to read:

166.29 Subd. 8. **Payment rates for home health agency services.** The commissioner shall  
166.30 annually adjust payments for home health agency services to reflect the change in the federal  
166.31 Centers for Medicare and Medicaid Services Home Health Agency Market Basket. The

167.1 commissioner shall use the indices as forecasted for the midpoint of the prior rate year to  
167.2 the midpoint of the current rate year.

167.3 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,  
167.4 whichever occurs later, for services delivered on or after January 1, 2022. The commissioner  
167.5 of human services shall notify the revisor of statutes when federal approval is obtained.

167.6 Sec. 9. Minnesota Statutes 2020, section 256B.0654, is amended by adding a subdivision  
167.7 to read:

167.8 Subd. 5. **Payment rates for home care nursing services.** The commissioner shall  
167.9 annually adjust payments for home care nursing services to reflect the change in the federal  
167.10 Centers for Medicare and Medicaid Services Home Health Agency Market Basket. The  
167.11 commissioner shall use the indices as forecasted for the midpoint of the prior rate year to  
167.12 the midpoint of the current rate year.

167.13 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,  
167.14 whichever occurs later, for services delivered on or after January 1, 2022. The commissioner  
167.15 of human services shall notify the revisor of statutes when federal approval is obtained.

167.16 Sec. 10. Minnesota Statutes 2020, section 256B.0659, subdivision 11, is amended to read:

167.17 Subd. 11. **Personal care assistant; requirements.** (a) A personal care assistant must  
167.18 meet the following requirements:

167.19 (1) be at least 18 years of age with the exception of persons who are 16 or 17 years of  
167.20 age with these additional requirements:

167.21 (i) supervision by a qualified professional every 60 days; and

167.22 (ii) employment by only one personal care assistance provider agency responsible for  
167.23 compliance with current labor laws;

167.24 (2) be employed by a personal care assistance provider agency;

167.25 (3) enroll with the department as a personal care assistant after clearing a background  
167.26 study. Except as provided in subdivision 11a, before a personal care assistant provides  
167.27 services, the personal care assistance provider agency must initiate a background study on  
167.28 the personal care assistant under chapter 245C, and the personal care assistance provider  
167.29 agency must have received a notice from the commissioner that the personal care assistant  
167.30 is:

167.31 (i) not disqualified under section 245C.14; or

168.1 (ii) disqualified, but the personal care assistant has received a set aside of the  
168.2 disqualification under section 245C.22;

168.3 (4) be able to effectively communicate with the recipient and personal care assistance  
168.4 provider agency;

168.5 (5) be able to provide covered personal care assistance services according to the recipient's  
168.6 personal care assistance care plan, respond appropriately to recipient needs, and report  
168.7 changes in the recipient's condition to the supervising qualified professional, physician, or  
168.8 advanced practice registered nurse;

168.9 (6) not be a consumer of personal care assistance services;

168.10 (7) maintain daily written records including, but not limited to, time sheets under  
168.11 subdivision 12;

168.12 (8) effective January 1, 2010, complete standardized training as determined by the  
168.13 commissioner before completing enrollment. The training must be available in languages  
168.14 other than English and to those who need accommodations due to disabilities. Personal care  
168.15 assistant training must include successful completion of the following training components:  
168.16 basic first aid, vulnerable adult, child maltreatment, OSHA universal precautions, basic  
168.17 roles and responsibilities of personal care assistants including information about assistance  
168.18 with lifting and transfers for recipients, emergency preparedness, orientation to positive  
168.19 behavioral practices, fraud issues, and completion of time sheets. Upon completion of the  
168.20 training components, the personal care assistant must demonstrate the competency to provide  
168.21 assistance to recipients;

168.22 (9) complete training and orientation on the needs of the recipient; and

168.23 (10) be limited to providing and being paid for up to 310 hours per month of personal  
168.24 care assistance services regardless of the number of recipients being served or the number  
168.25 of personal care assistance provider agencies enrolled with. The number of hours worked  
168.26 per day shall not be disallowed by the department unless in violation of the law.

168.27 (b) A legal guardian may be a personal care assistant if the guardian is not being paid  
168.28 for the guardian services and meets the criteria for personal care assistants in paragraph (a).

168.29 (c) Persons who do not qualify as a personal care assistant include parents, stepparents,  
168.30 and legal guardians of minors; spouses; paid legal guardians of adults; family foster care  
168.31 providers, except as otherwise allowed in section 256B.0625, subdivision 19a; and staff of  
168.32 a residential setting.

169.1 (d) Personal care assistance services qualify for the enhanced rate described in subdivision  
169.2 17a if the personal care assistant providing the services:

169.3 (1) provides covered services to a recipient who qualifies for ~~12~~ ten or more hours per  
169.4 day of personal care assistance services; and

169.5 (2) satisfies the current requirements of Medicare for training and competency or  
169.6 competency evaluation of home health aides or nursing assistants, as provided in the Code  
169.7 of Federal Regulations, title 42, section 483.151 or 484.36, or alternative state-approved  
169.8 training or competency requirements.

169.9 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,  
169.10 whichever occurs later. The commissioner shall notify the revisor of statutes when federal  
169.11 approval is obtained.

169.12 Sec. 11. Minnesota Statutes 2020, section 256B.0659, subdivision 17a, is amended to  
169.13 read:

169.14 Subd. 17a. **Enhanced rate.** An enhanced rate of 107.5 percent of the rate paid for  
169.15 personal care assistance services shall be paid for services provided to persons who qualify  
169.16 for ~~12~~ ten or more hours of personal care assistance services per day when provided by a  
169.17 personal care assistant who meets the requirements of subdivision 11, paragraph (d). The  
169.18 enhanced rate for personal care assistance services includes, and is not in addition to, any  
169.19 rate adjustments implemented by the commissioner on July 1, 2019, to comply with the  
169.20 terms of a collective bargaining agreement between the state of Minnesota and an exclusive  
169.21 representative of individual providers under section 179A.54, that provides for wage increases  
169.22 for individual providers who serve participants assessed to need 12 or more hours of personal  
169.23 care assistance services per day.

169.24 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,  
169.25 whichever occurs later. The commissioner shall notify the revisor of statutes when federal  
169.26 approval is obtained.

169.27 Sec. 12. Minnesota Statutes 2020, section 256B.0911, subdivision 3a, is amended to read:

169.28 Subd. 3a. **Assessment and support planning.** (a) Persons requesting assessment, services  
169.29 planning, or other assistance intended to support community-based living, including persons  
169.30 who need assessment in order to determine waiver or alternative care program eligibility,  
169.31 must be visited by a long-term care consultation team within 20 calendar days after the date  
169.32 on which an assessment was requested or recommended. Upon statewide implementation

170.1 of subdivisions 2b, 2c, and 5, this requirement also applies to an assessment of a person  
170.2 requesting personal care assistance services. The commissioner shall provide at least a  
170.3 90-day notice to lead agencies prior to the effective date of this requirement. Face-to-face  
170.4 assessments must be conducted according to paragraphs (b) to (i).

170.5 (b) Upon implementation of subdivisions 2b, 2c, and 5, lead agencies shall use certified  
170.6 assessors to conduct the assessment. For a person with complex health care needs, a public  
170.7 health or registered nurse from the team must be consulted.

170.8 (c) The MnCHOICES assessment provided by the commissioner to lead agencies must  
170.9 be used to complete a comprehensive, conversation-based, person-centered assessment.  
170.10 The assessment must include the health, psychological, functional, environmental, and  
170.11 social needs of the individual necessary to develop a person-centered community support  
170.12 plan that meets the individual's needs and preferences.

170.13 (d) The assessment must be conducted by a certified assessor in a face-to-face  
170.14 conversational interview with the person being assessed. The person's legal representative  
170.15 must provide input during the assessment process and may do so remotely if requested. At  
170.16 the request of the person, other individuals may participate in the assessment to provide  
170.17 information on the needs, strengths, and preferences of the person necessary to develop a  
170.18 community support plan that ensures the person's health and safety. Except for legal  
170.19 representatives or family members invited by the person, persons participating in the  
170.20 assessment may not be a provider of service or have any financial interest in the provision  
170.21 of services. For persons who are to be assessed for elderly waiver customized living or adult  
170.22 day services under chapter 256S, with the permission of the person being assessed or the  
170.23 person's designated or legal representative, the client's current or proposed provider of  
170.24 services may submit a copy of the provider's nursing assessment or written report outlining  
170.25 its recommendations regarding the client's care needs. The person conducting the assessment  
170.26 must notify the provider of the date by which this information is to be submitted. This  
170.27 information shall be provided to the person conducting the assessment prior to the assessment.  
170.28 For a person who is to be assessed for waiver services under section 256B.092 or 256B.49,  
170.29 with the permission of the person being assessed or the person's designated legal  
170.30 representative, the person's current provider of services may submit a written report outlining  
170.31 recommendations regarding the person's care needs the person completed in consultation  
170.32 with someone who is known to the person and has interaction with the person on a regular  
170.33 basis. The provider must submit the report at least 60 days before the end of the person's  
170.34 current service agreement. The certified assessor must consider the content of the submitted  
170.35 report prior to finalizing the person's assessment or reassessment.

171.1 (e) The certified assessor and the individual responsible for developing the coordinated  
171.2 service and support plan must complete the community support plan and the coordinated  
171.3 service and support plan no more than 60 calendar days from the assessment visit. The  
171.4 person or the person's legal representative must be provided with a written community  
171.5 support plan within the timelines established by the commissioner, regardless of whether  
171.6 the person is eligible for Minnesota health care programs.

171.7 (f) For a person being assessed for elderly waiver services under chapter 256S, a provider  
171.8 who submitted information under paragraph (d) shall receive the final written community  
171.9 support plan when available and the Residential Services Workbook.

171.10 (g) The written community support plan must include:

171.11 (1) a summary of assessed needs as defined in paragraphs (c) and (d);

171.12 (2) the individual's options and choices to meet identified needs, including:

171.13 (i) all available options for case management services and providers;

171.14 (ii) all available options for employment services, settings, and providers;

171.15 (iii) all available options for living arrangements;

171.16 (iv) all available options for self-directed services and supports, including self-directed  
171.17 budget options; and

171.18 (v) service provided in a non-disability-specific setting;

171.19 (3) identification of health and safety risks and how those risks will be addressed,  
171.20 including personal risk management strategies;

171.21 (4) referral information; and

171.22 (5) informal caregiver supports, if applicable.

171.23 For a person determined eligible for state plan home care under subdivision 1a, paragraph  
171.24 (b), clause (1), the person or person's representative must also receive a copy of the home  
171.25 care service plan developed by the certified assessor.

171.26 (h) A person may request assistance in identifying community supports without  
171.27 participating in a complete assessment. Upon a request for assistance identifying community  
171.28 support, the person must be transferred or referred to long-term care options counseling  
171.29 services available under sections 256.975, subdivision 7, and 256.01, subdivision 24, for  
171.30 telephone assistance and follow up.

171.31 (i) The person has the right to make the final decision:

- 172.1 (1) between institutional placement and community placement after the recommendations  
172.2 have been provided, except as provided in section 256.975, subdivision 7a, paragraph (d);
- 172.3 (2) between community placement in a setting controlled by a provider and living  
172.4 independently in a setting not controlled by a provider;
- 172.5 (3) between day services and employment services; and
- 172.6 (4) regarding available options for self-directed services and supports, including  
172.7 self-directed funding options.
- 172.8 (j) The lead agency must give the person receiving long-term care consultation services  
172.9 or the person's legal representative, materials, and forms supplied by the commissioner  
172.10 containing the following information:
- 172.11 (1) written recommendations for community-based services and consumer-directed  
172.12 options;
- 172.13 (2) documentation that the most cost-effective alternatives available were offered to the  
172.14 individual. For purposes of this clause, "cost-effective" means community services and  
172.15 living arrangements that cost the same as or less than institutional care. For an individual  
172.16 found to meet eligibility criteria for home and community-based service programs under  
172.17 chapter 256S or section 256B.49, "cost-effectiveness" has the meaning found in the federally  
172.18 approved waiver plan for each program;
- 172.19 (3) the need for and purpose of preadmission screening conducted by long-term care  
172.20 options counselors according to section 256.975, subdivisions 7a to 7c, if the person selects  
172.21 nursing facility placement. If the individual selects nursing facility placement, the lead  
172.22 agency shall forward information needed to complete the level of care determinations and  
172.23 screening for developmental disability and mental illness collected during the assessment  
172.24 to the long-term care options counselor using forms provided by the commissioner;
- 172.25 (4) the role of long-term care consultation assessment and support planning in eligibility  
172.26 determination for waiver and alternative care programs, and state plan home care, case  
172.27 management, and other services as defined in subdivision 1a, paragraphs (a), clause (6),  
172.28 and (b);
- 172.29 (5) information about Minnesota health care programs;
- 172.30 (6) the person's freedom to accept or reject the recommendations of the team;
- 172.31 (7) the person's right to confidentiality under the Minnesota Government Data Practices  
172.32 Act, chapter 13;

173.1 (8) the certified assessor's decision regarding the person's need for institutional level of  
173.2 care as determined under criteria established in subdivision 4e and the certified assessor's  
173.3 decision regarding eligibility for all services and programs as defined in subdivision 1a,  
173.4 paragraphs (a), clause (6), and (b);

173.5 (9) the person's right to appeal the certified assessor's decision regarding eligibility for  
173.6 all services and programs as defined in subdivision 1a, paragraphs (a), clauses (6), (7), and  
173.7 (8), and (b), and incorporating the decision regarding the need for institutional level of care  
173.8 or the lead agency's final decisions regarding public programs eligibility according to section  
173.9 256.045, subdivision 3. The certified assessor must verbally communicate this appeal right  
173.10 to the person and must visually point out where in the document the right to appeal is stated;  
173.11 and

173.12 (10) documentation that available options for employment services, independent living,  
173.13 and self-directed services and supports were described to the individual.

173.14 (k) Face-to-face assessment completed as part of an eligibility determination for multiple  
173.15 programs for the alternative care, elderly waiver, developmental disabilities, community  
173.16 access for disability inclusion, community alternative care, and brain injury waiver programs  
173.17 under chapter 256S and sections 256B.0913, 256B.092, and 256B.49 is valid to establish  
173.18 service eligibility for no more than 60 calendar days after the date of assessment.

173.19 (l) The effective eligibility start date for programs in paragraph (k) can never be prior  
173.20 to the date of assessment. If an assessment was completed more than 60 days before the  
173.21 effective waiver or alternative care program eligibility start date, assessment and support  
173.22 plan information must be updated and documented in the department's Medicaid Management  
173.23 Information System (MMIS). Notwithstanding retroactive medical assistance coverage of  
173.24 state plan services, the effective date of eligibility for programs included in paragraph (k)  
173.25 cannot be prior to the date the most recent updated assessment is completed.

173.26 (m) If an eligibility update is completed within 90 days of the previous face-to-face  
173.27 assessment and documented in the department's Medicaid Management Information System  
173.28 (MMIS), the effective date of eligibility for programs included in paragraph (k) is the date  
173.29 of the previous face-to-face assessment when all other eligibility requirements are met.

173.30 (n) If a person who receives home and community-based waiver services under section  
173.31 256B.0913, 256B.092, or 256B.49 or chapter 256S temporarily enters for 121 days or less  
173.32 a hospital, institution of mental disease, nursing facility, intensive residential treatment  
173.33 services program, transitional care unit, or inpatient substance use disorder treatment setting,  
173.34 the person may return to the community with home and community-based waiver services

174.1 under the same waiver, without requiring an assessment or reassessment under this section,  
174.2 unless the person's annual reassessment is otherwise due. Nothing in this paragraph shall  
174.3 change annual long-term care consultation reassessment requirements, payment for  
174.4 institutional or treatment services, medical assistance financial eligibility, or any other law.

174.5 ~~(n)~~ (o) At the time of reassessment, the certified assessor shall assess each person  
174.6 receiving waiver residential supports and services currently residing in a community  
174.7 residential setting, licensed adult foster care home that is either not the primary residence  
174.8 of the license holder or in which the license holder is not the primary caregiver, family adult  
174.9 foster care residence, customized living setting, or supervised living facility to determine  
174.10 if that person would prefer to be served in a community-living setting as defined in section  
174.11 256B.49, subdivision 23, in a setting not controlled by a provider, or to receive integrated  
174.12 community supports as described in section 245D.03, subdivision 1, paragraph (c), clause  
174.13 (8). The certified assessor shall offer the person, through a person-centered planning process,  
174.14 the option to receive alternative housing and service options.

174.15 ~~(o)~~ (p) At the time of reassessment, the certified assessor shall assess each person  
174.16 receiving waiver day services to determine if that person would prefer to receive employment  
174.17 services as described in section 245D.03, subdivision 1, paragraph (c), clauses (5) to (7).  
174.18 The certified assessor shall describe to the person through a person-centered planning process  
174.19 the option to receive employment services.

174.20 ~~(p)~~ (q) At the time of reassessment, the certified assessor shall assess each person  
174.21 receiving non-self-directed waiver services to determine if that person would prefer an  
174.22 available service and setting option that would permit self-directed services and supports.  
174.23 The certified assessor shall describe to the person through a person-centered planning process  
174.24 the option to receive self-directed services and supports.

174.25 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner  
174.26 shall notify the revisor of statutes when federal approval is obtained.

174.27 Sec. 13. Minnesota Statutes 2020, section 256B.0911, subdivision 6, is amended to read:

174.28 Subd. 6. **Payment for long-term care consultation services.** ~~(a) Until September 30,~~  
174.29 ~~2013, payment for long-term care consultation face-to-face assessment shall be made as~~  
174.30 ~~described in this subdivision.~~

174.31 ~~(b) The total payment for each county must be paid monthly by Certified nursing facilities~~  
174.32 ~~in the county. The monthly amount to be paid by each nursing facility for each fiscal year~~  
174.33 ~~must be determined by dividing the county's annual allocation for long-term care consultation~~

175.1 ~~services by 12 to determine the monthly payment and allocating the monthly payment to~~  
175.2 ~~each nursing facility based on the number of licensed beds in the nursing facility. Payments~~  
175.3 ~~to counties in which there is no certified nursing facility must be made by increasing the~~  
175.4 ~~payment rate of the two facilities located nearest to the county seat.~~

175.5 ~~(e) The commissioner shall include the total annual payment determined under paragraph~~  
175.6 ~~(b) for each nursing facility reimbursed under section 256B.431 or 256B.434 or chapter~~  
175.7 ~~256R.~~

175.8 ~~(d) In the event of the layaway, delicensure and decertification, or removal from layaway~~  
175.9 ~~of 25 percent or more of the beds in a facility, the commissioner may adjust the per diem~~  
175.10 ~~payment amount in paragraph (e) and may adjust the monthly payment amount in paragraph~~  
175.11 ~~(b). The effective date of an adjustment made under this paragraph shall be on or after the~~  
175.12 ~~first day of the month following the effective date of the layaway, delicensure and~~  
175.13 ~~decertification, or removal from layaway.~~

175.14 ~~(e) (a) Payments for long-term care consultation services are available to the county or~~  
175.15 ~~counties and tribal nations that are lead agencies to cover staff salaries and expenses to~~  
175.16 ~~provide the services described in subdivision 1a. The county or tribal nation shall employ,~~  
175.17 ~~or contract with other agencies to employ, within the limits of available funding, sufficient~~  
175.18 ~~personnel to provide long-term care consultation services while meeting the state's long-term~~  
175.19 ~~care outcomes and objectives as defined in subdivision 1. The county or tribal nation shall~~  
175.20 ~~be accountable for meeting local objectives as approved by the commissioner in the biennial~~  
175.21 ~~home and community-based services quality assurance plan on a form provided by the~~  
175.22 ~~commissioner.~~

175.23 ~~(f) Notwithstanding section 256B.0641, overpayments attributable to payment of the~~  
175.24 ~~screening costs under the medical assistance program may not be recovered from a facility.~~

175.25 ~~(g) The commissioner of human services shall amend the Minnesota medical assistance~~  
175.26 ~~plan to include reimbursement for the local consultation teams.~~

175.27 ~~(h) Until the alternative payment methodology in paragraph (i) is implemented, the~~  
175.28 ~~county may bill, as case management services, assessments, support planning, and~~  
175.29 ~~follow-along provided to persons determined to be eligible for case management under~~  
175.30 ~~Minnesota health care programs.~~

175.31 ~~(b) No individual or family member shall be charged for an initial assessment or initial~~  
175.32 ~~support plan development provided under subdivision 3a or 3b.~~

176.1        (c) The commissioner shall develop an alternative payment methodology, effective  
176.2 on October 1, 2013, for long-term care consultation services that includes the funding  
176.3 available under this subdivision, and for assessments authorized under sections 256B.092  
176.4 and 256B.0659. In developing the new payment methodology, the commissioner shall  
176.5 consider the maximization of other funding sources, including federal administrative  
176.6 reimbursement through federal financial participation funding, for all long-term care  
176.7 consultation activity. The alternative payment methodology shall include the use of the  
176.8 appropriate time studies and the state financing of nonfederal share as part of the state's  
176.9 medical assistance program. Between July 1, 2017, and June 30, 2019, the state shall pay  
176.10 84.3 percent of the nonfederal share as reimbursement to the counties. Beginning July 1,  
176.11 2019, the state shall pay 81.9 percent of the nonfederal share as reimbursement to the  
176.12 counties.

176.13        Sec. 14. Minnesota Statutes 2020, section 256B.0911, is amended by adding a subdivision  
176.14 to read:

176.15        Subd. 6b. **Payment for long-term care consultation services; transition to tiered**  
176.16 **rates.** (a) Notwithstanding subdivision 6, paragraph (c), beginning July 1, 2021, for each  
176.17 fiscal year through fiscal year 2025, the state shall pay to each county and tribal nation as  
176.18 reimbursement for services provided under this section a percentage of the nonfederal share  
176.19 equal to the value of the county's or the tribal nation's prorated share of the nonfederal share  
176.20 paid to counties and tribal nations as reimbursement for services provided under subdivision  
176.21 6, paragraph (c), during fiscal year 2019.

176.22        (b) Beginning October 1, 2022, each county or tribal nation reimbursed under paragraph  
176.23 (a) must submit to the commissioner by October 1 an annual report documenting the total  
176.24 number of assessments performed under this section, the number of assessments by type of  
176.25 assessment, amount of time spent on each assessment, amount of time spent preparing for  
176.26 each assessment, amount of time spent finalizing a community support plan following each  
176.27 assessment, and amount of time an assessor spent on other assessment-related activities for  
176.28 each assessment. In its annual report, each county and tribal nation must distinguish between  
176.29 services provided to people who were eligible for medical assistance at the time the services  
176.30 were provided and services provided to those who were not.

176.31        (c) This subdivision expires July 1, 2025.

177.1 Sec. 15. Minnesota Statutes 2020, section 256B.0949, is amended by adding a subdivision  
177.2 to read:

177.3 Subd. 16a. **Background studies.** The requirements for background studies under this  
177.4 section shall be met by an early intensive developmental and behavioral intervention services  
177.5 agency through the commissioner's NETStudy system as provided under sections 245C.03,  
177.6 subdivision 15, and 245C.10, subdivision 17.

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

177.8 Sec. 16. Minnesota Statutes 2020, section 256B.49, is amended by adding a subdivision  
177.9 to read:

177.10 Subd. 28. **Customized living moratorium for brain injury and community access**  
177.11 **for disability inclusion waivers.** (a) Notwithstanding section 245A.03, subdivision 2,  
177.12 paragraph (a), clause (23), to prevent new development of customized living settings that  
177.13 otherwise meet the residential program definition under section 245A.02, subdivision 14,  
177.14 the commissioner shall not enroll new customized living settings serving four or fewer  
177.15 people in a single-family home to deliver customized living services as defined under the  
177.16 brain injury or community access for disability inclusion waiver plans under section 256B.49.

177.17 (b) The commissioner may approve an exception to paragraph (a) when:

177.18 (1) a customized living setting with a change in ownership at the same address is in  
177.19 existence and operational on or before June 30, 2021; and

177.20 (2) a customized living setting is serving four or fewer people in a multiple-family  
177.21 dwelling if each person has their own self-contained living unit that contains living, sleeping,  
177.22 eating, cooking, and bathroom areas.

177.23 (c) Customized living settings operational on or before June 30, 2021, are considered  
177.24 existing customized living settings.

177.25 (d) For any new customized living settings operational on or after July 1, 2021, serving  
177.26 four or fewer people in a single-family home to deliver customized living services as defined  
177.27 in paragraph (a), the authorizing lead agency is financially responsible for all home and  
177.28 community-based service payments in the setting.

177.29 (e) For purposes of this subdivision, "operational" means customized living services are  
177.30 authorized and delivered to a person on or before June 30, 2021, in the customized living  
177.31 setting.

178.1 **EFFECTIVE DATE.** This section is effective July 1, 2021. This section applies only  
178.2 to customized living services as defined under the brain injury or community access for  
178.3 disability inclusion waiver plans under section Minnesota Statutes, section 256B.49.

178.4 Sec. 17. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision  
178.5 to read:

178.6 Subd. 1a. **Definitions.** (a) For purposes of this section, the following terms have the  
178.7 meaning given.

178.8 (b) "Informed choice" means a choice that adults who have disabilities and, with support  
178.9 from their families or legal representatives, that children who have disabilities make regarding  
178.10 services and supports that best meets the adult's or child's needs and preferences. Before  
178.11 making an informed choice, an individual who has disabilities must be provided, in an  
178.12 accessible format and manner that meets the individual's needs, the tools, information, and  
178.13 opportunities the individual requests or requires to understand all of the individual's options.

178.14 (c) "HCBS" means home and community-based services covered under this chapter by  
178.15 the medical assistance state plan, and the home and community-based waiver services  
178.16 covered under sections 256B.092 and 256B.49.

178.17 Sec. 18. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision  
178.18 to read:

178.19 Subd. 2a. **Informed choice policy.** It is the policy of this state that all adults who have  
178.20 disabilities and, with support from their families or legal representatives, children who have  
178.21 disabilities:

178.22 (1) can make informed choices to select and utilize disability services and supports; and

178.23 (2) will be offered an informed decision-making process sufficient to make informed  
178.24 choices.

178.25 Sec. 19. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision  
178.26 to read:

178.27 Subd. 3a. **Informed decision making.** (a) The commissioner of human services and  
178.28 lead agencies shall ensure that:

178.29 (1) disability services support the presumption that adults who have disabilities and,  
178.30 with support from their families or legal representatives, children who have disabilities can  
178.31 make informed choices;

179.1 (2) all adults who have disabilities and families of children who have disabilities are  
179.2 provided an informed decision-making process satisfying the requirements of paragraph  
179.3 (b);

179.4 (3) all adults who have disabilities and families of children who have disabilities are  
179.5 provided the opportunity to revisit or change any decision or choice at any time of the adult's  
179.6 or family's choosing; and

179.7 (4) services or supports necessary to accomplish each step of an informed  
179.8 decision-making process or to make an informed choice to utilize disability services are  
179.9 authorized and implemented within a reasonable time frame.

179.10 (b) The commissioner of human services must develop and ensure compliance with an  
179.11 informed decision-making standard that provides accessible, correct, and complete  
179.12 information to help an individual make an informed choice. This information must be  
179.13 accessible and understandable to the person so that the person can demonstrate understanding  
179.14 of the options. Any written information provided in the process must be accessible and the  
179.15 process must be experiential whenever possible. The process must also consider and offer  
179.16 to the person, in a person-centered manner, the following:

179.17 (1) reasonable accommodations as needed or requested by the person to fully participate  
179.18 in the informed decision-making process and acquire the information necessary to make an  
179.19 informed choice;

179.20 (2) discussion of the person's own preferences, abilities, goals, and objectives;

179.21 (3) identification of the person's cultural needs and access to culturally responsive services  
179.22 and providers;

179.23 (4) information about the benefits of inclusive and individualized services and supports;

179.24 (5) presentation and discussion of all options with the person;

179.25 (6) documentation, in a manner prescribed by the commissioner, of each option discussed;

179.26 (7) exploration and development of new or other options;

179.27 (8) facilitation of opportunities to visit alternative locations or to engage in experiences  
179.28 to understand how any service option might work for the person;

179.29 (9) opportunities to meet with other individuals with disabilities who live, work, and  
179.30 receive services different from the person's own services;

180.1 (10) development of a transition plan, when needed or requested by the person, to  
180.2 facilitate the choice to move from one service type or setting to another, and authorization  
180.3 of the services and supports necessary to effectuate the plan;

180.4 (11) identification of any barriers to assisting or implementing the person's informed  
180.5 choice and authorization of the services and supports necessary to overcome those barriers;  
180.6 and

180.7 (12) ample time and timely opportunity to consider available options before the individual  
180.8 makes a final choice or changes a choice.

180.9 Sec. 20. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision  
180.10 to read:

180.11 Subd. 4a. **Informed choice in employment policy.** It is the policy of this state that  
180.12 working-age individuals who have disabilities:

180.13 (1) can work and achieve competitive integrated employment with appropriate services  
180.14 and supports, as needed;

180.15 (2) make informed choices about their postsecondary education, work, and career goals;  
180.16 and

180.17 (3) will be offered the opportunity to make an informed choice, as least annually, to  
180.18 pursue postsecondary education or to work and earn a competitive wage.

180.19 Sec. 21. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision  
180.20 to read:

180.21 Subd. 5a. **Informed choice in employment implementation.** The commissioner of  
180.22 human services and lead agencies shall ensure that:

180.23 (1) disability services align with the employment first policy adopted by the Olmstead  
180.24 subcabinet on September 29, 2014, or successor policies; and

180.25 (2) all working-age individuals who have disabilities and are accessing HCBS are offered,  
180.26 after an informed decision-making process and during a person-centered planning process,  
180.27 the opportunity to pursue postsecondary education and earn meaningful credentials; and to  
180.28 work and earn, with appropriate services and supports, a competitive wage in work or a  
180.29 career that the individual chooses before being offered exclusively day services as defined  
180.30 in section 245D.03, subdivision 1, paragraph (c), clause (4), or successor provisions.

181.1 Sec. 22. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision  
181.2 to read:

181.3 Subd. 7. **Informed choice in community living policy.** It is the policy of this state that  
181.4 all adults who have disabilities:

181.5 (1) can live in the communities of the individual's choosing with appropriate services  
181.6 and supports as needed; and

181.7 (2) will be offered the opportunity, at least annually, to make an informed choice to live  
181.8 outside of a provider-controlled setting.

181.9 Sec. 23. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision  
181.10 to read:

181.11 Subd. 8. **Informed choice in community living implementation.** The commissioner  
181.12 of human services and lead agencies shall ensure that:

181.13 (1) disability services support the presumption that all adults who have disabilities can  
181.14 and want to live in the communities of the individual's choosing with services and supports  
181.15 as needed; and

181.16 (2) all adults who have disabilities and are accessing HCBS are offered, after an informed  
181.17 decision-making process and during a person-centered planning process, the services and  
181.18 supports the individual needs to live as the individual chooses, including in a  
181.19 non-provider-controlled setting. Provider-controlled settings include customized living  
181.20 services provided in a single-family home or residential supports and services as defined  
181.21 in section 245D.03, subdivision 1, paragraph (c), clause (3), or successor provisions, unless  
181.22 the residential services and supports are provided in a family adult foster care residence  
181.23 under a shared living option as described in Laws 2013, chapter 108, article 7, section 62.

181.24 Sec. 24. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision  
181.25 to read:

181.26 Subd. 9. **Informed choice in self-direction policy.** It is the policy of this state that adults  
181.27 who have disabilities and families of children who have disabilities:

181.28 (1) can direct the adult's or child's needed services and supports; and

181.29 (2) will be offered the opportunity to make an informed choice to self-direct the adult's  
181.30 or child's services and supports before being offered options that do not allow the adult or  
181.31 family to self-direct the adult's or child's services and supports.

182.1 Sec. 25. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision  
182.2 to read:

182.3 Subd. 10. **Informed choice in self-direction implementation.** The commissioner of  
182.4 human services and lead agencies shall ensure that:

182.5 (1) disability services support the presumption that adults who have disabilities and  
182.6 families of children who have disabilities can direct all of the adult's or child's services and  
182.7 supports, including control over the funding of the adult's or child's services and supports;

182.8 (2) at intervals described in clause (3), adults who have disabilities and are accessing  
182.9 HCBS and families of children who have disabilities and are accessing HCBS are offered,  
182.10 after an informed decision-making process and during a person-centered planning process,  
182.11 the option to direct the adult's or child's services and supports, including the option to have  
182.12 control over the funding of the adult's or child's services and supports; and

182.13 (3) adults who have disabilities and families of children who have disabilities are offered  
182.14 the options described in clause (2) at least annually during regularly scheduled planning  
182.15 meetings or more frequently when:

182.16 (i) the adults who have disabilities or families of children who have disabilities requests  
182.17 or suggests the options described in clause (2) or when the adult or family expresses  
182.18 dissatisfaction with services and supports that do not allow for self-direction;

182.19 (ii) the family or a legal representative of the individual with disabilities requests or  
182.20 suggests the options described in clause (2);

182.21 (iii) any member of the individual's service planning team or expanded service planning  
182.22 team requests or suggests the options described in clause (2); or

182.23 (iv) self-directed services and supports could enhance the individual's independence or  
182.24 quality of life.

182.25 Sec. 26. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision  
182.26 to read:

182.27 Subd. 11. **Informed choice in technology policy.** It is the policy of this state that all  
182.28 adults who have disabilities and children who have disabilities:

182.29 (1) can use assistive technology, remote supports, or a combination of both to enhance  
182.30 the adult's or child's independence and quality of life; and

182.31 (2) will be offered an opportunity, at least annually, to make an informed choice about  
182.32 the adult's or child's use of assistive technology and remote supports.

183.1 Sec. 27. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision  
183.2 to read:

183.3 Subd. 12. **Informed choice in technology implementation.** (a) The commissioner of  
183.4 human services and lead agencies shall ensure that:

183.5 (1) disability services support the presumption that adults who have disabilities and  
183.6 children who have disabilities can use or benefit from assistive technology, remote supports,  
183.7 or both;

183.8 (2) at intervals described in clause (3), adults who have disabilities and are accessing  
183.9 HCBS and families of children who have disabilities and are accessing HCBS are offered,  
183.10 after an informed decision-making process and during a person-centered planning process,  
183.11 the opportunity to choose assistive technology, remote support, or both, to ensure equitable  
183.12 access; and

183.13 (3) adults who have disabilities and families of children who have disabilities are offered  
183.14 the options described in clause (2) at least annually during a regularly scheduled planning  
183.15 meeting or more frequently when:

183.16 (i) the adult who has disabilities or the family of a child who has a disability requests  
183.17 or suggests the options described in clause (2) or when the adult or family expresses  
183.18 dissatisfaction with in-person services and supports;

183.19 (ii) the family or a legal representative of the individual with disabilities requests or  
183.20 suggests the options described in clause (2);

183.21 (iii) any member of the individual's service planning team or expanded service planning  
183.22 team requests or suggests the options described in clause (2); or

183.23 (iv) assistive technology, remote supports, or both could enhance the individual's  
183.24 independence or quality of life.

183.25 (b) The availability of assistive technology, remote supports, or both, shall not preclude  
183.26 an individual with disabilities from accessing in-person supports and services, nor shall it  
183.27 result in a denial of in-person supports and services.

183.28 Sec. 28. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision  
183.29 to read:

183.30 Subd. 13. **Enforcement.** In the event that the commissioner determines through the  
183.31 normal course of business that a lead agency has authorized disability services after a  
183.32 violation of the provisions of this section, the commissioner shall recoup the cost of the

184.1 assessment during which the violation occurred by reducing reimbursement to lead agencies  
184.2 under section 256B.0911, subdivisions 6 and 6b.

184.3 Sec. 29. Minnesota Statutes 2020, section 256B.4914, subdivision 5, is amended to read:

184.4 Subd. 5. **Base wage index and standard component values.** (a) The base wage index  
184.5 is established to determine staffing costs associated with providing services to individuals  
184.6 receiving home and community-based services. For purposes of developing and calculating  
184.7 the proposed base wage, Minnesota-specific wages taken from job descriptions and standard  
184.8 occupational classification (SOC) codes from the Bureau of Labor Statistics as defined in  
184.9 the most recent edition of the Occupational Handbook must be used. The base wage index  
184.10 must be calculated as follows:

184.11 (1) for residential direct care staff, the sum of:

184.12 (i) 15 percent of the subtotal of 50 percent of the median wage for personal and home  
184.13 health aide (SOC code 39-9021); 30 percent of the median wage for nursing assistant (SOC  
184.14 code 31-1014); and 20 percent of the median wage for social and human services aide (SOC  
184.15 code 21-1093); and

184.16 (ii) 85 percent of the subtotal of 20 percent of the median wage for home health aide  
184.17 (SOC code 31-1011); 20 percent of the median wage for personal and home health aide  
184.18 (SOC code 39-9021); 20 percent of the median wage for nursing assistant (SOC code  
184.19 31-1014); 20 percent of the median wage for psychiatric technician (SOC code 29-2053);  
184.20 and 20 percent of the median wage for social and human services aide (SOC code 21-1093);

184.21 (2) for adult day services, 70 percent of the median wage for nursing assistant (SOC  
184.22 code 31-1014); and 30 percent of the median wage for personal care aide (SOC code  
184.23 39-9021);

184.24 (3) for day services, day support services, and prevocational services, 20 percent of the  
184.25 median wage for nursing assistant (SOC code 31-1014); 20 percent of the median wage for  
184.26 psychiatric technician (SOC code 29-2053); and 60 percent of the median wage for social  
184.27 and human services aide (SOC code 21-1093);

184.28 (4) for residential asleep-overnight staff, the wage is the minimum wage in Minnesota  
184.29 for large employers, except in a family foster care setting, the wage is 36 percent of the  
184.30 minimum wage in Minnesota for large employers;

184.31 (5) for positive supports analyst staff, 100 percent of the median wage for mental health  
184.32 counselors (SOC code 21-1014);

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

185.3 (7) for positive supports specialist staff, 100 percent of the median wage for psychiatric  
185.4 technicians (SOC code 29-2053);

185.5 (8) for supportive living services staff, 20 percent of the median wage for nursing assistant  
185.6 (SOC code 31-1014); 20 percent of the median wage for psychiatric technician (SOC code  
185.7 29-2053); and 60 percent of the median wage for social and human services aide (SOC code  
185.8 21-1093);

185.9 (9) for housing access coordination staff, 100 percent of the median wage for community  
185.10 and social services specialist (SOC code 21-1099);

185.11 (10) for in-home family support and individualized home supports with family training  
185.12 staff, 20 percent of the median wage for nursing aide (SOC code 31-1012); 30 percent of  
185.13 the median wage for community social service specialist (SOC code 21-1099); 40 percent  
185.14 of the median wage for social and human services aide (SOC code 21-1093); and ten percent  
185.15 of the median wage for psychiatric technician (SOC code 29-2053);

185.16 (11) for individualized home supports with training services staff, 40 percent of the  
185.17 median wage for community social service specialist (SOC code 21-1099); 50 percent of  
185.18 the median wage for social and human services aide (SOC code 21-1093); and ten percent  
185.19 of the median wage for psychiatric technician (SOC code 29-2053);

185.20 (12) for independent living skills staff, 40 percent of the median wage for community  
185.21 social service specialist (SOC code 21-1099); 50 percent of the median wage for social and  
185.22 human services aide (SOC code 21-1093); and ten percent of the median wage for psychiatric  
185.23 technician (SOC code 29-2053);

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

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

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

186.1 (16) for individualized home support staff, 50 percent of the median wage for personal  
186.2 and home care aide (SOC code 39-9021); and 50 percent of the median wage for nursing  
186.3 assistant (SOC code 31-1014);

186.4 (17) for adult companion staff, 50 percent of the median wage for personal and home  
186.5 care aide (SOC code 39-9021); and 50 percent of the median wage for nursing assistant  
186.6 (SOC code 31-1014);

186.7 (18) for night supervision staff, 20 percent of the median wage for home health aide  
186.8 (SOC code 31-1011); 20 percent of the median wage for personal and home health aide  
186.9 (SOC code 39-9021); 20 percent of the median wage for nursing assistant (SOC code  
186.10 31-1014); 20 percent of the median wage for psychiatric technician (SOC code 29-2053);  
186.11 and 20 percent of the median wage for social and human services aide (SOC code 21-1093);

186.12 (19) for respite staff, 50 percent of the median wage for personal and home care aide  
186.13 (SOC code 39-9021); and 50 percent of the median wage for nursing assistant (SOC code  
186.14 31-1014);

186.15 (20) for personal support staff, 50 percent of the median wage for personal and home  
186.16 care aide (SOC code 39-9021); and 50 percent of the median wage for nursing assistant  
186.17 (SOC code 31-1014);

186.18 (21) for supervisory staff, 100 percent of the median wage for community and social  
186.19 services specialist (SOC code 21-1099), with the exception of the supervisor of positive  
186.20 supports professional, positive supports analyst, and positive supports specialists, which is  
186.21 100 percent of the median wage for clinical counseling and school psychologist (SOC code  
186.22 19-3031);

186.23 (22) for registered nurse staff, 100 percent of the median wage for registered nurses  
186.24 (SOC code 29-1141); and

186.25 (23) for licensed practical nurse staff, 100 percent of the median wage for licensed  
186.26 practical nurses (SOC code 29-2061).

186.27 (b) Component values for corporate foster care services, corporate supportive living  
186.28 services daily, community residential services, and integrated community support services  
186.29 are:

186.30 (1) competitive workforce factor: 4.7 percent;

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

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

- 187.1 (4) employee-related cost ratio: 23.6 percent;
- 187.2 (5) general administrative support ratio: 13.25 percent;
- 187.3 (6) program-related expense ratio: 1.3 percent; and
- 187.4 (7) absence and utilization factor ratio: 3.9 percent.
- 187.5 (c) Component values for family foster care are:
- 187.6 (1) competitive workforce factor: 4.7 percent;
- 187.7 (2) supervisory span of control ratio: 11 percent;
- 187.8 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 187.9 (4) employee-related cost ratio: 23.6 percent;
- 187.10 (5) general administrative support ratio: 3.3 percent;
- 187.11 (6) program-related expense ratio: 1.3 percent; and
- 187.12 (7) absence factor: 1.7 percent.
- 187.13 (d) Component values for day training and habilitation, day support services, and
- 187.14 prevocational services are:
- 187.15 (1) competitive workforce factor: 4.7 percent;
- 187.16 (2) supervisory span of control ratio: 11 percent;
- 187.17 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 187.18 (4) employee-related cost ratio: 23.6 percent;
- 187.19 (5) program plan support ratio: 5.6 percent;
- 187.20 (6) client programming and support ratio: ten percent;
- 187.21 (7) general administrative support ratio: 13.25 percent;
- 187.22 (8) program-related expense ratio: 1.8 percent; and
- 187.23 (9) absence and utilization factor ratio: 9.4 percent.
- 187.24 (e) Component values for day support services and prevocational services delivered
- 187.25 remotely are:
- 187.26 (1) competitive workforce factor: 4.7 percent;
- 187.27 (2) supervisory span of control ratio: 11 percent;
- 187.28 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

- 188.1 (4) employee-related cost ratio: 23.6 percent;
- 188.2 (5) program plan support ratio: 5.6 percent;
- 188.3 (6) client programming and support ratio: 10.37 percent;
- 188.4 (7) general administrative support ratio: 13.25 percent;
- 188.5 (8) program-related expense ratio: 1.8 percent; and
- 188.6 (9) absence and utilization factor ratio: 9.4 percent.
- 188.7 (f) Component values for adult day services are:
- 188.8 (1) competitive workforce factor: 4.7 percent;
- 188.9 (2) supervisory span of control ratio: 11 percent;
- 188.10 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 188.11 (4) employee-related cost ratio: 23.6 percent;
- 188.12 (5) program plan support ratio: 5.6 percent;
- 188.13 (6) client programming and support ratio: 7.4 percent;
- 188.14 (7) general administrative support ratio: 13.25 percent;
- 188.15 (8) program-related expense ratio: 1.8 percent; and
- 188.16 (9) absence and utilization factor ratio: 9.4 percent.
- 188.17 ~~(f)~~ (g) Component values for unit-based services with programming are:
- 188.18 (1) competitive workforce factor: 4.7 percent;
- 188.19 (2) supervisory span of control ratio: 11 percent;
- 188.20 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 188.21 (4) employee-related cost ratio: 23.6 percent;
- 188.22 (5) program plan supports ratio: 15.5 percent;
- 188.23 (6) client programming and supports ratio: 4.7 percent;
- 188.24 (7) general administrative support ratio: 13.25 percent;
- 188.25 (8) program-related expense ratio: 6.1 percent; and
- 188.26 (9) absence and utilization factor ratio: 3.9 percent.

- 189.1 (g) (h) Component values for unit-based services with programming delivered remotely  
189.2 are:
- 189.3 (1) competitive workforce factor: 4.7 percent;  
189.4 (2) supervisory span of control ratio: 11 percent;  
189.5 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;  
189.6 (4) employee-related cost ratio: 23.6 percent;  
189.7 (5) program plan supports ratio: 15.5 percent;  
189.8 (6) client programming and supports ratio: 4.7 percent;  
189.9 (7) general administrative support ratio: 13.25 percent;  
189.10 (8) program-related expense ratio: 6.1 percent; and  
189.11 (9) absence and utilization factor ratio: 3.9 percent.
- 189.12 (i) Component values for unit-based services without programming except respite are:
- 189.13 (1) competitive workforce factor: 4.7 percent;  
189.14 (2) supervisory span of control ratio: 11 percent;  
189.15 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;  
189.16 (4) employee-related cost ratio: 23.6 percent;  
189.17 (5) program plan support ratio: 7.0 percent;  
189.18 (6) client programming and support ratio: 2.3 percent;  
189.19 (7) general administrative support ratio: 13.25 percent;  
189.20 (8) program-related expense ratio: 2.9 percent; and  
189.21 (9) absence and utilization factor ratio: 3.9 percent.
- 189.22 (j) Component values for unit-based services without programming delivered remotely,  
189.23 except respite, are:
- 189.24 (1) competitive workforce factor: 4.7 percent;  
189.25 (2) supervisory span of control ratio: 11 percent;  
189.26 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;  
189.27 (4) employee-related cost ratio: 23.6 percent;  
189.28 (5) program plan support ratio: 7.0 percent;

190.1 (6) client programming and support ratio: 2.3 percent;

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

190.3 (8) program-related expense ratio: 2.9 percent; and

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

190.5 ~~(h)~~ (k) Component values for unit-based services without programming for respite are:

190.6 (1) competitive workforce factor: 4.7 percent;

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

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

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

190.10 (5) general administrative support ratio: 13.25 percent;

190.11 (6) program-related expense ratio: 2.9 percent; and

190.12 (7) absence and utilization factor ratio: 3.9 percent.

190.13 ~~(i)~~ (l) On July 1, 2022, and every two years thereafter, the commissioner shall update  
190.14 the base wage index in paragraph (a) based on wage data by SOC from the Bureau of Labor  
190.15 Statistics available 30 months and one day prior to the scheduled update. The commissioner  
190.16 shall publish these updated values and load them into the rate management system.

190.17 ~~(j)~~ (m) Beginning February 1, 2021, and every two years thereafter, the commissioner  
190.18 shall report to the chairs and ranking minority members of the legislative committees and  
190.19 divisions with jurisdiction over health and human services policy and finance an analysis  
190.20 of the competitive workforce factor. The report must include recommendations to update  
190.21 the competitive workforce factor using:

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

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

190.26 (3) workforce data as required under subdivision 10a, paragraph (g).

190.27 The commissioner shall not recommend an increase or decrease of the competitive workforce  
190.28 factor from the current value by more than two percentage points. If, after a biennial analysis  
190.29 for the next report, the competitive workforce factor is less than or equal to zero, the  
190.30 commissioner shall recommend a competitive workforce factor of zero.

191.1 ~~(k)~~ (n) On July 1, 2022, and every two years thereafter, the commissioner shall update  
191.2 the framework components in paragraph (d), clause (6); paragraph (e), clause (6); paragraph  
191.3 (f), clause (6); and paragraph (g), clause (6); paragraph (h), clause (6); paragraph (i), clause  
191.4 (6); paragraph (j), clause (6); subdivision 6, paragraphs (b), clauses (9) and (10), and (e),  
191.5 clause (10); and subdivision 7, clauses (11), (17), and (18), for changes in the Consumer  
191.6 Price Index. The commissioner shall adjust these values higher or lower by the percentage  
191.7 change in the CPI-U from the date of the previous update to the data available 30 months  
191.8 and one day prior to the scheduled update. The commissioner shall publish these updated  
191.9 values and load them into the rate management system.

191.10 ~~(l)~~ (o) Upon the implementation of the updates under paragraphs ~~(i)~~ and ~~(k)~~ (l) and (n),  
191.11 rate adjustments authorized under section 256B.439, subdivision 7; Laws 2013, chapter  
191.12 108, article 7, section 60; and Laws 2014, chapter 312, article 27, section 75, shall be  
191.13 removed from service rates calculated under this section.

191.14 ~~(m)~~ (p) Any rate adjustments applied to the service rates calculated under this section  
191.15 outside of the cost components and rate methodology specified in this section shall be  
191.16 removed from rate calculations upon implementation of the updates under paragraphs ~~(i)~~  
191.17 and ~~(k)~~ (l) and (n).

191.18 ~~(n)~~ (q) In this subdivision, if Bureau of Labor Statistics occupational codes or Consumer  
191.19 Price Index items are unavailable in the future, the commissioner shall recommend to the  
191.20 legislature codes or items to update and replace missing component values.

191.21 **EFFECTIVE DATE.** This section is effective January 1, 2022, six months after the  
191.22 end of the federal public health emergency, or upon federal approval, whichever is later.  
191.23 The commissioner of human services shall notify the revisor of statutes when the federal  
191.24 public health emergency ends and when federal approval is obtained.

191.25 Sec. 30. Minnesota Statutes 2020, section 256B.4914, subdivision 6, is amended to read:

191.26 Subd. 6. **Payments for residential support services.** (a) For purposes of this subdivision,  
191.27 residential support services includes 24-hour customized living services, community  
191.28 residential services, customized living services, family residential services, foster care  
191.29 services, integrated community supports, and supportive living services daily.

191.30 (b) Payments for community residential services, corporate foster care services, corporate  
191.31 supportive living services daily, family residential services, and family foster care services  
191.32 must be calculated as follows:

192.1 (1) determine the number of shared staffing and individual direct staff hours to meet a  
192.2 recipient's needs provided on site or through monitoring technology;

192.3 (2) personnel hourly wage rate must be based on the 2009 Bureau of Labor Statistics  
192.4 Minnesota-specific rates or rates derived by the commissioner as provided in subdivision  
192.5 5;

192.6 (3) except for subdivision 5, paragraph (a), clauses (4) and (21) to (23), multiply the  
192.7 result of clause (2) by the product of one plus the competitive workforce factor in subdivision  
192.8 5, paragraph (b), clause (1);

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

192.12 (5) multiply the number of shared and individual direct staff hours provided on site or  
192.13 through monitoring technology and nursing hours by the appropriate staff wages;

192.14 (6) multiply the number of shared and individual direct staff hours provided on site or  
192.15 through monitoring technology and nursing hours by the product of the supervision span  
192.16 of control ratio in subdivision 5, paragraph (b), clause (2), and the appropriate supervision  
192.17 wage in subdivision 5, paragraph (a), clause (21);

192.18 (7) combine the results of clauses (5) and (6), excluding any shared and individual direct  
192.19 staff hours provided through monitoring technology, and multiply the result by one plus  
192.20 the employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (b),  
192.21 clause (3). This is defined as the direct staffing cost;

192.22 (8) for employee-related expenses, multiply the direct staffing cost, excluding any shared  
192.23 and individual direct staff hours provided through monitoring technology, by one plus the  
192.24 employee-related cost ratio in subdivision 5, paragraph (b), clause (4);

192.25 (9) for client programming and supports, the commissioner shall add \$2,179; and

192.26 (10) for transportation, if provided, the commissioner shall add \$1,680, or \$3,000 if  
192.27 customized for adapted transport, based on the resident with the highest assessed need.

192.28 (c) The total rate must be calculated using the following steps:

192.29 (1) subtotal paragraph (b), clauses (8) to (10), and the direct staffing cost of any shared  
192.30 and individual direct staff hours provided through monitoring technology that was excluded  
192.31 in clause (8);

193.1 (2) sum the standard general and administrative rate, the program-related expense ratio,  
193.2 and the absence and utilization ratio;

193.3 (3) divide the result of clause (1) by one minus the result of clause (2). This is the total  
193.4 payment amount; and

193.5 (4) adjust the result of clause (3) by a factor to be determined by the commissioner to  
193.6 adjust for regional differences in the cost of providing services.

193.7 (d) The payment methodology for customized living, 24-hour customized living, and  
193.8 residential care services must be the customized living tool. Revisions to the customized  
193.9 living tool must be made to reflect the services and activities unique to disability-related  
193.10 recipient needs and the rate adjustments described in section 256S.205. Customized living  
193.11 and 24-hour customized living rates determined under this section shall not include more  
193.12 than 24 hours of support in a daily unit. The commissioner shall establish acuity-based input  
193.13 limits, based on case mix, for customized living and 24-hour customized living rates  
193.14 determined under this section.

193.15 (e) Payments for integrated community support services must be calculated as follows:

193.16 (1) the base shared staffing ~~shall~~ must be eight hours divided by the number of people  
193.17 receiving support in the integrated community support setting;

193.18 (2) the individual staffing hours ~~shall~~ must be the average number of direct support hours  
193.19 provided directly to the service recipient;

193.20 (3) the personnel hourly wage rate must be based on the most recent Bureau of Labor  
193.21 Statistics Minnesota-specific rates or rates derived by the commissioner as provided in  
193.22 subdivision 5;

193.23 (4) except for subdivision 5, paragraph (a), clauses (4) and (21) to (23), multiply the  
193.24 result of clause (3) by the product of one plus the competitive workforce factor in subdivision  
193.25 5, paragraph (b), clause (1);

193.26 (5) for a recipient requiring customization for deaf and hard-of-hearing language  
193.27 accessibility under subdivision 12, add the customization rate provided in subdivision 12  
193.28 to the result of clause (4);

193.29 (6) multiply the number of shared and individual direct staff hours in clauses (1) and  
193.30 (2) by the appropriate staff wages;

193.31 (7) multiply the number of shared and individual direct staff hours in clauses (1) and  
193.32 (2) by the product of the supervisory span of control ratio in subdivision 5, paragraph (b),

194.1 clause (2), and the appropriate supervisory wage in subdivision 5, paragraph (a), clause  
194.2 (21);

194.3 (8) combine the results of clauses (6) and (7) and multiply the result by one plus the  
194.4 employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (b), clause  
194.5 (3). This is defined as the direct staffing cost;

194.6 (9) for employee-related expenses, multiply the direct staffing cost by one plus the  
194.7 employee-related cost ratio in subdivision 5, paragraph (b), clause (4); and

194.8 (10) for client programming and supports, the commissioner shall add \$2,260.21 divided  
194.9 by 365.

194.10 (f) The total rate must be calculated as follows:

194.11 (1) add the results of paragraph (e), clauses (9) and (10);

194.12 (2) add the standard general and administrative rate, the program-related expense ratio,  
194.13 and the absence and utilization factor ratio;

194.14 (3) divide the result of clause (1) by one minus the result of clause (2). This is the total  
194.15 payment amount; and

194.16 (4) adjust the result of clause (3) by a factor to be determined by the commissioner to  
194.17 adjust for regional differences in the cost of providing services.

194.18 (g) The payment methodology for customized living and 24-hour customized living  
194.19 services must be the customized living tool. The commissioner shall revise the customized  
194.20 living tool to reflect the services and activities unique to disability-related recipient needs  
194.21 and adjust for regional differences in the cost of providing services. The commissioner must  
194.22 revise the customized living tool to incorporate the rate adjustment described in section  
194.23 256S.205.

194.24 (h) The number of days authorized for all individuals enrolling in residential services  
194.25 must include every day that services start and end.

194.26 **EFFECTIVE DATE.** This section is effective January 1, 2022, except the fourth sentence  
194.27 of paragraph (d) is effective January 1, 2022, or upon federal approval, whichever is later.  
194.28 The commissioner of human services shall notify the revisor of statutes when federal approval  
194.29 is obtained.

195.1 Sec. 31. Minnesota Statutes 2020, section 256B.4914, subdivision 7, is amended to read:

195.2 Subd. 7. **Payments for day programs.** Payments for services with day programs  
195.3 including adult day services, day treatment and habilitation, day support services,  
195.4 prevocational services, and structured day services provided in person or remotely must be  
195.5 calculated as follows:

195.6 (1) determine the number of units of service and staffing ratio to meet a recipient's needs:

195.7 (i) the staffing ratios for the units of service provided to a recipient in a typical week  
195.8 must be averaged to determine an individual's staffing ratio; and

195.9 (ii) the commissioner, in consultation with service providers, shall develop a uniform  
195.10 staffing ratio worksheet to be used to determine staffing ratios under this subdivision;

195.11 (2) personnel hourly wage rates must be based on the 2009 Bureau of Labor Statistics  
195.12 Minnesota-specific rates or rates derived by the commissioner as provided in subdivision  
195.13 5;

195.14 (3) except for subdivision 5, paragraph (a), clauses (4) and (21) to (23), multiply the  
195.15 result of clause (2) by the product of one plus the competitive workforce factor in subdivision  
195.16 5, paragraph (d), clause (1);

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

195.20 (5) multiply the number of day program direct staff hours and nursing hours by the  
195.21 appropriate staff wage;

195.22 (6) multiply the number of day direct staff hours by the product of the supervision span  
195.23 of control ratio in subdivision 5, paragraph (d), clause (2), for in-person services or  
195.24 subdivision 5, paragraph (e), clause (2), for remote services, and the appropriate supervision  
195.25 wage in subdivision 5, paragraph (a), clause (21);

195.26 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the  
195.27 employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (d), clause  
195.28 (3), for in-person services or subdivision 5, paragraph (e), clause (3), for remote services.  
195.29 This is defined as the direct staffing rate;

195.30 (8) for program plan support, multiply the result of clause (7) by one plus the program  
195.31 plan support ratio in subdivision 5, paragraph (d), clause (5), for in-person services or  
195.32 subdivision 5, paragraph (e), clause (5), for remote services;

196.1 (9) for employee-related expenses, multiply the result of clause (8) by one plus the  
196.2 employee-related cost ratio in subdivision 5, paragraph (d), clause (4), for in-person services  
196.3 or subdivision 5, paragraph (e), clause (4), for remote services;

196.4 (10) for client programming and supports, multiply the result of clause (9) by one plus  
196.5 the client programming and support ratio in subdivision 5, paragraph (d), clause (6), for  
196.6 in-person services or subdivision 5, paragraph (e), clause (6), for remote services;

196.7 (11) for program facility costs, add ~~\$19.30~~ \$20.02 per week with consideration of staffing  
196.8 ratios to meet individual needs;

196.9 (12) for adult day bath services, add \$7.01 per 15 minute unit;

196.10 (13) this is the subtotal rate;

196.11 (14) sum the standard general and administrative rate, the program-related expense ratio,  
196.12 and the absence and utilization factor ratio;

196.13 (15) divide the result of clause (13) by one minus the result of clause (14). This is the  
196.14 total payment amount;

196.15 (16) adjust the result of clause (15) by a factor to be determined by the commissioner  
196.16 to adjust for regional differences in the cost of providing services;

196.17 (17) for transportation provided as part of day training and habilitation for an individual  
196.18 who does not require a lift, add:

196.19 (i) \$10.50 for a trip between zero and ten miles for a nonshared ride in a vehicle without  
196.20 a lift, \$8.83 for a shared ride in a vehicle without a lift, and \$9.25 for a shared ride in a  
196.21 vehicle with a lift;

196.22 (ii) \$15.75 for a trip between 11 and 20 miles for a nonshared ride in a vehicle without  
196.23 a lift, \$10.58 for a shared ride in a vehicle without a lift, and \$11.88 for a shared ride in a  
196.24 vehicle with a lift;

196.25 (iii) \$25.75 for a trip between 21 and 50 miles for a nonshared ride in a vehicle without  
196.26 a lift, \$13.92 for a shared ride in a vehicle without a lift, and \$16.88 for a shared ride in a  
196.27 vehicle with a lift; or

196.28 (iv) \$33.50 for a trip of 51 miles or more for a nonshared ride in a vehicle without a lift,  
196.29 \$16.50 for a shared ride in a vehicle without a lift, and \$20.75 for a shared ride in a vehicle  
196.30 with a lift;

196.31 (18) for transportation provided as part of day training and habilitation for an individual  
196.32 who does require a lift, add:

197.1 (i) \$19.05 for a trip between zero and ten miles for a nonshared ride in a vehicle with a  
197.2 lift, and \$15.05 for a shared ride in a vehicle with a lift;

197.3 (ii) \$32.16 for a trip between 11 and 20 miles for a nonshared ride in a vehicle with a  
197.4 lift, and \$28.16 for a shared ride in a vehicle with a lift;

197.5 (iii) \$58.76 for a trip between 21 and 50 miles for a nonshared ride in a vehicle with a  
197.6 lift, and \$58.76 for a shared ride in a vehicle with a lift; or

197.7 (iv) \$80.93 for a trip of 51 miles or more for a nonshared ride in a vehicle with a lift,  
197.8 and \$80.93 for a shared ride in a vehicle with a lift.

197.9 **EFFECTIVE DATE.** This section is effective January 1, 2022, six months after the  
197.10 end of the federal public health emergency, or upon federal approval, whichever is later.  
197.11 The commissioner of human services shall notify the revisor of statutes when the federal  
197.12 public health emergency ends and when federal approval is obtained.

197.13 Sec. 32. Minnesota Statutes 2020, section 256B.4914, subdivision 8, is amended to read:

197.14 Subd. 8. **Payments for unit-based services with programming.** Payments for unit-based  
197.15 services with programming, including employment exploration services, employment  
197.16 development services, housing access coordination, individualized home supports with  
197.17 family training, individualized home supports with training, in-home family support,  
197.18 independent living skills training, and hourly supported living services provided to an  
197.19 individual outside of any day or residential service plan provided in person or remotely  
197.20 must be calculated as follows, unless the services are authorized separately under subdivision  
197.21 6 or 7:

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

197.23 (2) personnel hourly wage rate must be based on the 2009 Bureau of Labor Statistics  
197.24 Minnesota-specific rates or rates derived by the commissioner as provided in subdivision  
197.25 5;

197.26 (3) except for subdivision 5, paragraph (a), clauses (4) and (21) to (23), multiply the  
197.27 result of clause (2) by the product of one plus the competitive workforce factor in subdivision  
197.28 5, paragraph ~~(f)~~(g), clause (1);

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

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

198.1 (6) multiply the number of direct staff hours by the product of the supervision span of  
198.2 control ratio in subdivision 5, paragraph ~~(f)~~ (g), clause (2), for in-person services or  
198.3 subdivision 5, paragraph (h), clause (2), for remote services, and the appropriate supervision  
198.4 wage in subdivision 5, paragraph (a), clause (21);

198.5 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the  
198.6 employee vacation, sick, and training allowance ratio in subdivision 5, paragraph ~~(f)~~ (g),  
198.7 clause (3), for in-person services or subdivision 5, paragraph (h), clause (3), for remote  
198.8 services. This is defined as the direct staffing rate;

198.9 (8) for program plan support, multiply the result of clause (7) by one plus the program  
198.10 plan supports ratio in subdivision 5, paragraph ~~(f)~~ (g), clause (5), for in-person services or  
198.11 subdivision 5, paragraph (h), clause (5), for remote services;

198.12 (9) for employee-related expenses, multiply the result of clause (8) by one plus the  
198.13 employee-related cost ratio in subdivision 5, paragraph ~~(f)~~ (g), clause (4), for in-person  
198.14 services or subdivision 5, paragraph (h), clause (4), for remote services;

198.15 (10) for client programming and supports, multiply the result of clause (9) by one plus  
198.16 the client programming and supports ratio in subdivision 5, paragraph ~~(f)~~ (g), clause (6),  
198.17 for in-person services or subdivision 5, paragraph (h), clause (6), for remote services;

198.18 (11) this is the subtotal rate;

198.19 (12) sum the standard general and administrative rate, the program-related expense ratio,  
198.20 and the absence and utilization factor ratio;

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

198.23 (14) for employment exploration services provided in a shared manner, divide the total  
198.24 payment amount in clause (13) by the number of service recipients, not to exceed five. For  
198.25 employment support services provided in a shared manner, divide the total payment amount  
198.26 in clause (13) by the number of service recipients, not to exceed six. For independent living  
198.27 skills training, individualized home supports with training, and individualized home supports  
198.28 with family training provided in a shared manner, divide the total payment amount in clause  
198.29 (13) by the number of service recipients, not to exceed two; and

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

198.32 **EFFECTIVE DATE.** This section is effective January 1, 2022, six months after the  
198.33 end of the federal public health emergency, or upon federal approval, whichever is later.

199.1 The commissioner of human services shall notify the revisor of statutes when the federal  
199.2 public health emergency ends and when federal approval is obtained.

199.3 Sec. 33. Minnesota Statutes 2020, section 256B.4914, subdivision 9, is amended to read:

199.4 Subd. 9. **Payments for unit-based services without programming.** Payments for  
199.5 unit-based services without programming, including individualized home supports, night  
199.6 supervision, personal support, respite, and companion care provided to an individual outside  
199.7 of any day or residential service plan provided in person or remotely must be calculated as  
199.8 follows unless the services are authorized separately under subdivision 6 or 7:

199.9 (1) for all services except respite, determine the number of units of service to meet a  
199.10 recipient's needs;

199.11 (2) personnel hourly wage rates must be based on the 2009 Bureau of Labor Statistics  
199.12 Minnesota-specific rate or rates derived by the commissioner as provided in subdivision 5;

199.13 (3) except for subdivision 5, paragraph (a), clauses (4) and (21) to (23), multiply the  
199.14 result of clause (2) by the product of one plus the competitive workforce factor in subdivision  
199.15 5, paragraph ~~(g)~~ (i), clause (1);

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

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

199.20 (6) multiply the number of direct staff hours by the product of the supervision span of  
199.21 control ratio in subdivision 5, paragraph ~~(g)~~ (i), clause (2), for in-person services or  
199.22 subdivision 5, paragraph (j), clause (2), for remote services, and the appropriate supervision  
199.23 wage in subdivision 5, paragraph (a), clause (21);

199.24 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the  
199.25 employee vacation, sick, and training allowance ratio in subdivision 5, paragraph ~~(g)~~ (i),  
199.26 clause (3), for in-person services or subdivision 5, paragraph (j), clause (3), for remote  
199.27 services. This is defined as the direct staffing rate;

199.28 (8) for program plan support, multiply the result of clause (7) by one plus the program  
199.29 plan support ratio in subdivision 5, paragraph ~~(g)~~ (i), clause (5), for in-person services or  
199.30 subdivision 5, paragraph (j), clause (5), for remote services;

200.1 (9) for employee-related expenses, multiply the result of clause (8) by one plus the  
200.2 employee-related cost ratio in subdivision 5, paragraph ~~(g)~~ (i), clause (4), for in-person  
200.3 services or subdivision 5, paragraph (j), clause (4), for remote services;

200.4 (10) for client programming and supports, multiply the result of clause (9) by one plus  
200.5 the client programming and support ratio in subdivision 5, paragraph ~~(g)~~ (i), clause (6), for  
200.6 in-person services or subdivision 5, paragraph (j), clause (6), for remote services;

200.7 (11) this is the subtotal rate;

200.8 (12) sum the standard general and administrative rate, the program-related expense ratio,  
200.9 and the absence and utilization factor ratio;

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

200.12 (14) for respite services, determine the number of day units of service to meet an  
200.13 individual's needs;

200.14 (15) personnel hourly wage rates must be based on the 2009 Bureau of Labor Statistics  
200.15 Minnesota-specific rate or rates derived by the commissioner as provided in subdivision 5;

200.16 (16) except for subdivision 5, paragraph (a), clauses (4) and (21) to (23), multiply the  
200.17 result of clause (15) by the product of one plus the competitive workforce factor in  
200.18 subdivision 5, paragraph ~~(h)~~ (k), clause (1);

200.19 (17) for a recipient requiring deaf and hard-of-hearing customization under subdivision  
200.20 12, add the customization rate provided in subdivision 12 to the result of clause (16);

200.21 (18) multiply the number of direct staff hours by the appropriate staff wage;

200.22 (19) multiply the number of direct staff hours by the product of the supervisory span of  
200.23 control ratio in subdivision 5, paragraph ~~(h)~~ (k), clause (2), and the appropriate supervision  
200.24 wage in subdivision 5, paragraph (a), clause (21);

200.25 (20) combine the results of clauses (18) and (19), and multiply the result by one plus  
200.26 the employee vacation, sick, and training allowance ratio in subdivision 5, paragraph ~~(h)~~  
200.27 (k), clause (3). This is defined as the direct staffing rate;

200.28 (21) for employee-related expenses, multiply the result of clause (20) by one plus the  
200.29 employee-related cost ratio in subdivision 5, paragraph ~~(h)~~ (k), clause (4);

200.30 (22) this is the subtotal rate;

201.1 (23) sum the standard general and administrative rate, the program-related expense ratio,  
201.2 and the absence and utilization factor ratio;

201.3 (24) divide the result of clause (22) by one minus the result of clause (23). This is the  
201.4 total payment amount;

201.5 (25) for individualized home supports provided in a shared manner, divide the total  
201.6 payment amount in clause (13) by the number of service recipients, not to exceed two;

201.7 (26) for respite care services provided in a shared manner, divide the total payment  
201.8 amount in clause (24) by the number of service recipients, not to exceed three; and

201.9 (27) adjust the result of clauses (13), (25), and (26) by a factor to be determined by the  
201.10 commissioner to adjust for regional differences in the cost of providing services.

201.11 **EFFECTIVE DATE.** This section is effective January 1, 2022, six months after the  
201.12 end of the federal public health emergency, or upon federal approval, whichever is later.  
201.13 The commissioner of human services shall notify the revisor of statutes when the federal  
201.14 public health emergency ends and when federal approval is obtained.

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

201.17 **Subd. 18. ICF/DD rate increases effective July 1, 2021.** (a) For the rate period beginning  
201.18 July 1, 2021, the commissioner must increase operating payments for each facility reimbursed  
201.19 under this section equal to five percent of the operating payment rates in effect on June 30,  
201.20 2021.

201.21 (b) For each facility, the commissioner must apply the rate increase based on occupied  
201.22 beds, using the percentage specified in this subdivision multiplied by the total payment rate,  
201.23 including the variable rate but excluding the property-related payment rate in effect on June  
201.24 30, 2021. The total rate increase must include the adjustment provided in section 256B.501,  
201.25 subdivision 12.

201.26 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,  
201.27 whichever is later. The commissioner of human services shall inform the revisor of statutes  
201.28 when federal approval is obtained.

201.29 Sec. 35. Minnesota Statutes 2020, section 256B.5013, subdivision 1, is amended to read:

201.30 Subdivision 1. **Variable rate adjustments.** ~~(a) For rate years beginning on or after~~  
201.31 ~~October 1, 2000,~~ When there is a documented increase in the needs of a current ICF/DD

202.1 recipient, the county of financial responsibility may recommend a variable rate to enable  
 202.2 the facility to meet the individual's increased needs. Variable rate adjustments made under  
 202.3 this subdivision replace payments for persons with special needs for crisis intervention  
 202.4 services under section 256B.501, subdivision 8a. ~~Effective July 1, 2003, facilities with a~~  
 202.5 ~~base rate above the 50th percentile of the statewide average reimbursement rate for a Class~~  
 202.6 ~~A facility or Class B facility, whichever matches the facility licensure, are not eligible for~~  
 202.7 ~~a variable rate adjustment. Variable rate adjustments may not exceed a 12-month period,~~  
 202.8 ~~except when approved for purposes established in paragraph (b), clause (1). Once approved,~~  
 202.9 variable rate adjustments must continue to remain in place unless there is an identified  
 202.10 change in need. A review of needed resources must be done at the time of the individual's  
 202.11 annual support plan meeting. Any change in need identified must result in submission of a  
 202.12 request to adjust the resources for the individual. Variable rate adjustments approved solely  
 202.13 on the basis of changes on a developmental disabilities screening document will end June  
 202.14 30, 2002.

202.15 (b) The county of financial responsibility must act on a variable rate request within 30  
 202.16 days and notify the initiator of the request of the county's recommendation in writing.

202.17 ~~(b)~~ (c) A variable rate may be recommended by the county of financial responsibility  
 202.18 for increased needs in the following situations:

202.19 (1) a need for resources due to an individual's full or partial retirement from participation  
 202.20 in a day training and habilitation service when the individual: (i) has reached the age of 65  
 202.21 or has a change in health condition that makes it difficult for the person to participate in  
 202.22 day training and habilitation services over an extended period of time because it is medically  
 202.23 contraindicated; and (ii) has expressed a desire for change through the developmental  
 202.24 disability screening process under section 256B.092;

202.25 (2) a need for additional resources for intensive short-term programming ~~which~~ that is  
 202.26 necessary prior to an individual's discharge to a less restrictive, more integrated setting;

202.27 (3) a demonstrated medical need that significantly impacts the type or amount of services  
 202.28 needed by the individual; ~~or~~

202.29 (4) a demonstrated behavioral or cognitive need that significantly impacts the type or  
 202.30 amount of services needed by the individual; or

202.31 ~~(e) The county of financial responsibility must justify the purpose, the projected length~~  
 202.32 ~~of time, and the additional funding needed for the facility to meet the needs of the individual.~~

203.1 ~~(d) The facility shall provide an annual report to the county case manager on the use of~~  
203.2 ~~the variable rate funds and the status of the individual on whose behalf the funds were~~  
203.3 ~~approved. The county case manager will forward the facility's report with a recommendation~~  
203.4 ~~to the commissioner to approve or disapprove a continuation of the variable rate.~~

203.5 ~~(e) Funds made available through the variable rate process that are not used by the facility~~  
203.6 ~~to meet the needs of the individual for whom they were approved shall be returned to the~~  
203.7 ~~state.~~

203.8 (5) a demonstrated increased need for staff assistance, changes in the type of staff  
203.9 credentials needed, or a need for expert consultation based on assessments conducted prior  
203.10 to the annual support plan meeting.

203.11 (d) Variable rate requests must include the following information:

203.12 (1) the service needs change;

203.13 (2) the variable rate requested and the difference from the current rate;

203.14 (3) a basis for the underlying costs used for the variable rate and any accompanying  
203.15 documentation; and

203.16 (4) documentation of the expected outcomes to be achieved and the frequency of progress  
203.17 monitoring associated with the rate increase.

203.18 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,  
203.19 whichever is later. The commissioner of human services shall inform the revisor of statutes  
203.20 when federal approval is obtained.

203.21 Sec. 36. Minnesota Statutes 2020, section 256B.5013, subdivision 6, is amended to read:

203.22 Subd. 6. **Commissioner's responsibilities.** The commissioner shall:

203.23 (1) make a determination to approve, deny, or modify a request for a variable rate  
203.24 adjustment within 30 days of the receipt of the completed application;

203.25 (2) notify the ICF/DD facility and county case manager of the ~~duration and conditions~~  
203.26 ~~of variable rate adjustment approvals~~ determination; and

203.27 (3) modify MMIS II service agreements to reimburse ICF/DD facilities for approved  
203.28 variable rates.

203.29 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,  
203.30 whichever is later. The commissioner of human services shall inform the revisor of statutes  
203.31 when federal approval is obtained.

204.1 Sec. 37. Minnesota Statutes 2020, section 256B.5015, subdivision 2, is amended to read:

204.2 Subd. 2. **Services during the day.** (a) Services during the day, as defined in section  
204.3 256B.501, but excluding day training and habilitation services, shall be paid as a pass-through  
204.4 payment no later than January 1, 2004. The commissioner shall establish rates for these  
204.5 services, other than day training and habilitation services, at levels that do not exceed 75  
204.6 100 percent of a recipient's day training and habilitation service costs prior to the service  
204.7 change.

204.8 (b) An individual qualifies for services during the day under paragraph (a) if, through  
204.9 consultation with the individual and the individual's support team or interdisciplinary team:

204.10 (1) it has been determined that the individual's needs can best be met through partial or  
204.11 full retirement from:

204.12 (i) participation in a day training and habilitation service; or

204.13 (ii) the use of services during the day in the individual's home environment; and

204.14 (2) an individualized plan has been developed with designated outcomes that:

204.15 (i) address the support needs and desires contained in the person-centered plan or  
204.16 individual support plan; and

204.17 (ii) include goals that focus on community integration as appropriate for the individual.

204.18 (c) When establishing a rate for these services, the commissioner shall also consider an  
204.19 individual recipient's needs as identified in the ~~individualized service~~ individual support  
204.20 plan and the person's need for active treatment as defined under federal regulations. The  
204.21 pass-through payments for services during the day shall be paid separately by the  
204.22 commissioner and shall not be included in the computation of the ICF/DD facility total  
204.23 payment rate.

204.24 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,  
204.25 whichever is later. The commissioner of human services shall inform the revisor of statutes  
204.26 when federal approval is obtained.

204.27 Sec. 38. Minnesota Statutes 2020, section 256B.85, subdivision 7a, is amended to read:

204.28 Subd. 7a. **Enhanced rate.** An enhanced rate of 107.5 percent of the rate paid for CFSS  
204.29 must be paid for services provided to persons who qualify for ~~12~~ ten or more hours of CFSS  
204.30 per day when provided by a support worker who meets the requirements of subdivision 16,  
204.31 paragraph (e). The enhanced rate for CFSS includes, and is not in addition to, any rate  
204.32 adjustments implemented by the commissioner on July 1, 2019, to comply with the terms

205.1 of a collective bargaining agreement between the state of Minnesota and an exclusive  
205.2 representative of individual providers under section 179A.54 that provides for wage increases  
205.3 for individual providers who serve participants assessed to need 12 or more hours of CFSS  
205.4 per day.

205.5 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,  
205.6 whichever occurs later. The commissioner shall notify the revisor of statutes when federal  
205.7 approval is obtained.

205.8 Sec. 39. Minnesota Statutes 2020, section 256B.85, subdivision 16, is amended to read:

205.9 Subd. 16. **Support workers requirements.** (a) Support workers shall:

205.10 (1) enroll with the department as a support worker after a background study under chapter  
205.11 245C has been completed and the support worker has received a notice from the  
205.12 commissioner that the support worker:

205.13 (i) is not disqualified under section 245C.14; or

205.14 (ii) is disqualified, but has received a set-aside of the disqualification under section  
205.15 245C.22;

205.16 (2) have the ability to effectively communicate with the participant or the participant's  
205.17 representative;

205.18 (3) have the skills and ability to provide the services and supports according to the  
205.19 participant's CFSS service delivery plan and respond appropriately to the participant's needs;

205.20 (4) complete the basic standardized CFSS training as determined by the commissioner  
205.21 before completing enrollment. The training must be available in languages other than English  
205.22 and to those who need accommodations due to disabilities. CFSS support worker training  
205.23 must include successful completion of the following training components: basic first aid,  
205.24 vulnerable adult, child maltreatment, OSHA universal precautions, basic roles and  
205.25 responsibilities of support workers including information about basic body mechanics,  
205.26 emergency preparedness, orientation to positive behavioral practices, orientation to  
205.27 responding to a mental health crisis, fraud issues, time cards and documentation, and an  
205.28 overview of person-centered planning and self-direction. Upon completion of the training  
205.29 components, the support worker must pass the certification test to provide assistance to  
205.30 participants;

205.31 (5) complete employer-directed training and orientation on the participant's individual  
205.32 needs;

206.1 (6) maintain the privacy and confidentiality of the participant; and

206.2 (7) not independently determine the medication dose or time for medications for the  
206.3 participant.

206.4 (b) The commissioner may deny or terminate a support worker's provider enrollment  
206.5 and provider number if the support worker:

206.6 (1) does not meet the requirements in paragraph (a);

206.7 (2) fails to provide the authorized services required by the employer;

206.8 (3) has been intoxicated by alcohol or drugs while providing authorized services to the  
206.9 participant or while in the participant's home;

206.10 (4) has manufactured or distributed drugs while providing authorized services to the  
206.11 participant or while in the participant's home; or

206.12 (5) has been excluded as a provider by the commissioner of human services, or by the  
206.13 United States Department of Health and Human Services, Office of Inspector General, from  
206.14 participation in Medicaid, Medicare, or any other federal health care program.

206.15 (c) A support worker may appeal in writing to the commissioner to contest the decision  
206.16 to terminate the support worker's provider enrollment and provider number.

206.17 (d) A support worker must not provide or be paid for more than 310 hours of CFSS per  
206.18 month, regardless of the number of participants the support worker serves or the number  
206.19 of agency-providers or participant employers by which the support worker is employed.  
206.20 The department shall not disallow the number of hours per day a support worker works  
206.21 unless it violates other law.

206.22 (e) CFSS qualify for an enhanced rate if the support worker providing the services:

206.23 (1) provides services, within the scope of CFSS described in subdivision 7, to a participant  
206.24 who qualifies for ~~12~~ ten or more hours per day of CFSS; and

206.25 (2) satisfies the current requirements of Medicare for training and competency or  
206.26 competency evaluation of home health aides or nursing assistants, as provided in the Code  
206.27 of Federal Regulations, title 42, section 483.151 or 484.36, or alternative state-approved  
206.28 training or competency requirements.

206.29 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,  
206.30 whichever occurs later. The commissioner shall notify the revisor of statutes when federal  
206.31 approval is obtained.

207.1 Sec. 40. Minnesota Statutes 2020, section 256B.85, is amended by adding a subdivision  
207.2 to read:

207.3 **Subd. 27. Personal care assistance and community first services and supports**  
207.4 **provider agency; required reporting and analysis of cost data.** (a) The commissioner  
207.5 must evaluate on an ongoing basis whether the rates paid for personal care assistance and  
207.6 community first services and supports appropriately address the costs to provide these  
207.7 services. The commissioner must make recommendations to adjust the rates paid as indicated  
207.8 by the evaluation. As determined by the commissioner, in consultation with stakeholders,  
207.9 agencies enrolled to provide personal care assistance and community first services and  
207.10 supports with rates determined under this section must submit requested cost data to the  
207.11 commissioner. Requested cost data may include but is not limited to:

207.12 (1) worker wage costs;

207.13 (2) benefits paid;

207.14 (3) supervisor wage costs;

207.15 (4) executive wage costs;

207.16 (5) vacation, sick, and training time paid;

207.17 (6) taxes, workers' compensation, and unemployment insurance costs paid;

207.18 (7) administrative costs paid;

207.19 (8) program costs paid;

207.20 (9) transportation costs paid;

207.21 (10) vacancy rates; and

207.22 (11) other data relating to costs necessary to provide services requested by the  
207.23 commissioner.

207.24 (b) At least once in any three-year period, a provider must submit cost data for a fiscal  
207.25 year that ended not more than 18 months prior to the submission date. The commissioner  
207.26 shall give each provider notice 90 days prior to the submission due date. If a provider fails  
207.27 to submit the required reporting data, the commissioner shall provide notice to the provider  
207.28 30 days after the required submission date, and a second notice to a provider who fails to  
207.29 submit the required data 60 days after the required submission date. The commissioner shall  
207.30 temporarily suspend payments to a provider if the provider fails to submit cost data within  
207.31 90 days after the required submission date. The commissioner shall make withheld payments  
207.32 to the provider once the commissioner receives cost data from the provider.

208.1 (c) The commissioner shall conduct a random validation of data submitted under  
208.2 paragraph (a) to ensure data accuracy.

208.3 (d) The commissioner, in consultation with stakeholders, shall develop and implement  
208.4 a process for providing training and technical assistance necessary to support provider  
208.5 submission of cost documentation required under paragraph (a). The commissioner shall  
208.6 provide dedicated support for providers who meet one of the following criteria:

208.7 (1) the provider employs fewer than ten staff to provide the services under this section;

208.8 (2) the provider's first language is not English; or

208.9 (3) the provider serves a population that includes greater than or equal to 50 percent  
208.10 black people, indigenous people, or people of color.

208.11 Sec. 41. Minnesota Statutes 2020, section 256B.85, is amended by adding a subdivision  
208.12 to read:

208.13 Subd. 28. **Payment rates evaluation.** (a) The commissioner shall assess data collected  
208.14 under subdivision 27 and shall publish evaluation findings in a report to the legislature on  
208.15 August 1, 2024, and once every two years thereafter. Evaluation findings shall include:

208.16 (1) the costs that providers incur while providing services under this section;

208.17 (2) comparisons between those costs and the costs incurred by providers of comparable  
208.18 services and employers in industries competing in the same labor market;

208.19 (3) changes in wages, benefits provided, hours worked, and retention over time; and

208.20 (4) recommendations for the rate methodologies paid based on the evaluation findings.

208.21 (b) The commissioner shall only release cost data in an aggregate form and shall not  
208.22 release cost data from individual providers except as permitted by current law.

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

208.24 Sec. 42. Minnesota Statutes 2020, section 256I.04, subdivision 3, is amended to read:

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

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

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

209.7 (3) notwithstanding the provisions of subdivision 2a, for up to 226 supportive housing  
209.8 units in Anoka, Dakota, Hennepin, or Ramsey County for homeless adults with a mental  
209.9 illness, a history of substance abuse, or human immunodeficiency virus or acquired  
209.10 immunodeficiency syndrome. For purposes of this section, "homeless adult" means a person  
209.11 who is living on the street or in a shelter or discharged from a regional treatment center,  
209.12 community hospital, or residential treatment program and has no appropriate housing  
209.13 available and lacks the resources and support necessary to access appropriate housing. At  
209.14 least 70 percent of the supportive housing units must serve homeless adults with mental  
209.15 illness, substance abuse problems, or human immunodeficiency virus or acquired  
209.16 immunodeficiency syndrome who are about to be or, within the previous six months, have  
209.17 been discharged from a regional treatment center, or a state-contracted psychiatric bed in  
209.18 a community hospital, or a residential mental health or chemical dependency treatment  
209.19 program. If a person meets the requirements of subdivision 1, paragraph (a), and receives  
209.20 a federal or state housing subsidy, the housing support rate for that person is limited to the  
209.21 supplementary rate under section 256I.05, subdivision 1a, and is determined by subtracting  
209.22 the amount of the person's countable income that exceeds the MSA equivalent rate from  
209.23 the housing support supplementary service rate. A resident in a demonstration project site  
209.24 who no longer participates in the demonstration program shall retain eligibility for a housing  
209.25 support payment in an amount determined under section 256I.06, subdivision 8, using the  
209.26 MSA equivalent rate. Service funding under section 256I.05, subdivision 1a, will end June  
209.27 30, 1997, if federal matching funds are available and the services can be provided through  
209.28 a managed care entity. If federal matching funds are not available, then service funding will  
209.29 continue under section 256I.05, subdivision 1a;

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

209.34 (5) for a housing support provider located in the city of St. Cloud, or a county contiguous  
209.35 to the city of St. Cloud, that operates a 40-bed facility, that received financing through the

210.1 Minnesota Housing Finance Agency Ending Long-Term Homelessness Initiative and serves  
210.2 chemically dependent clientele, providing 24-hour-a-day supervision;

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

210.6 (7) for a housing support provider that operates two ten-bed facilities, one located in  
210.7 Hennepin County and one located in Ramsey County, that provide community support and  
210.8 24-hour-a-day supervision to serve the mental health needs of individuals who have  
210.9 chronically lived unsheltered; ~~and~~

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

210.14 (9) for an additional 42 beds, resulting in a total of 54 beds, for a recovery community  
210.15 organization and housing support provider that currently operates a 38-bed facility in Olmsted  
210.16 County serving individuals diagnosed with substance use disorder, originally licensed and  
210.17 registered by the Department of Health under section 157.17 in 2019, and will operate a  
210.18 new 14-bed facility in Olmsted County serving individuals diagnosed with substance use  
210.19 disorder; and

210.20 (10) for 46 beds for a recovery community organization and housing support provider  
210.21 that as of March 1, 2021, operates three facilities in Blue Earth County licensed and registered  
210.22 by the Department of Health under section 157.17, serving individuals diagnosed with  
210.23 substance use disorder.

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

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

211.1 Sec. 43. Minnesota Statutes 2020, section 256I.05, subdivision 1a, is amended to read:

211.2 Subd. 1a. **Supplementary service rates.** (a) Subject to the provisions of section 256I.04,  
211.3 subdivision 3, the ~~county~~ agency may negotiate a payment not to exceed \$426.37 for other  
211.4 services necessary to provide room and board if the residence is licensed by or registered  
211.5 by the Department of Health, or licensed by the Department of Human Services to provide  
211.6 services in addition to room and board, and if the provider of services is not also concurrently  
211.7 receiving funding for services for a recipient under a home and community-based waiver  
211.8 under title XIX of the federal Social Security Act; or funding from the medical assistance  
211.9 program under section 256B.0659, for personal care services for residents in the setting; or  
211.10 residing in a setting which receives funding under section 245.73. If funding is available  
211.11 for other necessary services through a home and community-based waiver, or personal care  
211.12 services under section 256B.0659, then the housing support rate is limited to the rate set in  
211.13 subdivision 1. Unless otherwise provided in law, in no case may the supplementary service  
211.14 rate exceed \$426.37. The registration and licensure requirement does not apply to  
211.15 establishments which are exempt from state licensure because they are located on Indian  
211.16 reservations and for which the tribe has prescribed health and safety requirements. Service  
211.17 payments under this section may be prohibited under rules to prevent the supplanting of  
211.18 federal funds with state funds. The commissioner shall pursue the feasibility of obtaining  
211.19 the approval of the Secretary of Health and Human Services to provide home and  
211.20 community-based waiver services under title XIX of the federal Social Security Act for  
211.21 residents who are not eligible for an existing home and community-based waiver due to a  
211.22 primary diagnosis of mental illness or chemical dependency and shall apply for a waiver if  
211.23 it is determined to be cost-effective.

211.24 (b) The commissioner is authorized to make cost-neutral transfers from the housing  
211.25 support fund for beds under this section to other funding programs administered by the  
211.26 department after consultation with the ~~county or counties~~ agency in which the affected beds  
211.27 are located. The commissioner may also make cost-neutral transfers from the housing support  
211.28 fund to ~~county human service~~ agencies for beds permanently removed from the housing  
211.29 support census under a plan submitted by the ~~county~~ agency and approved by the  
211.30 commissioner. The commissioner shall report the amount of any transfers under this provision  
211.31 annually to the legislature.

211.32 (c) ~~Counties~~ Agencies must not negotiate supplementary service rates with providers of  
211.33 housing support that are licensed as board and lodging with special services and that do not  
211.34 encourage a policy of sobriety on their premises and make referrals to available community  
211.35 services for volunteer and employment opportunities for residents.

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

212.2 Sec. 44. Minnesota Statutes 2020, section 256I.05, subdivision 1c, is amended to read:

212.3 Subd. 1c. **Rate increases.** An agency may not increase the rates negotiated for housing  
212.4 support above those in effect on June 30, 1993, except as provided in paragraphs (a) to (f).

212.5 (a) An agency may increase the rates for room and board to the MSA equivalent rate  
212.6 for those settings whose current rate is below the MSA equivalent rate.

212.7 (b) An agency may increase the rates for residents in adult foster care whose difficulty  
212.8 of care has increased. The total housing support rate for these residents must not exceed the  
212.9 maximum rate specified in subdivisions 1 and 1a. Agencies must not include nor increase  
212.10 difficulty of care rates for adults in foster care whose difficulty of care is eligible for funding  
212.11 by home and community-based waiver programs under title XIX of the Social Security Act.

212.12 (c) An agency must increase the room and board rates ~~will be increased~~ each year when  
212.13 the MSA equivalent rate is adjusted for SSI cost-of-living increases by the amount of the  
212.14 annual SSI increase, less the amount of the increase in the medical assistance personal needs  
212.15 allowance under section 256B.35.

212.16 (d) ~~When housing support pays for an individual's room and board, or other costs~~  
212.17 ~~necessary to provide room and board, the rate payable to the residence must continue for~~  
212.18 ~~up to 18 calendar days per incident that the person is temporarily absent from the residence,~~  
212.19 ~~not to exceed 60 days in a calendar year, if the absence or absences are reported in advance~~  
212.20 ~~to the county agency's social service staff. Advance reporting is not required for emergency~~  
212.21 ~~absences due to crisis, illness, or injury.~~

212.22 (e) ~~For~~ An agency may increase the rates for residents in facilities meeting substantial  
212.23 change criteria within the prior year. Substantial change criteria ~~exists~~ exist if the  
212.24 establishment experiences a 25 percent increase or decrease in the total number of its beds,  
212.25 if the net cost of capital additions or improvements is in excess of 15 percent of the current  
212.26 market value of the residence, or if the residence physically moves, or changes its licensure,  
212.27 and incurs a resulting increase in operation and property costs.

212.28 (f) ~~(e)~~ (e) Until June 30, 1994, an agency may increase by up to five percent the total rate  
212.29 paid for recipients of assistance under sections 256D.01 to 256D.21 or 256D.33 to 256D.54  
212.30 who reside in residences that are licensed by the commissioner of health as a boarding care  
212.31 home, but are not certified for the purposes of the medical assistance program. However,  
212.32 an increase under this clause must not exceed an amount equivalent to 65 percent of the  
212.33 1991 medical assistance reimbursement rate for nursing home resident class A, in the

213.1 geographic grouping in which the facility is located, as established under Minnesota Rules,  
213.2 parts 9549.0051 to 9549.0058.

213.3 (f) Notwithstanding the provisions of subdivision 1, an agency may increase the monthly  
213.4 room and board rates by \$100 per month for residents in settings under section 256I.04,  
213.5 subdivision 2a, paragraph (b), clause (2). Participants in the Minnesota supportive housing  
213.6 demonstration program under section 256I.04, subdivision 3, paragraph (a), clause (3), may  
213.7 not receive the increase under this paragraph.

213.8 **EFFECTIVE DATE.** This section is effective July 1, 2022, except the striking of old  
213.9 paragraph (d) is effective July 1, 2021.

213.10 Sec. 45. Minnesota Statutes 2020, section 256I.05, subdivision 1q, is amended to read:

213.11 Subd. 1q. **Supplemental rate; Olmsted County.** (a) Notwithstanding the provisions of  
213.12 subdivisions 1a and 1c, beginning July 1, 2017, a county agency shall negotiate a  
213.13 supplementary rate in addition to the rate specified in subdivision 1, not to exceed \$750 per  
213.14 month, including any legislatively authorized inflationary adjustments, for a housing support  
213.15 provider located in Olmsted County that operates long-term residential facilities with a total  
213.16 of 104 beds that serve chemically dependent men and women and provide 24-hour-a-day  
213.17 supervision and other support services.

213.18 (b) Notwithstanding the provisions of subdivisions 1a and 1c, beginning July 1, 2021,  
213.19 a county agency shall negotiate a supplemental service rate for 54 total beds in addition to  
213.20 the rate specified in subdivision 1, not to exceed the maximum rate allowed under subdivision  
213.21 1a, including any legislatively authorized inflationary adjustments, for a recovery community  
213.22 organization and housing support provider located in Olmsted County serving individuals  
213.23 diagnosed with substance use disorder, originally licensed and registered by the Department  
213.24 of Health under section 157.17 in 2019.

213.25 Sec. 46. Minnesota Statutes 2020, section 256I.05, is amended by adding a subdivision  
213.26 to read:

213.27 Subd. 1s. **Supplemental rate; Douglas County.** Notwithstanding the provisions  
213.28 subdivisions 1a and 1c, beginning July 1, 2021, a county agency shall negotiate a  
213.29 supplemental rate for up to 20 beds in addition to the rate specified in subdivision 1, not to  
213.30 exceed the maximum rate allowed under subdivision 1a, including any legislatively  
213.31 authorized inflationary adjustments, for a housing support provider located in Douglas  
213.32 County that operates two facilities and provides room and board and supplementary services  
213.33 to adult males recovering from substance use disorder, mental illness, or housing instability.

214.1 Sec. 47. Minnesota Statutes 2020, section 256I.05, is amended by adding a subdivision  
214.2 to read:

214.3 Subd. 1t. **Supplementary services rate; Winona County.** Notwithstanding the  
214.4 provisions of subdivisions 1a and 1c, beginning July 1, 2021, a county agency shall negotiate  
214.5 a supplementary services rate in addition to the monthly room and board rate specified in  
214.6 subdivision 1, not to exceed \$750 per month, including any legislatively authorized  
214.7 inflationary adjustments, for a housing support provider located in Winona County that  
214.8 operates a permanent supportive housing facility with 20 one-bedroom apartments for adults  
214.9 with long-term homeless and long-term mental health needs.

214.10 Sec. 48. Minnesota Statutes 2020, section 256I.05, is amended by adding a subdivision  
214.11 to read:

214.12 Subd. 1u. **Supplemental rate; Blue Earth County.** Notwithstanding the provisions of  
214.13 subdivisions 1a and 1c, beginning July 1, 2021, a county agency shall negotiate a  
214.14 supplemental service rate for 46 beds in addition to the rate specified in subdivision 1, not  
214.15 to exceed the maximum rate allowed under subdivision 1a, including any legislatively  
214.16 authorized inflationary adjustments, for a recovery community organization and housing  
214.17 support provider that as of March 1, 2021, operates three facilities in Blue Earth County  
214.18 licensed and registered by the Department of Health under section 157.17, serving individuals  
214.19 diagnosed with substance use disorder.

214.20 Sec. 49. Minnesota Statutes 2020, section 256I.05, is amended by adding a subdivision  
214.21 to read:

214.22 Subd. 1v. **Supplementary services rate; Steele County.** Notwithstanding the provisions  
214.23 of subdivisions 1a and 1c, beginning July 1, 2021, a county agency shall negotiate a  
214.24 supplementary services rate in addition to the monthly room and board rate specified in  
214.25 subdivision 1, not to exceed \$750 per month, including any legislatively authorized  
214.26 inflationary adjustments, for a housing support provider located in Steele County that  
214.27 operates a permanent supportive housing facility with 16 units for adults with long-term  
214.28 homeless and long-term mental health needs.

214.29 Sec. 50. Minnesota Statutes 2020, section 256I.05, is amended by adding a subdivision  
214.30 to read:

214.31 Subd. 2a. **Absent days.** (a) When a person receiving housing support is temporarily  
214.32 absent and the absence is reported in advance to the agency's social service staff, the agency

215.1 must continue to pay on behalf of the person the applicable rate for housing support. Advance  
215.2 reporting is not required for absences due to crisis, illness, or injury. The limit on payments  
215.3 for absence days under this paragraph is 18 calendar days per incident, not to exceed 60  
215.4 days in a calendar year.

215.5 (b) An agency must continue to pay an additional 74 days per incident, not to exceed a  
215.6 total of 92 days in a calendar year, for a person who is temporarily absent due to admission  
215.7 at a residential behavioral health facility, inpatient hospital, or nursing facility.

215.8 (c) If a person is temporarily absent due to admission at a residential behavioral health  
215.9 facility, inpatient hospital, or nursing facility for a period of time exceeding the limits  
215.10 described in paragraph (b), the agency may request in a format prescribed by the  
215.11 commissioner an absence day limit exception to continue housing support payments until  
215.12 the person is discharged.

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

215.14 Sec. 51. Minnesota Statutes 2020, section 256I.05, subdivision 11, is amended to read:

215.15 Subd. 11. **Transfer of emergency shelter funds.** (a) The commissioner shall make a  
215.16 cost-neutral transfer of funding from the housing support fund to ~~county human service~~  
215.17 ~~agencies~~ the agency for emergency shelter beds removed from the housing support census  
215.18 under a biennial plan submitted by the ~~county~~ agency and approved by the commissioner.  
215.19 The plan must describe: (1) anticipated and actual outcomes for persons experiencing  
215.20 homelessness in emergency shelters; (2) improved efficiencies in administration; (3)  
215.21 requirements for individual eligibility; and (4) plans for quality assurance monitoring and  
215.22 quality assurance outcomes. The commissioner shall review the ~~county~~ agency plan to  
215.23 monitor implementation and outcomes at least biennially, and more frequently if the  
215.24 commissioner deems necessary.

215.25 (b) The funding under paragraph (a) may be used for the provision of room and board  
215.26 or supplemental services according to section 256I.03, subdivisions 2 and 8. Providers must  
215.27 meet the requirements of section 256I.04, subdivisions 2a to 2f. Funding must be allocated  
215.28 annually, and the room and board portion of the allocation shall be adjusted according to  
215.29 the percentage change in the housing support room and board rate. The room and board  
215.30 portion of the allocation shall be determined at the time of transfer. The commissioner or  
215.31 ~~county~~ agency may return beds to the housing support fund with 180 days' notice, including  
215.32 financial reconciliation.

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

216.1 Sec. 52. Minnesota Statutes 2020, section 256I.06, subdivision 8, is amended to read:

216.2 Subd. 8. **Amount of housing support payment.** (a) The amount of a room and board  
216.3 payment to be made on behalf of an eligible individual is determined by subtracting the  
216.4 individual's countable income under section 256I.04, subdivision 1, for a whole calendar  
216.5 month from the room and board rate for that same month. The housing support payment is  
216.6 determined by multiplying the housing support rate times the period of time the individual  
216.7 was a resident or temporarily absent under section 256I.05, subdivision 1, ~~paragraph (d)~~.  
216.8 2a.

216.9 (b) For an individual with earned income under paragraph (a), prospective budgeting  
216.10 must be used to determine the amount of the individual's payment for the following six-month  
216.11 period. An increase in income shall not affect an individual's eligibility or payment amount  
216.12 until the month following the reporting month. A decrease in income shall be effective the  
216.13 first day of the month after the month in which the decrease is reported.

216.14 (c) For an individual who receives housing support payments under section 256I.04,  
216.15 subdivision 1, paragraph (c), the amount of the housing support payment is determined by  
216.16 multiplying the housing support rate times the period of time the individual was a resident.

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

216.18 Sec. 53. Minnesota Statutes 2020, section 256S.203, is amended to read:

216.19 **256S.203 CUSTOMIZED LIVING SERVICES; MANAGED CARE RATES.**

216.20 Subdivision 1. **Capitation payments.** The commissioner ~~shall~~ must adjust the elderly  
216.21 waiver capitation payment rates for managed care organizations paid to reflect the monthly  
216.22 service rate limits for customized living services and 24-hour customized living services  
216.23 established under section 256S.202 and the rate adjustments for disproportionate share  
216.24 facilities under section 256S.205.

216.25 Subd. 2. **Reimbursement rates.** Medical assistance rates paid to customized living  
216.26 providers by managed care organizations under this chapter ~~shall~~ must not exceed the  
216.27 monthly service rate limits and component rates as determined by the commissioner under  
216.28 sections 256S.15 and 256S.20 to 256S.202, plus any rate adjustment under section 256S.205.

216.29 Sec. 54. **[256S.205] CUSTOMIZED LIVING SERVICES; DISPROPORTIONATE**  
216.30 **SHARE RATE ADJUSTMENTS.**

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

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

217.3 (c) "Assisted living facility" or "facility" means an assisted living facility licensed under  
217.4 chapter 144G.

217.5 (d) "Disproportionate share facility" means an assisted living facility designated by the  
217.6 commissioner under subdivision 4.

217.7 Subd. 2. **Rate adjustment application.** An assisted living facility may apply to the  
217.8 commissioner for designation as a disproportionate share facility. Applications must be  
217.9 submitted annually between October 1 and October 31. The applying facility must apply  
217.10 in a manner determined by the commissioner. The applying facility must document as a  
217.11 percentage the census of elderly waiver participants residing in the facility on October 1 of  
217.12 the application year.

217.13 Subd. 3. **Rate adjustment eligibility criteria.** Only facilities with a census of at least  
217.14 80 percent elderly waiver participants on October 1 of the application year are eligible for  
217.15 designation as a disproportionate share facility.

217.16 Subd. 4. **Designation as a disproportionate share facility.** By November 15 of each  
217.17 application year, the commissioner must designate as a disproportionate share facility a  
217.18 facility that complies with the application requirements of subdivision 2 and meets the  
217.19 eligibility criteria of subdivision 3.

217.20 Subd. 5. **Rate adjustment; rate floor.** (a) Notwithstanding the 24-hour customized  
217.21 living monthly service rate limits under section 256S.202, subdivision 2, and the component  
217.22 service rates established under section 256S.201, subdivision 4, the commissioner must  
217.23 establish a rate floor equal to \$119 for 24-hour customized living services provided in a  
217.24 designated disproportionate share facility for the purpose of ensuring the minimal level of  
217.25 staffing required to meet the health and safety need of elderly waiver participants.

217.26 (b) The commissioner must adjust the rate floor at least annually in the manner described  
217.27 under section 256S.18, subdivisions 5 and 6.

217.28 (c) The commissioner shall not implement the rate floor under this section if the  
217.29 customized living rates established under sections 256S.21 to 256S.215 will be implemented  
217.30 at 100 percent on January 1 of the year following an application year.

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

218.1 **EFFECTIVE DATE.** This section is effective October 1, 2021, or upon federal approval,  
218.2 whichever is later, and applies to services provided on or after January 1, 2022, or on or  
218.3 after the date upon which federal approval is obtained, whichever is later. The commissioner  
218.4 of human services shall notify the revisor of statutes when federal approval is obtained.

218.5 Sec. 55. Laws 2019, First Special Session chapter 9, article 5, section 86, subdivision 1,  
218.6 as amended by Laws 2020, First Special Session chapter 2, article 3, section 2, subdivision  
218.7 1, is amended to read:

218.8 Subdivision 1. **Intent.** It is the intent of the legislature to reform the medical assistance  
218.9 waiver programs for people with disabilities to simplify administration of the programs.  
218.10 Disability waiver reconfiguration must incentivize inclusive, person-centered, individualized  
218.11 supports and services; enhance each person's self-determination and personal authority over  
218.12 the person's service choice; align benefits across waivers; ensure equity across programs  
218.13 and populations; assess and address racial and geographical disparities and institutional bias  
218.14 in services and programs; promote long-term sustainability of waiver services; and maintain  
218.15 service stability and continuity of care while prioritizing, promoting, and creating incentives  
218.16 for independent, integrated, and individualized supports and services chosen by each person  
218.17 through an informed decision-making process and person-centered planning.

218.18 Sec. 56. **PARENT-TO-PARENT PEER SUPPORT.**

218.19 (a) The commissioner shall make a grant to an alliance member of Parent to Parent USA  
218.20 to support the alliance member's parent-to-parent peer support program for families of  
218.21 children with any type of disability or special health care needs. An eligible alliance member  
218.22 must have an established parent-to-parent peer support program that is statewide and  
218.23 represents diverse cultures and geographic locations, that conducts outreach and provides  
218.24 individualized support to any parent or guardian of a child with a disability or special health  
218.25 care need, including newly identified parents of such a child or parents experiencing  
218.26 transitions or changes in their child's care, and that implements best practices for peer-to-peer  
218.27 support, including providing support from trained parent staff and volunteer support parents  
218.28 who have received Parent to Parent USA's specialized parent-to-parent peer support training

218.29 (b) Grant recipients must use grant money for the purposes specified in paragraph (a).

218.30 (c) For purposes of this section, "special health care needs" means disabilities, chronic  
218.31 illnesses or conditions, health-related educational or behavioral problems, or the risk of  
218.32 developing disabilities, conditions, illnesses, or problems.

219.1 (d) Grant recipients must report to the commissioner of human services annually by  
219.2 January 15 about the services and programs funded by this appropriation. The report must  
219.3 include measurable outcomes from the previous year, including the number of families  
219.4 served by the organization's parent-to-parent programs and the number of volunteer support  
219.5 parents trained by the organization's parent-to-parent programs.

219.6 **Sec. 57. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; PLAN**  
219.7 **FOR ADDRESSING EFFECTS ON COMMUNITY OF CERTAIN**  
219.8 **STATE-OPERATED SERVICES.**

219.9 The commissioner of human services, in consultation with stakeholders, shall develop  
219.10 and submit to the chairs and ranking minority members of the house of representatives and  
219.11 senate committees with jurisdiction over health and human services by January 31, 2022,  
219.12 a plan to ameliorate the effects of repeated incidents, as defined in Minnesota Statutes,  
219.13 section 245D.02, subdivision 11, occurring at Minnesota state-operated community services  
219.14 programs that affect the community in which the program is located and the neighbors of  
219.15 the service site of the program.

219.16 **Sec. 58. DIRECTION TO THE COMMISSIONER; INITIAL PACE**  
219.17 **IMPLEMENTATION FUNDING.**

219.18 The commissioner of human services must work with stakeholders to develop  
219.19 recommendations for financing mechanisms to complete the actuarial work and cover the  
219.20 administrative costs of a program of all-inclusive care for the elderly (PACE). The  
219.21 commissioner must recommend a financing mechanism that could begin July 1, 2023. The  
219.22 commissioner shall inform the chairs and ranking minority members of the legislative  
219.23 committees with jurisdiction over health care funding by December 15, 2022, on the  
219.24 commissioner's progress toward developing a recommended financing mechanism.

219.25 **Sec. 59. DIRECTION TO THE COMMISSIONER; CUSTOMIZED LIVING**  
219.26 **REPORT.**

219.27 (a) By January 15, 2022, the commissioner of human services shall submit a report to  
219.28 the chairs and ranking minority members of the legislative committees with jurisdiction  
219.29 over human services policy and finance. The report must include the commissioner's:

219.30 (1) assessment of the prevalence of customized living services provided under Minnesota  
219.31 Statutes, section 256B.49, supplanting the provision of residential services and supports

220.1 licensed under Minnesota Statutes, chapter 245D, and provided in settings licensed under  
220.2 Minnesota Statutes, chapter 245A;

220.3 (2) recommendations regarding the continuation of the moratorium on home and  
220.4 community-based services customized living settings under Minnesota Statutes, section  
220.5 256B.49, subdivision 28;

220.6 (3) other policy recommendations to ensure that customized living services are being  
220.7 provided in a manner consistent with the policy objectives of the foster care licensing  
220.8 moratorium under Minnesota Statutes, section 245A.03, subdivision 7; and

220.9 (4) recommendations for needed statutory changes to implement the transition from  
220.10 existing four-person or fewer customized living settings to corporate adult foster care or  
220.11 community residential settings.

220.12 (b) The commissioner of health shall provide the commissioner of human services with  
220.13 the required data to complete the report in paragraph (a) and implement the moratorium on  
220.14 home and community-based services customized living settings under Minnesota Statutes,  
220.15 section 256B.49, subdivision 28. The data must include, at a minimum, each registered  
220.16 housing with services establishment under Minnesota Statutes, chapter 144D, enrolled as  
220.17 a customized living setting to deliver customized living services as defined under the brain  
220.18 injury or community access for disability inclusion waiver plans under Minnesota Statutes,  
220.19 section 256B.49.

220.20 **Sec. 60. HOUSING SUPPORT SUPPLEMENTAL SERVICE RATE REDUCTION**  
220.21 **DELAY.**

220.22 The rate reduction described in Minnesota Statutes, section 256B.051, subdivision 7,  
220.23 does not apply until October 1, 2021, for individuals who receive supplemental services  
220.24 from providers that made a good faith effort to become a Medicaid provider by submitting  
220.25 an application by June 1, 2021

220.26 **Sec. 61. PERSONAL CARE ASSISTANCE COMPENSATION FOR SERVICES**  
220.27 **PROVIDED BY A PARENT OR SPOUSE.**

220.28 (a) Notwithstanding Minnesota Statutes, section 256B.0659, subdivisions 3, paragraph  
220.29 (a), clause (1); 11, paragraph (c); and 19, paragraph (b), clause (3), a parent, stepparent, or  
220.30 legal guardian of a minor who is a personal care assistance recipient or a spouse of a personal  
220.31 care assistance recipient may provide and be paid for providing personal care assistance  
220.32 services.

221.1 (b) This section expires upon full implementation and phase-in of the community first  
221.2 services and supports program under Minnesota Statutes, section 256B.85.

221.3 **EFFECTIVE DATE.** This section is effective the day following final enactment, or  
221.4 upon federal approval, whichever is later. The commissioner of human services shall notify  
221.5 the revisor of statutes when federal approval is obtained.

221.6 Sec. 62. **DIRECTIONS TO THE COMMISSIONER OF HUMAN SERVICES;**  
221.7 **WAIVER GROWTH LIMITS.**

221.8 Subdivision 1. **Community access for disability inclusion waiver growth**  
221.9 **limit.** Between July 1, 2021, and June 30, 2025, the commissioner shall allocate to county  
221.10 and tribal agencies money for home and community-based waiver programs under Minnesota  
221.11 Statutes, section 256B.49, to ensure a reduction in forecasted state spending that is equivalent  
221.12 to limiting the caseload growth of the community access for disability inclusion waiver to  
221.13 zero allocations per year. Limits do not apply to conversions from nursing facilities. Counties  
221.14 and tribal agencies shall manage the annual allocations made by the commissioner to ensure  
221.15 that persons for whom services are temporarily discontinued for no more than 90 days are  
221.16 reenrolled. If a county or tribal agency fails to meet the authorization and spending  
221.17 requirements under Minnesota Statutes, section 256B.49, subdivision 27, the commissioner  
221.18 may determine a corrective action plan is unnecessary if the failure to meet the requirements  
221.19 is due to managing the annual allocation for the purposes of allowing people to reenroll  
221.20 after their services are temporarily discontinued.

221.21 Subd. 2. **Developmental disabilities waiver growth limit.** Between July 1, 2021, and  
221.22 June 30, 2025, the commissioner shall allocate to county and tribal agencies money for  
221.23 home and community-based waiver programs under Minnesota Statutes, section 256B.092,  
221.24 to ensure a reduction in forecasted state spending that is equivalent to limiting the caseload  
221.25 growth of the developmental disabilities waiver to zero allocations per year. Limits do not  
221.26 apply to conversions from intermediate care facilities for persons with developmental  
221.27 disabilities. Counties and tribal agencies shall manage the annual allocations made by the  
221.28 commissioner to ensure that persons for whom services are temporarily discontinued for  
221.29 no more than 90 days are reenrolled.

221.30 Sec. 63. **DIRECTION TO THE COMMISSIONER; LONG-TERM CARE**  
221.31 **CONSULTATION SERVICE RATES.**

221.32 By January 15, 2025, the commissioner of human services shall develop a proposal with  
221.33 legislative language for capitated rates for each type of assessment or activity provided

222.1 under Minnesota Statutes, section 256B.0911, as determined by the commissioner. The  
222.2 commissioner shall provide the proposal and legislative language to the chairs and ranking  
222.3 minority members of the legislative committees and divisions with jurisdiction over human  
222.4 services policy and finance by January 15, 2025.

222.5 Sec. 64. **RETAINER PAYMENTS FOR HOME AND COMMUNITY-BASED**  
222.6 **SERVICE PROVIDERS.**

222.7 Subdivision 1. **Retainer payments.** (a) The commissioner of human services shall make  
222.8 quarterly retainer payments to eligible recipients by July 1, 2021; September 30, 2021;  
222.9 December 31, 2021; March 31, 2022; and June 30, 2022. The value of the first quarterly  
222.10 payment to each eligible recipient shall be equal to a percentage to be determined by the  
222.11 commissioner under subdivision 9 applied to the eligible recipient's total home and  
222.12 community-based service revenue from medical assistance as of May 31, 2021. The value  
222.13 of each subsequent quarterly payment shall be equal to a percentage to be determined by  
222.14 the commissioner under subdivision 9 applied to the eligible recipient's total home and  
222.15 community-based service revenue from medical assistance based on new data for service  
222.16 claims paid as of the first day of the month in which the retainer payment will be made.

222.17 (b) The commissioner shall implement retainer payments and the process of making  
222.18 retainer payments under this subdivision without compliance with time-consuming procedures  
222.19 and formalities prescribed in law, such as the following statutes and related policies:  
222.20 Minnesota Statutes, sections 16A.15, subdivision 3; 16B.97; 16B.98, subdivisions 5 and 7;  
222.21 and 16B.98, subdivision 8, the express audit clause requirement.

222.22 (c) The commissioner's determination of the retainer amount determined under this  
222.23 subdivision is final and is not subject to appeal. This paragraph does not apply to recoupment  
222.24 by the commissioner under subdivision 8.

222.25 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings  
222.26 given:

222.27 (1) "direct care professional" means any individual who while providing an eligible  
222.28 service has direct contact with the person receiving the eligible service. Direct care  
222.29 professional excludes executive, managerial, and administrative staff;

222.30 (2) "eligible recipient" means an enrolled provider of eligible services, including the  
222.31 Direct Care and Treatment Division at the Department of Human Services, that meets the  
222.32 attestation and agreement requirements in subdivisions 5 and 6;

- 223.1 (3) "eligible service" means a home and community-based service as defined in section  
223.2 9817(a)(2)(B) of the federal American Rescue Plan Act of 2021, Public Law 117-2, except:
- 223.3 (i) community first services and supports;  
223.4 (ii) extended community first services and supports;  
223.5 (iii) personal care assistance services;  
223.6 (iv) extended personal care assistance service;  
223.7 (v) consumer-directed community supports;  
223.8 (vi) consumer support grants;  
223.9 (vii) home health agency organizations; and  
223.10 (viii) home nursing services;
- 223.11 (4) "recipient" means an enrolled provider of an eligible service that receives a retainer  
223.12 payment under this section; and
- 223.13 (5) "total home and community-based service revenue from medical assistance" includes  
223.14 both fee-for-service revenue and revenue from managed care organizations attributable to  
223.15 the provision of eligible services from April 1, 2021, to March 31, 2022. The commissioner  
223.16 shall determine each eligible provider's total home and community-based service revenue  
223.17 from medical assistance based on data for service claims paid as of the date specified in  
223.18 subdivision 9.
- 223.19 Subd. 3. **Allowable uses of funds.** (a) Recipients must use retainer payments to  
223.20 implement one or more of the following activities to enhance, expand, or strengthen home  
223.21 and community-based services:
- 223.22 (1) temporarily increase wages, salaries, and benefits for direct care professionals and  
223.23 any corresponding increase in the employer's share of FICA taxes, Medicare taxes, state  
223.24 and federal unemployment taxes, and workers' compensation premiums;
- 223.25 (2) provide hazard pay, overtime pay, and shift differential pay for direct care  
223.26 professionals;
- 223.27 (3) pay for paid sick leave, paid family leave, and paid medical leave due to COVID-19  
223.28 for direct care professionals;
- 223.29 (4) pay for training for direct care professionals that is specific to the COVID-19 public  
223.30 health emergency;
- 223.31 (5) recruit new direct care professionals;

224.1 (6) pay for American sign language and other languages interpreters to assist in providing  
224.2 eligible services or to inform the general public about COVID-19;

224.3 (7) purchase emergency supplies and equipment to enhance access to eligible services  
224.4 and to protect the health and well-being of direct care professionals;

224.5 (8) support family care providers of eligible individuals with needed supplies and  
224.6 equipment, which may include items not typically covered under the Medicaid program,  
224.7 such as personal protective equipment and pay; and

224.8 (9) pay for assistive technologies, staffing, and other costs incurred during the COVID-19  
224.9 public health emergency period to mitigate isolation and ensure an individual's  
224.10 person-centered service plan continues to be fully implemented.

224.11 (b) Recipients must:

224.12 (1) use at least 50 percent of the additional revenue received in the form of retainer  
224.13 payments for the purposes described in paragraph (a), clauses (1) to (3); and

224.14 (2) use any remainder of the additional revenue received in the form of retainer payments  
224.15 for the purposes described in paragraph (a), clauses (4) to (9).

224.16 Subd. 4. **Retainer payment requests.** Eligible recipients must request retainer payments  
224.17 under this section no later than June 1, 2022. The commissioner shall develop an expedited  
224.18 request process that includes a form allowing providers to meet the requirements of  
224.19 subdivisions 5 and 6 in as timely a manner as possible. The commissioner shall allow the  
224.20 use of electronic submission of request forms and accept electronic signatures.

224.21 Subd. 5. **Attestation.** (a) As a condition of obtaining funds under this section, an eligible  
224.22 recipient must attest to the following on the retainer payment request form:

224.23 (1) the intent to provide eligible services through March 31, 2022; and

224.24 (2) that the recipient will use the retainer payments only for purposes permitted under  
224.25 this section.

224.26 (b) By accepting a retainer payment under this section, the recipient attests to the  
224.27 conditions specified in this subdivision.

224.28 Subd. 6. **Agreement.** (a) As a condition of receiving retainer payments under this section,  
224.29 an eligible recipient must agree to the following on the retainer payment request form:

224.30 (1) to cooperate with the commissioner of human services to deliver services according  
224.31 to the program and service waivers and modifications issued under the commissioner's  
224.32 authority;

225.1 (2) to acknowledge that retention grants may be subject to a special recoupment under  
225.2 this section if a state audit performed under this section determines that the provider used  
225.3 retainer payments for purposes not authorized under this section; and

225.4 (3) to acknowledge that a recipient must comply with the distribution requirements  
225.5 described in subdivision 7.

225.6 (b) By accepting a retainer payment under this section, the recipient agrees to the  
225.7 conditions specified in this subdivision.

225.8 Subd. 7. **Distribution plans.** (a) A recipient must prepare and, upon request, submit to  
225.9 the commissioner, a distribution plan that specifies the anticipated amount and proposed  
225.10 uses of the additional revenue the recipient will receive under this section.

225.11 (b) Within 60 days of receipt of the recipient's first retainer payment, the recipient must  
225.12 post the distribution plan and leave it posted for a period of at least six weeks in an area of  
225.13 the recipient's operation to which all direct care professionals have access. The provider  
225.14 must post with the distribution plan instructions on how to contact the commissioner of  
225.15 human services if direct care professionals do not believe they have received the wage  
225.16 increase or benefits required under subdivision 3 specified in the distribution plan. The  
225.17 instructions must include a mailing address, e-mail address, and telephone number that the  
225.18 direct care professional may use to contact the commissioner or the commissioner's  
225.19 representative.

225.20 Subd. 8. **Recoupment.** (a) The commissioner may perform an audit under this section  
225.21 up to six years after any retainer payment is made to ensure the funds are utilized solely for  
225.22 the purposes authorized under this section.

225.23 (b) If the commissioner determines that a provider used retainer payments for purposes  
225.24 not authorized under this section, the commissioner shall treat any amount used for a purpose  
225.25 not authorized under this section as an overpayment. The commissioner shall recover any  
225.26 overpayment.

225.27 Subd. 9. **Calculation of retainer payments.** (a) The commissioner shall determine a  
225.28 percentage to apply to each recipient's total home and community-based service revenue  
225.29 from medical assistance to calculate the value of each quarterly retainer payment.

225.30 (b) The commissioner shall make an estimate of the total projected expenditures for  
225.31 eligible services between April 1, 2021, and March 31, 2022, determine a percentage to be  
225.32 applied to the total projected home and community-based service revenue from medical  
225.33 assistance for all providers of eligible services sufficient to expend the total appropriation

226.1 for retainer payments, and apply this percentage to each recipient's total home and  
226.2 community-based service revenue from medical assistance on the following schedule:

226.3 (1) no earlier than July 1, 2021, make a retainer payment by applying the percentage to  
226.4 each recipient's total home and community-based service revenue from medical assistance  
226.5 based on service claims paid as of May 31, 2021;

226.6 (2) no later than September 30, 2021, make a retainer payment by applying the percentage  
226.7 to each recipient's total home and community-based service revenue from medical assistance  
226.8 based on new service claims paid as of September 1, 2021, that were not included in the  
226.9 calculation of a prior retainer payment;

226.10 (3) no later than December 31, 2021, make a retainer payment by applying the percentage  
226.11 to each recipient's total home and community-based service revenue from medical assistance  
226.12 based on new service claims paid as of December 1, 2021, that were not included in the  
226.13 calculation of a prior retainer payment; and

226.14 (4) no later than March 31, 2022, make a retainer payment by applying the percentage  
226.15 to each recipient's total home and community-based service revenue from medical assistance  
226.16 based on new service claims paid as of March 1, 2022, that were not included in the  
226.17 calculation of a prior retainer payment.

226.18 (c) The commissioner may redetermine the percentage to be applied to each recipient's  
226.19 total home and community-based services revenue from medical assistance.

226.20 (d) By June 30, 2022, the commissioner shall redetermine a percentage to be applied to  
226.21 the total home and community-based service revenue from medical assistance based on  
226.22 new service claims paid as of June 1, 2021, that were not included in the calculation of a  
226.23 prior retainer payment. The redetermined percentage must be sufficient to expend the total  
226.24 appropriation for retainer payments. No later than June 30, 2022, the commissioner shall  
226.25 make a final retainer payment by applying the redetermined percentage to each recipient's  
226.26 total home and community-based service revenue from medical assistance based on new  
226.27 service claims paid as of June 1, 2021, that were not included in the calculation of a prior  
226.28 retainer payment.

226.29 **Sec. 65. DIRECTION TO THE COMMISSIONER; PERSONAL CARE**  
226.30 **ASSISTANCE SERVICE RATE INCREASES.**

226.31 The commissioner of human services shall determine a percentage by which to increase  
226.32 on July 1, 2021, the reimbursement rates, individual budgets, grants, and allocations for the  
226.33 community first services and supports under Minnesota Statutes, section 256B.85; personal

227.1 care assistance services under Minnesota Statutes, section 256B.0659; extended personal  
227.2 care assistance service as defined in Minnesota Statutes, section 256B.0605, subdivision 1,  
227.3 paragraph (g); and extended community first services and supports as defined in Minnesota  
227.4 Statutes, section 256B.85, subdivision 2, paragraph (l); and for budgets of individuals  
227.5 utilizing consumer-directed community supports or participating in the consumer support  
227.6 grant program sufficient to expend the funds appropriated in each fiscal year for this purpose  
227.7 in this act.

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

227.9 **Sec. 66. DIRECTION TO THE COMMISSIONER; HOME CARE SERVICE RATE**  
227.10 **INCREASE.**

227.11 The commissioner of human services shall determine a percentage rate increase to be  
227.12 effective July 1, 2021, for home health agency services under Minnesota Statutes, section  
227.13 256B.0653, and for home care nursing services under Minnesota Statutes, section 256B.0654,  
227.14 sufficient to expend the funds appropriated in this act in each fiscal year for this purpose.

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

227.16 **Sec. 67. REVISOR INSTRUCTION.**

227.17 (a) The revisor of statutes, in consultation with the Office of Senate Counsel, Research  
227.18 and Fiscal Analysis, the Office of the House Research Department, and the commissioner  
227.19 of human services, shall prepare legislation for the 2022 legislative session to recodify  
227.20 Minnesota Statutes, sections 256.975, subdivisions 7 to 7d, and 256B.0911.

227.21 (b) The revisor of statutes, in consultation with the Office of Senate Counsel, Research  
227.22 and Fiscal Analysis, the Office of the House Research Department, and the commissioner  
227.23 of human services, shall to the greatest extent practicable renumber as subdivisions the  
227.24 paragraphs of Minnesota Statutes, section 256B.4914, prior to the publication of the 2021  
227.25 Supplement of Minnesota Statutes, and shall without changing the meaning or effect of  
227.26 these provisions minimize the use of internal cross-references, including by drafting new  
227.27 technical definitions as substitutes for necessary cross-references or by other means  
227.28 acceptable to the commissioner of human services.

227.29 **Sec. 68. REPEALER.**

227.30 Minnesota Statutes 2020, section 256B.4905, subdivisions 1, 2, 3, 4, 5, and 6, are  
227.31 repealed.

**ARTICLE 6****COMMUNITY SUPPORTS POLICY**

228.1 Section 1. Minnesota Statutes 2020, section 245.4874, subdivision 1, is amended to read:

228.2 Subdivision 1. **Duties of county board.** (a) The county board must:

228.3 (1) develop a system of affordable and locally available children's mental health services  
228.4 according to sections 245.487 to 245.4889;

228.5 (2) consider the assessment of unmet needs in the county as reported by the local  
228.6 children's mental health advisory council under section 245.4875, subdivision 5, paragraph  
228.7 (b), clause (3). The county shall provide, upon request of the local children's mental health  
228.8 advisory council, readily available data to assist in the determination of unmet needs;  
228.9

228.10 (3) assure that parents and providers in the county receive information about how to  
228.11 gain access to services provided according to sections 245.487 to 245.4889;

228.12 (4) coordinate the delivery of children's mental health services with services provided  
228.13 by social services, education, corrections, health, and vocational agencies to improve the  
228.14 availability of mental health services to children and the cost-effectiveness of their delivery;  
228.15

228.16 (5) assure that mental health services delivered according to sections 245.487 to 245.4889  
228.17 are delivered expeditiously and are appropriate to the child's diagnostic assessment and  
228.18 individual treatment plan;

228.19 (6) provide for case management services to each child with severe emotional disturbance  
228.20 according to sections 245.486; 245.4871, subdivisions 3 and 4; and 245.4881, subdivisions  
228.21 1, 3, and 5;

228.22 (7) provide for screening of each child under section 245.4885 upon admission to a  
228.23 residential treatment facility, acute care hospital inpatient treatment, or informal admission  
228.24 to a regional treatment center;

228.25 (8) prudently administer grants and purchase-of-service contracts that the county board  
228.26 determines are necessary to fulfill its responsibilities under sections 245.487 to 245.4889;

228.27 (9) assure that mental health professionals, mental health practitioners, and case managers  
228.28 employed by or under contract to the county to provide mental health services are qualified  
228.29 under section 245.4871;

228.30 (10) assure that children's mental health services are coordinated with adult mental health  
228.31 services specified in sections 245.461 to 245.486 so that a continuum of mental health  
228.32 services is available to serve persons with mental illness, regardless of the person's age;

229.1 (11) assure that culturally competent mental health consultants are used as necessary to  
229.2 assist the county board in assessing and providing appropriate treatment for children of  
229.3 cultural or racial minority heritage; and

229.4 (12) consistent with section 245.486, arrange for or provide a children's mental health  
229.5 screening for:

229.6 (i) a child receiving child protective services;

229.7 (ii) a child in out-of-home placement;

229.8 (iii) a child for whom parental rights have been terminated;

229.9 (iv) a child found to be delinquent; or

229.10 (v) a child found to have committed a juvenile petty offense for the third or subsequent  
229.11 time.

229.12 A children's mental health screening is not required when a screening or diagnostic  
229.13 assessment has been performed within the previous 180 days, or the child is currently under  
229.14 the care of a mental health professional.

229.15 (b) When a child is receiving protective services or is in out-of-home placement, the  
229.16 court or county agency must notify a parent or guardian whose parental rights have not been  
229.17 terminated of the potential mental health screening and the option to prevent the screening  
229.18 by notifying the court or county agency in writing.

229.19 (c) When a child is found to be delinquent or a child is found to have committed a  
229.20 juvenile petty offense for the third or subsequent time, the court or county agency must  
229.21 obtain written informed consent from the parent or legal guardian before a screening is  
229.22 conducted unless the court, notwithstanding the parent's failure to consent, determines that  
229.23 the screening is in the child's best interest.

229.24 (d) The screening shall be conducted with a screening instrument approved by the  
229.25 commissioner of human services according to criteria that are updated and issued annually  
229.26 to ensure that approved screening instruments are valid and useful for child welfare and  
229.27 juvenile justice populations. Screenings shall be conducted by a mental health practitioner  
229.28 as defined in section 245.4871, subdivision 26, or a probation officer or local social services  
229.29 agency staff person who is trained in the use of the screening instrument. Training in the  
229.30 use of the instrument shall include:

229.31 (1) training in the administration of the instrument;

229.32 (2) the interpretation of its validity given the child's current circumstances;

230.1 (3) the state and federal data practices laws and confidentiality standards;

230.2 (4) the parental consent requirement; and

230.3 (5) providing respect for families and cultural values.

230.4 If the screen indicates a need for assessment, the child's family, or if the family lacks

230.5 mental health insurance, the local social services agency, in consultation with the child's

230.6 family, shall have conducted a diagnostic assessment, including a functional assessment.

230.7 The administration of the screening shall safeguard the privacy of children receiving the

230.8 screening and their families and shall comply with the Minnesota Government Data Practices

230.9 Act, chapter 13, and the federal Health Insurance Portability and Accountability Act of

230.10 1996, Public Law 104-191. Screening results ~~shall be considered private data and the~~

230.11 ~~commissioner shall not collect individual screening results~~ are classified as private data on

230.12 individuals, as defined by section 13.02, subdivision 12. The county board or tribal nation

230.13 may provide the commissioner with access to the screening results for the purposes of

230.14 program evaluation and improvement.

230.15 (e) When the county board refers clients to providers of children's therapeutic services

230.16 and supports under section 256B.0943, the county board must clearly identify the desired

230.17 services components not covered under section 256B.0943 and identify the reimbursement

230.18 source for those requested services, the method of payment, and the payment rate to the

230.19 provider.

230.20 Sec. 2. Minnesota Statutes 2020, section 245.697, subdivision 1, is amended to read:

230.21 Subdivision 1. **Creation.** (a) A State Advisory Council on Mental Health is created. The

230.22 council must have members appointed by the governor in accordance with federal

230.23 requirements. In making the appointments, the governor shall consider appropriate

230.24 representation of communities of color. The council must be composed of:

230.25 (1) the assistant commissioner of ~~mental health~~ for the Department of Human Services

230.26 who oversees behavioral health policy;

230.27 (2) a representative of the Department of Human Services responsible for the medical

230.28 assistance program;

230.29 (3) a representative of the Department of Health;

230.30 ~~(3)~~ (4) one member of each of the following professions:

230.31 (i) psychiatry;

230.32 (ii) psychology;

- 231.1 (iii) social work;
- 231.2 (iv) nursing;
- 231.3 (v) marriage and family therapy; and
- 231.4 (vi) professional clinical counseling;
- 231.5 ~~(4)~~ (5) one representative from each of the following advocacy groups: Mental Health
- 231.6 Association of Minnesota, NAMI-MN, ~~Mental Health Consumer/Survivor Network of~~
- 231.7 ~~Minnesota, and Minnesota Disability Law Center, American Indian Mental Health Advisory~~
- 231.8 Council, and a consumer-run mental health advocacy group;
- 231.9 ~~(5)~~ (6) providers of mental health services;
- 231.10 ~~(6)~~ (7) consumers of mental health services;
- 231.11 ~~(7)~~ (8) family members of persons with mental illnesses;
- 231.12 ~~(8)~~ (9) legislators;
- 231.13 ~~(9)~~ (10) social service agency directors;
- 231.14 ~~(10)~~ (11) county commissioners; and
- 231.15 ~~(11)~~ (12) other members reflecting a broad range of community interests, including
- 231.16 family physicians, or members as the United States Secretary of Health and Human Services
- 231.17 may prescribe by regulation or as may be selected by the governor.
- 231.18 (b) The council shall select a chair. Terms, compensation, and removal of members and
- 231.19 filling of vacancies are governed by section 15.059. Notwithstanding provisions of section
- 231.20 15.059, the council and its subcommittee on children's mental health do not expire. The
- 231.21 commissioner of human services shall provide staff support and supplies to the council.
- 231.22 Sec. 3. Minnesota Statutes 2020, section 252.43, is amended to read:
- 231.23 **252.43 COMMISSIONER'S DUTIES.**
- 231.24 (a) The commissioner shall supervise lead agencies' provision of day services to adults
- 231.25 with disabilities. The commissioner shall:
- 231.26 (1) determine the need for day ~~services~~ programs under ~~section~~ sections 256B.4914 and
- 231.27 252.41 to 252.46;
- 231.28 (2) establish payment rates as provided under section 256B.4914;

232.1 (3) adopt rules for the administration and provision of day services under sections  
 232.2 245A.01 to 245A.16<sub>2</sub>; 252.28, subdivision 2<sub>2</sub>; or 252.41 to 252.46<sub>2</sub>; or Minnesota Rules,  
 232.3 parts 9525.1200 to 9525.1330;

232.4 (4) enter into interagency agreements necessary to ensure effective coordination and  
 232.5 provision of day services;

232.6 (5) monitor and evaluate the costs and effectiveness of day services; and

232.7 (6) provide information and technical help to lead agencies and vendors in their  
 232.8 administration and provision of day services.

232.9 (b) A determination of need in paragraph (a), clause (1), shall not be required for a  
 232.10 change in day service provider name or ownership.

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

232.12 Sec. 4. Minnesota Statutes 2020, section 252A.01, subdivision 1, is amended to read:

232.13 Subdivision 1. **Policy.** (a) It is the policy of the state of Minnesota to provide a  
 232.14 coordinated approach to the supervision, protection, and habilitation of its adult citizens  
 232.15 with a developmental disability. In furtherance of this policy, sections 252A.01 to 252A.21  
 232.16 are enacted to authorize the commissioner of human services to:

232.17 (1) supervise those adult citizens with a developmental disability who are unable to fully  
 232.18 provide for their own needs and for whom no qualified person is willing and able to seek  
 232.19 guardianship ~~or conservatorship~~ under sections 524.5-101 to 524.5-502; and

232.20 (2) protect adults with a developmental disability from violation of their human and civil  
 232.21 rights by ~~assuring~~ ensuring that they receive the full range of needed social, financial,  
 232.22 residential, and habilitative services to which they are lawfully entitled.

232.23 (b) Public guardianship ~~or conservatorship~~ is the most restrictive form of guardianship  
 232.24 ~~or conservatorship~~ and should be imposed only when ~~no other acceptable alternative is~~  
 232.25 ~~available~~ less restrictive alternatives have been attempted and determined to be insufficient  
 232.26 to meet the person's needs. Less restrictive alternatives include but are not limited to  
 232.27 supported decision making, community or residential services, or appointment of a health  
 232.28 care agent.

232.29 Sec. 5. Minnesota Statutes 2020, section 252A.02, subdivision 2, is amended to read:

232.30 Subd. 2. **Person with a developmental disability.** "Person with a developmental  
 232.31 disability" refers to any person age 18 or older who:

233.1 (1) has been diagnosed as having significantly subaverage intellectual functioning existing  
233.2 concurrently with demonstrated deficits in adaptive behavior such as to require supervision  
233.3 and protection for the person's welfare or the public welfare. a developmental disability;

233.4 (2) is impaired to the extent of lacking sufficient understanding or capacity to make  
233.5 personal decisions; and

233.6 (3) is unable to meet personal needs for medical care, nutrition, clothing, shelter, or  
233.7 safety, even with appropriate technological and supported decision-making assistance.

233.8 Sec. 6. Minnesota Statutes 2020, section 252A.02, subdivision 9, is amended to read:

233.9 Subd. 9. **Ward Person subject to public guardianship.** "~~Ward~~" "Person subject to  
233.10 public guardianship" means a person with a developmental disability for whom the court  
233.11 has appointed a public guardian.

233.12 Sec. 7. Minnesota Statutes 2020, section 252A.02, subdivision 11, is amended to read:

233.13 Subd. 11. **Interested person.** "Interested person" means an interested responsible adult,  
233.14 ~~including, but not limited to, a public official, guardian, spouse, parent, adult sibling, legal~~  
233.15 ~~counsel, adult child, or next of kin of a person alleged to have a developmental disability.~~  
233.16 including but not limited to:

233.17 (1) the person subject to guardianship, protected person, or respondent;

233.18 (2) a nominated guardian or conservator;

233.19 (3) a legal representative;

233.20 (4) the spouse; parent, including stepparent; adult children, including adult stepchildren  
233.21 of a living spouse; and siblings. If no such persons are living or can be located, the next of  
233.22 kin of the person subject to public guardianship or the respondent is an interested person;

233.23 (5) a representative of a state ombudsman's office or a federal protection and advocacy  
233.24 program that has notified the commissioner or lead agency that it has a matter regarding  
233.25 the protected person subject to guardianship, person subject to conservatorship, or respondent;  
233.26 and

233.27 (6) a health care agent or proxy appointed pursuant to a health care directive as defined  
233.28 in section 145C.01, subdivision 5a; a living will under chapter 145B; or other similar  
233.29 documentation executed in another state and enforceable under the laws of this state.

234.1 Sec. 8. Minnesota Statutes 2020, section 252A.02, subdivision 12, is amended to read:

234.2 Subd. 12. **Comprehensive evaluation.** (a) "Comprehensive evaluation" ~~shall consist~~  
234.3 consists of:

234.4 (1) a medical report on the health status and physical condition of the proposed ~~ward,~~  
234.5 person subject to public guardianship prepared under the direction of a licensed physician  
234.6 or advanced practice registered nurse;

234.7 (2) a report on the ~~proposed ward's~~ intellectual capacity and functional abilities, ~~specifying~~  
234.8 of the proposed person subject to public guardianship that specifies the tests and other data  
234.9 used in reaching its conclusions; and is prepared by a psychologist who is qualified in the  
234.10 diagnosis of developmental disability; and

234.11 (3) a report from the case manager that includes:

234.12 (i) the most current assessment of ~~individual service~~ coordinated service and support  
234.13 needs as described in rules of the commissioner;

234.14 (ii) the most current individual service plan under section 256B.092, subdivision 1b;  
234.15 and

234.16 (iii) a description of contacts with and responses of near relatives of the proposed ~~ward~~  
234.17 person subject to public guardianship notifying ~~them~~ the near relatives that a nomination  
234.18 for public guardianship has been made and advising ~~them~~ the near relatives that they may  
234.19 seek private guardianship.

234.20 (b) Each report under paragraph (a), clause (3), shall contain recommendations as to the  
234.21 amount of assistance and supervision required by the proposed ~~ward~~ person subject to public  
234.22 guardianship to function as independently as possible in society. To be considered part of  
234.23 the comprehensive evaluation, the reports must be completed no more than one year before  
234.24 filing the petition under section 252A.05.

234.25 Sec. 9. Minnesota Statutes 2020, section 252A.02, is amended by adding a subdivision to  
234.26 read:

234.27 Subd. 16. **Protected person.** "Protected person" means a person for whom a guardian  
234.28 or conservator has been appointed or other protective order has been sought. A protected  
234.29 person may be a minor.

235.1 Sec. 10. Minnesota Statutes 2020, section 252A.02, is amended by adding a subdivision  
235.2 to read:

235.3 Subd. 17. **Respondent.** "Respondent" means an individual for whom the appointment  
235.4 of a guardian or conservator or other protective order is sought.

235.5 Sec. 11. Minnesota Statutes 2020, section 252A.02, is amended by adding a subdivision  
235.6 to read:

235.7 Subd. 18. **Supported decision making.** "Supported decision making" means assistance  
235.8 to understand the nature and consequences of personal and financial decisions from one or  
235.9 more persons of the individual's choosing to enable the individual to make the personal and  
235.10 financial decisions and, when consistent with the individual's wishes, to communicate a  
235.11 decision once made.

235.12 Sec. 12. Minnesota Statutes 2020, section 252A.03, subdivision 3, is amended to read:

235.13 Subd. 3. **Standard for acceptance.** The commissioner shall accept the nomination if:  
235.14 ~~the comprehensive evaluation concludes that:~~

235.15 ~~(1) the person alleged to have developmental disability is, in fact, developmentally~~  
235.16 ~~disabled;~~ (1) the person's assessment confirms that they are a person with a developmental  
235.17 disability under section 252A.02, subdivision 2;

235.18 (2) the person is in need of the supervision and protection of a conservator or guardian;  
235.19 ~~and~~

235.20 (3) no qualified person is willing to assume guardianship or conservatorship under  
235.21 sections 524.5-101 to 524.5-502.; and

235.22 (4) the person subject to public guardianship was included in the process prior to the  
235.23 submission of the nomination.

235.24 Sec. 13. Minnesota Statutes 2020, section 252A.03, subdivision 4, is amended to read:

235.25 Subd. 4. **Alternatives.** (a) Public guardianship or conservatorship may be imposed only  
235.26 when:

235.27 (1) the person subject to guardianship is impaired to the extent of lacking sufficient  
235.28 understanding or capacity to make personal decisions;

236.1 (2) the person subject to guardianship is unable to meet personal needs for medical care,  
 236.2 nutrition, clothing, shelter, or safety, even with appropriate technological and supported  
 236.3 decision-making assistance; and

236.4 (3) no acceptable, less restrictive form of guardianship or conservatorship is available.

236.5 (b) The commissioner shall seek parents, near relatives, and other interested persons to  
 236.6 assume guardianship for persons with developmental disabilities who are currently under  
 236.7 public guardianship. If a person seeks to become a guardian or conservator, costs to the  
 236.8 person may be reimbursed under section 524.5-502. The commissioner must provide technical  
 236.9 assistance to parents, near relatives, and interested persons seeking to become guardians or  
 236.10 conservators.

236.11 Sec. 14. Minnesota Statutes 2020, section 252A.04, subdivision 1, is amended to read:

236.12 Subdivision 1. **Local agency.** Upon receipt of a written nomination, the commissioner  
 236.13 shall promptly order the local agency of the county in which the proposed ward person  
 236.14 subject to public guardianship resides to coordinate or arrange for a comprehensive evaluation  
 236.15 of the proposed ward person subject to public guardianship.

236.16 Sec. 15. Minnesota Statutes 2020, section 252A.04, subdivision 2, is amended to read:

236.17 Subd. 2. **Medication; treatment.** A proposed ward person subject to public guardianship  
 236.18 who, at the time the comprehensive evaluation is to be performed, has been under medical  
 236.19 care shall not be so under the influence or so suffer the effects of drugs, medication, or other  
 236.20 treatment as to be hampered in the testing or evaluation process. When in the opinion of  
 236.21 the licensed physician or advanced practice registered nurse attending the proposed ward  
 236.22 person subject to public guardianship, the discontinuance of medication or other treatment  
 236.23 is not in the ~~proposed ward's~~ best interest of the proposed person subject to public  
 236.24 guardianship, the physician or advanced practice registered nurse shall record a list of all  
 236.25 drugs, medication, or other treatment ~~which~~ that the proposed ward person subject to public  
 236.26 guardianship received 48 hours immediately prior to any examination, test, or interview  
 236.27 conducted in preparation for the comprehensive evaluation.

236.28 Sec. 16. Minnesota Statutes 2020, section 252A.04, subdivision 4, is amended to read:

236.29 Subd. 4. **File.** The comprehensive evaluation shall be kept on file at the Department of  
 236.30 Human Services and shall be open to the inspection of the proposed ward person subject to  
 236.31 public guardianship and ~~such other persons as may be given permission~~ permitted by the  
 236.32 commissioner.

237.1 Sec. 17. Minnesota Statutes 2020, section 252A.05, is amended to read:

237.2 **252A.05 COMMISSIONER'S PETITION FOR APPOINTMENT AS PUBLIC**  
237.3 **GUARDIAN ~~OR PUBLIC CONSERVATOR.~~**

237.4 In every case in which the commissioner agrees to accept a nomination, the local agency,  
237.5 within 20 working days of receipt of the commissioner's acceptance, shall petition on behalf  
237.6 of the commissioner in the county or court of the county of residence of the person with a  
237.7 developmental disability for appointment to act as ~~public conservator or~~ public guardian of  
237.8 the person with a developmental disability.

237.9 Sec. 18. Minnesota Statutes 2020, section 252A.06, subdivision 1, is amended to read:

237.10 Subdivision 1. **Who may file.** ~~The commissioner, the local agency, a person with a~~  
237.11 ~~developmental disability or any parent, spouse or relative of a person with a developmental~~  
237.12 ~~disability may file~~ A verified petition alleging that the appointment of a ~~public conservator~~  
237.13 ~~or public guardian is required~~ may be filed by: the commissioner; the local agency; a person  
237.14 with a developmental disability; or a parent, stepparent, spouse, or relative of a person with  
237.15 a developmental disability.

237.16 Sec. 19. Minnesota Statutes 2020, section 252A.06, subdivision 2, is amended to read:

237.17 Subd. 2. **Contents.** The petition shall set forth:

237.18 (1) the name and address of the petitioner; and, in the case of a petition brought by a  
237.19 person other than the commissioner, whether the petitioner is a parent, spouse, or relative  
237.20 ~~of the proposed ward~~ of the proposed person subject to guardianship;

237.21 (2) whether the commissioner has accepted a nomination to act as ~~public conservator~~  
237.22 ~~or~~ public guardian;

237.23 (3) the name, address, and date of birth of the proposed ~~ward~~ person subject to public  
237.24 guardianship;

237.25 (4) the names and addresses of the nearest relatives and spouse, if any, of the proposed  
237.26 ~~ward~~ person subject to public guardianship;

237.27 (5) the probable value and general character of the ~~proposed ward's~~ real and personal  
237.28 property of the proposed person subject to public guardianship and the probable amount of  
237.29 the proposed ward's debts of the proposed person subject to public guardianship; and

237.30 (6) the facts supporting the establishment of public ~~conservatorship or~~ guardianship,  
237.31 including that no family member or other qualified individual is willing to assume

238.1 guardianship ~~or conservatorship~~ responsibilities under sections 524.5-101 to 524.5-502;  
238.2 ~~and.~~

238.3 ~~(7) if conservatorship is requested, the powers the petitioner believes are necessary to~~  
238.4 ~~protect and supervise the proposed conservatee.~~

238.5 Sec. 20. Minnesota Statutes 2020, section 252A.07, subdivision 1, is amended to read:

238.6 Subdivision 1. **With petition.** When a petition is brought by the commissioner or local  
238.7 agency, a copy of the comprehensive evaluation shall be filed with the petition. If a petition  
238.8 is brought by a person other than the commissioner or local agency and a comprehensive  
238.9 evaluation has been prepared within a year of the filing of the petition, the local agency  
238.10 shall ~~forward~~ send a copy of the comprehensive evaluation to the court upon notice of the  
238.11 filing of the petition. If a comprehensive evaluation has not been prepared within a year of  
238.12 the filing of the petition, the local agency, upon notice of the filing of the petition, shall  
238.13 arrange for a comprehensive evaluation to be prepared and ~~forwarded~~ provided to the court  
238.14 within 90 days.

238.15 Sec. 21. Minnesota Statutes 2020, section 252A.07, subdivision 2, is amended to read:

238.16 Subd. 2. **Copies.** A copy of the comprehensive evaluation shall be made available by  
238.17 the court to the proposed ~~ward~~ person subject to public guardianship, the ~~proposed ward's~~  
238.18 counsel of the proposed person subject to public guardianship, the county attorney, the  
238.19 attorney general, and the petitioner.

238.20 Sec. 22. Minnesota Statutes 2020, section 252A.07, subdivision 3, is amended to read:

238.21 Subd. 3. **Evaluation required; exception.** (a) No action for the appointment of a public  
238.22 guardian may proceed to hearing unless a comprehensive evaluation has been first filed  
238.23 with the court; ~~provided, however, that an action may proceed and a guardian appointed.~~

238.24 (b) Paragraph (a) does not apply if the director of the local agency responsible for  
238.25 conducting the comprehensive evaluation has filed an affidavit that the proposed ~~ward~~  
238.26 person subject to public guardianship refused to participate in the comprehensive evaluation  
238.27 and the court finds on the basis of clear and convincing evidence that the proposed ~~ward~~  
238.28 person subject to public guardianship is developmentally disabled and in need of the  
238.29 supervision and protection of a guardian.

239.1 Sec. 23. Minnesota Statutes 2020, section 252A.081, subdivision 2, is amended to read:

239.2 Subd. 2. **Service of notice.** Service of notice on the ~~ward~~ person subject to public  
239.3 guardianship or proposed ~~ward~~ person subject to public guardianship must be made by a  
239.4 nonuniformed person or nonuniformed visitor. To the extent possible, the ~~process server or~~  
239.5 ~~visitor~~ person or visitor serving the notice shall explain the document's meaning to the  
239.6 proposed ~~ward~~ person subject to public guardianship. In addition to the persons required to  
239.7 be served under sections 524.5-113, 524.5-205, and 524.5-304, the mailed notice of the  
239.8 hearing must be served on the commissioner, the local agency, and the county attorney.

239.9 Sec. 24. Minnesota Statutes 2020, section 252A.081, subdivision 3, is amended to read:

239.10 Subd. 3. **Attorney.** In place of the notice of attorney provisions in sections 524.5-205  
239.11 and 524.5-304, the notice must state that the court will appoint an attorney for the proposed  
239.12 ~~ward~~ person subject to public guardianship unless an attorney is provided by other persons.

239.13 Sec. 25. Minnesota Statutes 2020, section 252A.081, subdivision 5, is amended to read:

239.14 Subd. 5. **Defective notice of service.** A defect in the service of notice or process, other  
239.15 than personal service upon the proposed ~~ward or conservatee~~ person subject to public  
239.16 guardianship or service upon the commissioner and local agency within the time allowed  
239.17 and the form prescribed in this section and sections 524.5-113, 524.5-205, and 524.5-304,  
239.18 does not invalidate any public guardianship ~~or conservatorship~~ proceedings.

239.19 Sec. 26. Minnesota Statutes 2020, section 252A.09, subdivision 1, is amended to read:

239.20 Subdivision 1. **Attorney appointment.** Upon the filing of the petition, the court shall  
239.21 appoint an attorney for the proposed ~~ward~~ person subject to public guardianship, unless  
239.22 such counsel is provided by others.

239.23 Sec. 27. Minnesota Statutes 2020, section 252A.09, subdivision 2, is amended to read:

239.24 Subd. 2. **Representation.** Counsel shall visit with and, to the extent possible, consult  
239.25 with the proposed ~~ward~~ person subject to public guardianship prior to the hearing and shall  
239.26 be given adequate time to prepare ~~therefor~~ for the hearing. Counsel shall be given the full  
239.27 right of subpoena and shall be supplied with a copy of all documents filed with or issued  
239.28 by the court.

240.1 Sec. 28. Minnesota Statutes 2020, section 252A.101, subdivision 2, is amended to read:

240.2 Subd. 2. **Waiver of presence.** The proposed ~~ward~~ person subject to public guardianship  
240.3 may waive the right to be present at the hearing only if the proposed ~~ward~~ person subject  
240.4 to public guardianship has met with counsel and specifically waived the right to appear.

240.5 Sec. 29. Minnesota Statutes 2020, section 252A.101, subdivision 3, is amended to read:

240.6 Subd. 3. **Medical care.** If, at the time of the hearing, the proposed ~~ward~~ person subject  
240.7 to public guardianship has been under medical care, the ~~ward~~ person subject to public  
240.8 guardianship has the same rights regarding limitation on the use of drugs, medication, or  
240.9 other treatment before the hearing that are available under section 252A.04, subdivision 2.

240.10 Sec. 30. Minnesota Statutes 2020, section 252A.101, subdivision 5, is amended to read:

240.11 Subd. 5. **Findings.** (a) In all cases the court shall make specific written findings of fact,  
240.12 conclusions of law, and direct entry of an appropriate judgment or order. The court shall  
240.13 order the appointment of the commissioner as guardian ~~or conservator~~ if it finds that:

240.14 (1) the proposed ~~ward or conservatee~~ person subject to public guardianship is a person  
240.15 with a developmental disability as defined in section 252A.02, subdivision 2;

240.16 (2) the proposed ~~ward or conservatee~~ person subject to public guardianship is incapable  
240.17 of exercising specific legal rights, which must be enumerated in ~~its~~ the court's findings;

240.18 (3) the proposed ~~ward or conservatee~~ person subject to public guardianship is in need  
240.19 of the supervision and protection of a public guardian ~~or conservator~~; and

240.20 (4) no appropriate alternatives to public guardianship ~~or public conservatorship~~ exist  
240.21 that are less restrictive of the person's civil rights and liberties, such as appointing a private  
240.22 guardian, or conservator supported decision maker, or health care agent; or arranging  
240.23 residential or community services under sections 524.5-101 to 524.5-502.

240.24 (b) The court shall grant the specific powers that are necessary for the commissioner to  
240.25 act as public guardian ~~or conservator~~ on behalf of the ~~ward or conservatee~~ person subject  
240.26 to public guardianship.

240.27 Sec. 31. Minnesota Statutes 2020, section 252A.101, subdivision 6, is amended to read:

240.28 Subd. 6. **Notice of order; appeal.** A copy of the order shall be served by mail upon the  
240.29 ~~ward or conservatee~~ person subject to public guardianship and the ~~ward's~~ counsel of the  
240.30 person subject to public guardianship. The order must be accompanied by a notice that

241.1 advises the ~~ward or conservatee~~ person subject to public guardianship of the right to appeal  
241.2 the guardianship ~~or conservatorship~~ appointment within 30 days.

241.3 Sec. 32. Minnesota Statutes 2020, section 252A.101, subdivision 7, is amended to read:

241.4 Subd. 7. **Letters of guardianship.** (a) Letters of guardianship ~~or conservatorship~~ must  
241.5 be issued by the court and contain:

241.6 (1) the name, address, and telephone number of the ~~ward or conservatee~~ person subject  
241.7 to public guardianship; and

241.8 (2) the powers to be exercised on behalf of the ~~ward or conservatee~~ person subject to  
241.9 public guardianship.

241.10 (b) The letters under paragraph (a) must be served by mail upon the ~~ward or conservatee~~  
241.11 person subject to public guardianship, the ~~ward's~~ counsel of the person subject to public  
241.12 guardianship, the commissioner, and the local agency.

241.13 Sec. 33. Minnesota Statutes 2020, section 252A.101, subdivision 8, is amended to read:

241.14 Subd. 8. **Dismissal.** If upon the completion of the hearing and consideration of the record,  
241.15 the court finds that the proposed ~~ward~~ person subject to public guardianship is not  
241.16 developmentally disabled or is developmentally disabled but not in need of the supervision  
241.17 and protection of a ~~conservator or~~ public guardian, ~~it~~ the court shall dismiss the application  
241.18 and shall notify the proposed ~~ward~~ person subject to public guardianship, the ~~ward's~~ counsel  
241.19 of the person subject to public guardianship, and the petitioner of the court's findings.

241.20 Sec. 34. Minnesota Statutes 2020, section 252A.111, subdivision 2, is amended to read:

241.21 Subd. 2. **Additional powers.** In addition to the powers contained in sections 524.5-207  
241.22 and 524.5-313, the powers of a public guardian that the court may grant include:

241.23 (1) the power to permit or withhold permission for the ~~ward~~ person subject to public  
241.24 guardianship to marry;

241.25 (2) the power to begin legal action or defend against legal action in the name of the ~~ward~~  
241.26 person subject to public guardianship; and

241.27 (3) the power to consent to the adoption of the ~~ward~~ person subject to public guardianship  
241.28 as provided in section 259.24.

242.1 Sec. 35. Minnesota Statutes 2020, section 252A.111, subdivision 4, is amended to read:

242.2 Subd. 4. **Appointment of conservator.** If the ward person subject to public guardianship  
242.3 has a personal estate beyond that which is necessary for the ward's personal and immediate  
242.4 needs of the person subject to public guardianship, the commissioner shall determine whether  
242.5 a conservator should be appointed. The commissioner shall consult with the parents, spouse,  
242.6 or nearest relative of the ward person subject to public guardianship. The commissioner  
242.7 may petition the court for the appointment of a private conservator of the ward person  
242.8 subject to public guardianship. The commissioner cannot act as conservator for public wards  
242.9 persons subject to public guardianship or public protected persons.

242.10 Sec. 36. Minnesota Statutes 2020, section 252A.111, subdivision 6, is amended to read:

242.11 Subd. 6. **Special duties.** In exercising powers and duties under this chapter, the  
242.12 commissioner shall:

242.13 (1) maintain close contact with the ward person subject to public guardianship, visiting  
242.14 at least twice a year;

242.15 (2) protect and exercise the legal rights of the ward person subject to public guardianship;

242.16 (3) take actions and make decisions on behalf of the ward person subject to public  
242.17 guardianship that encourage and allow the maximum level of independent functioning in a  
242.18 manner least restrictive of the ward's personal freedom of the person subject to public  
242.19 guardianship consistent with the need for supervision and protection; and

242.20 (4) permit and encourage maximum self-reliance on the part of the ward person subject  
242.21 to public guardianship and permit and encourage input by the nearest relative of the ward  
242.22 person subject to public guardianship in planning and decision making on behalf of the  
242.23 ward person subject to public guardianship.

242.24 Sec. 37. Minnesota Statutes 2020, section 252A.12, is amended to read:

242.25 **252A.12 APPOINTMENT OF ~~CONSERVATOR~~ PUBLIC GUARDIAN NOT A**  
242.26 **FINDING OF INCOMPETENCY.**

242.27 An appointment of the commissioner as conservator public guardian shall not constitute  
242.28 a judicial finding that the person with a developmental disability is legally incompetent  
242.29 except for the restrictions which that the conservatorship public guardianship places on the  
242.30 conservatee person subject to public guardianship. The appointment of a conservator public  
242.31 guardian shall not deprive the conservatee person subject to public guardianship of the right  
242.32 to vote.

243.1 Sec. 38. Minnesota Statutes 2020, section 252A.16, is amended to read:

243.2 **252A.16 ANNUAL REVIEW.**

243.3 Subdivision 1. **Review required.** The commissioner shall require an annual review of  
243.4 the physical, mental, and social adjustment and progress of every ~~ward and conservatee~~  
243.5 person subject to public guardianship. A copy of this review shall be kept on file at the  
243.6 Department of Human Services and may be inspected by the ~~ward or conservatee~~ person  
243.7 subject to public guardianship, the ~~ward's or conservatee's~~ parents, spouse, or relatives of  
243.8 the person subject to public guardianship, and other persons who receive the permission of  
243.9 the commissioner. The review shall contain information required under Minnesota Rules,  
243.10 part 9525.3065, subpart 1.

243.11 Subd. 2. **Assessment of need for continued guardianship.** The commissioner shall  
243.12 annually review the legal status of each ~~ward~~ person subject to public guardianship in light  
243.13 of the progress indicated in the annual review. If the commissioner determines the ~~ward~~  
243.14 person subject to public guardianship is no longer in need of public guardianship ~~or~~  
243.15 ~~conservatorship~~ or is capable of functioning under a less restrictive ~~conservatorship~~  
243.16 guardianship, the commissioner or local agency shall petition the court pursuant to section  
243.17 252A.19 to restore the ~~ward~~ person subject to public guardianship to capacity or for a  
243.18 modification of the court's previous order.

243.19 Sec. 39. Minnesota Statutes 2020, section 252A.17, is amended to read:

243.20 **252A.17 EFFECT OF SUCCESSION IN OFFICE.**

243.21 The appointment by the court of the commissioner ~~of human services~~ as public  
243.22 ~~conservator or~~ guardian shall be by the title of the commissioner's office. The authority of  
243.23 the commissioner as public ~~conservator or~~ guardian shall cease upon the termination of the  
243.24 commissioner's term of office and shall vest in a successor or successors in office without  
243.25 further court proceedings.

243.26 Sec. 40. Minnesota Statutes 2020, section 252A.19, subdivision 2, is amended to read:

243.27 Subd. 2. **Petition.** The commissioner, ~~ward~~ person subject to public guardianship, or  
243.28 any interested person may petition the appointing court or the court to which venue has  
243.29 been transferred ~~for an order to~~:

243.30 (1) for an order to remove the guardianship ~~or to~~;

243.31 (2) for an order to limit or expand the powers of the guardianship ~~or to~~;

244.1 (3) for an order to appoint a guardian ~~or conservator~~ under sections 524.5-101 to  
244.2 524.5-502 ~~or to~~;

244.3 (4) for an order to restore the ~~ward~~ person subject to public guardianship or protected  
244.4 person to full legal capacity ~~or to~~;

244.5 (5) to review de novo any decision made by the public guardian ~~or public conservator~~  
244.6 for or on behalf of a ~~ward~~ person subject to public guardianship or protected person; or

244.7 (6) for any other order as the court may deem just and equitable.

244.8 Sec. 41. Minnesota Statutes 2020, section 252A.19, subdivision 4, is amended to read:

244.9 Subd. 4. **Comprehensive evaluation.** The commissioner shall, at the court's request,  
244.10 arrange for the preparation of a comprehensive evaluation of the ~~ward~~ person subject to  
244.11 public guardianship or protected person.

244.12 Sec. 42. Minnesota Statutes 2020, section 252A.19, subdivision 5, is amended to read:

244.13 Subd. 5. **Court order.** Upon proof of the allegations of the petition the court shall enter  
244.14 an order removing the guardianship or limiting or expanding the powers of the guardianship  
244.15 or restoring the ~~ward~~ person subject to public guardianship or protected person to full legal  
244.16 capacity or may enter such other order as the court may deem just and equitable.

244.17 Sec. 43. Minnesota Statutes 2020, section 252A.19, subdivision 7, is amended to read:

244.18 Subd. 7. **Attorney general's role; commissioner's role.** The attorney general may  
244.19 appear and represent the commissioner in such proceedings. The commissioner shall support  
244.20 or oppose the petition if the commissioner deems such action necessary for the protection  
244.21 and supervision of the ~~ward~~ person subject to public guardianship or protected person.

244.22 Sec. 44. Minnesota Statutes 2020, section 252A.19, subdivision 8, is amended to read:

244.23 Subd. 8. ~~Court appointed~~ **Court-appointed counsel.** In all such proceedings, the  
244.24 protected person or ~~ward~~ person subject to public guardianship shall be afforded an  
244.25 opportunity to be represented by counsel, and if neither the protected person or ~~ward~~ person  
244.26 subject to public guardianship nor others provide counsel the court shall appoint counsel to  
244.27 represent the protected person or ~~ward~~ person subject to public guardianship.

245.1 Sec. 45. Minnesota Statutes 2020, section 252A.20, is amended to read:

245.2 **252A.20 COSTS OF HEARINGS.**

245.3 Subdivision 1. **Witness and attorney fees.** In each proceeding under sections 252A.01  
245.4 to 252A.21, the court shall allow and order paid to each witness subpoenaed the fees and  
245.5 mileage prescribed by law; to each physician, advanced practice registered nurse,  
245.6 psychologist, or social worker who assists in the preparation of the comprehensive evaluation  
245.7 and who is not ~~in the employ of~~ employed by the local agency or the state Department of  
245.8 Human Services, a reasonable sum for services and for travel; and to the ~~ward's counsel of~~  
245.9 the person subject to public guardianship, when appointed by the court, a reasonable sum  
245.10 for travel and for each day or portion of a day actually employed in court or actually  
245.11 consumed in preparing for the hearing. Upon order the county auditor shall issue a warrant  
245.12 on the county treasurer for payment of the amount allowed.

245.13 Subd. 2. **Expenses.** When the settlement of the ~~ward~~ person subject to public guardianship  
245.14 is found to be in another county, the court shall transmit to the county auditor a statement  
245.15 of the expenses incurred pursuant to subdivision 1. The auditor shall transmit the statement  
245.16 to the auditor of the county of the ~~ward's settlement~~ of the person subject to public  
245.17 guardianship and this claim shall be paid as other claims against that county. If the auditor  
245.18 to whom this claim is transmitted denies the claim, the auditor shall transmit it, together  
245.19 with the objections thereto, to the commissioner, who shall determine the question of  
245.20 settlement and certify findings to each auditor. If the claim is not paid within 30 days after  
245.21 such certification, an action may be maintained thereon in the district court of the claimant  
245.22 county.

245.23 Subd. 3. **Change of venue; cost of proceedings.** Whenever venue of a proceeding has  
245.24 been transferred under sections 252A.01 to 252A.21, the costs of such proceedings shall be  
245.25 reimbursed to the county of the ~~ward's settlement~~ of the person subject to public guardianship  
245.26 by the state.

245.27 Sec. 46. Minnesota Statutes 2020, section 252A.21, subdivision 2, is amended to read:

245.28 Subd. 2. **Rules.** The commissioner shall adopt rules to implement this chapter. The rules  
245.29 must include standards for performance of guardianship ~~or conservatorship~~ duties including;  
245.30 but not limited to: twice a year visits with the ~~ward~~ person subject to public guardianship;  
245.31 a requirement that the duties of guardianship ~~or conservatorship~~ and case management not  
245.32 be performed by the same person; specific standards for action on "do not resuscitate" orders  
245.33 as recommended by a physician, an advanced practice registered nurse, or a physician

246.1 assistant; sterilization requests; and the use of psychotropic medication and aversive  
246.2 procedures.

246.3 Sec. 47. Minnesota Statutes 2020, section 252A.21, subdivision 4, is amended to read:

246.4 Subd. 4. **Private guardianships and conservatorships.** Nothing in sections 252A.01  
246.5 to 252A.21 shall impair the right of individuals to establish private guardianships or  
246.6 conservatorships in accordance with applicable law.

246.7 Sec. 48. Minnesota Statutes 2020, section 254B.03, subdivision 2, is amended to read:

246.8 Subd. 2. **Chemical dependency fund payment.** (a) Payment from the chemical  
246.9 dependency fund is limited to payments for services other than detoxification licensed under  
246.10 Minnesota Rules, parts 9530.6510 to 9530.6590, ~~that, if located outside of federally~~  
246.11 ~~recognized tribal lands, would be required to be licensed by the commissioner as a chemical~~  
246.12 ~~dependency treatment or rehabilitation program under sections 245A.01 to 245A.16, services~~  
246.13 identified in section 254B.05, and services other than detoxification provided in another  
246.14 state that would be required to be licensed as a chemical dependency program if the program  
246.15 were in the state. Out of state vendors must also provide the commissioner with assurances  
246.16 that the program complies substantially with state licensing requirements and possesses all  
246.17 licenses and certifications required by the host state to provide chemical dependency  
246.18 treatment. Vendors receiving payments from the chemical dependency fund must not require  
246.19 co-payment from a recipient of benefits for services provided under this subdivision. The  
246.20 vendor is prohibited from using the client's public benefits to offset the cost of services paid  
246.21 under this section. The vendor shall not require the client to use public benefits for room  
246.22 or board costs. This includes but is not limited to cash assistance benefits under chapters  
246.23 119B, 256D, and 256J, or SNAP benefits. Retention of SNAP benefits is a right of a client  
246.24 receiving services through the consolidated chemical dependency treatment fund or through  
246.25 state contracted managed care entities. Payment from the chemical dependency fund shall  
246.26 be made for necessary room and board costs provided by vendors meeting the criteria under  
246.27 section 254B.05, subdivision 1a, or in a community hospital licensed by the commissioner  
246.28 of health according to sections 144.50 to 144.56 to a client who is:

246.29 (1) determined to meet the criteria for placement in a residential chemical dependency  
246.30 treatment program according to rules adopted under section 254A.03, subdivision 3; and

246.31 (2) concurrently receiving a chemical dependency treatment service in a program licensed  
246.32 by the commissioner and reimbursed by the chemical dependency fund.

247.1 (b) A county may, from its own resources, provide chemical dependency services for  
247.2 which state payments are not made. A county may elect to use the same invoice procedures  
247.3 and obtain the same state payment services as are used for chemical dependency services  
247.4 for which state payments are made under this section if county payments are made to the  
247.5 state in advance of state payments to vendors. When a county uses the state system for  
247.6 payment, the commissioner shall make monthly billings to the county using the most recent  
247.7 available information to determine the anticipated services for which payments will be made  
247.8 in the coming month. Adjustment of any overestimate or underestimate based on actual  
247.9 expenditures shall be made by the state agency by adjusting the estimate for any succeeding  
247.10 month.

247.11 (c) The commissioner shall coordinate chemical dependency services and determine  
247.12 whether there is a need for any proposed expansion of chemical dependency treatment  
247.13 services. The commissioner shall deny vendor certification to any provider that has not  
247.14 received prior approval from the commissioner for the creation of new programs or the  
247.15 expansion of existing program capacity. The commissioner shall consider the provider's  
247.16 capacity to obtain clients from outside the state based on plans, agreements, and previous  
247.17 utilization history, when determining the need for new treatment services.

247.18 Sec. 49. Minnesota Statutes 2020, section 256B.051, subdivision 1, is amended to read:

247.19 Subdivision 1. **Purpose.** Housing ~~support~~ stabilization services are established to provide  
247.20 housing ~~support~~ stabilization services to an individual with a disability that limits the  
247.21 individual's ability to obtain or maintain stable housing. The services support an individual's  
247.22 transition to housing in the community and increase long-term stability in housing, to avoid  
247.23 future periods of being at risk of homelessness or institutionalization.

247.24 Sec. 50. Minnesota Statutes 2020, section 256B.051, subdivision 3, is amended to read:

247.25 Subd. 3. **Eligibility.** An individual with a disability is eligible for housing ~~support~~  
247.26 stabilization services if the individual:

247.27 (1) is 18 years of age or older;

247.28 (2) is enrolled in medical assistance;

247.29 (3) has an assessment of functional need that determines a need for services due to  
247.30 limitations caused by the individual's disability;

247.31 (4) resides in or plans to transition to a community-based setting as defined in Code of  
247.32 Federal Regulations, title 42, section 441.301 (c); and

- 248.1 (5) has housing instability evidenced by:
- 248.2 (i) being homeless or at-risk of homelessness;
- 248.3 (ii) being in the process of transitioning from, or having transitioned in the past six
- 248.4 months from, an institution or licensed or registered setting;
- 248.5 (iii) being eligible for waiver services under chapter 256S or section 256B.092 or
- 248.6 256B.49; or
- 248.7 (iv) having been identified by a long-term care consultation under section 256B.0911
- 248.8 as at risk of institutionalization.

248.9 Sec. 51. Minnesota Statutes 2020, section 256B.051, subdivision 5, is amended to read:

248.10 Subd. 5. **Housing ~~support~~ stabilization services.** (a) Housing ~~support~~ stabilization

248.11 services include housing transition services and housing and tenancy sustaining services.

248.12 (b) Housing transition services are defined as:

- 248.13 (1) tenant screening and housing assessment;
- 248.14 (2) assistance with the housing search and application process;
- 248.15 (3) identifying resources to cover onetime moving expenses;
- 248.16 (4) ensuring a new living arrangement is safe and ready for move-in;
- 248.17 (5) assisting in arranging for and supporting details of a move; and
- 248.18 (6) developing a housing support crisis plan.

248.19 (c) Housing and tenancy sustaining services include:

- 248.20 (1) prevention and early identification of behaviors that may jeopardize continued stable
- 248.21 housing;
- 248.22 (2) education and training on roles, rights, and responsibilities of the tenant and the
- 248.23 property manager;
- 248.24 (3) coaching to develop and maintain key relationships with property managers and
- 248.25 neighbors;
- 248.26 (4) advocacy and referral to community resources to prevent eviction when housing is
- 248.27 at risk;
- 248.28 (5) assistance with housing recertification process;

249.1 (6) coordination with the tenant to regularly review, update, and modify the housing  
249.2 support and crisis plan; and

249.3 (7) continuing training on being a good tenant, lease compliance, and household  
249.4 management.

249.5 (d) A housing ~~support~~ stabilization service may include person-centered planning for  
249.6 people who are not eligible to receive person-centered planning through any other service,  
249.7 if the person-centered planning is provided by a consultation service provider that is under  
249.8 contract with the department and enrolled as a Minnesota health care program.

249.9 Sec. 52. Minnesota Statutes 2020, section 256B.051, subdivision 6, is amended to read:

249.10 Subd. 6. **Provider qualifications and duties.** A provider eligible for reimbursement  
249.11 under this section shall:

249.12 (1) enroll as a medical assistance Minnesota health care program provider and meet all  
249.13 applicable provider standards and requirements;

249.14 (2) demonstrate compliance with federal and state laws and policies for housing ~~support~~  
249.15 stabilization services as determined by the commissioner;

249.16 (3) comply with background study requirements under chapter 245C and maintain  
249.17 documentation of background study requests and results; ~~and~~

249.18 (4) directly provide housing ~~support~~ stabilization services and not use a subcontractor  
249.19 or reporting agent; and

249.20 (5) complete annual vulnerable adult training.

249.21 Sec. 53. Minnesota Statutes 2020, section 256B.051, subdivision 7, is amended to read:

249.22 Subd. 7. **Housing support supplemental service rates.** Supplemental service rates for  
249.23 individuals in settings according to sections 144D.025, 256I.04, subdivision 3, paragraph  
249.24 (a), clause (3), and 256I.05, subdivision 1g, shall be reduced by one-half over a two-year  
249.25 period. This reduction only applies to supplemental service rates for individuals eligible for  
249.26 housing ~~support~~ stabilization services under this section.

250.1 Sec. 54. Minnesota Statutes 2020, section 256B.051, is amended by adding a subdivision  
250.2 to read:

250.3 Subd. 8. **Home and community-based service documentation requirements.** (a)  
250.4 Documentation may be collected and maintained electronically or in paper form by providers  
250.5 and must be produced upon request by the commissioner.

250.6 (b) Documentation of a delivered service must be in English and must be legible according  
250.7 to the standard of a reasonable person.

250.8 (c) If the service is reimbursed at an hourly or specified minute-based rate, each  
250.9 documentation of the provision of a service, unless otherwise specified, must include:

250.10 (1) the date the documentation occurred;

250.11 (2) the day, month, and year the service was provided;

250.12 (3) the start and stop times with a.m. and p.m. designations, except for person-centered  
250.13 planning services described under subdivision 5, paragraph (d);

250.14 (4) the service name or description of the service provided; and

250.15 (5) the name, signature, and title, if any, of the provider of service. If the service is  
250.16 provided by multiple staff members, the provider may designate a staff member responsible  
250.17 for verifying services and completing the documentation required by this paragraph.

250.18 Sec. 55. Minnesota Statutes 2020, section 256B.0947, subdivision 6, is amended to read:

250.19 Subd. 6. **Service standards.** The standards in this subdivision apply to intensive  
250.20 nonresidential rehabilitative mental health services.

250.21 (a) The treatment team must use team treatment, not an individual treatment model.

250.22 (b) Services must be available at times that meet client needs.

250.23 (c) Services must be age-appropriate and meet the specific needs of the client.

250.24 (d) The initial functional assessment must be completed within ten days of intake and  
250.25 updated at least every six months or prior to discharge from the service, whichever comes  
250.26 first.

250.27 (e) The treatment team must complete an individual treatment plan for each client and  
250.28 the individual treatment plan must:

250.29 (1) be based on the information in the client's diagnostic assessment and baselines;

251.1 (2) identify goals and objectives of treatment, a treatment strategy, a schedule for  
251.2 accomplishing treatment goals and objectives, and the individuals responsible for providing  
251.3 treatment services and supports;

251.4 (3) be developed after completion of the client's diagnostic assessment by a mental health  
251.5 professional or clinical trainee and before the provision of children's therapeutic services  
251.6 and supports;

251.7 (4) be developed through a child-centered, family-driven, culturally appropriate planning  
251.8 process, including allowing parents and guardians to observe or participate in individual  
251.9 and family treatment services, assessments, and treatment planning;

251.10 (5) be reviewed at least once every six months and revised to document treatment progress  
251.11 on each treatment objective and next goals or, if progress is not documented, to document  
251.12 changes in treatment;

251.13 (6) be signed by the clinical supervisor and by the client or by the client's parent or other  
251.14 person authorized by statute to consent to mental health services for the client. A client's  
251.15 parent may approve the client's individual treatment plan by secure electronic signature or  
251.16 by documented oral approval that is later verified by written signature;

251.17 (7) be completed in consultation with the client's current therapist and key providers and  
251.18 provide for ongoing consultation with the client's current therapist to ensure therapeutic  
251.19 continuity and to facilitate the client's return to the community. For clients under the age of  
251.20 18, the treatment team must consult with parents and guardians in developing the treatment  
251.21 plan;

251.22 (8) if a need for substance use disorder treatment is indicated by validated assessment:

251.23 (i) identify goals, objectives, and strategies of substance use disorder treatment; develop  
251.24 a schedule for accomplishing treatment goals and objectives; and identify the individuals  
251.25 responsible for providing treatment services and supports;

251.26 (ii) be reviewed at least once every 90 days and revised, if necessary;

251.27 (9) be signed by the clinical supervisor and by the client and, if the client is a minor, by  
251.28 the client's parent or other person authorized by statute to consent to mental health treatment  
251.29 and substance use disorder treatment for the client; and

251.30 (10) provide for the client's transition out of intensive nonresidential rehabilitative mental  
251.31 health services by defining the team's actions to assist the client and subsequent providers  
251.32 in the transition to less intensive or "stepped down" services.

252.1 (f) The treatment team shall actively and assertively engage the client's family members  
252.2 and significant others by establishing communication and collaboration with the family and  
252.3 significant others and educating the family and significant others about the client's mental  
252.4 illness, symptom management, and the family's role in treatment, unless the team knows or  
252.5 has reason to suspect that the client has suffered or faces a threat of suffering any physical  
252.6 or mental injury, abuse, or neglect from a family member or significant other.

252.7 (g) For a client age 18 or older, the treatment team may disclose to a family member,  
252.8 other relative, or a close personal friend of the client, or other person identified by the client,  
252.9 the protected health information directly relevant to such person's involvement with the  
252.10 client's care, as provided in Code of Federal Regulations, title 45, part 164.502(b). If the  
252.11 client is present, the treatment team shall obtain the client's agreement, provide the client  
252.12 with an opportunity to object, or reasonably infer from the circumstances, based on the  
252.13 exercise of professional judgment, that the client does not object. If the client is not present  
252.14 or is unable, by incapacity or emergency circumstances, to agree or object, the treatment  
252.15 team may, in the exercise of professional judgment, determine whether the disclosure is in  
252.16 the best interests of the client and, if so, disclose only the protected health information that  
252.17 is directly relevant to the family member's, relative's, friend's, or client-identified person's  
252.18 involvement with the client's health care. The client may orally agree or object to the  
252.19 disclosure and may prohibit or restrict disclosure to specific individuals.

252.20 (h) The treatment team shall provide interventions to promote positive interpersonal  
252.21 relationships.

252.22 Sec. 56. Minnesota Statutes 2020, section 256B.4912, subdivision 13, is amended to read:

252.23 Subd. 13. **Waiver transportation documentation and billing requirements.** (a) A  
252.24 waiver transportation service must be a waiver transportation service that: (1) is not covered  
252.25 by medical transportation under the Medicaid state plan; and (2) is not included as a  
252.26 component of another waiver service.

252.27 (b) In addition to the documentation requirements in subdivision 12, a waiver  
252.28 transportation service provider must maintain:

252.29 (1) odometer and other records pursuant to section 256B.0625, subdivision 17b, paragraph  
252.30 (b), clause (3), sufficient to distinguish an individual trip with a specific vehicle and driver  
252.31 for a waiver transportation service that is billed directly by the mile. A common carrier as  
252.32 defined by Minnesota Rules, part 9505.0315, subpart 1, item B, or a publicly operated transit  
252.33 system provider are exempt from this clause; and

253.1 (2) documentation demonstrating that a vehicle and a driver meet the ~~standards determined~~  
253.2 ~~by the Department of Human Services on vehicle and driver qualifications in section~~  
253.3 ~~256B.0625, subdivision 17, paragraph (e)~~ transportation waiver service provider standards  
253.4 and qualifications according to the federally approved waiver plan.

253.5 Sec. 57. Minnesota Statutes 2020, section 256B.69, subdivision 5a, is amended to read:

253.6 Subd. 5a. **Managed care contracts.** (a) Managed care contracts under this section and  
253.7 section 256L.12 shall be entered into or renewed on a calendar year basis. The commissioner  
253.8 may issue separate contracts with requirements specific to services to medical assistance  
253.9 recipients age 65 and older.

253.10 (b) A prepaid health plan providing covered health services for eligible persons pursuant  
253.11 to chapters 256B and 256L is responsible for complying with the terms of its contract with  
253.12 the commissioner. Requirements applicable to managed care programs under chapters 256B  
253.13 and 256L established after the effective date of a contract with the commissioner take effect  
253.14 when the contract is next issued or renewed.

253.15 (c) The commissioner shall withhold five percent of managed care plan payments under  
253.16 this section and county-based purchasing plan payments under section 256B.692 for the  
253.17 prepaid medical assistance program pending completion of performance targets. Each  
253.18 performance target must be quantifiable, objective, measurable, and reasonably attainable,  
253.19 except in the case of a performance target based on a federal or state law or rule. Criteria  
253.20 for assessment of each performance target must be outlined in writing prior to the contract  
253.21 effective date. Clinical or utilization performance targets and their related criteria must  
253.22 consider evidence-based research and reasonable interventions when available or applicable  
253.23 to the populations served, and must be developed with input from external clinical experts  
253.24 and stakeholders, including managed care plans, county-based purchasing plans, and  
253.25 providers. The managed care or county-based purchasing plan must demonstrate, to the  
253.26 commissioner's satisfaction, that the data submitted regarding attainment of the performance  
253.27 target is accurate. The commissioner shall periodically change the administrative measures  
253.28 used as performance targets in order to improve plan performance across a broader range  
253.29 of administrative services. The performance targets must include measurement of plan  
253.30 efforts to contain spending on health care services and administrative activities. The  
253.31 commissioner may adopt plan-specific performance targets that take into account factors  
253.32 affecting only one plan, including characteristics of the plan's enrollee population. The  
253.33 withheld funds must be returned no sooner than July of the following year if performance

254.1 targets in the contract are achieved. The commissioner may exclude special demonstration  
254.2 projects under subdivision 23.

254.3 (d) The commissioner shall require that managed care plans use the assessment and  
254.4 authorization processes, forms, timelines, standards, documentation, and data reporting  
254.5 requirements, protocols, billing processes, and policies consistent with medical assistance  
254.6 fee-for-service or the Department of Human Services contract requirements for all personal  
254.7 care assistance services under section 256B.0659 and community first services and supports  
254.8 under section 256B.85.

254.9 (e) Effective for services rendered on or after January 1, 2012, the commissioner shall  
254.10 include as part of the performance targets described in paragraph (c) a reduction in the health  
254.11 plan's emergency department utilization rate for medical assistance and MinnesotaCare  
254.12 enrollees, as determined by the commissioner. For 2012, the reduction shall be based on  
254.13 the health plan's utilization in 2009. To earn the return of the withhold each subsequent  
254.14 year, the managed care plan or county-based purchasing plan must achieve a qualifying  
254.15 reduction of no less than ten percent of the plan's emergency department utilization rate for  
254.16 medical assistance and MinnesotaCare enrollees, excluding enrollees in programs described  
254.17 in subdivisions 23 and 28, compared to the previous measurement year until the final  
254.18 performance target is reached. When measuring performance, the commissioner must  
254.19 consider the difference in health risk in a managed care or county-based purchasing plan's  
254.20 membership in the baseline year compared to the measurement year, and work with the  
254.21 managed care or county-based purchasing plan to account for differences that they agree  
254.22 are significant.

254.23 The withheld funds must be returned no sooner than July 1 and no later than July 31 of  
254.24 the following calendar year if the managed care plan or county-based purchasing plan  
254.25 demonstrates to the satisfaction of the commissioner that a reduction in the utilization rate  
254.26 was achieved. The commissioner shall structure the withhold so that the commissioner  
254.27 returns a portion of the withheld funds in amounts commensurate with achieved reductions  
254.28 in utilization less than the targeted amount.

254.29 The withhold described in this paragraph shall continue for each consecutive contract  
254.30 period until the plan's emergency room utilization rate for state health care program enrollees  
254.31 is reduced by 25 percent of the plan's emergency room utilization rate for medical assistance  
254.32 and MinnesotaCare enrollees for calendar year 2009. Hospitals shall cooperate with the  
254.33 health plans in meeting this performance target and shall accept payment withholds that  
254.34 may be returned to the hospitals if the performance target is achieved.

255.1 (f) Effective for services rendered on or after January 1, 2012, the commissioner shall  
255.2 include as part of the performance targets described in paragraph (c) a reduction in the plan's  
255.3 hospitalization admission rate for medical assistance and MinnesotaCare enrollees, as  
255.4 determined by the commissioner. To earn the return of the withhold each year, the managed  
255.5 care plan or county-based purchasing plan must achieve a qualifying reduction of no less  
255.6 than five percent of the plan's hospital admission rate for medical assistance and  
255.7 MinnesotaCare enrollees, excluding enrollees in programs described in subdivisions 23 and  
255.8 28, compared to the previous calendar year until the final performance target is reached.  
255.9 When measuring performance, the commissioner must consider the difference in health risk  
255.10 in a managed care or county-based purchasing plan's membership in the baseline year  
255.11 compared to the measurement year, and work with the managed care or county-based  
255.12 purchasing plan to account for differences that they agree are significant.

255.13 The withheld funds must be returned no sooner than July 1 and no later than July 31 of  
255.14 the following calendar year if the managed care plan or county-based purchasing plan  
255.15 demonstrates to the satisfaction of the commissioner that this reduction in the hospitalization  
255.16 rate was achieved. The commissioner shall structure the withhold so that the commissioner  
255.17 returns a portion of the withheld funds in amounts commensurate with achieved reductions  
255.18 in utilization less than the targeted amount.

255.19 The withhold described in this paragraph shall continue until there is a 25 percent  
255.20 reduction in the hospital admission rate compared to the hospital admission rates in calendar  
255.21 year 2011, as determined by the commissioner. The hospital admissions in this performance  
255.22 target do not include the admissions applicable to the subsequent hospital admission  
255.23 performance target under paragraph (g). Hospitals shall cooperate with the plans in meeting  
255.24 this performance target and shall accept payment withholds that may be returned to the  
255.25 hospitals if the performance target is achieved.

255.26 (g) Effective for services rendered on or after January 1, 2012, the commissioner shall  
255.27 include as part of the performance targets described in paragraph (c) a reduction in the plan's  
255.28 hospitalization admission rates for subsequent hospitalizations within 30 days of a previous  
255.29 hospitalization of a patient regardless of the reason, for medical assistance and MinnesotaCare  
255.30 enrollees, as determined by the commissioner. To earn the return of the withhold each year,  
255.31 the managed care plan or county-based purchasing plan must achieve a qualifying reduction  
255.32 of the subsequent hospitalization rate for medical assistance and MinnesotaCare enrollees,  
255.33 excluding enrollees in programs described in subdivisions 23 and 28, of no less than five  
255.34 percent compared to the previous calendar year until the final performance target is reached.

256.1 The withheld funds must be returned no sooner than July 1 and no later than July 31 of  
256.2 the following calendar year if the managed care plan or county-based purchasing plan  
256.3 demonstrates to the satisfaction of the commissioner that a qualifying reduction in the  
256.4 subsequent hospitalization rate was achieved. The commissioner shall structure the withhold  
256.5 so that the commissioner returns a portion of the withheld funds in amounts commensurate  
256.6 with achieved reductions in utilization less than the targeted amount.

256.7 The withhold described in this paragraph must continue for each consecutive contract  
256.8 period until the plan's subsequent hospitalization rate for medical assistance and  
256.9 MinnesotaCare enrollees, excluding enrollees in programs described in subdivisions 23 and  
256.10 28, is reduced by 25 percent of the plan's subsequent hospitalization rate for calendar year  
256.11 2011. Hospitals shall cooperate with the plans in meeting this performance target and shall  
256.12 accept payment withholds that must be returned to the hospitals if the performance target  
256.13 is achieved.

256.14 (h) Effective for services rendered on or after January 1, 2013, through December 31,  
256.15 2013, the commissioner shall withhold 4.5 percent of managed care plan payments under  
256.16 this section and county-based purchasing plan payments under section 256B.692 for the  
256.17 prepaid medical assistance program. The withheld funds must be returned no sooner than  
256.18 July 1 and no later than July 31 of the following year. The commissioner may exclude  
256.19 special demonstration projects under subdivision 23.

256.20 (i) Effective for services rendered on or after January 1, 2014, the commissioner shall  
256.21 withhold three percent of managed care plan payments under this section and county-based  
256.22 purchasing plan payments under section 256B.692 for the prepaid medical assistance  
256.23 program. The withheld funds must be returned no sooner than July 1 and no later than July  
256.24 31 of the following year. The commissioner may exclude special demonstration projects  
256.25 under subdivision 23.

256.26 (j) A managed care plan or a county-based purchasing plan under section 256B.692 may  
256.27 include as admitted assets under section 62D.044 any amount withheld under this section  
256.28 that is reasonably expected to be returned.

256.29 (k) Contracts between the commissioner and a prepaid health plan are exempt from the  
256.30 set-aside and preference provisions of section 16C.16, subdivisions 6, paragraph (a), and  
256.31 7.

256.32 (l) The return of the withhold under paragraphs (h) and (i) is not subject to the  
256.33 requirements of paragraph (c).

257.1 (m) Managed care plans and county-based purchasing plans shall maintain current and  
257.2 fully executed agreements for all subcontractors, including bargaining groups, for  
257.3 administrative services that are expensed to the state's public health care programs.  
257.4 Subcontractor agreements determined to be material, as defined by the commissioner after  
257.5 taking into account state contracting and relevant statutory requirements, must be in the  
257.6 form of a written instrument or electronic document containing the elements of offer,  
257.7 acceptance, consideration, payment terms, scope, duration of the contract, and how the  
257.8 subcontractor services relate to state public health care programs. Upon request, the  
257.9 commissioner shall have access to all subcontractor documentation under this paragraph.  
257.10 Nothing in this paragraph shall allow release of information that is nonpublic data pursuant  
257.11 to section 13.02.

257.12 Sec. 58. Minnesota Statutes 2020, section 256B.85, subdivision 1, is amended to read:

257.13 Subdivision 1. **Basis and scope.** (a) Upon federal approval, the commissioner shall  
257.14 establish a state plan option for the provision of home and community-based personal  
257.15 assistance service and supports called "community first services and supports (CFSS)."

257.16 (b) CFSS is a participant-controlled method of selecting and providing services and  
257.17 supports that allows the participant maximum control of the services and supports.  
257.18 Participants may choose the degree to which they direct and manage their supports by  
257.19 choosing to have a significant and meaningful role in the management of services and  
257.20 supports including by directly employing support workers with the necessary supports to  
257.21 perform that function.

257.22 (c) CFSS is available statewide to eligible people to assist with accomplishing activities  
257.23 of daily living (ADLs), instrumental activities of daily living (IADLs), and health-related  
257.24 procedures and tasks through hands-on assistance to accomplish the task or constant  
257.25 supervision and cueing to accomplish the task; and to assist with acquiring, maintaining,  
257.26 and enhancing the skills necessary to accomplish ADLs, IADLs, and health-related  
257.27 procedures and tasks. CFSS allows payment for the participant for certain supports and  
257.28 goods such as environmental modifications and technology that are intended to replace or  
257.29 decrease the need for human assistance.

257.30 (d) Upon federal approval, CFSS will replace the personal care assistance program under  
257.31 sections 256.476, 256B.0625, subdivisions 19a and 19c, and 256B.0659.

257.32 (e) For the purposes of this section, notwithstanding the provisions of section 144A.43,  
257.33 subdivision 3, supports purchased under CFSS are not considered home care services.

258.1 Sec. 59. Minnesota Statutes 2020, section 256B.85, subdivision 2, is amended to read:

258.2 Subd. 2. **Definitions.** (a) For the purposes of this section, the terms defined in this  
258.3 subdivision have the meanings given.

258.4 (b) "Activities of daily living" or "ADLs" means ~~eating, toileting, grooming, dressing,~~  
258.5 ~~bathing, mobility, positioning, and transferring~~;

258.6 (1) dressing, including assistance with choosing, applying, and changing clothing and  
258.7 applying special appliances, wraps, or clothing;

258.8 (2) grooming, including assistance with basic hair care, oral care, shaving, applying  
258.9 cosmetics and deodorant, and care of eyeglasses and hearing aids. Grooming includes nail  
258.10 care, except for recipients who are diabetic or have poor circulation;

258.11 (3) bathing, including assistance with basic personal hygiene and skin care;

258.12 (4) eating, including assistance with hand washing and applying orthotics required for  
258.13 eating, transfers, or feeding;

258.14 (5) transfers, including assistance with transferring the participant from one seating or  
258.15 reclining area to another;

258.16 (6) mobility, including assistance with ambulation and use of a wheelchair. Mobility  
258.17 does not include providing transportation for a participant;

258.18 (7) positioning, including assistance with positioning or turning a participant for necessary  
258.19 care and comfort; and

258.20 (8) toileting, including assistance with bowel or bladder elimination and care, transfers,  
258.21 mobility, positioning, feminine hygiene, use of toileting equipment or supplies, cleansing  
258.22 the perineal area, inspection of the skin, and adjusting clothing.

258.23 (c) "Agency-provider model" means a method of CFSS under which a qualified agency  
258.24 provides services and supports through the agency's own employees and policies. The agency  
258.25 must allow the participant to have a significant role in the selection and dismissal of support  
258.26 workers of their choice for the delivery of their specific services and supports.

258.27 (d) "Behavior" means a description of a need for services and supports used to determine  
258.28 the home care rating and additional service units. The presence of Level I behavior is used  
258.29 to determine the home care rating.

258.30 (e) "Budget model" means a service delivery method of CFSS that allows the use of a  
258.31 service budget and assistance from a financial management services (FMS) provider for a  
258.32 participant to directly employ support workers and purchase supports and goods.

- 259.1 (f) "Complex health-related needs" means an intervention listed in clauses (1) to (8) that  
259.2 has been ordered by a physician, advanced practice registered nurse, or physician's assistant  
259.3 and is specified in a community support plan, including:
- 259.4 (1) tube feedings requiring:
- 259.5 (i) a gastrojejunostomy tube; or
- 259.6 (ii) continuous tube feeding lasting longer than 12 hours per day;
- 259.7 (2) wounds described as:
- 259.8 (i) stage III or stage IV;
- 259.9 (ii) multiple wounds;
- 259.10 (iii) requiring sterile or clean dressing changes or a wound vac; or
- 259.11 (iv) open lesions such as burns, fistulas, tube sites, or ostomy sites that require specialized  
259.12 care;
- 259.13 (3) parenteral therapy described as:
- 259.14 (i) IV therapy more than two times per week lasting longer than four hours for each  
259.15 treatment; or
- 259.16 (ii) total parenteral nutrition (TPN) daily;
- 259.17 (4) respiratory interventions, including:
- 259.18 (i) oxygen required more than eight hours per day;
- 259.19 (ii) respiratory vest more than one time per day;
- 259.20 (iii) bronchial drainage treatments more than two times per day;
- 259.21 (iv) sterile or clean suctioning more than six times per day;
- 259.22 (v) dependence on another to apply respiratory ventilation augmentation devices such  
259.23 as BiPAP and CPAP; and
- 259.24 (vi) ventilator dependence under section 256B.0651;
- 259.25 (5) insertion and maintenance of catheter, including:
- 259.26 (i) sterile catheter changes more than one time per month;
- 259.27 (ii) clean intermittent catheterization, and including self-catheterization more than six  
259.28 times per day; or
- 259.29 (iii) bladder irrigations;

260.1 (6) bowel program more than two times per week requiring more than 30 minutes to  
260.2 perform each time;

260.3 (7) neurological intervention, including:

260.4 (i) seizures more than two times per week and requiring significant physical assistance  
260.5 to maintain safety; or

260.6 (ii) swallowing disorders diagnosed by a physician, advanced practice registered nurse,  
260.7 or physician's assistant and requiring specialized assistance from another on a daily basis;  
260.8 and

260.9 (8) other congenital or acquired diseases creating a need for significantly increased direct  
260.10 hands-on assistance and interventions in six to eight activities of daily living.

260.11 (g) "Community first services and supports" or "CFSS" means the assistance and supports  
260.12 program under this section needed for accomplishing activities of daily living, instrumental  
260.13 activities of daily living, and health-related tasks through hands-on assistance to accomplish  
260.14 the task or constant supervision and cueing to accomplish the task, or the purchase of goods  
260.15 as defined in subdivision 7, clause (3), that replace the need for human assistance.

260.16 (h) "Community first services and supports service delivery plan" or "CFSS service  
260.17 delivery plan" means a written document detailing the services and supports chosen by the  
260.18 participant to meet assessed needs that are within the approved CFSS service authorization,  
260.19 as determined in subdivision 8. Services and supports are based on the coordinated service  
260.20 and support plan identified in ~~section~~ sections 256B.092, subdivision 1b, and 256S.10.

260.21 (i) "Consultation services" means a Minnesota health care program enrolled provider  
260.22 organization that provides assistance to the participant in making informed choices about  
260.23 CFSS services in general and self-directed tasks in particular, and in developing a  
260.24 person-centered CFSS service delivery plan to achieve quality service outcomes.

260.25 (j) "Critical activities of daily living" means transferring, mobility, eating, and toileting.

260.26 (k) "Dependency" in activities of daily living means a person requires hands-on assistance  
260.27 or constant supervision and cueing to accomplish one or more of the activities of daily living  
260.28 every day or on the days during the week that the activity is performed; however, a child  
260.29 ~~may~~ must not be found to be dependent in an activity of daily living if, because of the child's  
260.30 age, an adult would either perform the activity for the child or assist the child with the  
260.31 activity and the assistance needed is the assistance appropriate for a typical child of the  
260.32 same age.

261.1 (l) "Extended CFSS" means CFSS services and supports provided under CFSS that are  
261.2 included in the CFSS service delivery plan through one of the home and community-based  
261.3 services waivers and as approved and authorized under chapter 256S and sections 256B.092,  
261.4 subdivision 5, and 256B.49, which exceed the amount, duration, and frequency of the state  
261.5 plan CFSS services for participants. Extended CFSS excludes the purchase of goods.

261.6 (m) "Financial management services provider" or "FMS provider" means a qualified  
261.7 organization required for participants using the budget model under subdivision 13 that is  
261.8 an enrolled provider with the department to provide vendor fiscal/employer agent financial  
261.9 management services (FMS).

261.10 (n) "Health-related procedures and tasks" means procedures and tasks related to the  
261.11 specific assessed health needs of a participant that can be taught or assigned by a  
261.12 state-licensed health care or mental health professional and performed by a support worker.

261.13 (o) "Instrumental activities of daily living" means activities related to living independently  
261.14 in the community, including but not limited to: meal planning, preparation, and cooking;  
261.15 shopping for food, clothing, or other essential items; laundry; housecleaning; assistance  
261.16 with medications; managing finances; communicating needs and preferences during activities;  
261.17 arranging supports; and assistance with traveling around and participating in the community.

261.18 (p) "Lead agency" has the meaning given in section 256B.0911, subdivision 1a, paragraph  
261.19 (e).

261.20 (q) "Legal representative" means parent of a minor, a court-appointed guardian, or  
261.21 another representative with legal authority to make decisions about services and supports  
261.22 for the participant. Other representatives with legal authority to make decisions include but  
261.23 are not limited to a health care agent or an attorney-in-fact authorized through a health care  
261.24 directive or power of attorney.

261.25 (r) "Level I behavior" means physical aggression towards self or others or destruction  
261.26 of property that requires the immediate response of another person.

261.27 (s) "Medication assistance" means providing verbal or visual reminders to take regularly  
261.28 scheduled medication, and includes any of the following supports listed in clauses (1) to  
261.29 (3) and other types of assistance, except that a support worker ~~may~~ must not determine  
261.30 medication dose or time for medication or inject medications into veins, muscles, or skin:

261.31 (1) under the direction of the participant or the participant's representative, bringing  
261.32 medications to the participant including medications given through a nebulizer, opening a  
261.33 container of previously set-up medications, emptying the container into the participant's

262.1 hand, opening and giving the medication in the original container to the participant, or  
262.2 bringing to the participant liquids or food to accompany the medication;

262.3 (2) organizing medications as directed by the participant or the participant's representative;  
262.4 and

262.5 (3) providing verbal or visual reminders to perform regularly scheduled medications.

262.6 (t) "Participant" means a person who is eligible for CFSS.

262.7 (u) "Participant's representative" means a parent, family member, advocate, or other  
262.8 adult authorized by the participant or participant's legal representative, if any, to serve as a  
262.9 representative in connection with the provision of CFSS. ~~This authorization must be in~~  
262.10 ~~writing or by another method that clearly indicates the participant's free choice and may be~~  
262.11 ~~withdrawn at any time. The participant's representative must have no financial interest in~~  
262.12 ~~the provision of any services included in the participant's CFSS service delivery plan and~~  
262.13 ~~must be capable of providing the support necessary to assist the participant in the use of~~  
262.14 ~~CFSS. If through the assessment process described in subdivision 5 a participant is~~  
262.15 ~~determined to be in need of a participant's representative, one must be selected. If the~~  
262.16 ~~participant is unable to assist in the selection of a participant's representative, the legal~~  
262.17 ~~representative shall appoint one. Two persons may be designated as a participant's~~  
262.18 ~~representative for reasons such as divided households and court-ordered custodies. Duties~~  
262.19 ~~of a participant's representatives may include:~~

262.20 ~~(1) being available while services are provided in a method agreed upon by the participant~~  
262.21 ~~or the participant's legal representative and documented in the participant's CFSS service~~  
262.22 ~~delivery plan;~~

262.23 ~~(2) monitoring CFSS services to ensure the participant's CFSS service delivery plan is~~  
262.24 ~~being followed; and~~

262.25 ~~(3) reviewing and signing CFSS time sheets after services are provided to provide~~  
262.26 ~~verification of the CFSS services.~~

262.27 (v) "Person-centered planning process" means a process that is directed by the participant  
262.28 to plan for CFSS services and supports.

262.29 (w) "Service budget" means the authorized dollar amount used for the budget model or  
262.30 for the purchase of goods.

262.31 (x) "Shared services" means the provision of CFSS services by the same CFSS support  
262.32 worker to two or three participants who voluntarily enter into an written agreement to

263.1 receive services at the same time ~~and~~, in the same setting by, and through the same ~~employer~~  
 263.2 agency-provider or FMS provider.

263.3 (y) "Support worker" means a qualified and trained employee of the agency-provider  
 263.4 as required by subdivision 11b or of the participant employer under the budget model as  
 263.5 required by subdivision 14 who has direct contact with the participant and provides services  
 263.6 as specified within the participant's CFSS service delivery plan.

263.7 (z) "Unit" means the increment of service based on hours or minutes identified in the  
 263.8 service agreement.

263.9 (aa) "Vendor fiscal employer agent" means an agency that provides financial management  
 263.10 services.

263.11 (bb) "Wages and benefits" means the hourly wages and salaries, the employer's share  
 263.12 of FICA taxes, Medicare taxes, state and federal unemployment taxes, workers' compensation,  
 263.13 mileage reimbursement, health and dental insurance, life insurance, disability insurance,  
 263.14 long-term care insurance, uniform allowance, contributions to employee retirement accounts,  
 263.15 or other forms of employee compensation and benefits.

263.16 (cc) "Worker training and development" means services provided according to subdivision  
 263.17 18a for developing workers' skills as required by the participant's individual CFSS service  
 263.18 delivery plan that are arranged for or provided by the agency-provider or purchased by the  
 263.19 participant employer. These services include training, education, direct observation and  
 263.20 supervision, and evaluation and coaching of job skills and tasks, including supervision of  
 263.21 health-related tasks or behavioral supports.

263.22 Sec. 60. Minnesota Statutes 2020, section 256B.85, subdivision 3, is amended to read:

263.23 Subd. 3. **Eligibility.** (a) CFSS is available to a person who ~~meets one of the following:~~

263.24 ~~(1) is an enrollee of medical assistance as determined under section 256B.055, 256B.056,~~  
 263.25 ~~or 256B.057, subdivisions 5 and 9;~~

263.26 (1) is determined eligible for medical assistance under this chapter, excluding those  
 263.27 under section 256B.057, subdivisions 3, 3a, 3b, and 4;

263.28 (2) is a participant in the alternative care program under section 256B.0913;

263.29 (3) is a waiver participant as defined under chapter 256S or section 256B.092, 256B.093,  
 263.30 or 256B.49; or

263.31 (4) has medical services identified in a person's individualized education program and  
 263.32 is eligible for services as determined in section 256B.0625, subdivision 26.

264.1 (b) In addition to meeting the eligibility criteria in paragraph (a), a person must also  
264.2 meet all of the following:

264.3 (1) require assistance and be determined dependent in one activity of daily living or  
264.4 Level I behavior based on assessment under section 256B.0911; and

264.5 (2) is not a participant under a family support grant under section 252.32.

264.6 (c) A pregnant woman eligible for medical assistance under section 256B.055, subdivision  
264.7 6, is eligible for CFSS without federal financial participation if the woman: (1) is eligible  
264.8 for CFSS under paragraphs (a) and (b); and (2) does not meet institutional level of care, as  
264.9 determined under section 256B.0911.

264.10 Sec. 61. Minnesota Statutes 2020, section 256B.85, subdivision 4, is amended to read:

264.11 Subd. 4. **Eligibility for other services.** Selection of CFSS by a participant must not  
264.12 restrict access to other medically necessary care and services furnished under the state plan  
264.13 benefit or other services available through the alternative care program.

264.14 Sec. 62. Minnesota Statutes 2020, section 256B.85, subdivision 5, is amended to read:

264.15 Subd. 5. **Assessment requirements.** (a) The assessment of functional need must:

264.16 (1) be conducted by a certified assessor according to the criteria established in section  
264.17 256B.0911, subdivision 3a;

264.18 (2) be conducted face-to-face, initially and at least annually thereafter, or when there is  
264.19 a significant change in the participant's condition or a change in the need for services and  
264.20 supports, or at the request of the participant when the participant experiences a change in  
264.21 condition or needs a change in the services or supports; and

264.22 (3) be completed using the format established by the commissioner.

264.23 (b) The results of the assessment and any recommendations and authorizations for CFSS  
264.24 must be determined and communicated in writing by the lead agency's ~~certified~~ assessor as  
264.25 defined in section 256B.0911 to the participant ~~and the agency-provider or FMS provider~~  
264.26 ~~chosen by the participant~~ or the participant's representative and chosen CFSS providers  
264.27 ~~within 40 calendar~~ ten business days and must include the participant's right to appeal the  
264.28 assessment under section 256.045, subdivision 3.

264.29 (c) The lead agency assessor may authorize a temporary authorization for CFSS services  
264.30 to be provided under the agency-provider model. The lead agency assessor may authorize  
264.31 a temporary authorization for CFSS services to be provided under the agency-provider

265.1 model without using the assessment process described in this subdivision. Authorization  
265.2 for a temporary level of CFSS services under the agency-provider model is limited to the  
265.3 time specified by the commissioner, but shall not exceed 45 days. The level of services  
265.4 authorized under this paragraph shall have no bearing on a future authorization. ~~Participants~~  
265.5 ~~approved for a temporary authorization shall access the consultation service~~ For CFSS  
265.6 services needed beyond the 45-day temporary authorization, the lead agency must conduct  
265.7 an assessment as described in this subdivision and participants must use consultation services  
265.8 to complete their orientation and selection of a service model.

265.9 Sec. 63. Minnesota Statutes 2020, section 256B.85, subdivision 6, is amended to read:

265.10 **Subd. 6. Community first services and supports service delivery plan.** (a) The CFSS  
265.11 service delivery plan must be developed and evaluated through a person-centered planning  
265.12 process by the participant, or the participant's representative or legal representative who  
265.13 may be assisted by a consultation services provider. The CFSS service delivery plan must  
265.14 reflect the services and supports that are important to the participant and for the participant  
265.15 to meet the needs assessed by the certified assessor and identified in the coordinated service  
265.16 and support plan identified in ~~section~~ sections 256B.092, subdivision 1b, and 256S.10. The  
265.17 CFSS service delivery plan must be reviewed by the participant, the consultation services  
265.18 provider, and the agency-provider or FMS provider prior to starting services and at least  
265.19 annually upon reassessment, or when there is a significant change in the participant's  
265.20 condition, or a change in the need for services and supports.

265.21 (b) The commissioner shall establish the format and criteria for the CFSS service delivery  
265.22 plan.

265.23 (c) The CFSS service delivery plan must be person-centered and:

265.24 (1) specify the consultation services provider, agency-provider, or FMS provider selected  
265.25 by the participant;

265.26 (2) reflect the setting in which the participant resides that is chosen by the participant;

265.27 (3) reflect the participant's strengths and preferences;

265.28 (4) include the methods and supports used to address the needs as identified through an  
265.29 assessment of functional needs;

265.30 (5) include the participant's identified goals and desired outcomes;

- 266.1 (6) reflect the services and supports, paid and unpaid, that will assist the participant to  
266.2 achieve identified goals, including the costs of the services and supports, and the providers  
266.3 of those services and supports, including natural supports;
- 266.4 (7) identify the amount and frequency of face-to-face supports and amount and frequency  
266.5 of remote supports and technology that will be used;
- 266.6 (8) identify risk factors and measures in place to minimize them, including individualized  
266.7 backup plans;
- 266.8 (9) be understandable to the participant and the individuals providing support;
- 266.9 (10) identify the individual or entity responsible for monitoring the plan;
- 266.10 (11) be finalized and agreed to in writing by the participant and signed by ~~all~~ individuals  
266.11 and providers responsible for its implementation;
- 266.12 (12) be distributed to the participant and other people involved in the plan;
- 266.13 (13) prevent the provision of unnecessary or inappropriate care;
- 266.14 (14) include a detailed budget for expenditures for budget model participants or  
266.15 participants under the agency-provider model if purchasing goods; and
- 266.16 (15) include a plan for worker training and development provided according to  
266.17 subdivision 18a detailing what service components will be used, when the service components  
266.18 will be used, how they will be provided, and how these service components relate to the  
266.19 participant's individual needs and CFSS support worker services.
- 266.20 (d) The CFSS service delivery plan must describe the units or dollar amount available  
266.21 to the participant. The total units of agency-provider services or the service budget amount  
266.22 for the budget model include both annual totals and a monthly average amount that cover  
266.23 the number of months of the service agreement. The amount used each month may vary,  
266.24 but additional funds must not be provided above the annual service authorization amount,  
266.25 determined according to subdivision 8, unless a change in condition is assessed and  
266.26 authorized by the certified assessor and documented in the coordinated service and support  
266.27 plan and CFSS service delivery plan.
- 266.28 (e) In assisting with the development or modification of the CFSS service delivery plan  
266.29 during the authorization time period, the consultation services provider shall:
- 266.30 (1) consult with the FMS provider on the spending budget when applicable; and
- 266.31 (2) consult with the participant or participant's representative, agency-provider, and case  
266.32 manager/ or care coordinator.

267.1 (f) The CFSS service delivery plan must be approved by the consultation services provider  
267.2 for participants without a case manager or care coordinator who is responsible for authorizing  
267.3 services. A case manager or care coordinator must approve the plan for a waiver or alternative  
267.4 care program participant.

267.5 Sec. 64. Minnesota Statutes 2020, section 256B.85, subdivision 7, is amended to read:

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

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

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

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

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

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

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

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

267.24 (6) services provided by a consultation services provider as defined under subdivision  
267.25 17, that is under contract with the department and enrolled as a Minnesota health care  
267.26 program provider;

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

267.29 (8) CFSS services provided by a support worker who is a parent, stepparent, or legal  
267.30 guardian of a participant under age 18, or who is the participant's spouse. These support  
267.31 workers shall not:

268.1 (i) provide any medical assistance home and community-based services in excess of 40  
268.2 hours per seven-day period regardless of the number of parents providing services,  
268.3 combination of parents and spouses providing services, or number of children who receive  
268.4 medical assistance services; and

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

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

268.8 Sec. 65. Minnesota Statutes 2020, section 256B.85, subdivision 8, is amended to read:

268.9 Subd. 8. **Determination of CFSS service authorization amount.** (a) All community  
268.10 first services and supports must be authorized by the commissioner or the commissioner's  
268.11 designee before services begin. The authorization for CFSS must be completed as soon as  
268.12 possible following an assessment but no later than 40 calendar days from the date of the  
268.13 assessment.

268.14 (b) The amount of CFSS authorized must be based on the participant's home care rating  
268.15 described in paragraphs (d) and (e) and any additional service units for which the participant  
268.16 qualifies as described in paragraph (f).

268.17 (c) The home care rating shall be determined by the commissioner or the commissioner's  
268.18 designee based on information submitted to the commissioner identifying the following for  
268.19 a participant:

268.20 (1) the total number of dependencies of activities of daily living;

268.21 (2) the presence of complex health-related needs; and

268.22 (3) the presence of Level I behavior.

268.23 (d) The methodology to determine the total service units for CFSS for each home care  
268.24 rating is based on the median paid units per day for each home care rating from fiscal year  
268.25 2007 data for the PCA program.

268.26 (e) Each home care rating is designated by the letters P through Z and EN and has the  
268.27 following base number of service units assigned:

268.28 (1) P home care rating requires Level I behavior or one to three dependencies in ADLs  
268.29 and qualifies the person for five service units;

268.30 (2) Q home care rating requires Level I behavior and one to three dependencies in ADLs  
268.31 and qualifies the person for six service units;

- 269.1 (3) R home care rating requires a complex health-related need and one to three  
269.2 dependencies in ADLs and qualifies the person for seven service units;
- 269.3 (4) S home care rating requires four to six dependencies in ADLs and qualifies the person  
269.4 for ten service units;
- 269.5 (5) T home care rating requires four to six dependencies in ADLs and Level I behavior  
269.6 and qualifies the person for 11 service units;
- 269.7 (6) U home care rating requires four to six dependencies in ADLs and a complex  
269.8 health-related need and qualifies the person for 14 service units;
- 269.9 (7) V home care rating requires seven to eight dependencies in ADLs and qualifies the  
269.10 person for 17 service units;
- 269.11 (8) W home care rating requires seven to eight dependencies in ADLs and Level I  
269.12 behavior and qualifies the person for 20 service units;
- 269.13 (9) Z home care rating requires seven to eight dependencies in ADLs and a complex  
269.14 health-related need and qualifies the person for 30 service units; and
- 269.15 (10) EN home care rating includes ventilator dependency as defined in section 256B.0651,  
269.16 subdivision 1, paragraph (g). A person who meets the definition of ventilator-dependent  
269.17 and the EN home care rating and utilize a combination of CFSS and home care nursing  
269.18 services is limited to a total of 96 service units per day for those services in combination.  
269.19 Additional units may be authorized when a person's assessment indicates a need for two  
269.20 staff to perform activities. Additional time is limited to 16 service units per day.
- 269.21 (f) Additional service units are provided through the assessment and identification of  
269.22 the following:
- 269.23 (1) 30 additional minutes per day for a dependency in each critical activity of daily  
269.24 living;
- 269.25 (2) 30 additional minutes per day for each complex health-related need; and
- 269.26 (3) 30 additional minutes per day ~~when the~~ for each behavior under this clause that  
269.27 requires assistance at least four times per week ~~for one or more of the following behaviors:~~
- 269.28 (i) level I behavior that requires the immediate response of another person;
- 269.29 (ii) increased vulnerability due to cognitive deficits or socially inappropriate behavior;
- 269.30 or

270.1 (iii) increased need for assistance for participants who are verbally aggressive or resistive  
270.2 to care so that the time needed to perform activities of daily living is increased.

270.3 (g) The service budget for budget model participants shall be based on:

270.4 (1) assessed units as determined by the home care rating; and

270.5 (2) an adjustment needed for administrative expenses.

270.6 Sec. 66. Minnesota Statutes 2020, section 256B.85, is amended by adding a subdivision  
270.7 to read:

270.8 Subd. 8a. **Authorization; exceptions.** All CFSS services must be authorized by the  
270.9 commissioner or the commissioner's designee as described in subdivision 8 except when:

270.10 (1) the lead agency temporarily authorizes services in the agency-provider model as  
270.11 described in subdivision 5, paragraph (c);

270.12 (2) CFSS services in the agency-provider model were required to treat an emergency  
270.13 medical condition that if not immediately treated could cause a participant serious physical  
270.14 or mental disability, continuation of severe pain, or death. The CFSS agency provider must  
270.15 request retroactive authorization from the lead agency no later than five working days after  
270.16 providing the initial emergency service. The CFSS agency provider must be able to  
270.17 substantiate the emergency through documentation such as reports, notes, and admission  
270.18 or discharge histories. A lead agency must follow the authorization process in subdivision  
270.19 5 after the lead agency receives the request for authorization from the agency provider;

270.20 (3) the lead agency authorizes a temporary increase to the amount of services authorized  
270.21 in the agency or budget model to accommodate the participant's temporary higher need for  
270.22 services. Authorization for a temporary level of CFSS services is limited to the time specified  
270.23 by the commissioner, but shall not exceed 45 days. The level of services authorized under  
270.24 this clause shall have no bearing on a future authorization;

270.25 (4) a participant's medical assistance eligibility has lapsed, is then retroactively reinstated,  
270.26 and an authorization for CFSS services is completed based on the date of a current  
270.27 assessment, eligibility, and request for authorization;

270.28 (5) a third-party payer for CFSS services has denied or adjusted a payment. Authorization  
270.29 requests must be submitted by the provider within 20 working days of the notice of denial  
270.30 or adjustment. A copy of the notice must be included with the request;

270.31 (6) the commissioner has determined that a lead agency or state human services agency  
270.32 has made an error; or

271.1 (7) a participant enrolled in managed care experiences a temporary disenrollment from  
271.2 a health plan, in which case the commissioner shall accept the current health plan  
271.3 authorization for CFSS services for up to 60 days. The request must be received within the  
271.4 first 30 days of the disenrollment. If the recipient's reenrollment in managed care is after  
271.5 the 60 days and before 90 days, the provider shall request an additional 30-day extension  
271.6 of the current health plan authorization, for a total limit of 90 days from the time of  
271.7 disenrollment.

271.8 Sec. 67. Minnesota Statutes 2020, section 256B.85, subdivision 9, is amended to read:

271.9 Subd. 9. **Noncovered services.** (a) Services or supports that are not eligible for payment  
271.10 under this section include those that:

271.11 (1) are not authorized by the certified assessor or included in the CFSS service delivery  
271.12 plan;

271.13 (2) are provided prior to the authorization of services and the approval of the CFSS  
271.14 service delivery plan;

271.15 (3) are duplicative of other paid services in the CFSS service delivery plan;

271.16 (4) supplant natural unpaid supports that appropriately meet a need in the CFSS service  
271.17 delivery plan, are provided voluntarily to the participant, and are selected by the participant  
271.18 in lieu of other services and supports;

271.19 (5) are not effective means to meet the participant's needs; and

271.20 (6) are available through other funding sources, including, but not limited to, funding  
271.21 through title IV-E of the Social Security Act.

271.22 (b) Additional services, goods, or supports that are not covered include:

271.23 (1) those that are not for the direct benefit of the participant, except that services for  
271.24 caregivers such as training to improve the ability to provide CFSS are considered to directly  
271.25 benefit the participant if chosen by the participant and approved in the support plan;

271.26 (2) any fees incurred by the participant, such as Minnesota health care programs fees  
271.27 and co-pays, legal fees, or costs related to advocate agencies;

271.28 (3) insurance, except for insurance costs related to employee coverage;

271.29 (4) room and board costs for the participant;

271.30 (5) services, supports, or goods that are not related to the assessed needs;

- 272.1 (6) special education and related services provided under the Individuals with Disabilities  
272.2 Education Act and vocational rehabilitation services provided under the Rehabilitation Act  
272.3 of 1973;
- 272.4 (7) assistive technology devices and assistive technology services other than those for  
272.5 back-up systems or mechanisms to ensure continuity of service and supports listed in  
272.6 subdivision 7;
- 272.7 (8) medical supplies and equipment covered under medical assistance;
- 272.8 (9) environmental modifications, except as specified in subdivision 7;
- 272.9 (10) expenses for travel, lodging, or meals related to training the participant or the  
272.10 participant's representative or legal representative;
- 272.11 (11) experimental treatments;
- 272.12 (12) any service or good covered by other state plan services, including prescription and  
272.13 over-the-counter medications, compounds, and solutions and related fees, including premiums  
272.14 and co-payments;
- 272.15 (13) membership dues or costs, except when the service is necessary and appropriate to  
272.16 treat a health condition or to improve or maintain the adult participant's health condition.  
272.17 The condition must be identified in the participant's CFSS service delivery plan and  
272.18 monitored by a Minnesota health care program enrolled physician, advanced practice  
272.19 registered nurse, or physician's assistant;
- 272.20 (14) vacation expenses other than the cost of direct services;
- 272.21 (15) vehicle maintenance or modifications not related to the disability, health condition,  
272.22 or physical need;
- 272.23 (16) tickets and related costs to attend sporting or other recreational or entertainment  
272.24 events;
- 272.25 (17) services provided and billed by a provider who is not an enrolled CFSS provider;
- 272.26 (18) CFSS provided by a participant's representative or paid legal guardian;
- 272.27 (19) services that are used solely as a child care or babysitting service;
- 272.28 (20) services that are the responsibility or in the daily rate of a residential or program  
272.29 license holder under the terms of a service agreement and administrative rules;
- 272.30 (21) sterile procedures;
- 272.31 (22) giving of injections into veins, muscles, or skin;

- 273.1 (23) homemaker services that are not an integral part of the assessed CFSS service;
- 273.2 (24) home maintenance or chore services;
- 273.3 (25) home care services, including hospice services if elected by the participant, covered  
273.4 by Medicare or any other insurance held by the participant;
- 273.5 (26) services to other members of the participant's household;
- 273.6 (27) services not specified as covered under medical assistance as CFSS;
- 273.7 (28) application of restraints or implementation of deprivation procedures;
- 273.8 (29) assessments by CFSS provider organizations or by independently enrolled registered  
273.9 nurses;
- 273.10 (30) services provided in lieu of legally required staffing in a residential or child care  
273.11 setting; ~~and~~
- 273.12 (31) services provided by ~~the residential or program~~ a foster care license holder in a  
273.13 ~~residence for more than four participants.~~ except when the home of the person receiving  
273.14 services is the licensed foster care provider's primary residence;
- 273.15 (32) services that are the responsibility of the foster care provider under the terms of the  
273.16 foster care placement agreement, assessment under sections 256N.24 and 260C.4411, and  
273.17 administrative rules under sections 256N.24 and 260C.4411;
- 273.18 (33) services in a setting that has a licensed capacity greater than six, unless all conditions  
273.19 for a variance under section 245A.04, subdivision 9a, are satisfied for a sibling, as defined  
273.20 in section 260C.007, subdivision 32;
- 273.21 (34) services from a provider who owns or otherwise controls the living arrangement,  
273.22 except when the provider of services is related by blood, marriage, or adoption or when the  
273.23 provider is a licensed foster care provider who is not prohibited from providing services  
273.24 under clauses (31) to (33);
- 273.25 (35) instrumental activities of daily living for children younger than 18 years of age,  
273.26 except when immediate attention is needed for health or hygiene reasons integral to an  
273.27 assessed need for assistance with activities of daily living, health-related procedures, and  
273.28 tasks or behaviors; or
- 273.29 (36) services provided to a resident of a nursing facility, hospital, intermediate care  
273.30 facility, or health care facility licensed by the commissioner of health.

274.1 Sec. 68. Minnesota Statutes 2020, section 256B.85, subdivision 10, is amended to read:

274.2 Subd. 10. **Agency-provider and FMS provider qualifications and duties.** (a)

274.3 Agency-providers identified in subdivision 11 and FMS providers identified in subdivision  
274.4 13a shall:

274.5 (1) enroll as a medical assistance Minnesota health care programs provider and meet all  
274.6 applicable provider standards and requirements including completion of required provider  
274.7 training as determined by the commissioner;

274.8 (2) demonstrate compliance with federal and state laws and policies for CFSS as  
274.9 determined by the commissioner;

274.10 (3) comply with background study requirements under chapter 245C and maintain  
274.11 documentation of background study requests and results;

274.12 (4) verify and maintain records of all services and expenditures by the participant,  
274.13 including hours worked by support workers;

274.14 (5) not engage in any agency-initiated direct contact or marketing in person, by telephone,  
274.15 or other electronic means to potential participants, guardians, family members, or participants'  
274.16 representatives;

274.17 (6) directly provide services and not use a subcontractor or reporting agent;

274.18 (7) meet the financial requirements established by the commissioner for financial  
274.19 solvency;

274.20 (8) have never had a lead agency contract or provider agreement discontinued due to  
274.21 fraud, or have never had an owner, board member, or manager fail a state or FBI-based  
274.22 criminal background check while enrolled or seeking enrollment as a Minnesota health care  
274.23 programs provider; and

274.24 (9) have an office located in Minnesota.

274.25 (b) In conducting general duties, agency-providers and FMS providers shall:

274.26 (1) pay support workers based upon actual hours of services provided;

274.27 (2) pay for worker training and development services based upon actual hours of services  
274.28 provided or the unit cost of the training session purchased;

274.29 (3) withhold and pay all applicable federal and state payroll taxes;

274.30 (4) make arrangements and pay unemployment insurance, taxes, workers' compensation,  
274.31 liability insurance, and other benefits, if any;

275.1 (5) enter into a written agreement with the participant, participant's representative, or  
275.2 legal representative that assigns roles and responsibilities to be performed before services,  
275.3 supports, or goods are provided and that meets the requirements of subdivisions 20a, 20b,  
275.4 and 20c for agency-providers;

275.5 (6) report maltreatment as required under section 626.557 and chapter 260E;

275.6 (7) comply with the labor market reporting requirements described in section 256B.4912,  
275.7 subdivision 1a;

275.8 (8) comply with any data requests from the department consistent with the Minnesota  
275.9 Government Data Practices Act under chapter 13; ~~and~~

275.10 (9) maintain documentation for the requirements under subdivision 16, paragraph (e),  
275.11 clause (2), to qualify for an enhanced rate under this section; and

275.12 (10) request reassessments 60 days before the end of the current authorization for CFSS  
275.13 on forms provided by the commissioner.

275.14 Sec. 69. Minnesota Statutes 2020, section 256B.85, subdivision 11, is amended to read:

275.15 Subd. 11. **Agency-provider model.** (a) The agency-provider model includes services  
275.16 provided by support workers and staff providing worker training and development services  
275.17 who are employed by an agency-provider that meets the criteria established by the  
275.18 commissioner, including required training.

275.19 (b) The agency-provider shall allow the participant to have a significant role in the  
275.20 selection and dismissal of the support workers for the delivery of the services and supports  
275.21 specified in the participant's CFSS service delivery plan. The agency must make a reasonable  
275.22 effort to fulfill the participant's request for the participant's preferred worker.

275.23 (c) A participant may use authorized units of CFSS services as needed within a service  
275.24 agreement that is not greater than 12 months. Using authorized units in a flexible manner  
275.25 in either the agency-provider model or the budget model does not increase the total amount  
275.26 of services and supports authorized for a participant or included in the participant's CFSS  
275.27 service delivery plan.

275.28 (d) A participant may share CFSS services. Two or three CFSS participants may share  
275.29 services at the same time provided by the same support worker.

275.30 (e) The agency-provider must use a minimum of 72.5 percent of the revenue generated  
275.31 by the medical assistance payment for CFSS for support worker wages and benefits, except  
275.32 all of the revenue generated by a medical assistance rate increase due to a collective

276.1 bargaining agreement under section 179A.54 must be used for support worker wages and  
276.2 benefits. The agency-provider must document how this requirement is being met. The  
276.3 revenue generated by the worker training and development services and the reasonable costs  
276.4 associated with the worker training and development services must not be used in making  
276.5 this calculation.

276.6 (f) The agency-provider model must be used by ~~individuals~~ participants who are restricted  
276.7 by the Minnesota restricted recipient program under Minnesota Rules, parts 9505.2160 to  
276.8 9505.2245.

276.9 (g) Participants purchasing goods under this model, along with support worker services,  
276.10 must:

276.11 (1) specify the goods in the CFSS service delivery plan and detailed budget for  
276.12 expenditures that must be approved by the consultation services provider, case manager, or  
276.13 care coordinator; and

276.14 (2) use the FMS provider for the billing and payment of such goods.

276.15 Sec. 70. Minnesota Statutes 2020, section 256B.85, subdivision 11b, is amended to read:

276.16 Subd. 11b. **Agency-provider model; support worker competency.** (a) The  
276.17 agency-provider must ensure that support workers are competent to meet the participant's  
276.18 assessed needs, goals, and additional requirements as written in the CFSS service delivery  
276.19 plan. ~~Within 30 days of any support worker beginning to provide services for a participant,~~  
276.20 The agency-provider must evaluate the competency of the worker through direct observation  
276.21 of the support worker's performance of the job functions in a setting where the participant  
276.22 is using CFSS: within 30 days of:

276.23 (1) any support worker beginning to provide services for a participant; or

276.24 (2) any support worker beginning to provide shared services.

276.25 (b) The agency-provider must verify and maintain evidence of support worker  
276.26 competency, including documentation of the support worker's:

276.27 (1) education and experience relevant to the job responsibilities assigned to the support  
276.28 worker and the needs of the participant;

276.29 (2) relevant training received from sources other than the agency-provider;

276.30 (3) orientation and instruction to implement services and supports to participant needs  
276.31 and preferences as identified in the CFSS service delivery plan; ~~and~~

277.1 (4) orientation and instruction delivered by an individual competent to perform, teach,  
277.2 or assign the health-related tasks for tracheostomy suctioning and services to participants  
277.3 on ventilator support, including equipment operation and maintenance; and

277.4 ~~(4)~~ (5) periodic performance reviews completed by the agency-provider at least annually,  
277.5 including any evaluations required under subdivision 11a, paragraph (a). If a support worker  
277.6 is a minor, all evaluations of worker competency must be completed in person and in a  
277.7 setting where the participant is using CFSS.

277.8 (c) The agency-provider must develop a worker training and development plan with the  
277.9 participant to ensure support worker competency. The worker training and development  
277.10 plan must be updated when:

277.11 (1) the support worker begins providing services;

277.12 (2) the support worker begins providing shared services;

277.13 ~~(2)~~ (3) there is any change in condition or a modification to the CFSS service delivery  
277.14 plan; or

277.15 ~~(3)~~ (4) a performance review indicates that additional training is needed.

277.16 Sec. 71. Minnesota Statutes 2020, section 256B.85, subdivision 12, is amended to read:

277.17 Subd. 12. **Requirements for enrollment of CFSS agency-providers.** (a) All CFSS  
277.18 agency-providers must provide, at the time of enrollment, reenrollment, and revalidation  
277.19 as a CFSS agency-provider in a format determined by the commissioner, information and  
277.20 documentation that includes, but is not limited to, the following:

277.21 (1) the CFSS agency-provider's current contact information including address, telephone  
277.22 number, and e-mail address;

277.23 (2) proof of surety bond coverage. Upon new enrollment, or if the agency-provider's  
277.24 Medicaid revenue in the previous calendar year is less than or equal to \$300,000, the  
277.25 agency-provider must purchase a surety bond of \$50,000. If the agency-provider's Medicaid  
277.26 revenue in the previous calendar year is greater than \$300,000, the agency-provider must  
277.27 purchase a surety bond of \$100,000. The surety bond must be in a form approved by the  
277.28 commissioner, must be renewed annually, and must allow for recovery of costs and fees in  
277.29 pursuing a claim on the bond;

277.30 (3) proof of fidelity bond coverage in the amount of \$20,000 per provider location;

277.31 (4) proof of workers' compensation insurance coverage;

- 278.1 (5) proof of liability insurance;
- 278.2 (6) a ~~description~~ copy of the CFSS agency-provider's ~~organization~~ organizational chart  
278.3 identifying the names and roles of all owners, managing employees, staff, board of directors,  
278.4 and ~~the~~ additional documentation reporting any affiliations of the directors and owners to  
278.5 other service providers;
- 278.6 (7) ~~a copy of~~ proof that the CFSS ~~agency-provider's~~ agency-provider has written policies  
278.7 and procedures including: hiring of employees; training requirements; service delivery; and  
278.8 employee and consumer safety, including the process for notification and resolution of  
278.9 participant grievances, incident response, identification and prevention of communicable  
278.10 diseases, and employee misconduct;
- 278.11 (8) ~~copies of all other forms~~ proof that the CFSS agency-provider ~~uses in the course of~~  
278.12 ~~daily business including, but not limited to~~ has all of the following forms and documents:
- 278.13 (i) a copy of the CFSS agency-provider's time sheet; and
- 278.14 (ii) a copy of the participant's individual CFSS service delivery plan;
- 278.15 (9) a list of all training and classes that the CFSS agency-provider requires of its staff  
278.16 providing CFSS services;
- 278.17 (10) documentation that the CFSS agency-provider and staff have successfully completed  
278.18 all the training required by this section;
- 278.19 (11) documentation of the agency-provider's marketing practices;
- 278.20 (12) disclosure of ownership, leasing, or management of all residential properties that  
278.21 are used or could be used for providing home care services;
- 278.22 (13) documentation that the agency-provider will use at least the following percentages  
278.23 of revenue generated from the medical assistance rate paid for CFSS services for CFSS  
278.24 support worker wages and benefits: 72.5 percent of revenue from CFSS providers, except  
278.25 100 percent of the revenue generated by a medical assistance rate increase due to a collective  
278.26 bargaining agreement under section 179A.54 must be used for support worker wages and  
278.27 benefits. The revenue generated by the worker training and development services and the  
278.28 reasonable costs associated with the worker training and development services shall not be  
278.29 used in making this calculation; and
- 278.30 (14) documentation that the agency-provider does not burden participants' free exercise  
278.31 of their right to choose service providers by requiring CFSS support workers to sign an  
278.32 agreement not to work with any particular CFSS participant or for another CFSS

279.1 agency-provider after leaving the agency and that the agency is not taking action on any  
279.2 such agreements or requirements regardless of the date signed.

279.3 (b) CFSS agency-providers shall provide to the commissioner the information specified  
279.4 in paragraph (a).

279.5 (c) All CFSS agency-providers shall require all employees in management and  
279.6 supervisory positions and owners of the agency who are active in the day-to-day management  
279.7 and operations of the agency to complete mandatory training as determined by the  
279.8 commissioner. Employees in management and supervisory positions and owners who are  
279.9 active in the day-to-day operations of an agency who have completed the required training  
279.10 as an employee with a CFSS agency-provider do not need to repeat the required training if  
279.11 they are hired by another agency, ~~if~~ and they have completed the training within the past  
279.12 three years. CFSS agency-provider billing staff shall complete training about CFSS program  
279.13 financial management. Any new owners or employees in management and supervisory  
279.14 positions involved in the day-to-day operations are required to complete mandatory training  
279.15 as a requisite of working for the agency.

279.16 ~~(d) The commissioner shall send annual review notifications to agency providers 30~~  
279.17 ~~days prior to renewal. The notification must:~~

279.18 ~~(1) list the materials and information the agency provider is required to submit;~~

279.19 ~~(2) provide instructions on submitting information to the commissioner; and~~

279.20 ~~(3) provide a due date by which the commissioner must receive the requested information.~~

279.21 ~~Agency providers shall submit all required documentation for annual review within 30 days~~  
279.22 ~~of notification from the commissioner. If an agency provider fails to submit all the required~~  
279.23 ~~documentation, the commissioner may take action under subdivision 23a.~~

279.24 (d) Agency-providers shall submit all required documentation in this section within 30  
279.25 days of notification from the commissioner. If an agency-provider fails to submit all the  
279.26 required documentation, the commissioner may take action under subdivision 23a.

279.27 Sec. 72. Minnesota Statutes 2020, section 256B.85, subdivision 12b, is amended to read:

279.28 Subd. 12b. **CFSS agency-provider requirements; notice regarding termination of**  
279.29 **services.** (a) An agency-provider must provide written notice when it intends to terminate  
279.30 services with a participant at least ~~ten~~ 30 calendar days before the proposed service  
279.31 termination is to become effective, except in cases where:

280.1 (1) the participant engages in conduct that significantly alters the terms of the CFSS  
280.2 service delivery plan with the agency-provider;

280.3 (2) the participant or other persons at the setting where services are being provided  
280.4 engage in conduct that creates an imminent risk of harm to the support worker or other  
280.5 agency-provider staff; or

280.6 (3) an emergency or a significant change in the participant's condition occurs within a  
280.7 24-hour period that results in the participant's service needs exceeding the participant's  
280.8 identified needs in the current CFSS service delivery plan so that the agency-provider cannot  
280.9 safely meet the participant's needs.

280.10 (b) When a participant initiates a request to terminate CFSS services with the  
280.11 agency-provider, the agency-provider must give the participant a written ~~acknowledgement~~  
280.12 acknowledgment of the participant's service termination request that includes the date the  
280.13 request was received by the agency-provider and the requested date of termination.

280.14 (c) The agency-provider must participate in a coordinated transfer of the participant to  
280.15 a new agency-provider to ensure continuity of care.

280.16 Sec. 73. Minnesota Statutes 2020, section 256B.85, subdivision 13, is amended to read:

280.17 Subd. 13. **Budget model.** (a) Under the budget model participants exercise responsibility  
280.18 and control over the services and supports described and budgeted within the CFSS service  
280.19 delivery plan. Participants must use services specified in subdivision 13a provided by an  
280.20 FMS provider. Under this model, participants may use their approved service budget  
280.21 allocation to:

280.22 (1) directly employ support workers, and pay wages, federal and state payroll taxes, and  
280.23 premiums for workers' compensation, liability, and health insurance coverage; and

280.24 (2) obtain supports and goods as defined in subdivision 7.

280.25 (b) Participants who are unable to fulfill any of the functions listed in paragraph (a) may  
280.26 authorize a legal representative or participant's representative to do so on their behalf.

280.27 (c) If two or more participants using the budget model live in the same household and  
280.28 have the same worker, the participants must use the same FMS provider.

280.29 (d) If the FMS provider advises that there is a joint employer in the budget model, all  
280.30 participants associated with that joint employer must use the same FMS provider.

281.1 ~~(e)~~ (e) The commissioner shall disenroll or exclude participants from the budget model  
281.2 and transfer them to the agency-provider model under, but not limited to, the following  
281.3 circumstances:

281.4 (1) when a participant has been restricted by the Minnesota restricted recipient program,  
281.5 in which case the participant may be excluded for a specified time period under Minnesota  
281.6 Rules, parts 9505.2160 to 9505.2245;

281.7 (2) when a participant exits the budget model during the participant's service plan year.  
281.8 Upon transfer, the participant shall not access the budget model for the remainder of that  
281.9 service plan year; or

281.10 (3) when the department determines that the participant or participant's representative  
281.11 or legal representative is unable to fulfill the responsibilities under the budget model, as  
281.12 specified in subdivision 14.

281.13 ~~(d)~~ (f) A participant may appeal in writing to the department under section 256.045,  
281.14 subdivision 3, to contest the department's decision under paragraph ~~(e)~~ (e), clause (3), to  
281.15 disenroll or exclude the participant from the budget model.

281.16 Sec. 74. Minnesota Statutes 2020, section 256B.85, subdivision 13a, is amended to read:

281.17 Subd. 13a. **Financial management services.** (a) Services provided by an FMS provider  
281.18 include but are not limited to: filing and payment of federal and state payroll taxes on behalf  
281.19 of the participant; initiating and complying with background study requirements under  
281.20 chapter 245C and maintaining documentation of background study requests and results;  
281.21 billing for approved CFSS services with authorized funds; monitoring expenditures;  
281.22 accounting for and disbursing CFSS funds; providing assistance in obtaining and filing for  
281.23 liability, workers' compensation, and unemployment coverage; and providing participant  
281.24 instruction and technical assistance to the participant in fulfilling employer-related  
281.25 requirements in accordance with section 3504 of the Internal Revenue Code and related  
281.26 regulations and interpretations, including Code of Federal Regulations, title 26, section  
281.27 31.3504-1.

281.28 (b) Agency-provider services shall not be provided by the FMS provider.

281.29 (c) The FMS provider shall provide service functions as determined by the commissioner  
281.30 for budget model participants that include but are not limited to:

281.31 (1) assistance with the development of the detailed budget for expenditures portion of  
281.32 the CFSS service delivery plan as requested by the consultation services provider or  
281.33 participant;

- 282.1 (2) data recording and reporting of participant spending;
- 282.2 (3) other duties established by the department, including with respect to providing  
282.3 assistance to the participant, participant's representative, or legal representative in performing  
282.4 employer responsibilities regarding support workers. The support worker shall not be  
282.5 considered the employee of the FMS provider; and
- 282.6 (4) billing, payment, and accounting of approved expenditures for goods.
- 282.7 (d) The FMS provider shall obtain an assurance statement from the participant employer  
282.8 agreeing to follow state and federal regulations and CFSS policies regarding employment  
282.9 of support workers.
- 282.10 (e) The FMS provider shall:
- 282.11 (1) not limit or restrict the participant's choice of service or support providers or service  
282.12 delivery models consistent with any applicable state and federal requirements;
- 282.13 (2) provide the participant, consultation services provider, and case manager or care  
282.14 coordinator, if applicable, with a monthly written summary of the spending for services and  
282.15 supports that were billed against the spending budget;
- 282.16 (3) be knowledgeable of state and federal employment regulations, including those under  
282.17 the Fair Labor Standards Act of 1938, and comply with the requirements under section 3504  
282.18 of the Internal Revenue Code and related regulations and interpretations, including Code  
282.19 of Federal Regulations, title 26, section 31.3504-1, regarding agency employer tax liability  
282.20 for vendor fiscal/employer agent, and any requirements necessary to process employer and  
282.21 employee deductions, provide appropriate and timely submission of employer tax liabilities,  
282.22 and maintain documentation to support medical assistance claims;
- 282.23 (4) have current and adequate liability insurance and bonding and sufficient cash flow  
282.24 as determined by the commissioner and have on staff or under contract a certified public  
282.25 accountant or an individual with a baccalaureate degree in accounting;
- 282.26 (5) assume fiscal accountability for state funds designated for the program and be held  
282.27 liable for any overpayments or violations of applicable statutes or rules, including but not  
282.28 limited to the Minnesota False Claims Act, chapter 15C; ~~and~~
- 282.29 (6) maintain documentation of receipts, invoices, and bills to track all services and  
282.30 supports expenditures for any goods purchased and maintain time records of support workers.  
282.31 The documentation and time records must be maintained for a minimum of five years from  
282.32 the claim date and be available for audit or review upon request by the commissioner. Claims  
282.33 submitted by the FMS provider to the commissioner for payment must correspond with

283.1 services, amounts, and time periods as authorized in the participant's service budget and  
283.2 service plan and must contain specific identifying information as determined by the  
283.3 commissioner; and

283.4 (7) provide written notice to the participant or the participant's representative at least 30  
283.5 calendar days before a proposed service termination becomes effective.

283.6 (f) The commissioner of ~~human services~~ shall:

283.7 (1) establish rates and payment methodology for the FMS provider;

283.8 (2) identify a process to ensure quality and performance standards for the FMS provider  
283.9 and ensure statewide access to FMS providers; and

283.10 (3) establish a uniform protocol for delivering and administering CFSS services to be  
283.11 used by eligible FMS providers.

283.12 Sec. 75. Minnesota Statutes 2020, section 256B.85, is amended by adding a subdivision  
283.13 to read:

283.14 Subd. 14a. **Participant's representative responsibilities.** (a) If a participant is unable  
283.15 to direct the participant's own care, the participant must use a participant's representative  
283.16 to receive CFSS services. A participant's representative is required if:

283.17 (1) the person is under 18 years of age;

283.18 (2) the person has a court-appointed guardian; or

283.19 (3) an assessment according to section 256B.0659, subdivision 3a, determines that the  
283.20 participant is in need of a participant's representative.

283.21 (b) A participant's representative must:

283.22 (1) be at least 18 years of age;

283.23 (2) actively participate in planning and directing CFSS services;

283.24 (3) have sufficient knowledge of the participant's circumstances to use CFSS services  
283.25 consistent with the participant's health and safety needs identified in the participant's service  
283.26 delivery plan;

283.27 (4) not have a financial interest in the provision of any services included in the  
283.28 participant's CFSS service delivery plan; and

283.29 (5) be capable of providing the support necessary to assist the participant in the use of  
283.30 CFSS services.

- 284.1 (c) A participant's representative must not be the:
- 284.2 (1) support worker;
- 284.3 (2) worker training and development service provider;
- 284.4 (3) agency-provider staff, unless related to the participant by blood, marriage, or adoption;
- 284.5 (4) consultation service provider, unless related to the participant by blood, marriage,
- 284.6 or adoption;
- 284.7 (5) FMS staff, unless related to the participant by blood, marriage, or adoption;
- 284.8 (6) FMS owner or manager; or
- 284.9 (7) lead agency staff acting as part of employment.
- 284.10 (d) A licensed family foster parent who lives with the participant may be the participant's
- 284.11 representative if the family foster parent meets the other participant's representative
- 284.12 requirements.
- 284.13 (e) There may be two persons designated as the participant's representative, including
- 284.14 instances of divided households and court-ordered custodies. Each person named as the
- 284.15 participant's representative must meet the program criteria and responsibilities.
- 284.16 (f) The participant or the participant's legal representative shall appoint a participant's
- 284.17 representative. The participant's representative must be identified at the time of assessment
- 284.18 and listed on the participant's service agreement and CFSS service delivery plan.
- 284.19 (g) A participant's representative must enter into a written agreement with an
- 284.20 agency-provider or FMS on a form determined by the commissioner and maintained in the
- 284.21 participant's file, to:
- 284.22 (1) be available while care is provided using a method agreed upon by the participant
- 284.23 or the participant's legal representative and documented in the participant's service delivery
- 284.24 plan;
- 284.25 (2) monitor CFSS services to ensure the participant's service delivery plan is followed;
- 284.26 (3) review and sign support worker time sheets after services are provided to verify the
- 284.27 provision of services;
- 284.28 (4) review and sign vendor paperwork to verify receipt of goods; and
- 284.29 (5) in the budget model, review and sign documentation to verify worker training and
- 284.30 development expenditures.

285.1 (h) A participant's representative may delegate responsibility to another adult who is not  
285.2 the support worker during a temporary absence of at least 24 hours but not more than six  
285.3 months. To delegate responsibility, the participant's representative must:

285.4 (1) ensure that the delegate serving as the participant's representative satisfies the  
285.5 requirements of the participant's representative;

285.6 (2) ensure that the delegate performs the functions of the participant's representative;

285.7 (3) communicate to the CFSS agency-provider or FMS provider about the need for a  
285.8 delegate by updating the written agreement to include the name of the delegate and the  
285.9 delegate's contact information; and

285.10 (4) ensure that the delegate protects the participant's privacy according to federal and  
285.11 state data privacy laws.

285.12 (i) The designation of a participant's representative remains in place until:

285.13 (1) the participant revokes the designation;

285.14 (2) the participant's representative withdraws the designation or becomes unable to fulfill  
285.15 the duties;

285.16 (3) the legal authority to act as a participant's representative changes; or

285.17 (4) the participant's representative is disqualified.

285.18 (j) A lead agency may disqualify a participant's representative who engages in conduct  
285.19 that creates an imminent risk of harm to the participant, the support workers, or other staff.

285.20 A participant's representative who fails to provide support required by the participant must  
285.21 be referred to the common entry point.

285.22 Sec. 76. Minnesota Statutes 2020, section 256B.85, subdivision 15, is amended to read:

285.23 Subd. 15. **Documentation of support services provided; time sheets.** (a) CFSS services  
285.24 provided to a participant by a support worker employed by either an agency-provider or the  
285.25 participant employer must be documented daily by each support worker, on a time sheet.  
285.26 Time sheets may be created, submitted, and maintained electronically. Time sheets must  
285.27 be submitted by the support worker at least once per month to the:

285.28 (1) agency-provider when the participant is using the agency-provider model. The  
285.29 agency-provider must maintain a record of the time sheet and provide a copy of the time  
285.30 sheet to the participant; or

286.1 (2) participant and the participant's FMS provider when the participant is using the  
286.2 budget model. The participant and the FMS provider must maintain a record of the time  
286.3 sheet.

286.4 (b) The documentation on the time sheet must correspond to the participant's assessed  
286.5 needs within the scope of CFSS covered services. The accuracy of the time sheets must be  
286.6 verified by the:

286.7 (1) agency-provider when the participant is using the agency-provider model; or

286.8 (2) participant employer and the participant's FMS provider when the participant is using  
286.9 the budget model.

286.10 (c) The time sheet must document the time the support worker provides services to the  
286.11 participant. The following elements must be included in the time sheet:

286.12 (1) the support worker's full name and individual provider number;

286.13 (2) the agency-provider's name and telephone numbers, when responsible for the CFSS  
286.14 service delivery plan;

286.15 (3) the participant's full name;

286.16 (4) the dates within the pay period established by the agency-provider or FMS provider,  
286.17 including month, day, and year, and arrival and departure times with a.m. or p.m. notations  
286.18 for days worked within the established pay period;

286.19 (5) the covered services provided to the participant on each date of service;

286.20 (6) ~~a the signature line for~~ the signature of the participant or the participant's representative and a  
286.21 statement that the participant's or participant's representative's signature is verification of  
286.22 the time sheet's accuracy;

286.23 (7) the ~~personal~~ signature of the support worker;

286.24 (8) any shared care provided, if applicable;

286.25 (9) a statement that it is a federal crime to provide false information on CFSS billings  
286.26 for medical assistance payments; and

286.27 (10) dates and location of participant stays in a hospital, care facility, or incarceration  
286.28 occurring within the established pay period.

287.1 Sec. 77. Minnesota Statutes 2020, section 256B.85, subdivision 17a, is amended to read:

287.2 Subd. 17a. **Consultation services provider qualifications and**

287.3 **requirements.** Consultation services providers must meet the following qualifications and  
287.4 requirements:

287.5 (1) meet the requirements under subdivision 10, paragraph (a), excluding clauses (4)  
287.6 and (5);

287.7 (2) are under contract with the department;

287.8 (3) are not the FMS provider, the lead agency, or the CFSS or home and community-based  
287.9 services waiver vendor or agency-provider to the participant;

287.10 (4) meet the service standards as established by the commissioner;

287.11 (5) have proof of surety bond coverage. Upon new enrollment, or if the consultation  
287.12 service provider's Medicaid revenue in the previous calendar year is less than or equal to  
287.13 \$300,000, the consultation service provider must purchase a surety bond of \$50,000. If the  
287.14 agency-provider's Medicaid revenue in the previous calendar year is greater than \$300,000,  
287.15 the consultation service provider must purchase a surety bond of \$100,000. The surety bond  
287.16 must be in a form approved by the commissioner, must be renewed annually, and must  
287.17 allow for recovery of costs and fees in pursuing a claim on the bond;

287.18 ~~(5)~~ (6) employ lead professional staff with a minimum of ~~three~~ two years of experience  
287.19 in providing services such as support planning, support broker, case management or care  
287.20 coordination, or consultation services and consumer education to participants using a  
287.21 self-directed program using FMS under medical assistance;

287.22 (7) report maltreatment as required under chapter 260E and section 626.557;

287.23 ~~(6)~~ (8) comply with medical assistance provider requirements;

287.24 ~~(7)~~ (9) understand the CFSS program and its policies;

287.25 ~~(8)~~ (10) are knowledgeable about self-directed principles and the application of the  
287.26 person-centered planning process;

287.27 ~~(9)~~ (11) have general knowledge of the FMS provider duties and the vendor  
287.28 fiscal/employer agent model, including all applicable federal, state, and local laws and  
287.29 regulations regarding tax, labor, employment, and liability and workers' compensation  
287.30 coverage for household workers; and

287.31 ~~(10)~~ (12) have all employees, including lead professional staff, staff in management and  
287.32 supervisory positions, and owners of the agency who are active in the day-to-day management

288.1 and operations of the agency, complete training as specified in the contract with the  
288.2 department.

288.3 Sec. 78. Minnesota Statutes 2020, section 256B.85, subdivision 18a, is amended to read:

288.4 Subd. 18a. **Worker training and development services.** (a) The commissioner shall  
288.5 develop the scope of tasks and functions, service standards, and service limits for worker  
288.6 training and development services.

288.7 (b) Worker training and development costs are in addition to the participant's assessed  
288.8 service units or service budget. Services provided according to this subdivision must:

288.9 (1) help support workers obtain and expand the skills and knowledge necessary to ensure  
288.10 competency in providing quality services as needed and defined in the participant's CFSS  
288.11 service delivery plan and as required under subdivisions 11b and 14;

288.12 (2) be provided or arranged for by the agency-provider under subdivision 11, or purchased  
288.13 by the participant employer under the budget model as identified in subdivision 13; ~~and~~

288.14 (3) be delivered by an individual competent to perform, teach, or assign the tasks,  
288.15 including health-related tasks, identified in the plan through education, training, and work  
288.16 experience relevant to the person's assessed needs; and

288.17 ~~(3)~~ (4) be described in the participant's CFSS service delivery plan and documented in  
288.18 the participant's file.

288.19 (c) Services covered under worker training and development shall include:

288.20 (1) support worker training on the participant's individual assessed needs and condition,  
288.21 provided individually or in a group setting by a skilled and knowledgeable trainer beyond  
288.22 any training the participant or participant's representative provides;

288.23 (2) tuition for professional classes and workshops for the participant's support workers  
288.24 that relate to the participant's assessed needs and condition;

288.25 (3) direct observation, monitoring, coaching, and documentation of support worker job  
288.26 skills and tasks, beyond any training the participant or participant's representative provides,  
288.27 including supervision of health-related tasks or behavioral supports that is conducted by an  
288.28 appropriate professional based on the participant's assessed needs. These services must be  
288.29 provided at the start of services or the start of a new support worker except as provided in  
288.30 paragraph (d) and must be specified in the participant's CFSS service delivery plan; and

288.31 (4) the activities to evaluate CFSS services and ensure support worker competency  
288.32 described in subdivisions 11a and 11b.

289.1 (d) The services in paragraph (c), clause (3), are not required to be provided for a new  
289.2 support worker providing services for a participant due to staffing failures, unless the support  
289.3 worker is expected to provide ongoing backup staffing coverage.

289.4 (e) Worker training and development services shall not include:

289.5 (1) general agency training, worker orientation, or training on CFSS self-directed models;

289.6 (2) payment for preparation or development time for the trainer or presenter;

289.7 (3) payment of the support worker's salary or compensation during the training;

289.8 (4) training or supervision provided by the participant, the participant's support worker,  
289.9 or the participant's informal supports, including the participant's representative; or

289.10 (5) services in excess of ~~96 units~~ the rate set by the commissioner per annual service  
289.11 agreement, unless approved by the department.

289.12 Sec. 79. Minnesota Statutes 2020, section 256B.85, subdivision 20b, is amended to read:

289.13 Subd. 20b. **Service-related rights under an agency-provider.** A participant receiving  
289.14 CFSS from an agency-provider has service-related rights to:

289.15 (1) participate in and approve the initial development and ongoing modification and  
289.16 evaluation of CFSS services provided to the participant;

289.17 (2) refuse or terminate services and be informed of the consequences of refusing or  
289.18 terminating services;

289.19 (3) before services are initiated, be told the limits to the services available from the  
289.20 agency-provider, including the agency-provider's knowledge, skill, and ability to meet the  
289.21 participant's needs identified in the CFSS service delivery plan;

289.22 (4) a coordinated transfer of services when there will be a change in the agency-provider;

289.23 (5) before services are initiated, be told what the agency-provider charges for the services;

289.24 (6) before services are initiated, be told to what extent payment may be expected from  
289.25 health insurance, public programs, or other sources, if known; and what charges the  
289.26 participant may be responsible for paying;

289.27 (7) receive services from an individual who is competent and trained, who has  
289.28 professional certification or licensure, as required, and who meets additional qualifications  
289.29 identified in the participant's CFSS service delivery plan;

290.1 (8) have the participant's preferences for support workers identified and documented,  
290.2 and have those preferences met when possible; and

290.3 (9) before services are initiated, be told the choices that are available from the  
290.4 agency-provider for meeting the participant's assessed needs identified in the CFSS service  
290.5 delivery plan, including but not limited to which support worker staff will be providing  
290.6 services ~~and~~, the proposed frequency and schedule of visits, and any agreements for shared  
290.7 services.

290.8 Sec. 80. Minnesota Statutes 2020, section 256B.85, subdivision 23, is amended to read:

290.9 Subd. 23. **Commissioner's access.** (a) When the commissioner is investigating a possible  
290.10 overpayment of Medicaid funds, the commissioner must be given immediate access without  
290.11 prior notice to the agency-provider, consultation services provider, or FMS provider's office  
290.12 during regular business hours and to documentation and records related to services provided  
290.13 and submission of claims for services provided. ~~Denying the commissioner access to records~~  
290.14 ~~is cause for immediate suspension of payment and terminating~~ If the agency-provider's  
290.15 enrollment or agency-provider, FMS provider's enrollment provider, or consultation services  
290.16 provider denies the commissioner access to records, the provider's payment may be  
290.17 immediately suspended or the provider's enrollment may be terminated according to section  
290.18 256B.064 ~~or terminating the consultation services provider contract.~~

290.19 (b) The commissioner has the authority to request proof of compliance with laws, rules,  
290.20 and policies from agency-providers, consultation services providers, FMS providers, and  
290.21 participants.

290.22 (c) When relevant to an investigation conducted by the commissioner, the commissioner  
290.23 must be given access to the business office, documents, and records of the agency-provider,  
290.24 consultation services provider, or FMS provider, including records maintained in electronic  
290.25 format; participants served by the program; and staff during regular business hours. The  
290.26 commissioner must be given access without prior notice and as often as the commissioner  
290.27 considers necessary if the commissioner is investigating an alleged violation of applicable  
290.28 laws or rules. The commissioner may request and shall receive assistance from lead agencies  
290.29 and other state, county, and municipal agencies and departments. The commissioner's access  
290.30 includes being allowed to photocopy, photograph, and make audio and video recordings at  
290.31 the commissioner's expense.

291.1 Sec. 81. Minnesota Statutes 2020, section 256B.85, subdivision 23a, is amended to read:

291.2 Subd. 23a. **Sanctions; information for participants upon termination of services.** (a)

291.3 The commissioner may withhold payment from the provider or suspend or terminate the  
291.4 provider enrollment number if the provider fails to comply fully with applicable laws or  
291.5 rules. The provider has the right to appeal the decision of the commissioner under section  
291.6 256B.064.

291.7 (b) Notwithstanding subdivision 13, paragraph (c), if a participant employer fails to  
291.8 comply fully with applicable laws or rules, the commissioner may disenroll the participant  
291.9 from the budget model. A participant may appeal in writing to the department under section  
291.10 256.045, subdivision 3, to contest the department's decision to disenroll the participant from  
291.11 the budget model.

291.12 (c) Agency-providers of CFSS services or FMS providers must provide each participant  
291.13 with a copy of participant protections in subdivision 20c at least 30 days prior to terminating  
291.14 services to a participant, if the termination results from sanctions under this subdivision or  
291.15 section 256B.064, such as a payment withhold or a suspension or termination of the provider  
291.16 enrollment number. If a CFSS agency-provider or FMS provider, or consultation services  
291.17 provider determines it is unable to continue providing services to a participant because of  
291.18 an action under this subdivision or section 256B.064, the agency-provider or FMS provider,  
291.19 or consultation services provider must notify the participant, the participant's representative,  
291.20 and the commissioner 30 days prior to terminating services to the participant, and must  
291.21 assist the commissioner and lead agency in supporting the participant in transitioning to  
291.22 another CFSS agency-provider or FMS provider, or consultation services provider of the  
291.23 participant's choice.

291.24 (d) In the event the commissioner withholds payment from a CFSS agency-provider or,  
291.25 FMS provider, or consultation services provider, or suspends or terminates a provider  
291.26 enrollment number of a CFSS agency-provider or FMS provider, or consultation services  
291.27 provider under this subdivision or section 256B.064, the commissioner may inform the  
291.28 Office of Ombudsman for Long-Term Care and the lead agencies for all participants with  
291.29 active service agreements with the agency-provider or FMS provider, or consultation  
291.30 services provider. At the commissioner's request, the lead agencies must contact participants  
291.31 to ensure that the participants are continuing to receive needed care, and that the participants  
291.32 have been given free choice of agency-provider or FMS provider, or consultation services  
291.33 provider if they transfer to another CFSS agency-provider or FMS provider, or consultation  
291.34 services provider. In addition, the commissioner or the commissioner's delegate may directly  
291.35 notify participants who receive care from the agency-provider or FMS provider, or

292.1 consultation services provider that payments have been or will be withheld or that the  
292.2 provider's participation in medical assistance has been or will be suspended or terminated,  
292.3 if the commissioner determines that the notification is necessary to protect the welfare of  
292.4 the participants.

292.5 Sec. 82. Minnesota Statutes 2020, section 256L.03, subdivision 1, is amended to read:

292.6 Subdivision 1. **Covered health services.** (a) "Covered health services" means the health  
292.7 services reimbursed under chapter 256B, with the exception of special education services,  
292.8 home care nursing services, adult dental care services other than services covered under  
292.9 section 256B.0625, subdivision 9, orthodontic services, nonemergency medical transportation  
292.10 services, personal care assistance and case management services, behavioral health home  
292.11 services under section 256B.0757, housing stabilization services under section 256B.051,  
292.12 and nursing home or intermediate care facilities services.

292.13 (b) No public funds shall be used for coverage of abortion under MinnesotaCare except  
292.14 where the life of the female would be endangered or substantial and irreversible impairment  
292.15 of a major bodily function would result if the fetus were carried to term; or where the  
292.16 pregnancy is the result of rape or incest.

292.17 (c) Covered health services shall be expanded as provided in this section.

292.18 (d) For the purposes of covered health services under this section, "child" means an  
292.19 individual younger than 19 years of age.

292.20 Sec. 83. **REVISOR INSTRUCTION.**

292.21 (a) In Minnesota Statutes, sections 245A.191, paragraph (a); 245G.02, subdivision 3;  
292.22 246.18, subdivision 2; 246.23, subdivision 2; 246.64, subdivision 3; 254A.03, subdivision  
292.23 3; 254A.19, subdivision 4; 254B.03, subdivision 2; 254B.04, subdivision 1; 254B.05,  
292.24 subdivisions 1a and 4; 254B.051; 254B.06, subdivision 1; 254B.12, subdivisions 1 and 2;  
292.25 254B.13, subdivisions 2a and 5; 254B.14, subdivision 5; 256L.03, subdivision 2; and 295.53,  
292.26 subdivision 1, the revisor of statutes must change the term "consolidated chemical  
292.27 dependency treatment fund" or similar terms to "behavioral health fund." The revisor may  
292.28 make grammatical changes related to the term change.

292.29 (b) In Minnesota Statutes, sections 245C.03, subdivision 13, and 256B.051, the revisor  
292.30 of statutes must change the term "housing support services" or similar terms to "housing  
292.31 stabilization services." The revisor may make grammatical changes related to the term  
292.32 change.

293.1 (c) In Minnesota Statutes, section 245C.03, subdivision 10, the revisor of statutes must  
293.2 change the term "group residential housing" to "housing support." The revisor may make  
293.3 grammatical changes related to the term change.

293.4 Sec. 84. **REPEALER.**

293.5 (a) Minnesota Statutes 2020, section 252.28, subdivisions 1 and 5, are repealed.

293.6 (b) Minnesota Statutes 2020, sections 252A.02, subdivisions 8 and 10; and 252A.21,  
293.7 subdivision 3, are repealed.

293.8 **EFFECTIVE DATE.** Paragraph (a) is effective the day following final enactment.

293.9 Paragraph (b) is effective August 1, 2021.

293.10

## ARTICLE 7

293.11

### MISCELLANEOUS

293.12 Section 1. Minnesota Statutes 2020, section 62V.05, is amended by adding a subdivision  
293.13 to read:

293.14 Subd. 4a. **Background study required.** (a) The board must initiate background studies  
293.15 under section 245C.031 of:

293.16 (1) each navigator;

293.17 (2) each in-person assister; and

293.18 (3) each certified application counselor.

293.19 (b) The board may initiate the background studies required by paragraph (a) using the  
293.20 online NETStudy 2.0 system operated by the commissioner of human services.

293.21 (c) The board shall not permit any individual to provide any service or function listed  
293.22 in paragraph (a) until the board has received notification from the commissioner of human  
293.23 services indicating that the individual:

293.24 (1) is not disqualified under chapter 245C; or

293.25 (2) is disqualified, but has received a set aside from the board of that disqualification  
293.26 according to sections 245C.22 and 245C.23.

293.27 (d) The board or its delegate shall review a reconsideration request of an individual in  
293.28 paragraph (a), including granting a set aside, according to the procedures and criteria in  
293.29 chapter 245C. The board shall notify the individual and the Department of Human Services  
293.30 of the board's decision.

294.1 **Sec. 2. [119B.27] OMBUDSPERSON FOR CHILD CARE PROVIDERS.**

294.2 **Subdivision 1. Appointment.** The governor shall appoint two ombudspersons in the  
294.3 classified service to assist child care providers, including family child care providers and  
294.4 legal nonlicensed child care providers, with licensing, compliance, and other issues facing  
294.5 child care providers. Each ombudsperson must be selected without regard to the person's  
294.6 political affiliation, and at least one ombudsperson must have been a licensed family child  
294.7 care provider for at least five years. Each ombudsperson shall serve a term of four years  
294.8 and may be removed prior to the end of the term for just cause.

294.9 **Subd. 2. Duties.** (a) Each ombudsperson's duties shall include:

294.10 (1) addressing all areas of concern to child care providers related to the provision of  
294.11 child care services, including licensing, correction orders, penalty assessments, complaint  
294.12 investigations, and other interactions with agency staff;

294.13 (2) providing recommendations for child care improvement or child care provider  
294.14 education;

294.15 (3) operating a telephone line to answer questions and provide guidance to child care  
294.16 providers; and

294.17 (4) assisting child care license applicants.

294.18 **(b) The ombudspersons must report annually by December 31 to the commissioner and**  
294.19 **the chairs and ranking minority members of the legislative committees with jurisdiction**  
294.20 **over child care on the services provided by each ombudsperson to child care providers,**  
294.21 **including the number, types, and locations of child care providers served, and the activities**  
294.22 **of each ombudsperson to carry out the duties under this section. The commissioner shall**  
294.23 **determine the form of the report and may specify additional reporting requirements.**

294.24 **Subd. 3. Staff.** The ombudspersons may appoint and compensate out of available funds  
294.25 a deputy, confidential secretary, and other employees in the unclassified service as authorized  
294.26 by law. Each ombudsperson and the full-time staff are members of the Minnesota State  
294.27 Retirement Association. The ombudspersons may delegate to members of the staff any  
294.28 authority or duties of the office except the duty to formally make recommendations to a  
294.29 child care provider or reports to the commissioner or the legislature.

294.30 **Subd. 4. Access to records.** (a) Each ombudsperson or designee, excluding volunteers,  
294.31 has access to data of a state agency necessary for the discharge of the ombudsperson's duties,  
294.32 including records classified as confidential data on individuals or private data on individuals  
294.33 under chapter 13 or any other law. The ombudsperson's data request must relate to a specific

295.1 case. If the data concerns an individual, the ombudsperson or designee shall first obtain the  
295.2 individual's consent. If the individual cannot consent and has no legal guardian, then access  
295.3 to the data is authorized by this section.

295.4 (b) On a quarterly basis, each state agency responsible for licensing, regulating, and  
295.5 enforcing state and federal laws and regulations concerning child care providers must provide  
295.6 the ombudspersons with copies of all correction orders, penalty assessments, and complaint  
295.7 investigation reports for all child care providers.

295.8 Subd. 5. **Independence of action.** In carrying out the duties under this section, the  
295.9 ombudspersons must act independently of the department to provide testimony to the  
295.10 legislature, make periodic reports to the legislature, and address areas of concern to child  
295.11 care providers.

295.12 Subd. 6. **Civil actions.** The ombudsperson or designee is not civilly liable for any action  
295.13 taken under this section if the action was taken in good faith, was within the scope of the  
295.14 ombudsperson's authority, and did not constitute willful or reckless misconduct.

295.15 Subd. 7. **Qualifications.** Each ombudsperson must be a person who has knowledge and  
295.16 experience concerning the provision of child care. Each ombudsperson must be experienced  
295.17 in dealing with governmental entities, interpretation of laws and regulations, investigations,  
295.18 record keeping, report writing, public speaking, and management. A person is not eligible  
295.19 to serve as an ombudsperson while holding public office.

295.20 Subd. 8. **Office support.** The commissioner shall provide the ombudspersons with the  
295.21 necessary office space, supplies, equipment, and clerical support to effectively perform the  
295.22 duties under this section.

295.23 Subd. 9. **Posting.** (a) The commissioner shall post on the department's website the address  
295.24 and telephone number for the office of the ombudsperson. The commissioner shall provide  
295.25 all child care providers with the address and telephone number of the office. Counties must  
295.26 provide child care providers with the name, address, and telephone number of the office.

295.27 (b) The ombudspersons must approve all posting and notice required by the department  
295.28 and counties under this subdivision.

295.29 Sec. 3. Minnesota Statutes 2020, section 122A.18, subdivision 8, is amended to read:

295.30 Subd. 8. **Background ~~checks~~ studies.** (a) The Professional Educator Licensing and  
295.31 Standards Board and the Board of School Administrators must ~~obtain a~~ initiate criminal  
295.32 history background ~~check on~~ studies of all first-time ~~teaching~~ applicants for educator licenses  
295.33 under their jurisdiction. Applicants must include with their licensure applications:

296.1 (1) an executed criminal history consent form, including fingerprints; and  
296.2 (2) payment to conduct the background ~~check~~ study. The Professional Educator Licensing  
296.3 and Standards Board must deposit payments received under this subdivision in an account  
296.4 in the special revenue fund. Amounts in the account are annually appropriated to the  
296.5 Professional Educator Licensing and Standards Board to pay for the costs of background  
296.6 ~~checks~~ studies on applicants for licensure.

296.7 (b) The background ~~check~~ study for all first-time teaching applicants for licenses must  
296.8 include a review of information from the Bureau of Criminal Apprehension, including  
296.9 criminal history data as defined in section 13.87, and must also include a review of the  
296.10 national criminal records repository. The superintendent of the Bureau of Criminal  
296.11 Apprehension is authorized to exchange fingerprints with the Federal Bureau of Investigation  
296.12 for purposes of the criminal history check. ~~The superintendent shall recover the cost to the~~  
296.13 ~~bureau of a background check through the fee charged to the applicant under paragraph (a).~~

296.14 (c) The Professional Educator Licensing and Standards Board ~~must contract with~~ may  
296.15 initiate criminal history background studies through the commissioner of human services  
296.16 according to section 245C.031 to conduct background checks and obtain background check  
296.17 study data required under this chapter.

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

296.20 Subd. 23. **Family or group family child care program.** "Family or group family child  
296.21 care program" means a licensed child care program operated in the residence in which the  
296.22 license holder lives. The license holder is the primary provider of care and may only hold  
296.23 one family child care license.

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

296.26 Subd. 24. **Special family child care program.** "Special family child care program"  
296.27 means a licensed child care program operated in a residence in which the license holder  
296.28 does not live. The license holder is the primary provider of care.

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

296.31 Subd. 25. **Nonresidential family child care program.** "Nonresidential family child  
296.32 care program" means a licensed child care program operated in a location other than the

297.1 license holder's own residence, excluding licensed child care centers. The license holder is  
297.2 one of the individuals or entities listed in section 245A.141, subdivision 1, paragraph (a).

297.3 Sec. 7. Minnesota Statutes 2020, section 245A.03, is amended by adding a subdivision to  
297.4 read:

297.5 Subd. 10. **Group family day care licensed capacity; child to adult capacity ratios;**  
297.6 **age distribution restrictions.** (a) Notwithstanding Minnesota Rules, part 9502.0365, subpart  
297.7 1, and 9502.0367, item (C), the commissioner shall issue licenses for group family day care  
297.8 according to the capacity limits, child-to-adult ratios, and age distribution restrictions in  
297.9 this subdivision.

297.10 (b) For purposes of this subdivision, "group family day care" means day care for no  
297.11 more than 16 children at any one time. The licensed capacity of a group family day care  
297.12 must include all children of any caregiver when the children are present in the residence,  
297.13 except notwithstanding Minnesota Rules, part 9502.0365, subpart 1, item (A), the licensed  
297.14 capacity does not include the license holder's biological or adopted children who are nine  
297.15 years old or older.

297.16 (c) Notwithstanding Minnesota Rules, part 9502.0367, item (C), subitem (1), for a group  
297.17 family day care program with a licensed capacity of ten children, one adult caregiver shall  
297.18 serve no more than ten children younger than 11 years of age. Of those ten, no more than  
297.19 seven may be younger than four years of age. Of those seven, no more than three may be  
297.20 younger than 18 months of age. Of those three, no more than two may be infants.

297.21 (d) Notwithstanding Minnesota Rules, part 9502.0367, item (C), subitem (2), for a group  
297.22 family day care program with a licensed capacity of 12 children, one adult caregiver shall  
297.23 serve no more than 12 children younger than 11 years of age. Of those 12, no more than  
297.24 nine may be younger than four years of age. Of those nine, no more than two may be younger  
297.25 than 18 months of age.

297.26 (e) Notwithstanding Minnesota Rules, part 9502.0367, item (C), subitem (3), for a group  
297.27 family day care program with a licensed capacity of 16 children, two adult caregivers shall  
297.28 serve no more than 16 children younger than 11 years of age. Of those 16, no more than 11  
297.29 may be younger than four years of age. Of those 11, no more than four may be younger  
297.30 than 18 months of age. Of those four, no more than three may be infants. A helper may be  
297.31 used in place of a second adult caregiver when there is no more than one child younger than  
297.32 18 months of age present.

298.1 Sec. 8. Minnesota Statutes 2020, section 245A.05, is amended to read:

298.2 **245A.05 DENIAL OF APPLICATION.**

298.3 (a) The commissioner may deny a license if an applicant or controlling individual:

298.4 (1) fails to submit a substantially complete application after receiving notice from the  
298.5 commissioner under section 245A.04, subdivision 1;

298.6 (2) fails to comply with applicable laws or rules;

298.7 (3) knowingly withholds relevant information from or gives false or misleading  
298.8 information to the commissioner in connection with an application for a license or during  
298.9 an investigation;

298.10 (4) has a disqualification that has not been set aside under section 245C.22 and no  
298.11 variance has been granted;

298.12 (5) has an individual living in the household who received a background study under  
298.13 section 245C.03, subdivision 1, paragraph (a), clause (2), who has a disqualification that  
298.14 has not been set aside under section 245C.22, and no variance has been granted;

298.15 (6) is associated with an individual who received a background study under section  
298.16 245C.03, subdivision 1, paragraph (a), clause (6), who may have unsupervised access to  
298.17 children or vulnerable adults, and who has a disqualification that has not been set aside  
298.18 under section 245C.22, and no variance has been granted;

298.19 (7) fails to comply with section 245A.04, subdivision 1, paragraph (f) or (g);

298.20 (8) fails to demonstrate competent knowledge as required by section 245A.04, subdivision  
298.21 6;

298.22 (9) has a history of noncompliance as a license holder or controlling individual with  
298.23 applicable laws or rules, including but not limited to this chapter and chapters 119B and  
298.24 245C; ~~or~~

298.25 (10) is prohibited from holding a license according to section 245.095; or

298.26 (11) for a family foster setting, has nondisqualifying background study information, as  
298.27 described in section 245C.05, subdivision 4, that reflects on the individual's ability to safely  
298.28 provide care to foster children.

298.29 (b) An applicant whose application has been denied by the commissioner must be given  
298.30 notice of the denial, which must state the reasons for the denial in plain language. Notice  
298.31 must be given by certified mail or personal service. The notice must state the reasons the

299.1 application was denied and must inform the applicant of the right to a contested case hearing  
299.2 under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The applicant may  
299.3 appeal the denial by notifying the commissioner in writing by certified mail or personal  
299.4 service. If mailed, the appeal must be postmarked and sent to the commissioner within 20  
299.5 calendar days after the applicant received the notice of denial. If an appeal request is made  
299.6 by personal service, it must be received by the commissioner within 20 calendar days after  
299.7 the applicant received the notice of denial. Section 245A.08 applies to hearings held to  
299.8 appeal the commissioner's denial of an application.

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

299.10 Sec. 9. Minnesota Statutes 2020, section 245A.07, subdivision 1, is amended to read:

299.11 Subdivision 1. **Sanctions; appeals; license.** (a) In addition to making a license conditional  
299.12 under section 245A.06, the commissioner may suspend or revoke the license, impose a fine,  
299.13 or secure an injunction against the continuing operation of the program of a license holder  
299.14 who does not comply with applicable law or rule, or who has nondisqualifying background  
299.15 study information, as described in section 245C.05, subdivision 4, that reflects on the license  
299.16 holder's ability to safely provide care to foster children. When applying sanctions authorized  
299.17 under this section, the commissioner shall consider the nature, chronicity, or severity of the  
299.18 violation of law or rule and the effect of the violation on the health, safety, or rights of  
299.19 persons served by the program.

299.20 (b) If a license holder appeals the suspension or revocation of a license and the license  
299.21 holder continues to operate the program pending a final order on the appeal, the commissioner  
299.22 shall issue the license holder a temporary provisional license. Unless otherwise specified  
299.23 by the commissioner, variances in effect on the date of the license sanction under appeal  
299.24 continue under the temporary provisional license. If a license holder fails to comply with  
299.25 applicable law or rule while operating under a temporary provisional license, the  
299.26 commissioner may impose additional sanctions under this section and section 245A.06, and  
299.27 may terminate any prior variance. If a temporary provisional license is set to expire, a new  
299.28 temporary provisional license shall be issued to the license holder upon payment of any fee  
299.29 required under section 245A.10. The temporary provisional license shall expire on the date  
299.30 the final order is issued. If the license holder prevails on the appeal, a new nonprovisional  
299.31 license shall be issued for the remainder of the current license period.

299.32 (c) If a license holder is under investigation and the license issued under this chapter is  
299.33 due to expire before completion of the investigation, the program shall be issued a new  
299.34 license upon completion of the reapplication requirements and payment of any applicable

300.1 license fee. Upon completion of the investigation, a licensing sanction may be imposed  
300.2 against the new license under this section, section 245A.06, or 245A.08.

300.3 (d) Failure to reapply or closure of a license issued under this chapter by the license  
300.4 holder prior to the completion of any investigation shall not preclude the commissioner  
300.5 from issuing a licensing sanction under this section or section 245A.06 at the conclusion  
300.6 of the investigation.

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

300.8 Sec. 10. Minnesota Statutes 2020, section 245A.08, subdivision 4, is amended to read:

300.9 Subd. 4. **Recommendation or decision of administrative law judge.** (a) Except as  
300.10 provided in paragraph (b), the administrative law judge shall recommend whether or not  
300.11 the commissioner's order should be affirmed. The recommendations must be consistent with  
300.12 this chapter and the rules of the commissioner. The recommendations must be in writing  
300.13 and accompanied by findings of fact and conclusions and must be mailed to the parties by  
300.14 certified mail to their last known addresses as shown on the license or application.

300.15 (b) Following a hearing relating to the license of a family child care provider or group  
300.16 family child care provider, the administrative law judge shall decide whether the  
300.17 commissioner's order should be affirmed. The decision of the administrative law judge is  
300.18 binding on both parties to the proceeding and is the final decision of the commissioner. The  
300.19 decision of the administrative law judge must be:

300.20 (1) consistent with this chapter and the applicable licensing rules;

300.21 (2) in writing and accompanied by findings of fact and conclusions of law;

300.22 (3) mailed to the family child care provider or group family child care provider by  
300.23 certified mail to the last known address shown on the license or application, or, if service  
300.24 by certified mail is waived by the provider, served in accordance with Minnesota Rules,  
300.25 part 1400.8610; and

300.26 (4) served in accordance with Minnesota Rules, part 1400.8610, on the Department of  
300.27 Human Services and any other party.

300.28 Any person aggrieved by a final decision under this paragraph is entitled to seek judicial  
300.29 review of the decision under the provisions of sections 14.63 to 14.68.

301.1 Sec. 11. Minnesota Statutes 2020, section 245A.08, subdivision 5, is amended to read:

301.2 Subd. 5. **Notice of commissioner's final order.** After considering the findings of fact,  
301.3 conclusions, and recommendations of the administrative law judge, the commissioner shall  
301.4 issue a final order. The commissioner shall consider, but shall not be bound by, the  
301.5 recommendations of the administrative law judge. The appellant must be notified of the  
301.6 commissioner's final order as required by chapter 14 and Minnesota Rules, parts 1400.8505  
301.7 to 1400.8612. The notice must also contain information about the appellant's rights under  
301.8 chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The institution of  
301.9 proceedings for judicial review of the commissioner's final order shall not stay the  
301.10 enforcement of the final order except as provided in section 14.65. This subdivision does  
301.11 not apply to hearings relating to the license of a family child care provider or group family  
301.12 child care provider.

301.13 Sec. 12. Minnesota Statutes 2020, section 245A.14, subdivision 1, is amended to read:

301.14 Subdivision 1. **Permitted single-family residential use.** A licensed nonresidential  
301.15 program with a licensed capacity of 12 or fewer persons and a group family day care facility  
301.16 licensed under Minnesota Rules, parts 9502.0315 to 9502.0445, to serve ~~14~~ 16 or fewer  
301.17 children shall be considered a permitted single-family residential use of property for the  
301.18 purposes of zoning and other land use regulations.

301.19 Sec. 13. Minnesota Statutes 2020, section 245A.14, subdivision 4, is amended to read:

301.20 Subd. 4. **Special family ~~day~~ child care homes.** (a) Nonresidential child care programs  
301.21 serving ~~14~~ 16 or fewer children that are conducted at a location other than the license holder's  
301.22 own residence shall be licensed under this section and the rules governing family day care  
301.23 or group family day care if:

301.24 (a) the license holder is the primary provider of care and the nonresidential child care  
301.25 program is conducted in a dwelling other than the license holder's own residence that is  
301.26 located on a residential lot;

301.27 ~~(b) the license holder is an employer who may or may not be the primary provider of~~  
301.28 ~~care, and the purpose for the child care program is to provide child care services to children~~  
301.29 ~~of the license holder's employees;~~

301.30 ~~(c) the license holder is a church or religious organization;~~

302.1 ~~(d) the license holder is a community collaborative child care provider. For purposes of~~  
302.2 ~~this subdivision, a community collaborative child care provider is a provider participating~~  
302.3 ~~in a cooperative agreement with a community action agency as defined in section 256E.31;~~

302.4 ~~(e) the license holder is a not-for-profit agency that provides child care in a dwelling~~  
302.5 ~~located on a residential lot and the license holder maintains two or more contracts with~~  
302.6 ~~community employers or other community organizations to provide child care services.~~  
302.7 ~~The county licensing agency may grant a capacity variance to a license holder licensed~~  
302.8 ~~under this paragraph to exceed the licensed capacity of 14 children by no more than five~~  
302.9 ~~children during transition periods related to the work schedules of parents, if the license~~  
302.10 ~~holder meets the following requirements:~~

302.11 ~~(1) the program does not exceed a capacity of 14 children more than a cumulative total~~  
302.12 ~~of four hours per day;~~

302.13 ~~(2) the program meets a one to seven staff to child ratio during the variance period;~~

302.14 ~~(3) all employees receive at least an extra four hours of training per year than required~~  
302.15 ~~in the rules governing family child care each year;~~

302.16 ~~(4) the facility has square footage required per child under Minnesota Rules, part~~  
302.17 ~~9502.0425;~~

302.18 ~~(5) the program is in compliance with local zoning regulations;~~

302.19 ~~(6) the program is in compliance with the applicable fire code as follows:~~

302.20 ~~(i) if the program serves more than five children older than 2-1/2 years of age, but no~~  
302.21 ~~more than five children 2-1/2 years of age or less, the applicable fire code is educational~~  
302.22 ~~occupancy, as provided in Group E Occupancy under the Minnesota State Fire Code 2015,~~  
302.23 ~~Section 202; or~~

302.24 ~~(ii) if the program serves more than five children 2-1/2 years of age or less, the applicable~~  
302.25 ~~fire code is Group I-4 Occupancies, as provided in the Minnesota State Fire Code 2015,~~  
302.26 ~~Section 202, unless the rooms in which the children are cared for are located on a level of~~  
302.27 ~~exit discharge and each of these child care rooms has an exit door directly to the exterior,~~  
302.28 ~~then the applicable fire code is Group E occupancies, as provided in the Minnesota State~~  
302.29 ~~Fire Code 2015, Section 202; and~~

302.30 ~~(7) any age and capacity limitations required by the fire code inspection and square~~  
302.31 ~~footage determinations shall be printed on the license; or~~

303.1 ~~(f) the license holder is the primary provider of care and has located the licensed child~~  
303.2 ~~care program in a commercial space, if the license holder meets the following requirements:~~

303.3 ~~(1) the program is in compliance with local zoning regulations;~~

303.4 ~~(2) the program is in compliance with the applicable fire code as follows:~~

303.5 ~~(i) if the program serves more than five children older than 2-1/2 years of age, but no~~  
303.6 ~~more than five children 2-1/2 years of age or less, the applicable fire code is educational~~  
303.7 ~~occupancy, as provided in Group E Occupancy under the Minnesota State Fire Code 2015,~~  
303.8 ~~Section 202; or~~

303.9 ~~(ii) if the program serves more than five children 2-1/2 years of age or less, the applicable~~  
303.10 ~~fire code is Group I-4 Occupancies, as provided under the Minnesota State Fire Code 2015,~~  
303.11 ~~Section 202;~~

303.12 ~~(3) any age and capacity limitations required by the fire code inspection and square~~  
303.13 ~~footage determinations are printed on the license; and~~

303.14 ~~(4) the license holder prominently displays the license issued by the commissioner which~~  
303.15 ~~contains the statement "This special family child care provider is not licensed as a child~~  
303.16 ~~care center."~~

303.17 ~~(g) The commissioner may approve two or more licenses under paragraphs (a) to (f) to~~  
303.18 ~~be issued at the same location or under one contiguous roof, if each license holder is able~~  
303.19 ~~to demonstrate compliance with all applicable rules and laws. Each license holder must~~  
303.20 ~~operate the license holder's respective licensed program as a distinct program and within~~  
303.21 ~~the capacity, age, and ratio distributions of each license.~~

303.22 ~~(h) (b) The commissioner may grant variances to this section to allow a primary provider~~  
303.23 ~~of care, a not-for-profit organization, a church or religious organization, an employer, or a~~  
303.24 ~~community collaborative to be licensed to provide child care under paragraphs (e) and (f)~~  
303.25 ~~section 245A.141, subdivision 1, paragraph (a), clauses (4) and (5), if the license holder~~  
303.26 ~~meets the other requirements of the statute.~~

303.27 Sec. 14. **[245A.141] NONRESIDENTIAL CHILD CARE PROGRAM LICENSING.**

303.28 Subdivision 1. Nonresidential child care programs. (a) The following child care  
303.29 programs serving 16 or fewer children that are conducted at a location other than the license  
303.30 holder's own residence shall be licensed under this section:

304.1 (1) the license holder is an employer who may or may not be the primary provider of  
304.2 care, and the purpose for the child care program is to provide child care services to children  
304.3 of the license holder's employees;

304.4 (2) the license holder is a church or religious organization;

304.5 (3) the license holder is a community collaborative child care provider. For purposes of  
304.6 this subdivision, a community collaborative child care provider is a provider participating  
304.7 in a cooperative agreement with a community action agency as defined in section 256E.31;

304.8 (4) the license holder is a not-for-profit agency that provides child care in a dwelling  
304.9 located on a residential lot and the license holder maintains two or more contracts with  
304.10 community employers or other community organizations to provide child care services.  
304.11 The county licensing agency may grant a capacity variance to a license holder licensed  
304.12 under this paragraph to exceed the licensed capacity of 16 children by no more than five  
304.13 children during transition periods related to the work schedules of parents, if the license  
304.14 holder meets the following requirements:

304.15 (i) the program does not exceed a capacity of 16 children more than a cumulative total  
304.16 of four hours per day;

304.17 (ii) the program meets a one-to-eight staff-to-child ratio during the variance period;

304.18 (iii) all employees receive at least an extra four hours of training per year than are required  
304.19 in the rules governing family child care each year;

304.20 (iv) the facility has square footage required per child under Minnesota Rules, part  
304.21 9502.0425;

304.22 (v) the program is in compliance with local zoning regulations;

304.23 (vi) the program is in compliance with the applicable fire code as follows:

304.24 (A) if the program serves more than five children older than 2-1/2 years of age, but no  
304.25 more than five children 2-1/2 years of age or younger, the applicable fire code is educational  
304.26 occupancy, as provided in Group E Occupancy under the Minnesota State Fire Code 2015,  
304.27 Section 202; or

304.28 (B) if the program serves more than five children 2-1/2 years of age or younger, the  
304.29 applicable fire code is Group I-4 Occupancies, as provided in the Minnesota State Fire Code  
304.30 2015, Section 202, unless the rooms in which the children are cared for are located on a  
304.31 level of exit discharge and each of these child care rooms has an exit door directly to the

305.1 exterior, then the applicable fire code is Group E Occupancies, as provided in the Minnesota  
305.2 State Fire Code 2015, Section 202; and

305.3 (vii) any age and capacity limitations required by the fire code inspection and square  
305.4 footage determinations shall be printed on the license; or

305.5 (5) the license holder is the primary provider of care and has located the licensed child  
305.6 care program in a commercial space, if the license holder meets the following requirements:

305.7 (i) the program is in compliance with local zoning regulations;

305.8 (ii) the program is in compliance with the applicable fire code as follows:

305.9 (A) if the program serves more than five children older than 2-1/2 years of age, but no  
305.10 more than five children 2-1/2 years of age or younger, the applicable fire code is educational  
305.11 occupancy, as provided in Group E Occupancy under the Minnesota State Fire Code 2015,  
305.12 Section 202; or

305.13 (B) if the program serves more than five children 2-1/2 years of age or younger, the  
305.14 applicable fire code is Group I-4 Occupancies, as provided under the Minnesota State Fire  
305.15 Code 2015, Section 202;

305.16 (iii) any age and capacity limitations required by the fire code inspection and square  
305.17 footage determinations are printed on the license; and

305.18 (iv) the license holder prominently displays the license issued by the commissioner that  
305.19 contains the statement "This special family child care provider is not licensed as a child  
305.20 care center."

305.21 (b) Programs licensed under this section shall be subject to the rules governing family  
305.22 day care or group family day care.

305.23 (c) Programs licensed under this section shall be monitored by county licensing agencies  
305.24 under section 245A.16.

305.25 Subd. 2. **Multiple license approval.** The commissioner may approve up to four licenses  
305.26 under subdivision 1, paragraph (a), clause (1) or (2), to be issued at the same location or  
305.27 under one contiguous roof, if each license holder is able to demonstrate compliance with  
305.28 all applicable rules and laws. Each license holder must operate the license holder's respective  
305.29 licensed program as a distinct program and within the capacity, age, and ratio distributions  
305.30 of each license.

305.31 Subd. 3. **Variances.** The commissioner may grant variances to this section to allow a  
305.32 primary provider of care, a not-for-profit organization, a church or religious organization,

306.1 an employer, or a community collaborative to be licensed to provide child care under  
306.2 subdivision 1, paragraph (a), clauses (4) and (5), if the license holder meets the other  
306.3 requirements of the statute.

306.4 Sec. 15. Minnesota Statutes 2020, section 245A.16, subdivision 1, is amended to read:

306.5 Subdivision 1. **Delegation of authority to agencies.** (a) County agencies and private  
306.6 agencies that have been designated or licensed by the commissioner to perform licensing  
306.7 functions and activities under section 245A.04 and background studies for family child care  
306.8 under chapter 245C; to recommend denial of applicants under section 245A.05; to issue  
306.9 correction orders, to issue variances, and recommend a conditional license under section  
306.10 245A.06; or to recommend suspending or revoking a license or issuing a fine under section  
306.11 245A.07, shall comply with rules and directives of the commissioner governing those  
306.12 functions and with this section. The following variances are excluded from the delegation  
306.13 of variance authority and may be issued only by the commissioner:

306.14 (1) dual licensure of family child care and child foster care, dual licensure of child and  
306.15 adult foster care, and adult foster care and family child care;

306.16 (2) adult foster care maximum capacity;

306.17 (3) adult foster care minimum age requirement;

306.18 (4) child foster care maximum age requirement;

306.19 (5) variances regarding disqualified individuals except that, before the implementation  
306.20 of NETStudy 2.0, county agencies may issue variances under section 245C.30 regarding  
306.21 disqualified individuals when the county is responsible for conducting a consolidated  
306.22 reconsideration according to sections 245C.25 and 245C.27, subdivision 2, clauses (a) and  
306.23 (b), of a county maltreatment determination and a disqualification based on serious or  
306.24 recurring maltreatment;

306.25 (6) the required presence of a caregiver in the adult foster care residence during normal  
306.26 sleeping hours;

306.27 (7) variances to requirements relating to chemical use problems of a license holder or a  
306.28 household member of a license holder; and

306.29 (8) variances to section 245A.53 for a time-limited period. If the commissioner grants  
306.30 a variance under this clause, the license holder must provide notice of the variance to all  
306.31 parents and guardians of the children in care.

307.1 Except as provided in section ~~245A.14, subdivision 4, paragraph (e)~~ 245A.141, subdivision  
307.2 1, paragraph (a), clause (4), a county agency must not grant a license holder a variance to  
307.3 exceed the maximum allowable family child care license capacity of ~~14~~ 16 children.

307.4 (b) A county agency that has been designated by the commissioner to issue family child  
307.5 care variances must:

307.6 (1) publish the county agency's policies and criteria for issuing variances on the county's  
307.7 public website and update the policies as necessary; and

307.8 (2) annually distribute the county agency's policies and criteria for issuing variances to  
307.9 all family child care license holders in the county.

307.10 (c) Before the implementation of NETStudy 2.0, county agencies must report information  
307.11 about disqualification reconsiderations under sections 245C.25 and 245C.27, subdivision  
307.12 2, paragraphs (a) and (b), and variances granted under paragraph (a), clause (5), to the  
307.13 commissioner at least monthly in a format prescribed by the commissioner.

307.14 (d) For family child care programs, the commissioner shall require a county agency to  
307.15 conduct one unannounced licensing review at least annually.

307.16 (e) For family adult day services programs, the commissioner may authorize licensing  
307.17 reviews every two years after a licensee has had at least one annual review.

307.18 (f) A license issued under this section may be issued for up to two years.

307.19 (g) During implementation of chapter 245D, the commissioner shall consider:

307.20 (1) the role of counties in quality assurance;

307.21 (2) the duties of county licensing staff; and

307.22 (3) the possible use of joint powers agreements, according to section 471.59, with counties  
307.23 through which some licensing duties under chapter 245D may be delegated by the  
307.24 commissioner to the counties.

307.25 Any consideration related to this paragraph must meet all of the requirements of the corrective  
307.26 action plan ordered by the federal Centers for Medicare and Medicaid Services.

307.27 (h) Licensing authority specific to section 245D.06, subdivisions 5, 6, 7, and 8, or  
307.28 successor provisions; and section 245D.061 or successor provisions, for family child foster  
307.29 care programs providing out-of-home respite, as identified in section 245D.03, subdivision  
307.30 1, paragraph (b), clause (1), is excluded from the delegation of authority to county and  
307.31 private agencies.

308.1 (i) A county agency shall report to the commissioner, in a manner prescribed by the  
308.2 commissioner, the following information for a licensed family child care program:

308.3 (1) the results of each licensing review completed, including the date of the review, and  
308.4 any licensing correction order issued;

308.5 (2) any death, serious injury, or determination of substantiated maltreatment; and

308.6 (3) any fires that require the service of a fire department within 48 hours of the fire. The  
308.7 information under this clause must also be reported to the state fire marshal within two  
308.8 business days of receiving notice from a licensed family child care provider.

308.9 (j) A county agency must forward all communications from the Department of Human  
308.10 Services about family child care to family child care providers in the county. Additional  
308.11 comments by the county agency may be included if labeled as county agency comments.

308.12 Sec. 16. Minnesota Statutes 2020, section 245A.16, is amended by adding a subdivision  
308.13 to read:

308.14 Subd. 9. Licensed family foster settings. (a) Before recommending to grant a license,  
308.15 deny a license under section 245A.05, or revoke a license under section 245A.07 for  
308.16 nondisqualifying background study information received under section 245C.05, subdivision  
308.17 4, paragraph (a), clause (3), for a licensed family foster setting, a county agency or private  
308.18 agency that has been designated or licensed by the commissioner must review the following:

308.19 (1) the type of offenses;

308.20 (2) the number of offenses;

308.21 (3) the nature of the offenses;

308.22 (4) the age of the individual at the time of the offenses;

308.23 (5) the length of time that has elapsed since the last offense;

308.24 (6) the relationship of the offenses and the capacity to care for a child;

308.25 (7) evidence of rehabilitation;

308.26 (8) information or knowledge from community members regarding the individual's  
308.27 capacity to provide foster care;

308.28 (9) any available information regarding child maltreatment reports or child in need of  
308.29 protection or services petitions, or related cases, in which the individual has been involved  
308.30 or implicated, and documentation that the individual has remedied issues or conditions  
308.31 identified in child protection or court records that are relevant to safely caring for a child;

- 309.1 (10) a statement from the study subject;
- 309.2 (11) a statement from the license holder; and
- 309.3 (12) other aggravating and mitigating factors.
- 309.4 (b) For purposes of this section, "evidence of rehabilitation" includes but is not limited
- 309.5 to the following:
- 309.6 (1) maintaining a safe and stable residence;
- 309.7 (2) continuous, regular, or stable employment;
- 309.8 (3) successful participation in an education or job training program;
- 309.9 (4) positive involvement with the community or extended family;
- 309.10 (5) compliance with the terms and conditions of probation or parole following the
- 309.11 individual's most recent conviction;
- 309.12 (6) if the individual has had a substance use disorder, successful completion of a substance
- 309.13 use disorder assessment, substance use disorder treatment, and recommended continuing
- 309.14 care, if applicable, demonstrated abstinence from controlled substances, as defined in section
- 309.15 152.01, subdivision 4, or the establishment of a sober network;
- 309.16 (7) if the individual has had a mental illness or documented mental health issues,
- 309.17 demonstrated completion of a mental health evaluation, participation in therapy or other
- 309.18 recommended mental health treatment, or appropriate medication management, if applicable;
- 309.19 (8) if the individual's offense or conduct involved domestic violence, demonstrated
- 309.20 completion of a domestic violence or anger management program, and the absence of any
- 309.21 orders for protection or harassment restraining orders against the individual since the previous
- 309.22 offense or conduct;
- 309.23 (9) written letters of support from individuals of good repute, including but not limited
- 309.24 to employers, members of the clergy, probation or parole officers, volunteer supervisors,
- 309.25 or social services workers;
- 309.26 (10) demonstrated remorse for convictions or conduct, or demonstrated positive behavior
- 309.27 changes; and
- 309.28 (11) absence of convictions or arrests since the previous offense or conduct, including
- 309.29 any convictions that were expunged or pardoned.
- 309.30 (c) An applicant for a family foster setting license must sign all releases of information
- 309.31 requested by the county or private licensing agency.

310.1 (d) When licensing a relative for a family foster setting, the commissioner shall also  
310.2 consider the importance of maintaining the child's relationship with relatives as an additional  
310.3 significant factor in determining whether an application will be denied.

310.4 (e) When recommending that the commissioner deny or revoke a license, the county or  
310.5 private licensing agency must send a summary of the review completed according to  
310.6 paragraph (a), on a form developed by the commissioner, to the commissioner and include  
310.7 any recommendation for licensing action.

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

310.9 Sec. 17. Minnesota Statutes 2020, section 245A.50, subdivision 1a, is amended to read:

310.10 Subd. 1a. **Definitions and general provisions.** For the purposes of this section, the  
310.11 following terms have the meanings given:

310.12 (1) "second adult caregiver" means an adult who cares for children in the licensed  
310.13 program along with the license holder for a cumulative total of more than 500 hours annually;

310.14 (2) "helper" means a minor, ages 13 to 17, who assists in caring for children; ~~and~~

310.15 (3) "substitute" means an adult who assumes responsibility for a license holder for a  
310.16 cumulative total of not more than 500 hours annually; and

310.17 (4) "adult assistant" means an adult who assists in caring for children exclusively under  
310.18 the direct supervision of the license holder. An adult assistant may not serve as a second  
310.19 adult caregiver and has the same training requirements as helpers.

310.20 An adult, except for an adult assistant, who cares for children in the licensed program along  
310.21 with the license holder for a cumulative total of not more than 500 hours annually has the  
310.22 same training requirements as a substitute.

310.23 Sec. 18. Minnesota Statutes 2020, section 245A.50, subdivision 7, is amended to read:

310.24 Subd. 7. **Training requirements for family and group family child care.** (a) For  
310.25 purposes of family and group family child care, the license holder and each second adult  
310.26 caregiver must complete 16 hours of ongoing training each year. Repeat of topical training  
310.27 requirements in subdivisions 2 to 8 shall count toward the annual 16-hour training  
310.28 requirement. Additional ongoing training subjects to meet the annual 16-hour training  
310.29 requirement must be selected from the following areas:

- 311.1 (1) child development and learning training in understanding how a child develops  
311.2 physically, cognitively, emotionally, and socially, and how a child learns as part of the  
311.3 child's family, culture, and community;
- 311.4 (2) developmentally appropriate learning experiences, including training in creating  
311.5 positive learning experiences, promoting cognitive development, promoting social and  
311.6 emotional development, promoting physical development, promoting creative development;  
311.7 and behavior guidance;
- 311.8 (3) relationships with families, including training in building a positive, respectful  
311.9 relationship with the child's family;
- 311.10 (4) assessment, evaluation, and individualization, including training in observing,  
311.11 recording, and assessing development; assessing and using information to plan; and assessing  
311.12 and using information to enhance and maintain program quality;
- 311.13 (5) historical and contemporary development of early childhood education, including  
311.14 training in past and current practices in early childhood education and how current events  
311.15 and issues affect children, families, and programs;
- 311.16 (6) professionalism, including training in knowledge, skills, and abilities that promote  
311.17 ongoing professional development; and
- 311.18 (7) health, safety, and nutrition, including training in establishing healthy practices;  
311.19 ensuring safety; and providing healthy nutrition.
- 311.20 (b) A provider who is approved as a trainer through the Develop data system may count  
311.21 up to two hours of training instruction toward the annual 16-hour training requirement in  
311.22 paragraph (a). The provider may only count training instruction hours for the first instance  
311.23 in which they deliver a particular content-specific training during each licensing year. Hours  
311.24 counted as training instruction must be approved through the Develop data system with  
311.25 attendance verified on the trainer's individual learning record.

311.26 Sec. 19. Minnesota Statutes 2020, section 245C.05, subdivision 2c, is amended to read:

311.27 Subd. 2c. **Privacy notice to background study subject.** (a) Prior to initiating each  
311.28 background study, the entity initiating the study must provide the commissioner's privacy  
311.29 notice to the background study subject required under section 13.04, subdivision 2. The  
311.30 notice must be available through the commissioner's electronic NETStudy and NETStudy  
311.31 2.0 systems and shall include the information in paragraphs (b) and (c).

312.1 (b) The background study subject shall be informed that any previous background studies  
312.2 that received a set-aside will be reviewed, and without further contact with the background  
312.3 study subject, the commissioner may notify the agency that initiated the subsequent  
312.4 background study:

312.5 (1) that the individual has a disqualification that has been set aside for the program or  
312.6 agency that initiated the study;

312.7 (2) the reason for the disqualification; and

312.8 (3) that information about the decision to set aside the disqualification will be available  
312.9 to the license holder upon request without the consent of the background study subject.

312.10 (c) The background study subject must also be informed that:

312.11 (1) the subject's fingerprints collected for purposes of completing the background study  
312.12 under this chapter must not be retained by the Department of Public Safety, Bureau of  
312.13 Criminal Apprehension, or by the commissioner. The Federal Bureau of Investigation will  
312.14 ~~only retain fingerprints of subjects with a criminal history~~ not retain background study  
312.15 subjects' fingerprints;

312.16 (2) effective upon implementation of NETStudy 2.0, the subject's photographic image  
312.17 will be retained by the commissioner, and if the subject has provided the subject's Social  
312.18 Security number for purposes of the background study, the photographic image will be  
312.19 available to prospective employers and agencies initiating background studies under this  
312.20 chapter to verify the identity of the subject of the background study;

312.21 (3) the commissioner's authorized fingerprint collection vendor shall, for purposes of  
312.22 verifying the identity of the background study subject, be able to view the identifying  
312.23 information entered into NETStudy 2.0 by the entity that initiated the background study,  
312.24 but shall not retain the subject's fingerprints, photograph, or information from NETStudy  
312.25 2.0. The authorized fingerprint collection vendor shall retain no more than the subject's  
312.26 name and the date and time the subject's fingerprints were recorded and sent, only as  
312.27 necessary for auditing and billing activities;

312.28 (4) the commissioner shall provide the subject notice, as required in section 245C.17,  
312.29 subdivision 1, paragraph (a), when an entity initiates a background study on the individual;

312.30 (5) the subject may request in writing a report listing the entities that initiated a  
312.31 background study on the individual as provided in section 245C.17, subdivision 1, paragraph  
312.32 (b);

313.1 (6) the subject may request in writing that information used to complete the individual's  
313.2 background study in NETStudy 2.0 be destroyed if the requirements of section 245C.051,  
313.3 paragraph (a), are met; and

313.4 (7) notwithstanding clause (6), the commissioner shall destroy:

313.5 (i) the subject's photograph after a period of two years when the requirements of section  
313.6 245C.051, paragraph (c), are met; and

313.7 (ii) any data collected on a subject under this chapter after a period of two years following  
313.8 the individual's death as provided in section 245C.051, paragraph (d).

313.9 Sec. 20. Minnesota Statutes 2020, section 245C.05, subdivision 2d, is amended to read:

313.10 Subd. 2d. **Fingerprint data notification.** The commissioner of human services shall  
313.11 notify all background study subjects under this chapter that the Department of Human  
313.12 Services, Department of Public Safety, and the Bureau of Criminal Apprehension do not  
313.13 retain fingerprint data after a background study is completed, and that the Federal Bureau  
313.14 of Investigation ~~only retains the fingerprints of subjects who have a criminal history~~ does  
313.15 not retain background study subjects' fingerprints.

313.16 Sec. 21. Minnesota Statutes 2020, section 245C.05, subdivision 4, is amended to read:

313.17 Subd. 4. **Electronic transmission.** (a) For background studies conducted by the  
313.18 Department of Human Services, the commissioner shall implement a secure system for the  
313.19 electronic transmission of:

313.20 (1) background study information to the commissioner;

313.21 (2) background study results to the license holder;

313.22 (3) background study results to counties for background studies conducted by the  
313.23 commissioner for child foster care, including a summary of nondisqualifying results, except  
313.24 as prohibited by law; and

313.25 (4) background study results to county agencies for background studies conducted by  
313.26 the commissioner for adult foster care and family adult day services and, upon  
313.27 implementation of NETStudy 2.0, family child care and legal nonlicensed child care  
313.28 authorized under chapter 119B.

313.29 (b) Unless the commissioner has granted a hardship variance under paragraph (c), a  
313.30 license holder or an applicant must use the electronic transmission system known as

314.1 NETStudy or NETStudy 2.0 to submit all requests for background studies to the  
314.2 commissioner as required by this chapter.

314.3 (c) A license holder or applicant whose program is located in an area in which high-speed  
314.4 Internet is inaccessible may request the commissioner to grant a variance to the electronic  
314.5 transmission requirement.

314.6 (d) Section 245C.08, subdivision 3, paragraph (c), applies to results transmitted under  
314.7 this subdivision.

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

314.9 Sec. 22. Minnesota Statutes 2020, section 245C.08, subdivision 3, is amended to read:

314.10 Subd. 3. **Arrest and investigative information.** (a) For any background study completed  
314.11 under this section, if the commissioner has reasonable cause to believe the information is  
314.12 pertinent to the disqualification of an individual, the commissioner also may review arrest  
314.13 and investigative information from:

314.14 (1) the Bureau of Criminal Apprehension;

314.15 (2) the commissioners of health and human services;

314.16 (3) a county attorney;

314.17 (4) a county sheriff;

314.18 (5) a county agency;

314.19 (6) a local chief of police;

314.20 (7) other states;

314.21 (8) the courts;

314.22 (9) the Federal Bureau of Investigation;

314.23 (10) the National Criminal Records Repository; and

314.24 (11) criminal records from other states.

314.25 (b) Except when specifically required by law, the commissioner is not required to conduct  
314.26 more than one review of a subject's records from the Federal Bureau of Investigation if a  
314.27 review of the subject's criminal history with the Federal Bureau of Investigation has already  
314.28 been completed by the commissioner and there has been no break in the subject's affiliation  
314.29 with the entity that initiated the background study.

315.1 (c) If the commissioner conducts a national criminal history record check when required  
315.2 by law and uses the information from the national criminal history record check to make a  
315.3 disqualification determination, the data obtained is private data and cannot be shared with  
315.4 ~~county agencies~~, private agencies, or prospective employers of the background study subject.

315.5 (d) If the commissioner conducts a national criminal history record check when required  
315.6 by law and uses the information from the national criminal history record check to make a  
315.7 disqualification determination, the license holder or entity that submitted the study is not  
315.8 required to obtain a copy of the background study subject's disqualification letter under  
315.9 section 245C.17, subdivision 3.

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

315.11 Sec. 23. Minnesota Statutes 2020, section 245C.10, is amended by adding a subdivision  
315.12 to read:

315.13 **Subd. 19. Occupations regulated by MNsure.** The commissioner shall set fees to  
315.14 recover the cost of background studies and criminal background checks initiated by MNsure  
315.15 under sections 62V.05 and 245C.031. The fee amount shall be established through  
315.16 interagency agreement between the commissioner and the board of MNsure or its designee.  
315.17 The fees collected under this subdivision shall be deposited in the special revenue fund and  
315.18 are appropriated to the commissioner for the purpose of conducting background studies and  
315.19 criminal background checks.

315.20 Sec. 24. Minnesota Statutes 2020, section 245C.10, is amended by adding a subdivision  
315.21 to read:

315.22 **Subd. 21. Professional Educators Licensing Standards Board.** The commissioner  
315.23 shall recover the cost of background studies initiated by the Professional Educators Licensing  
315.24 Standards Board through a fee of no more than \$51 per study. Fees collected under this  
315.25 subdivision are appropriated to the commissioner for purposes of conducting background  
315.26 studies.

315.27 Sec. 25. Minnesota Statutes 2020, section 245C.10, is amended by adding a subdivision  
315.28 to read:

315.29 **Subd. 22. Board of School Administrators.** The commissioner shall recover the cost  
315.30 of background studies initiated by the Board of School Administrators through a fee of no  
315.31 more than \$51 per study. Fees collected under this subdivision are appropriated to the  
315.32 commissioner for purposes of conducting background studies.

316.1 Sec. 26. Minnesota Statutes 2020, section 245C.14, subdivision 1, is amended to read:

316.2 Subdivision 1. **Disqualification from direct contact.** (a) The commissioner shall  
316.3 disqualify an individual who is the subject of a background study from any position allowing  
316.4 direct contact with persons receiving services from the license holder or entity identified in  
316.5 section 245C.03, upon receipt of information showing, or when a background study  
316.6 completed under this chapter shows any of the following:

316.7 (1) a conviction of, admission to, or Alford plea to one or more crimes listed in section  
316.8 245C.15, regardless of whether the conviction or admission is a felony, gross misdemeanor,  
316.9 or misdemeanor level crime;

316.10 (2) a preponderance of the evidence indicates the individual has committed an act or  
316.11 acts that meet the definition of any of the crimes listed in section 245C.15, regardless of  
316.12 whether the preponderance of the evidence is for a felony, gross misdemeanor, or  
316.13 misdemeanor level crime; or

316.14 (3) an investigation results in an administrative determination listed under section  
316.15 245C.15, subdivision 4, paragraph (b).

316.16 (b) No individual who is disqualified following a background study under section  
316.17 245C.03, subdivisions 1 and 2, may be retained in a position involving direct contact with  
316.18 persons served by a program or entity identified in section 245C.03, unless the commissioner  
316.19 has provided written notice under section 245C.17 stating that:

316.20 (1) the individual may remain in direct contact during the period in which the individual  
316.21 may request reconsideration as provided in section 245C.21, subdivision 2;

316.22 (2) the commissioner has set aside the individual's disqualification for that program or  
316.23 entity identified in section 245C.03, as provided in section 245C.22, subdivision 4; or

316.24 (3) the license holder has been granted a variance for the disqualified individual under  
316.25 section 245C.30.

316.26 (c) Notwithstanding paragraph (a), for the purposes of a background study affiliated  
316.27 with a licensed family foster setting, the commissioner shall disqualify an individual who  
316.28 is the subject of a background study from any position allowing direct contact with persons  
316.29 receiving services from the license holder or entity identified in section 245C.03, upon  
316.30 receipt of information showing or when a background study completed under this chapter  
316.31 shows reason for disqualification under section 245C.15, subdivision 4a.

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

317.1 Sec. 27. Minnesota Statutes 2020, section 245C.15, is amended by adding a subdivision  
317.2 to read:

317.3 Subd. 4a. Licensed family foster setting disqualifications. (a) Notwithstanding  
317.4 subdivisions 1 to 4, for a background study affiliated with a licensed family foster setting,  
317.5 regardless of how much time has passed, an individual is disqualified under section 245C.14  
317.6 if the individual committed an act that resulted in a felony-level conviction for sections:  
317.7 609.185 (murder in the first degree); 609.19 (murder in the second degree); 609.195 (murder  
317.8 in the third degree); 609.20 (manslaughter in the first degree); 609.205 (manslaughter in  
317.9 the second degree); 609.2112 (criminal vehicular homicide); 609.221 (assault in the first  
317.10 degree); 609.223, subdivision 2 (assault in the third degree, past pattern of child abuse);  
317.11 609.223, subdivision 3 (assault in the third degree, victim under four); a felony offense  
317.12 under sections 609.2242 and 609.2243 (domestic assault, spousal abuse, child abuse or  
317.13 neglect, or a crime against children); 609.2247 (domestic assault by strangulation); 609.2325  
317.14 (criminal abuse of a vulnerable adult resulting in the death of a vulnerable adult); 609.245  
317.15 (aggravated robbery); 609.25 (kidnapping); 609.255 (false imprisonment); 609.2661 (murder  
317.16 of an unborn child in the first degree); 609.2662 (murder of an unborn child in the second  
317.17 degree); 609.2663 (murder of an unborn child in the third degree); 609.2664 (manslaughter  
317.18 of an unborn child in the first degree); 609.2665 (manslaughter of an unborn child in the  
317.19 second degree); 609.267 (assault of an unborn child in the first degree); 609.2671 (assault  
317.20 of an unborn child in the second degree); 609.268 (injury or death of an unborn child in the  
317.21 commission of a crime); 609.322, subdivision 1 (solicitation, inducement, and promotion  
317.22 of prostitution; sex trafficking in the first degree); 609.324, subdivision 1 (other prohibited  
317.23 acts; engaging in, hiring, or agreeing to hire minor to engage in prostitution); 609.342  
317.24 (criminal sexual conduct in the first degree); 609.343 (criminal sexual conduct in the second  
317.25 degree); 609.344 (criminal sexual conduct in the third degree); 609.345 (criminal sexual  
317.26 conduct in the fourth degree); 609.3451 (criminal sexual conduct in the fifth degree);  
317.27 609.3453 (criminal sexual predatory conduct); 609.352 (solicitation of children to engage  
317.28 in sexual conduct); 609.377 (malicious punishment of a child); 609.378 (neglect or  
317.29 endangerment of a child); 609.561 (arson in the first degree); 609.582, subdivision 1 (burglary  
317.30 in the first degree); 609.746 (interference with privacy); 617.23 (indecent exposure); 617.246  
317.31 (use of minors in sexual performance prohibited); or 617.247 (possession of pictorial  
317.32 representations of minors).

317.33 (b) Notwithstanding subdivisions 1 to 4, for the purposes of a background study affiliated  
317.34 with a licensed family foster setting, an individual is disqualified under section 245C.14,  
317.35 regardless of how much time has passed, if the individual:

318.1 (1) committed an action under paragraph (d) that resulted in death or involved sexual  
318.2 abuse, as defined in section 260E.03, subdivision 20;

318.3 (2) committed an act that resulted in a gross misdemeanor-level conviction for section  
318.4 609.3451 (criminal sexual conduct in the fifth degree);

318.5 (3) committed an act against or involving a minor that resulted in a felony-level conviction  
318.6 for: section 609.222 (assault in the second degree); 609.223, subdivision 1 (assault in the  
318.7 third degree); 609.2231 (assault in the fourth degree); or 609.224 (assault in the fifth degree);  
318.8 or

318.9 (4) committed an act that resulted in a misdemeanor or gross misdemeanor-level  
318.10 conviction for section 617.293 (dissemination and display of harmful materials to minors).

318.11 (c) Notwithstanding subdivisions 1 to 4, for a background study affiliated with a licensed  
318.12 family foster setting, an individual is disqualified under section 245C.14 if less than 20  
318.13 years have passed since the termination of the individual's parental rights under section  
318.14 260C.301, subdivision 1, paragraph (b), or if the individual consented to a termination of  
318.15 parental rights under section 260C.301, subdivision 1, paragraph (a), to settle a petition to  
318.16 involuntarily terminate parental rights. An individual is disqualified under section 245C.14  
318.17 if less than 20 years have passed since the termination of the individual's parental rights in  
318.18 any other state or country, where the conditions for the individual's termination of parental  
318.19 rights are substantially similar to the conditions in section 260C.301, subdivision 1, paragraph  
318.20 (b).

318.21 (d) Notwithstanding subdivisions 1 to 4, for a background study affiliated with a licensed  
318.22 family foster setting, an individual is disqualified under section 245C.14 if less than five  
318.23 years have passed since a felony-level violation for sections: 152.021 (controlled substance  
318.24 crime in the first degree); 152.022 (controlled substance crime in the second degree); 152.023  
318.25 (controlled substance crime in the third degree); 152.024 (controlled substance crime in the  
318.26 fourth degree); 152.025 (controlled substance crime in the fifth degree); 152.0261 (importing  
318.27 controlled substances across state borders); 152.0262, subdivision 1, paragraph (b)  
318.28 (possession of substance with intent to manufacture methamphetamine); 152.027, subdivision  
318.29 6, paragraph (c) (sale or possession of synthetic cannabinoids); 152.096 (conspiracies  
318.30 prohibited); 152.097 (simulated controlled substances); 152.136 (anhydrous ammonia;  
318.31 prohibited conduct; criminal penalties; civil liabilities); 152.137 (methamphetamine-related  
318.32 crimes involving children or vulnerable adults); 169A.24 (felony first-degree driving while  
318.33 impaired); 243.166 (violation of predatory offender registration requirements); 609.2113  
318.34 (criminal vehicular operation; bodily harm); 609.2114 (criminal vehicular operation; unborn

319.1 child); 609.228 (great bodily harm caused by distribution of drugs); 609.2325 (criminal  
319.2 abuse of a vulnerable adult not resulting in the death of a vulnerable adult); 609.233 (criminal  
319.3 neglect); 609.235 (use of drugs to injure or facilitate a crime); 609.24 (simple robbery);  
319.4 609.322, subdivision 1a (solicitation, inducement, and promotion of prostitution; sex  
319.5 trafficking in the second degree); 609.498, subdivision 1 (tampering with a witness in the  
319.6 first degree); 609.498, subdivision 1b (aggravated first-degree witness tampering); 609.562  
319.7 (arson in the second degree); 609.563 (arson in the third degree); 609.582, subdivision 2  
319.8 (burglary in the second degree); 609.66 (felony dangerous weapons); 609.687 (adulteration);  
319.9 609.713 (terroristic threats); 609.749, subdivision 3, 4, or 5 (felony-level harassment or  
319.10 stalking); 609.855, subdivision 5 (shooting at or in a public transit vehicle or facility); or  
319.11 624.713 (certain people not to possess firearms).

319.12 (e) Notwithstanding subdivisions 1 to 4, except as provided in paragraph (a), for a  
319.13 background study affiliated with a licensed family child foster care license, an individual  
319.14 is disqualified under section 245C.14 if less than five years have passed since:

319.15 (1) a felony-level violation for an act not against or involving a minor that constitutes:  
319.16 section 609.222 (assault in the second degree); 609.223, subdivision 1 (assault in the third  
319.17 degree); 609.2231 (assault in the fourth degree); or 609.224, subdivision 4 (assault in the  
319.18 fifth degree);

319.19 (2) a violation of an order for protection under section 518B.01, subdivision 14;

319.20 (3) a determination or disposition of the individual's failure to make required reports  
319.21 under section 260E.06 or 626.557, subdivision 3, for incidents in which the final disposition  
319.22 under chapter 260E or section 626.557 was substantiated maltreatment and the maltreatment  
319.23 was recurring or serious;

319.24 (4) a determination or disposition of the individual's substantiated serious or recurring  
319.25 maltreatment of a minor under chapter 260E, a vulnerable adult under section 626.557, or  
319.26 serious or recurring maltreatment in any other state, the elements of which are substantially  
319.27 similar to the elements of maltreatment under chapter 260E or section 626.557 and meet  
319.28 the definition of serious maltreatment or recurring maltreatment;

319.29 (5) a gross misdemeanor-level violation for sections: 609.224, subdivision 2 (assault in  
319.30 the fifth degree); 609.2242 and 609.2243 (domestic assault); 609.233 (criminal neglect);  
319.31 609.377 (malicious punishment of a child); 609.378 (neglect or endangerment of a child);  
319.32 609.746 (interference with privacy); 609.749 (stalking); or 617.23 (indecent exposure); or

319.33 (6) committing an act against or involving a minor that resulted in a misdemeanor-level  
319.34 violation of section 609.224, subdivision 1 (assault in the fifth degree).

- 320.1 (f) For purposes of this subdivision, the disqualification begins from:
- 320.2 (1) the date of the alleged violation, if the individual was not convicted;
- 320.3 (2) the date of conviction, if the individual was convicted of the violation but not
- 320.4 committed to the custody of the commissioner of corrections; or
- 320.5 (3) the date of release from prison, if the individual was convicted of the violation and
- 320.6 committed to the custody of the commissioner of corrections.
- 320.7 Notwithstanding clause (3), if the individual is subsequently reincarcerated for a violation
- 320.8 of the individual's supervised release, the disqualification begins from the date of release
- 320.9 from the subsequent incarceration.
- 320.10 (g) An individual's aiding and abetting, attempt, or conspiracy to commit any of the
- 320.11 offenses listed in paragraphs (a) and (b), as each of these offenses is defined in Minnesota
- 320.12 Statutes, permanently disqualifies the individual under section 245C.14. An individual is
- 320.13 disqualified under section 245C.14 if less than five years have passed since the individual's
- 320.14 aiding and abetting, attempt, or conspiracy to commit any of the offenses listed in paragraphs
- 320.15 (d) and (e).
- 320.16 (h) An individual's offense in any other state or country, where the elements of the
- 320.17 offense are substantially similar to any of the offenses listed in paragraphs (a) and (b),
- 320.18 permanently disqualifies the individual under section 245C.14. An individual is disqualified
- 320.19 under section 245C.14 if less than five years has passed since an offense in any other state
- 320.20 or country, the elements of which are substantially similar to the elements of any offense
- 320.21 listed in paragraphs (d) and (e).
- 320.22 **EFFECTIVE DATE.** This section is effective July 1, 2022.

320.23 Sec. 28. Minnesota Statutes 2020, section 245C.24, subdivision 2, is amended to read:

320.24 Subd. 2. **Permanent bar to set aside a disqualification.** (a) Except as provided in

320.25 paragraphs (b) to ~~(e)~~ (f), the commissioner may not set aside the disqualification of any

320.26 individual disqualified pursuant to this chapter, regardless of how much time has passed,

320.27 if the individual was disqualified for a crime or conduct listed in section 245C.15, subdivision

320.28 1.

320.29 (b) For an individual in the chemical dependency or corrections field who was disqualified

320.30 for a crime or conduct listed under section 245C.15, subdivision 1, and whose disqualification

320.31 was set aside prior to July 1, 2005, the commissioner must consider granting a variance

320.32 pursuant to section 245C.30 for the license holder for a program dealing primarily with

321.1 adults. A request for reconsideration evaluated under this paragraph must include a letter  
321.2 of recommendation from the license holder that was subject to the prior set-aside decision  
321.3 addressing the individual's quality of care to children or vulnerable adults and the  
321.4 circumstances of the individual's departure from that service.

321.5 (c) If an individual who requires a background study for nonemergency medical  
321.6 transportation services under section 245C.03, subdivision 12, was disqualified for a crime  
321.7 or conduct listed under section 245C.15, subdivision 1, and if more than 40 years have  
321.8 passed since the discharge of the sentence imposed, the commissioner may consider granting  
321.9 a set-aside pursuant to section 245C.22. A request for reconsideration evaluated under this  
321.10 paragraph must include a letter of recommendation from the employer. This paragraph does  
321.11 not apply to a person disqualified based on a violation of sections 243.166; 609.185 to  
321.12 609.205; 609.25; 609.342 to 609.3453; 609.352; 617.23, subdivision 2, clause (1), or 3,  
321.13 clause (1); 617.246; or 617.247.

321.14 (d) When a licensed foster care provider adopts an individual who had received foster  
321.15 care services from the provider for over six months, and the adopted individual is required  
321.16 to receive a background study under section 245C.03, subdivision 1, paragraph (a), clause  
321.17 (2) or (6), the commissioner may grant a variance to the license holder under section 245C.30  
321.18 to permit the adopted individual with a permanent disqualification to remain affiliated with  
321.19 the license holder under the conditions of the variance when the variance is recommended  
321.20 by the county of responsibility for each of the remaining individuals in placement in the  
321.21 home and the licensing agency for the home.

321.22 (e) For an individual 18 years of age or older affiliated with a licensed family foster  
321.23 setting, the commissioner must not set aside or grant a variance for the disqualification of  
321.24 any individual disqualified pursuant to this chapter, regardless of how much time has passed,  
321.25 if the individual was disqualified for a crime or conduct listed in section 245C.15, subdivision  
321.26 4a, paragraphs (a) and (b).

321.27 (f) In connection with a family foster setting license, the commissioner may grant a  
321.28 variance to the disqualification for an individual who is under 18 years of age at the time  
321.29 the background study is submitted.

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

321.31 Sec. 29. Minnesota Statutes 2020, section 245C.24, subdivision 3, is amended to read:

321.32 Subd. 3. **Ten-year bar to set aside disqualification.** (a) The commissioner may not set  
321.33 aside the disqualification of an individual in connection with a license to provide family

322.1 child care for children, ~~foster care for children in the provider's home~~, or foster care or day  
322.2 care services for adults in the provider's home if: (1) less than ten years has passed since  
322.3 the discharge of the sentence imposed, if any, for the offense; or (2) when disqualified based  
322.4 on a preponderance of evidence determination under section 245C.14, subdivision 1,  
322.5 paragraph (a), clause (2), or an admission under section 245C.14, subdivision 1, paragraph  
322.6 (a), clause (1), and less than ten years has passed since the individual committed the act or  
322.7 admitted to committing the act, whichever is later; and (3) the individual has committed a  
322.8 violation of any of the following offenses: sections 609.165 (felon ineligible to possess  
322.9 firearm); criminal vehicular homicide or criminal vehicular operation causing death under  
322.10 609.2112, 609.2113, or 609.2114 (criminal vehicular homicide or injury); 609.215 (aiding  
322.11 suicide or aiding attempted suicide); felony violations under 609.223 or 609.2231 (assault  
322.12 in the third or fourth degree); 609.229 (crimes committed for benefit of a gang); 609.713  
322.13 (terroristic threats); 609.235 (use of drugs to injure or to facilitate crime); 609.24 (simple  
322.14 robbery); 609.255 (false imprisonment); 609.562 (arson in the second degree); 609.71 (riot);  
322.15 609.498, subdivision 1 or 1b (aggravated first-degree or first-degree tampering with a  
322.16 witness); burglary in the first or second degree under 609.582 (burglary); 609.66 (dangerous  
322.17 weapon); 609.665 (spring guns); 609.67 (machine guns and short-barreled shotguns);  
322.18 609.749, subdivision 2 (gross misdemeanor harassment); 152.021 or 152.022 (controlled  
322.19 substance crime in the first or second degree); 152.023, subdivision 1, clause (3) or (4) or  
322.20 subdivision 2, clause (4) (controlled substance crime in the third degree); 152.024,  
322.21 subdivision 1, clause (2), (3), or (4) (controlled substance crime in the fourth degree);  
322.22 609.224, subdivision 2, paragraph (c) (fifth-degree assault by a caregiver against a vulnerable  
322.23 adult); 609.23 (mistreatment of persons confined); 609.231 (mistreatment of residents or  
322.24 patients); 609.2325 (criminal abuse of a vulnerable adult); 609.233 (criminal neglect of a  
322.25 vulnerable adult); 609.2335 (financial exploitation of a vulnerable adult); 609.234 (failure  
322.26 to report); 609.265 (abduction); 609.2664 to 609.2665 (manslaughter of an unborn child in  
322.27 the first or second degree); 609.267 to 609.2672 (assault of an unborn child in the first,  
322.28 second, or third degree); 609.268 (injury or death of an unborn child in the commission of  
322.29 a crime); repeat offenses under 617.23 (indecent exposure); 617.293 (disseminating or  
322.30 displaying harmful material to minors); a felony-level conviction involving alcohol or drug  
322.31 use, a gross misdemeanor offense under 609.324, subdivision 1 (other prohibited acts); a  
322.32 gross misdemeanor offense under 609.378 (neglect or endangerment of a child); a gross  
322.33 misdemeanor offense under 609.377 (malicious punishment of a child); 609.72, subdivision  
322.34 3 (disorderly conduct against a vulnerable adult); or 624.713 (certain persons not to possess  
322.35 firearms); or Minnesota Statutes 2012, section 609.21.

323.1 (b) The commissioner may not set aside the disqualification of an individual if less than  
323.2 ten years have passed since the individual's aiding and abetting, attempt, or conspiracy to  
323.3 commit any of the offenses listed in paragraph (a) as each of these offenses is defined in  
323.4 Minnesota Statutes.

323.5 (c) The commissioner may not set aside the disqualification of an individual if less than  
323.6 ten years have passed since the discharge of the sentence imposed for an offense in any  
323.7 other state or country, the elements of which are substantially similar to the elements of any  
323.8 of the offenses listed in paragraph (a).

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

323.10 Sec. 30. Minnesota Statutes 2020, section 245C.24, subdivision 4, is amended to read:

323.11 Subd. 4. **Seven-year bar to set aside disqualification.** The commissioner may not set  
323.12 aside the disqualification of an individual in connection with a license to provide family  
323.13 child care for children, ~~foster care for children in the provider's home,~~ or foster care or day  
323.14 care services for adults in the provider's home if within seven years preceding the study:

323.15 (1) the individual committed an act that constitutes maltreatment of a child under sections  
323.16 260E.24, subdivisions 1, 2, and 3, and 260E.30, subdivisions 1, 2, and 4, and the maltreatment  
323.17 resulted in substantial bodily harm as defined in section 609.02, subdivision 7a, or substantial  
323.18 mental or emotional harm as supported by competent psychological or psychiatric evidence;  
323.19 or

323.20 (2) the individual was determined under section 626.557 to be the perpetrator of a  
323.21 substantiated incident of maltreatment of a vulnerable adult that resulted in substantial  
323.22 bodily harm as defined in section 609.02, subdivision 7a, or substantial mental or emotional  
323.23 harm as supported by competent psychological or psychiatric evidence.

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

323.25 Sec. 31. Minnesota Statutes 2020, section 245C.24, is amended by adding a subdivision  
323.26 to read:

323.27 **Subd. 6. Five-year bar to set aside disqualification; family foster setting.** (a) The  
323.28 commissioner shall not set aside or grant a variance for the disqualification of an individual  
323.29 18 years of age or older in connection with a foster family setting license if within five years  
323.30 preceding the study the individual is convicted of a felony in section 245C.15, subdivision  
323.31 4a, paragraph (d).

324.1 (b) In connection with a foster family setting license, the commissioner may set aside  
324.2 or grant a variance to the disqualification for an individual who is under 18 years of age at  
324.3 the time the background study is submitted.

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

324.5 Sec. 32. Minnesota Statutes 2020, section 260C.215, subdivision 4, is amended to read:

324.6 Subd. 4. **Duties of commissioner.** The commissioner of human services shall:

324.7 (1) provide practice guidance to responsible social services agencies and licensed  
324.8 child-placing agencies that reflect federal and state laws and policy direction on placement  
324.9 of children;

324.10 (2) develop criteria for determining whether a prospective adoptive or foster family has  
324.11 the ability to understand and validate the child's cultural background;

324.12 (3) provide a standardized training curriculum for adoption and foster care workers and  
324.13 administrators who work with children. Training must address the following objectives:

324.14 (i) developing and maintaining sensitivity to all cultures;

324.15 (ii) assessing values and their cultural implications;

324.16 (iii) making individualized placement decisions that advance the best interests of a  
324.17 particular child under section 260C.212, subdivision 2; and

324.18 (iv) issues related to cross-cultural placement;

324.19 (4) provide a training curriculum for all prospective adoptive and foster families that  
324.20 prepares them to care for the needs of adoptive and foster children taking into consideration  
324.21 the needs of children outlined in section 260C.212, subdivision 2, paragraph (b), and, as  
324.22 necessary, preparation is continued after placement of the child and includes the knowledge  
324.23 and skills related to reasonable and prudent parenting standards for the participation of the  
324.24 child in age or developmentally appropriate activities, according to section 260C.212,  
324.25 subdivision 14;

324.26 (5) develop and provide to responsible social services agencies and licensed child-placing  
324.27 agencies a home study format to assess the capacities and needs of prospective adoptive  
324.28 and foster families. The format must address problem-solving skills; parenting skills; evaluate  
324.29 the degree to which the prospective family has the ability to understand and validate the  
324.30 child's cultural background, and other issues needed to provide sufficient information for  
324.31 agencies to make an individualized placement decision consistent with section 260C.212,  
324.32 subdivision 2. For a study of a prospective foster parent, the format must also address the

325.1 capacity of the prospective foster parent to provide a safe, healthy, smoke-free home  
325.2 environment. If a prospective adoptive parent has also been a foster parent, any update  
325.3 necessary to a home study for the purpose of adoption may be completed by the licensing  
325.4 authority responsible for the foster parent's license. If a prospective adoptive parent with  
325.5 an approved adoptive home study also applies for a foster care license, the license application  
325.6 may be made with the same agency which provided the adoptive home study; ~~and~~

325.7 (6) consult with representatives reflecting diverse populations from the councils  
325.8 established under sections 3.922 and 15.0145, and other state, local, and community  
325.9 organizations; and

325.10 (7) establish family foster setting licensing guidelines for county agencies and private  
325.11 agencies designated or licensed by the commissioner to perform licensing functions and  
325.12 activities under section 245A.04. Guidelines that the commissioner establishes under this  
325.13 paragraph shall be considered directives of the commissioner under section 245A.16.

325.14 **EFFECTIVE DATE.** This section is effective July 1, 2023.

325.15 Sec. 33. Minnesota Statutes 2020, section 466.03, subdivision 6d, is amended to read:

325.16 Subd. 6d. **Licensing of providers.** (a) A claim against a municipality based on the failure  
325.17 of a provider to meet the standards needed for a license to operate a day care facility under  
325.18 chapter 245A for children, unless the municipality had actual knowledge of a failure to meet  
325.19 licensing standards that resulted in a dangerous condition that foreseeably threatened the  
325.20 plaintiff. A municipality shall be immune from liability for a claim arising out of a provider's  
325.21 use of a swimming pool located at a family day care or group family day care home under  
325.22 section 245A.14, subdivision ~~10~~ 11, unless the municipality had actual knowledge of a  
325.23 provider's failure to meet the licensing standards under section 245A.14, subdivision ~~10~~ 11,  
325.24 paragraph (a), clauses (1) to (3), that resulted in a dangerous condition that foreseeably  
325.25 threatened the plaintiff.

325.26 (b) For purposes of paragraph (a), the fact that a licensing variance had been granted for  
325.27 a day care facility for children under chapter 245A shall not constitute actual knowledge  
325.28 by the municipality that granted the variance of a failure to meet licensing standards that  
325.29 resulted in a dangerous condition that foreseeably threatened the plaintiff.

326.1 Sec. 34. Laws 2020, First Special Session chapter 7, section 1, as amended by Laws 2020,  
326.2 Third Special Session chapter 1, section 3, is amended by adding a subdivision to read:

326.3 Subd. 5. **Waiver extension; 180-day transition period.** When the peacetime emergency  
326.4 declared by the governor in response to the COVID-19 outbreak expires, is terminated, or  
326.5 is rescinded by the proper authority, the modification in CV23: modifying certain background  
326.6 study requirements, issued by the commissioner of human services pursuant to Executive  
326.7 Orders 20-11 and 20-12, and including any amendments to the modification issued before  
326.8 the peacetime emergency expires, shall remain in effect for no more than 180 days.

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

326.10 Sec. 35. Laws 2020, First Special Session chapter 7, section 1, subdivision 3, is amended  
326.11 to read:

326.12 Subd. 3. **Waivers and modifications; 60-day transition period.** When the peacetime  
326.13 emergency declared by the governor in response to the COVID-19 outbreak expires, is  
326.14 terminated, or is rescinded by the proper authority, all waivers or modifications issued by  
326.15 the commissioner of human services in response to the COVID-19 outbreak that have not  
326.16 been extended as provided in subdivisions 1, 2, ~~and 4,~~ and 5 of this section may remain in  
326.17 effect for no more than 60 days, only for purposes of transitioning affected programs back  
326.18 to operating without the waivers or modifications in place.

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

326.20 Sec. 36. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; FAMILY**  
326.21 **CHILD CARE TASK FORCE RECOMMENDATIONS IMPLEMENTATION PLAN.**

326.22 The commissioner of human services shall include individuals representing family child  
326.23 care providers in any group that develops a plan for implementing the recommendations of  
326.24 the Family Child Care Task Force.

326.25 Sec. 37. **FAMILY CHILD CARE REGULATION MODERNIZATION.**

326.26 (a) The commissioner of human services shall contract with an experienced and  
326.27 independent organization or individual consultant to conduct the work outlined in this  
326.28 section. If practicable, the commissioner must contract with the National Association for  
326.29 Regulatory Administration.

326.30 (b) The consultant shall develop a proposal for a risk-based model for monitoring  
326.31 compliance with family child care licensing standards, grounded in national regulatory best

327.1 practices. Violations in the new model must be weighted to reflect the potential risk they  
327.2 pose to children's health and safety, and licensing sanctions must be tied to the potential  
327.3 risk. The proposed new model must protect the health and safety of children in family child  
327.4 care programs and be child-centered, family-friendly, and fair to providers. The proposal  
327.5 shall also include updates to family child care licensing standards.

327.6 (c) The consultant shall develop and implement a stakeholder engagement process that  
327.7 solicits input from parents, licensed family child care providers, county licensors, staff of  
327.8 the Department of Human Services, and experts in child development about licensing  
327.9 standards, tiers for violations of the standards based on the potential risk of harm that each  
327.10 violation poses, and licensing sanctions for each tier.

327.11 (d) The consultant shall solicit input from parents, licensed family child care providers,  
327.12 county licensors, and staff of the Department of Human Services about which family child  
327.13 care providers should be eligible for abbreviated inspections that predict compliance with  
327.14 other licensing standards for licensed family child care providers using key indicators  
327.15 previously identified by an empirically based statistical methodology developed by the  
327.16 National Association for Regulatory Administration and the Research Institute for Key  
327.17 Indicators.

327.18 (e) No later than February 1, 2024, the commissioner shall submit a report and proposed  
327.19 legislation required to implement the new licensing model and updated licensing standards  
327.20 to the chairs and ranking minority members of the legislative committees with jurisdiction  
327.21 over child care regulation.

327.22 **Sec. 38. DIRECTION TO COMMISSIONER OF HUMAN SERVICES; FAMILY**  
327.23 **CHILD CARE ONE-STOP ASSISTANCE NETWORK.**

327.24 By January 1, 2022, the commissioner of human services shall, in consultation with  
327.25 county agencies, providers, and other relevant stakeholders, develop a proposal to create,  
327.26 advertise, and implement a one-stop regional assistance network comprised of individuals  
327.27 who have experience starting a licensed family or group family day care or technical expertise  
327.28 regarding the applicable licensing statutes and procedures, in order to assist individuals with  
327.29 matters relating to starting or sustaining a licensed family or group family day care program.  
327.30 The proposal shall include an estimated timeline for implementation of the assistance  
327.31 network, an estimated budget of the cost of the assistance network, and any necessary  
327.32 legislative proposals to implement the assistance network. The proposal shall also include  
327.33 a plan to raise awareness and distribute contact information for the assistance network to  
327.34 all licensed family or group family day care providers.

328.1 **Sec. 39. DIRECTION TO COMMISSIONER OF HUMAN SERVICES; FAMILY**  
328.2 **CHILD CARE ORIENTATION TRAINING.**

328.3 By July 1, 2022, following consultation with licensed family child care providers and  
328.4 county agencies, the commissioner of human services shall develop and implement  
328.5 orientation training for incoming family child care providers to ensure all new family child  
328.6 care providers have the same critical baseline information about Minnesota Statutes, chapters  
328.7 245A and 245C, and Minnesota Rules, chapter 9502.

328.8 **Sec. 40. FAMILY CHILD CARE TRAINING ADVISORY COMMITTEE.**

328.9 Subdivision 1. **Formation; duties.** (a) The Family Child Care Training Advisory  
328.10 Committee shall advise the commissioner of human services on the training requirements  
328.11 for licensed family and group family child care providers. Beginning January 1, 2022, the  
328.12 advisory committee shall meet at least twice per year. The advisory committee shall annually  
328.13 elect a chair from among its members who shall establish the agenda for each meeting. The  
328.14 commissioner or commissioner's designee shall attend all advisory committee meetings.

328.15 (b) The Family Child Care Training Advisory Committee shall advise and make  
328.16 recommendations to the commissioner of human services on:

328.17 (1) updates to the rules and statutes governing family child care training, including  
328.18 technical updates to facilitate providers' understanding of training requirements;

328.19 (2) modernization of family child care training requirements, including substantive  
328.20 changes to the training subject areas;

328.21 (3) difficulties facing family child care providers in completing training requirements,  
328.22 including proposed solutions to provider difficulties; and

328.23 (4) any other aspect of family child care training, as requested by:

328.24 (i) a committee member, who may request an item to be placed on the agenda for a future  
328.25 meeting. The request may be considered by the committee and voted upon. If the motion  
328.26 carries, the meeting agenda item may be developed for presentation to the committee;

328.27 (ii) a member of the public, who may approach the committee by letter or e-mail  
328.28 requesting that an item be placed on a future meeting agenda. The request may be considered  
328.29 by the committee and voted upon. If the motion carries, the agenda item may be developed  
328.30 for presentation to the committee; or

328.31 (iii) the commissioner of human services or the commissioner's designee.

328.32 (c) The Family Child Care Training Advisory Committee shall expire December 1, 2025.

329.1 Subd. 2. **Advisory committee members.** (a) The Family Child Care Training Advisory  
329.2 Committee consists of:

329.3 (1) four members who are family child care providers from greater Minnesota, including  
329.4 one member appointed by the speaker of the house, one member appointed by the senate  
329.5 majority leader, one member appointed by the Minnesota Association of Child Care  
329.6 Professionals, and one member appointed by the Minnesota Child Care Provider Network;

329.7 (2) four members who are family child care providers from the metropolitan area as  
329.8 defined in Minnesota Statutes, section 473.121, subdivision 2, including one member  
329.9 appointed by the speaker of the house, one member appointed by the senate majority leader,  
329.10 one member appointed by the Minnesota Association of Child Care Professionals, and one  
329.11 member appointed by the Minnesota Child Care Provider Network; and

329.12 (3) up to seven members who have expertise in child development, instructional design,  
329.13 or training delivery, including up to two members appointed by the speaker of the house,  
329.14 up to two members appointed by the senate majority leader, one member appointed by the  
329.15 Minnesota Association of Child Care Professionals, one member appointed by the Minnesota  
329.16 Child Care Provider Network, and one member appointed by the Greater Minnesota  
329.17 Partnership.

329.18 (b) Advisory committee members shall not be employed by the Department of Human  
329.19 Services. Advisory committee members shall receive no compensation.

329.20 (c) Advisory committee members must include representatives of diverse cultural  
329.21 communities.

329.22 (d) Advisory committee members shall serve two-year terms. Initial appointments to  
329.23 the advisory committee must be made by December 1, 2021. Subsequent appointments to  
329.24 the advisory committee must be made by December 1 of the year in which the member's  
329.25 term expires.

329.26 (e) The commissioner of human services must convene the first meeting of the advisory  
329.27 committee by March 1, 2022.

329.28 Subd. 3. **Commissioner report.** The commissioner of human services shall report to  
329.29 the chairs and ranking minority members of the legislative committees with jurisdiction  
329.30 over child care on any recommendations from the Family Child Care Training Advisory  
329.31 Committee, including any draft legislation necessary to implement the recommendations.

330.1 **Sec. 41. DIRECTION TO COMMISSIONER OF HUMAN SERVICES; ASK DHS**  
330.2 **WEBSITE MODIFICATIONS.**

330.3 By January 1, 2022, the commissioner of human services shall expand the "frequently  
330.4 asked questions" website for family child care providers to include more answers to submitted  
330.5 questions and a function to search for answers to specific question topics.

330.6 **Sec. 42. CHILD FOSTER CARE LICENSING GUIDELINES.**

330.7 By July 1, 2023, the commissioner of human services shall, in consultation with  
330.8 stakeholders with expertise in child protection and children's behavioral health, develop  
330.9 family foster setting licensing guidelines for county agencies and private agencies that  
330.10 perform licensing functions. Stakeholders include but are not limited to child advocates,  
330.11 representatives from community organizations, representatives of the state ethnic councils,  
330.12 the ombudsperson for families, family foster setting providers, youth who have experienced  
330.13 family foster setting placements, county child protection staff, and representatives of county  
330.14 and private licensing agencies.

330.15 **Sec. 43. CHILD CARE AND DEVELOPMENT BLOCK GRANT ALLOCATION;**  
330.16 **FAMILY CHILD CARE REGULATION MODERNIZATION PROJECT.**

330.17 The commissioner of human services shall allocate \$1,170,000 in fiscal year 2022 from  
330.18 the amount Minnesota received under the American Rescue Plan Act, Public Law 117-2,  
330.19 section 2201, for the Child Care and Development Block Grant for the family child care  
330.20 regulation modernization project under section 37. This is a onetime allocation and remains  
330.21 available until June 30, 2024.

330.22 **Sec. 44. CHILD CARE STABILIZATION FUND ALLOCATION; CHILD CARE**  
330.23 **PROVIDER STARTUP GRANTS.**

330.24 (a) The commissioner of human services shall allocate \$..... in fiscal year 2022 from  
330.25 the amount Minnesota received under the American Rescue Plan Act, Public Law 117-2,  
330.26 section 2202, for the Child Care Stabilization Fund for grants to local communities to  
330.27 increase the supply of quality child care providers to support economic development. At  
330.28 least 60 percent of grant funds must go to communities located outside of the seven-county  
330.29 metropolitan area as defined under Minnesota Statutes, section 473.121, subdivision 2.  
330.30 Grant recipients must obtain a 50 percent nonstate match to grant funds in either cash or  
330.31 in-kind contributions. Grant funds available under this section must be used to implement  
330.32 projects to reduce the child care shortage in the state, including but not limited to funding

331.1 for child care business start-ups or expansion, training, facility modifications or improvements  
 331.2 required for licensing, and assistance with licensing and other regulatory requirements. In  
 331.3 awarding grants, the commissioner must give priority to communities that have demonstrated  
 331.4 a shortage of child care providers in the area. This is a onetime allocation.

331.5 (b) Within one year of receiving grant funds, grant recipients must report to the  
 331.6 commissioner on the outcomes of the grant program, including but not limited to the number  
 331.7 of new providers, the number of additional child care provider jobs created, the number of  
 331.8 additional child care slots, and the amount of cash and in-kind local funds invested.

331.9 **Sec. 45. CHILD CARE STABILIZATION FUND ALLOCATION; CHILD CARE**  
 331.10 **BUSINESS TRAINING PROGRAM.**

331.11 The commissioner of human services shall allocate \$..... in fiscal year 2022 from the  
 331.12 amount Minnesota received under the American Rescue Plan Act, Public Law 117-2, section  
 331.13 2202, for the Child Care Stabilization Fund for a grant, through a competitive bidding  
 331.14 process, to a nonprofit organization with expertise in small business advising to operate a  
 331.15 business training program for child care providers and to create materials that could be used,  
 331.16 free of charge, for start-up, expansion, and operation of child care businesses statewide,  
 331.17 with the goal of helping new and existing child care businesses in underserved areas of the  
 331.18 state become profitable and sustainable. The commissioner shall report data on outcomes  
 331.19 and recommendations for replication of this training program throughout Minnesota to the  
 331.20 governor and the chairs and ranking minority members of the committees of the house of  
 331.21 representatives and the senate with jurisdiction over child care by December 15, 2023. This  
 331.22 is a onetime allocation and is available until June 30, 2023.

331.23 **ARTICLE 8**  
 331.24 **MENTAL HEALTH UNIFORM SERVICE STANDARDS**

331.25 **Section 1. [245I.01] PURPOSE AND CITATION.**

331.26 Subdivision 1. **Citation.** This chapter may be cited as the "Mental Health Uniform  
 331.27 Service Standards Act."

331.28 Subd. 2. **Purpose.** In accordance with sections 245.461 and 245.487, the purpose of this  
 331.29 chapter is to create a system of mental health care that is unified, accountable, and  
 331.30 comprehensive, and to promote the recovery and resiliency of Minnesotans who have mental  
 331.31 illnesses. The state's public policy is to support Minnesotans' access to quality outpatient  
 331.32 and residential mental health services. Further, the state's public policy is to protect the  
 331.33 health and safety, rights, and well-being of Minnesotans receiving mental health services.

332.1 **Sec. 2. [245I.011] APPLICABILITY.**

332.2 **Subdivision 1. License requirements.** A license holder under this chapter must comply  
332.3 with the requirements in chapters 245A, 245C, and 260E; section 626.557; and Minnesota  
332.4 Rules, chapter 9544.

332.5 **Subd. 2. Variances.** (a) The commissioner may grant a variance to an applicant, license  
332.6 holder, or certification holder as long as the variance does not affect the staff qualifications  
332.7 or the health or safety of any person in a licensed or certified program and the applicant,  
332.8 license holder, or certification holder meets the following conditions:

332.9 (1) an applicant, license holder, or certification holder must request the variance on a  
332.10 form approved by the commissioner and in a manner prescribed by the commissioner;

332.11 (2) the request for a variance must include the:

332.12 (i) reasons that the applicant, license holder, or certification holder cannot comply with  
332.13 a requirement as stated in the law; and

332.14 (ii) alternative equivalent measures that the applicant, license holder, or certification  
332.15 holder will follow to comply with the intent of the law; and

332.16 (3) the request for a variance must state the period of time when the variance is requested.

332.17 (b) The commissioner may grant a permanent variance when the conditions under which  
332.18 the applicant, license holder, or certification holder requested the variance do not affect the  
332.19 health or safety of any person whom the licensed or certified program serves, and when the  
332.20 conditions of the variance do not compromise the qualifications of staff who provide services  
332.21 to clients. A permanent variance expires when the conditions that warranted the variance  
332.22 change in any way. Any applicant, license holder, or certification holder must inform the  
332.23 commissioner of any changes to the conditions that warranted the permanent variance. If  
332.24 an applicant, license holder, or certification holder fails to advise the commissioner of  
332.25 changes to the conditions that warranted the variance, the commissioner must revoke the  
332.26 permanent variance and may impose other sanctions under sections 245A.06 and 245A.07.

332.27 (c) The commissioner's decision to grant or deny a variance request is final and not  
332.28 subject to appeal under the provisions of chapter 14.

332.29 **Subd. 3. Certification required.** (a) An individual, organization, or government entity  
332.30 that is exempt from licensure under section 245A.03, subdivision 2, paragraph (a), clause  
332.31 (19), and chooses to be identified as a certified mental health clinic must:

332.32 (1) be a mental health clinic that is certified under section 245I.20;

333.1 (2) comply with all of the responsibilities assigned to a license holder by this chapter  
333.2 except subdivision 1; and

333.3 (3) comply with all of the responsibilities assigned to a certification holder by chapter  
333.4 245A.

333.5 (b) An individual, organization, or government entity described by this subdivision must  
333.6 obtain a criminal background study for each staff person or volunteer who provides direct  
333.7 contact services to clients.

333.8 Subd. 4. **License required.** An individual, organization, or government entity providing  
333.9 intensive residential treatment services or residential crisis stabilization to adults must be  
333.10 licensed under section 245I.23. An entity with an adult foster care license providing  
333.11 residential crisis stabilization is exempt from licensure under section 245I.23.

333.12 Subd. 5. **Programs certified under chapter 256B.** (a) An individual, organization, or  
333.13 government entity certified under the following sections must comply with all of the  
333.14 responsibilities assigned to a license holder under this chapter except subdivision 1:

333.15 (1) an assertive community treatment provider under section 256B.0622, subdivision  
333.16 3a;

333.17 (2) an adult rehabilitative mental health services provider under section 256B.0623;

333.18 (3) a mobile crisis team under section 256B.0624;

333.19 (4) a children's therapeutic services and supports provider under section 256B.0943;

333.20 (5) an intensive treatment in foster care provider under section 256B.0946; and

333.21 (6) an intensive nonresidential rehabilitative mental health services provider under section  
333.22 256B.0947.

333.23 (b) An individual, organization, or government entity certified under the sections listed  
333.24 in paragraph (a), clauses (1) to (6), must obtain a criminal background study for each staff  
333.25 person and volunteer providing direct contact services to a client.

333.26 Sec. 3. **[245I.02] DEFINITIONS.**

333.27 Subdivision 1. **Scope.** For purposes of this chapter, the terms in this section have the  
333.28 meanings given.

333.29 Subd. 2. **Approval.** "Approval" means the documented review of, opportunity to request  
333.30 changes to, and agreement with a treatment document. An individual may demonstrate  
333.31 approval with a written signature, secure electronic signature, or documented oral approval.

334.1 Subd. 3. **Behavioral sciences or related fields.** "Behavioral sciences or related fields"  
334.2 means an education from an accredited college or university in social work, psychology,  
334.3 sociology, community counseling, family social science, child development, child  
334.4 psychology, community mental health, addiction counseling, counseling and guidance,  
334.5 special education, nursing, and other similar fields approved by the commissioner.

334.6 Subd. 4. **Business day.** "Business day" means a weekday on which government offices  
334.7 are open for business. Business day does not include state or federal holidays, Saturdays,  
334.8 or Sundays.

334.9 Subd. 5. **Case manager.** "Case manager" means a client's case manager according to  
334.10 section 256B.0596; 256B.0621; 256B.0625, subdivision 20; 256B.092, subdivision 1a;  
334.11 256B.0924; 256B.093, subdivision 3a; 256B.094; or 256B.49.

334.12 Subd. 6. **Certified rehabilitation specialist.** "Certified rehabilitation specialist" means  
334.13 a staff person who meets the qualifications of section 245I.04, subdivision 8.

334.14 Subd. 7. **Child.** "Child" means a client under the age of 18.

334.15 Subd. 8. **Client.** "Client" means a person who is seeking or receiving services regulated  
334.16 by this chapter. For the purpose of a client's consent to services, client includes a parent,  
334.17 guardian, or other individual legally authorized to consent on behalf of a client to services.

334.18 Subd. 9. **Clinical trainee.** "Clinical trainee" means a staff person who is qualified  
334.19 according to section 245I.04, subdivision 6.

334.20 Subd. 10. **Commissioner.** "Commissioner" means the commissioner of human services  
334.21 or the commissioner's designee.

334.22 Subd. 11. **Co-occurring substance use disorder treatment.** "Co-occurring substance  
334.23 use disorder treatment" means the treatment of a person who has a co-occurring mental  
334.24 illness and substance use disorder. Co-occurring substance use disorder treatment is  
334.25 characterized by stage-wise comprehensive treatment, treatment goal setting, and flexibility  
334.26 for clients at each stage of treatment. Co-occurring substance use disorder treatment includes  
334.27 assessing and tracking each client's stage of change readiness and treatment using a treatment  
334.28 approach based on a client's stage of change, such as motivational interviewing when working  
334.29 with a client at an earlier stage of change readiness and a cognitive behavioral approach  
334.30 and relapse prevention to work with a client at a later stage of change; and facilitating a  
334.31 client's access to community supports.

334.32 Subd. 12. **Crisis plan.** "Crisis plan" means a plan to prevent and de-escalate a client's  
334.33 future crisis situation, with the goal of preventing future crises for the client and the client's

335.1 family and other natural supports. Crisis plan includes a crisis plan developed according to  
335.2 section 245.4871, subdivision 9a.

335.3 Subd. 13. **Critical incident.** "Critical incident" means an occurrence involving a client  
335.4 that requires a license holder to respond in a manner that is not part of the license holder's  
335.5 ordinary daily routine. Critical incident includes a client's suicide, attempted suicide, or  
335.6 homicide; a client's death; an injury to a client or other person that is life-threatening or  
335.7 requires medical treatment; a fire that requires a fire department's response; alleged  
335.8 maltreatment of a client; an assault of a client; an assault by a client; or other situation that  
335.9 requires a response by law enforcement, the fire department, an ambulance, or another  
335.10 emergency response provider.

335.11 Subd. 14. **Diagnostic assessment.** "Diagnostic assessment" means the evaluation and  
335.12 report of a client's potential diagnoses that a mental health professional or clinical trainee  
335.13 completes under section 245I.10, subdivisions 4 to 6.

335.14 Subd. 15. **Direct contact.** "Direct contact" has the meaning given in section 245C.02,  
335.15 subdivision 11.

335.16 Subd. 16. **Family and other natural supports.** "Family and other natural supports"  
335.17 means the people whom a client identifies as having a high degree of importance to the  
335.18 client. Family and other natural supports also means people that the client identifies as being  
335.19 important to the client's mental health treatment, regardless of whether the person is related  
335.20 to the client or lives in the same household as the client.

335.21 Subd. 17. **Functional assessment.** "Functional assessment" means the assessment of a  
335.22 client's current level of functioning relative to functioning that is appropriate for someone  
335.23 the client's age. For a client five years of age or younger, a functional assessment is the  
335.24 Early Childhood Service Intensity Instrument (ESCII). For a client six to 17 years of age,  
335.25 a functional assessment is the Child and Adolescent Service Intensity Instrument (CASII).  
335.26 For a client 18 years of age or older, a functional assessment is the functional assessment  
335.27 described in section 245I.10, subdivision 9.

335.28 Subd. 18. **Individual abuse prevention plan.** "Individual abuse prevention plan" means  
335.29 a plan according to section 245A.65, subdivision 2, paragraph (b), and section 626.557,  
335.30 subdivision 14.

335.31 Subd. 19. **Level of care assessment.** "Level of care assessment" means the level of care  
335.32 decision support tool appropriate to the client's age. For a client five years of age or younger,  
335.33 a level of care assessment is the Early Childhood Service Intensity Instrument (ESCII). For  
335.34 a client six to 17 years of age, a level of care assessment is the Child and Adolescent Service

336.1 Intensity Instrument (CASII). For a client 18 years of age or older, a level of care assessment  
336.2 is the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS).

336.3 Subd. 20. **License.** "License" has the meaning given in section 245A.02, subdivision 8.

336.4 Subd. 21. **License holder.** "License holder" has the meaning given in section 245A.02,  
336.5 subdivision 9.

336.6 Subd. 22. **Licensed prescriber.** "Licensed prescriber" means an individual who is  
336.7 authorized to prescribe legend drugs under section 151.37.

336.8 Subd. 23. **Mental health behavioral aide.** "Mental health behavioral aide" means a  
336.9 staff person who is qualified under section 245I.04, subdivision 16.

336.10 Subd. 24. **Mental health certified family peer specialist.** "Mental health certified  
336.11 family peer specialist" means a staff person who is qualified under section 245I.04,  
336.12 subdivision 12.

336.13 Subd. 25. **Mental health certified peer specialist.** "Mental health certified peer  
336.14 specialist" means a staff person who is qualified under section 245I.04, subdivision 10.

336.15 Subd. 26. **Mental health practitioner.** "Mental health practitioner" means a staff person  
336.16 who is qualified under section 245I.04, subdivision 4.

336.17 Subd. 27. **Mental health professional.** "Mental health professional" means a staff person  
336.18 who is qualified under section 245I.04, subdivision 2.

336.19 Subd. 28. **Mental health rehabilitation worker.** "Mental health rehabilitation worker"  
336.20 means a staff person who is qualified under section 245I.04, subdivision 14.

336.21 Subd. 29. **Mental illness.** "Mental illness" means any of the conditions included in the  
336.22 most recent editions of the DC: 0-5 Diagnostic Classification of Mental Health and  
336.23 Development Disorders of Infancy and Early Childhood published by Zero to Three or the  
336.24 Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric  
336.25 Association.

336.26 Subd. 30. **Organization.** "Organization" has the meaning given in section 245A.02,  
336.27 subdivision 10c.

336.28 Subd. 31. **Personnel file.** "Personnel file" means a set of records under section 245I.07,  
336.29 paragraph (a). Personnel files excludes information related to a person's employment that  
336.30 is not included in section 245I.07.

336.31 Subd. 32. **Registered nurse.** "Registered nurse" means a staff person who is qualified  
336.32 under section 148.171, subdivision 20.

337.1 Subd. 33. **Rehabilitative mental health services.** "Rehabilitative mental health services"  
337.2 means mental health services provided to an adult client that enable the client to develop  
337.3 and achieve psychiatric stability, social competencies, personal and emotional adjustment,  
337.4 independent living skills, family roles, and community skills when symptoms of mental  
337.5 illness has impaired any of the client's abilities in these areas.

337.6 Subd. 34. **Residential program.** "Residential program" has the meaning given in section  
337.7 245A.02, subdivision 14.

337.8 Subd. 35. **Signature.** "Signature" means a written signature or an electronic signature  
337.9 defined in section 325L.02, paragraph (h).

337.10 Subd. 36. **Staff person.** "Staff person" means an individual who works under a license  
337.11 holder's direction or under a contract with a license holder. Staff person includes an intern,  
337.12 consultant, contractor, individual who works part-time, and an individual who does not  
337.13 provide direct contact services to clients. Staff person includes a volunteer who provides  
337.14 treatment services to a client or a volunteer whom the license holder regards as a staff person  
337.15 for the purpose of meeting staffing or service delivery requirements. A staff person must  
337.16 be 18 years of age or older.

337.17 Subd. 37. **Strengths.** "Strengths" means a person's inner characteristics, virtues, external  
337.18 relationships, activities, and connections to resources that contribute to a client's resilience  
337.19 and core competencies. A person can build on strengths to support recovery.

337.20 Subd. 38. **Trauma.** "Trauma" means an event, series of events, or set of circumstances  
337.21 that is experienced by an individual as physically or emotionally harmful or life-threatening  
337.22 that has lasting adverse effects on the individual's functioning and mental, physical, social,  
337.23 emotional, or spiritual well-being. Trauma includes group traumatic experiences. Group  
337.24 traumatic experiences are emotional or psychological harm that a group experiences. Group  
337.25 traumatic experiences can be transmitted across generations within a community and are  
337.26 often associated with racial and ethnic population groups who suffer major intergenerational  
337.27 losses.

337.28 Subd. 39. **Treatment plan.** "Treatment plan" means services that a license holder  
337.29 formulates to respond to a client's needs and goals. A treatment plan includes individual  
337.30 treatment plans under section 245I.10, subdivisions 7 and 8; initial treatment plans under  
337.31 section 245I.23, subdivision 7; and crisis treatment plans under sections 245I.23, subdivision  
337.32 8, and 256B.0624, subdivision 11.

338.1 Subd. 40. **Treatment supervision.** "Treatment supervision" means a mental health  
338.2 professional's or certified rehabilitation specialist's oversight, direction, and evaluation of  
338.3 a staff person providing services to a client according to section 245I.06.

338.4 Subd. 41. **Volunteer.** "Volunteer" means an individual who, under the direction of the  
338.5 license holder, provides services to or facilitates an activity for a client without compensation.

338.6 **Sec. 4. [245I.03] REQUIRED POLICIES AND PROCEDURES.**

338.7 Subdivision 1. **Generally.** A license holder must establish, enforce, and maintain policies  
338.8 and procedures to comply with the requirements of this chapter and chapters 245A, 245C,  
338.9 and 260E; sections 626.557 and 626.5572; and Minnesota Rules, chapter 9544. The license  
338.10 holder must make all policies and procedures available in writing to each staff person. The  
338.11 license holder must complete and document a review of policies and procedures every two  
338.12 years and update policies and procedures as necessary. Each policy and procedure must  
338.13 identify the date that it was initiated and the dates of all revisions. The license holder must  
338.14 clearly communicate any policy and procedural change to each staff person and provide  
338.15 necessary training to each staff person to implement any policy and procedural change.

338.16 Subd. 2. **Health and safety.** A license holder must have policies and procedures to  
338.17 ensure the health and safety of each staff person and client during the provision of services,  
338.18 including policies and procedures for services based in community settings.

338.19 Subd. 3. **Client rights.** A license holder must have policies and procedures to ensure  
338.20 that each staff person complies with the client rights and protections requirements in section  
338.21 245I.12.

338.22 Subd. 4. **Behavioral emergencies.** (a) A license holder must have procedures that each  
338.23 staff person follows when responding to a client who exhibits behavior that threatens the  
338.24 immediate safety of the client or others. A license holder's behavioral emergency procedures  
338.25 must incorporate person-centered planning and trauma-informed care.

338.26 (b) A license holder's behavioral emergency procedures must include:

338.27 (1) a plan designed to prevent the client from inflicting self-harm and harming others;

338.28 (2) contact information for emergency resources that a staff person must use when the  
338.29 license holder's behavioral emergency procedures are unsuccessful in controlling a client's  
338.30 behavior;

338.31 (3) the types of behavioral emergency procedures that a staff person may use;

339.1 (4) the specific circumstances under which the program may use behavioral emergency  
339.2 procedures; and

339.3 (5) the staff persons whom the license holder authorizes to implement behavioral  
339.4 emergency procedures.

339.5 (c) The license holder's behavioral emergency procedures must not include secluding  
339.6 or restraining a client except as allowed under section 245.8261.

339.7 (d) Staff persons must not use behavioral emergency procedures to enforce program  
339.8 rules or for the convenience of staff persons. Behavioral emergency procedures must not  
339.9 be part of any client's treatment plan. A staff person may not use behavioral emergency  
339.10 procedures except in response to a client's current behavior that threatens the immediate  
339.11 safety of the client or others.

339.12 Subd. 5. **Health services and medications.** If a license holder is licensed as a residential  
339.13 program, stores or administers client medications, or observes clients self-administer  
339.14 medications, the license holder must ensure that a staff person who is a registered nurse or  
339.15 licensed prescriber reviews and approves of the license holder's policies and procedures to  
339.16 comply with the health services and medications requirements in section 245I.11, the training  
339.17 requirements in section 245I.05, subdivision 6, and the documentation requirements in  
339.18 section 245I.08, subdivision 5.

339.19 Subd. 6. **Reporting maltreatment.** A license holder must have policies and procedures  
339.20 for reporting a staff person's suspected maltreatment, abuse, or neglect of a client according  
339.21 to chapter 260E and section 626.557.

339.22 Subd. 7. **Critical incidents.** If a license holder is licensed as a residential program, the  
339.23 license holder must have policies and procedures for reporting and maintaining records of  
339.24 critical incidents according to section 245I.13.

339.25 Subd. 8. **Personnel.** A license holder must have personnel policies and procedures that:

339.26 (1) include a chart or description of the organizational structure of the program that  
339.27 indicates positions and lines of authority;

339.28 (2) ensure that it will not adversely affect a staff person's retention, promotion, job  
339.29 assignment, or pay when a staff person communicates in good faith with the Department  
339.30 of Human Services, the Office of Ombudsman for Mental Health and Developmental  
339.31 Disabilities, the Department of Health, a health-related licensing board, a law enforcement  
339.32 agency, or a local agency investigating a complaint regarding a client's rights, health, or  
339.33 safety;

340.1 (3) prohibit a staff person from having sexual contact with a client in violation of chapter  
340.2 604, sections 609.344 or 609.345;

340.3 (4) prohibit a staff person from neglecting, abusing, or maltreating a client as described  
340.4 in chapter 260E and sections 626.557 and 626.5572;

340.5 (5) include the drug and alcohol policy described in section 245A.04, subdivision 1,  
340.6 paragraph (c);

340.7 (6) describe the process for disciplinary action, suspension, or dismissal of a staff person  
340.8 for violating a policy provision described in clauses (3) to (5);

340.9 (7) describe the license holder's response to a staff person who violates other program  
340.10 policies or who has a behavioral problem that interferes with providing treatment services  
340.11 to clients; and

340.12 (8) describe each staff person's position that includes the staff person's responsibilities,  
340.13 authority to execute the responsibilities, and qualifications for the position.

340.14 Subd. 9. **Volunteers.** A license holder must have policies and procedures for using  
340.15 volunteers, including when a license holder must submit a background study for a volunteer,  
340.16 and the specific tasks that a volunteer may perform.

340.17 Subd. 10. **Data privacy.** (a) A license holder must have policies and procedures that  
340.18 comply with all applicable state and federal law. A license holder's use of electronic record  
340.19 keeping or electronic signatures does not alter a license holder's obligations to comply with  
340.20 applicable state and federal law.

340.21 (b) A license holder must have policies and procedures for a staff person to promptly  
340.22 document a client's revocation of consent to disclose the client's health record. The license  
340.23 holder must verify that the license holder has permission to disclose a client's health record  
340.24 before releasing any client data.

340.25 Sec. 5. **[245I.04] PROVIDER QUALIFICATIONS AND SCOPE OF PRACTICE.**

340.26 Subdivision 1. **Tribal providers.** For purposes of this section, a tribal entity may  
340.27 credential an individual according to section 256B.02, subdivision 7, paragraphs (b) and  
340.28 (c).

340.29 Subd. 2. **Mental health professional qualifications.** The following individuals may  
340.30 provide services to a client as a mental health professional:

340.31 (1) a registered nurse who is licensed under sections 148.171 to 148.285 and is certified  
340.32 as a: (i) clinical nurse specialist in child or adolescent, family, or adult psychiatric and

341.1 mental health nursing by a national certification organization; or (ii) nurse practitioner in  
341.2 adult or family psychiatric and mental health nursing by a national nurse certification  
341.3 organization;

341.4 (2) a licensed independent clinical social worker as defined in section 148E.050,  
341.5 subdivision 5;

341.6 (3) a psychologist licensed by the Board of Psychology under sections 148.88 to 148.98;

341.7 (4) a physician licensed under chapter 147 if the physician is: (i) certified by the American  
341.8 Board of Psychiatry and Neurology; (ii) certified by the American Osteopathic Board of  
341.9 Neurology and Psychiatry; or (iii) eligible for board certification in psychiatry;

341.10 (5) a marriage and family therapist licensed under sections 148B.29 to 148B.392; or

341.11 (6) a licensed professional clinical counselor licensed under section 148B.5301.

341.12 Subd. 3. **Mental health professional scope of practice.** A mental health professional  
341.13 must maintain a valid license with the mental health professional's governing health-related  
341.14 licensing board and must only provide services to a client within the scope of practice  
341.15 determined by the applicable health-related licensing board.

341.16 Subd. 4. **Mental health practitioner qualifications.** (a) An individual who is qualified  
341.17 in at least one of the ways described in paragraph (b) to (d) may serve as a mental health  
341.18 practitioner.

341.19 (b) An individual is qualified as a mental health practitioner through relevant coursework  
341.20 if the individual completes at least 30 semester hours or 45 quarter hours in behavioral  
341.21 sciences or related fields and:

341.22 (1) has at least 2,000 hours of experience providing services to individuals with:

341.23 (i) a mental illness or a substance use disorder; or

341.24 (ii) a traumatic brain injury or a developmental disability, and completes the additional  
341.25 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct  
341.26 contact services to a client;

341.27 (2) is fluent in the non-English language of the ethnic group to which at least 50 percent  
341.28 of the individual's clients belong, and completes the additional training described in section  
341.29 245I.05, subdivision 3, paragraph (c), before providing direct contact services to a client;

341.30 (3) is working in a day treatment program under section 256B.0671, subdivision 3, or  
341.31 256B.0943; or

342.1 (4) has completed a practicum or internship that (i) required direct interaction with adult  
342.2 clients or child clients, and (ii) was focused on behavioral sciences or related fields.

342.3 (c) An individual is qualified as a mental health practitioner through work experience  
342.4 if the individual:

342.5 (1) has at least 4,000 hours of experience in the delivery of services to individuals with:

342.6 (i) a mental illness or a substance use disorder; or

342.7 (ii) a traumatic brain injury or a developmental disability, and completes the additional  
342.8 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct  
342.9 contact services to clients; or

342.10 (2) receives treatment supervision at least once per week until meeting the requirement  
342.11 in clause (1) of 4,000 hours of experience and has at least 2,000 hours of experience providing  
342.12 services to individuals with:

342.13 (i) a mental illness or a substance use disorder; or

342.14 (ii) a traumatic brain injury or a developmental disability, and completes the additional  
342.15 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct  
342.16 contact services to clients.

342.17 (d) An individual is qualified as a mental health practitioner if the individual has a  
342.18 master's or other graduate degree in behavioral sciences or related fields.

342.19 Subd. 5. **Mental health practitioner scope of practice.** (a) A mental health practitioner  
342.20 under the treatment supervision of a mental health professional or certified rehabilitation  
342.21 specialist may provide an adult client with client education, rehabilitative mental health  
342.22 services, functional assessments, level of care assessments, and treatment plans. A mental  
342.23 health practitioner under the treatment supervision of a mental health professional may  
342.24 provide skill-building services to a child client and complete treatment plans for a child  
342.25 client.

342.26 (b) A mental health practitioner must not provide treatment supervision to other staff  
342.27 persons. A mental health practitioner may provide direction to mental health rehabilitation  
342.28 workers and mental health behavioral aides.

342.29 (c) A mental health practitioner who provides services to clients according to section  
342.30 256B.0624 or 256B.0944 may perform crisis assessments and interventions for a client.

342.31 Subd. 6. **Clinical trainee qualifications.** (a) A clinical trainee is a staff person who: (1)  
342.32 is enrolled in an accredited graduate program of study to prepare the staff person for

343.1 independent licensure as a mental health professional and who is participating in a practicum  
343.2 or internship with the license holder through the individual's graduate program; or (2) has  
343.3 completed an accredited graduate program of study to prepare the staff person for independent  
343.4 licensure as a mental health professional and who is in compliance with the requirements  
343.5 of the applicable health-related licensing board, including requirements for supervised  
343.6 practice.

343.7 (b) A clinical trainee is responsible for notifying and applying to a health-related licensing  
343.8 board to ensure that the trainee meets the requirements of the health-related licensing board.  
343.9 As permitted by a health-related licensing board, treatment supervision under this chapter  
343.10 may be integrated into a plan to meet the supervisory requirements of the health-related  
343.11 licensing board but does not supersede those requirements.

343.12 Subd. 7. **Clinical trainee scope of practice.** (a) A clinical trainee under the treatment  
343.13 supervision of a mental health professional may provide a client with psychotherapy, client  
343.14 education, rehabilitative mental health services, diagnostic assessments, functional  
343.15 assessments, level of care assessments, and treatment plans.

343.16 (b) A clinical trainee must not provide treatment supervision to other staff persons. A  
343.17 clinical trainee may provide direction to mental health behavioral aides and mental health  
343.18 rehabilitation workers.

343.19 (c) A psychological clinical trainee under the treatment supervision of a psychologist  
343.20 may perform psychological testing of clients.

343.21 (d) A clinical trainee must not provide services to clients that violate any practice act of  
343.22 a health-related licensing board, including failure to obtain licensure if licensure is required.

343.23 Subd. 8. **Certified rehabilitation specialist qualifications.** A certified rehabilitation  
343.24 specialist must have:

343.25 (1) a master's degree from an accredited college or university in behavioral sciences or  
343.26 related fields;

343.27 (2) at least 4,000 hours of post-master's supervised experience providing mental health  
343.28 services to clients; and

343.29 (3) a valid national certification as a certified rehabilitation counselor or certified  
343.30 psychosocial rehabilitation practitioner.

343.31 Subd. 9. **Certified rehabilitation specialist scope of practice.** (a) A certified  
343.32 rehabilitation specialist may provide an adult client with client education, rehabilitative

344.1 mental health services, functional assessments, level of care assessments, and treatment  
344.2 plans.

344.3 (b) A certified rehabilitation specialist may provide treatment supervision to a mental  
344.4 health certified peer specialist, mental health practitioner, and mental health rehabilitation  
344.5 worker.

344.6 Subd. 10. **Mental health certified peer specialist qualifications.** A mental health  
344.7 certified peer specialist must:

344.8 (1) have been diagnosed with a mental illness;

344.9 (2) be a current or former mental health services client; and

344.10 (3) have a valid certification as a mental health certified peer specialist under section  
344.11 256B.0615.

344.12 Subd. 11. **Mental health certified peer specialist scope of practice.** A mental health  
344.13 certified peer specialist under the treatment supervision of a mental health professional or  
344.14 certified rehabilitation specialist must:

344.15 (1) provide individualized peer support to each client;

344.16 (2) promote a client's recovery goals, self-sufficiency, self-advocacy, and development  
344.17 of natural supports; and

344.18 (3) support a client's maintenance of skills that the client has learned from other services.

344.19 Subd. 12. **Mental health certified family peer specialist qualifications.** A mental  
344.20 health certified family peer specialist must:

344.21 (1) have raised or be currently raising a child with a mental illness;

344.22 (2) have experience navigating the children's mental health system; and

344.23 (3) have a valid certification as a mental health certified family peer specialist under  
344.24 section 256B.0616.

344.25 Subd. 13. **Mental health certified family peer specialist scope of practice.** A mental  
344.26 health certified family peer specialist under the treatment supervision of a mental health  
344.27 professional must provide services to increase the child's ability to function in the child's  
344.28 home, school, and community. The mental health certified family peer specialist must:

344.29 (1) provide family peer support to build on a client's family's strengths and help the  
344.30 family achieve desired outcomes;

- 345.1 (2) provide nonadversarial advocacy to a child client and the child's family that  
345.2 encourages partnership and promotes the child's positive change and growth;
- 345.3 (3) support families in advocating for culturally appropriate services for a child in each  
345.4 treatment setting;
- 345.5 (4) promote resiliency, self-advocacy, and development of natural supports;
- 345.6 (5) support maintenance of skills learned from other services;
- 345.7 (6) establish and lead parent support groups;
- 345.8 (7) assist parents in developing coping and problem-solving skills; and
- 345.9 (8) educate parents about mental illnesses and community resources, including resources  
345.10 that connect parents with similar experiences to one another.

345.11 Subd. 14. **Mental health rehabilitation worker qualifications.** (a) A mental health  
345.12 rehabilitation worker must:

- 345.13 (1) have a high school diploma or equivalent; and
- 345.14 (2) meet one of the following qualification requirements:
- 345.15 (i) be fluent in the non-English language or competent in the culture of the ethnic group  
345.16 to which at least 20 percent of the mental health rehabilitation worker's clients belong;
- 345.17 (ii) have an associate of arts degree;
- 345.18 (iii) have two years of full-time postsecondary education or a total of 15 semester hours  
345.19 or 23 quarter hours in behavioral sciences or related fields;
- 345.20 (iv) be a registered nurse;
- 345.21 (v) have, within the previous ten years, three years of personal life experience with  
345.22 mental illness;
- 345.23 (vi) have, within the previous ten years, three years of life experience as a primary  
345.24 caregiver to an adult with a mental illness, traumatic brain injury, substance use disorder,  
345.25 or developmental disability; or
- 345.26 (vii) have, within the previous ten years, 2,000 hours of work experience providing  
345.27 health and human services to individuals.

345.28 (b) A mental health rehabilitation worker who is scheduled as an overnight staff person  
345.29 and works alone is exempt from the additional qualification requirements in paragraph (a),  
345.30 clause (2).

346.1 Subd. 15. **Mental health rehabilitation worker scope of practice.** A mental health  
346.2 rehabilitation worker under the treatment supervision of a mental health professional or  
346.3 certified rehabilitation specialist may provide rehabilitative mental health services to an  
346.4 adult client according to the client's treatment plan.

346.5 Subd. 16. **Mental health behavioral aide qualifications.** (a) A level 1 mental health  
346.6 behavioral aide must have: (1) a high school diploma or equivalent; or (2) two years of  
346.7 experience as a primary caregiver to a child with mental illness within the previous ten  
346.8 years.

346.9 (b) A level 2 mental health behavioral aide must: (1) have an associate or bachelor's  
346.10 degree; or (2) be certified by a program under section 256B.0943, subdivision 8a.

346.11 Subd. 17. **Mental health behavioral aide scope of practice.** While under the treatment  
346.12 supervision of a mental health professional, a mental health behavioral aide may practice  
346.13 psychosocial skills with a child client according to the child's treatment plan and individual  
346.14 behavior plan that a mental health professional, clinical trainee, or mental health practitioner  
346.15 has previously taught to the child.

346.16 Sec. 6. **[245I.05] TRAINING REQUIRED.**

346.17 Subdivision 1. **Training plan.** A license holder must develop a training plan to ensure  
346.18 that staff persons receive ongoing training according to this section. The training plan must  
346.19 include:

346.20 (1) a formal process to evaluate the training needs of each staff person. An annual  
346.21 performance evaluation of a staff person satisfies this requirement;

346.22 (2) a description of how the license holder conducts ongoing training of each staff person,  
346.23 including whether ongoing training is based on a staff person's hire date or a specified annual  
346.24 cycle determined by the program;

346.25 (3) a description of how the license holder verifies and documents each staff person's  
346.26 previous training experience. A license holder may consider a staff person to have met a  
346.27 training requirement in subdivision 3, paragraph (d) or (e), if the staff person has received  
346.28 equivalent postsecondary education in the previous four years or training experience in the  
346.29 previous two years; and

346.30 (4) a description of how the license holder determines when a staff person needs  
346.31 additional training, including when the license holder will provide additional training.

347.1 Subd. 2. **Documentation of training.** (a) The license holder must provide training to  
347.2 each staff person according to the training plan and must document that the license holder  
347.3 provided the training to each staff person. The license holder must document the following  
347.4 information for each staff person's training:

347.5 (1) the topics of the training;

347.6 (2) the name of the trainee;

347.7 (3) the name and credentials of the trainer;

347.8 (4) the license holder's method of evaluating the trainee's competency upon completion  
347.9 of training;

347.10 (5) the date of the training; and

347.11 (6) the length of training in hours and minutes.

347.12 (b) Documentation of a staff person's continuing education credit accepted by the  
347.13 governing health-related licensing board is sufficient to document training for purposes of  
347.14 this subdivision.

347.15 Subd. 3. **Initial training.** (a) A staff person must receive training about:

347.16 (1) vulnerable adult maltreatment under section 245A.65, subdivision 3; and

347.17 (2) the maltreatment of minor reporting requirements and definitions in chapter 260E  
347.18 within 72 hours of first providing direct contact services to a client.

347.19 (b) Before providing direct contact services to a client, a staff person must receive training  
347.20 about:

347.21 (1) client rights and protections under section 245I.12;

347.22 (2) the Minnesota Health Records Act, including client confidentiality, family engagement  
347.23 under section 144.294, and client privacy;

347.24 (3) emergency procedures that the staff person must follow when responding to a fire,  
347.25 inclement weather, a report of a missing person, and a behavioral or medical emergency;

347.26 (4) specific activities and job functions for which the staff person is responsible, including  
347.27 the license holder's program policies and procedures applicable to the staff person's position;

347.28 (5) professional boundaries that the staff person must maintain; and

348.1 (6) specific needs of each client to whom the staff person will be providing direct contact  
348.2 services, including each client's developmental status, cognitive functioning, physical and  
348.3 mental abilities.

348.4 (c) Before providing direct contact services to a client, a mental health rehabilitation  
348.5 worker, mental health behavioral aide, or mental health practitioner qualified under section  
348.6 245I.04, subdivision 4, must receive 30 hours of training about:

348.7 (1) mental illnesses;

348.8 (2) client recovery and resiliency;

348.9 (3) mental health de-escalation techniques;

348.10 (4) co-occurring mental illness and substance use disorders; and

348.11 (5) psychotropic medications and medication side effects.

348.12 (d) Within 90 days of first providing direct contact services to an adult client, a clinical  
348.13 trainee, mental health practitioner, mental health certified peer specialist, or mental health  
348.14 rehabilitation worker must receive training about:

348.15 (1) trauma-informed care and secondary trauma;

348.16 (2) person-centered individual treatment plans, including seeking partnerships with  
348.17 family and other natural supports;

348.18 (3) co-occurring substance use disorders; and

348.19 (4) culturally responsive treatment practices.

348.20 (e) Within 90 days of first providing direct contact services to a child client, a clinical  
348.21 trainee, mental health practitioner, mental health certified family peer specialist, mental  
348.22 health certified peer specialist, or mental health behavioral aide must receive training about  
348.23 the topics in clauses (1) to (5). This training must address the developmental characteristics  
348.24 of each child served by the license holder and address the needs of each child in the context  
348.25 of the child's family, support system, and culture. Training topics must include:

348.26 (1) trauma-informed care and secondary trauma, including adverse childhood experiences  
348.27 (ACEs);

348.28 (2) family-centered treatment plan development, including seeking partnership with a  
348.29 child client's family and other natural supports;

348.30 (3) mental illness and co-occurring substance use disorders in family systems;

348.31 (4) culturally responsive treatment practices; and

349.1 (5) child development, including cognitive functioning, and physical and mental abilities.

349.2 (f) For a mental health behavioral aide, the training under paragraph (e) must include  
349.3 parent team training using a curriculum approved by the commissioner.

349.4 Subd. 4. **Ongoing training.** (a) A license holder must ensure that staff persons who  
349.5 provide direct contact services to clients receive annual training about the topics in  
349.6 subdivision 3, paragraphs (a) and (b), clauses (1) to (3).

349.7 (b) A license holder must ensure that each staff person who is qualified under section  
349.8 245I.04 who is not a mental health professional receives 30 hours of training every two  
349.9 years. The training topics must be based on the program's needs and the staff person's areas  
349.10 of competency.

349.11 Subd. 5. **Additional training for medication administration.** (a) Prior to administering  
349.12 medications to a client under delegated authority or observing a client self-administer  
349.13 medications, a staff person who is not a licensed prescriber, registered nurse, or licensed  
349.14 practical nurse qualified under section 148.171, subdivision 8, must receive training about  
349.15 psychotropic medications, side effects, and medication management.

349.16 (b) Prior to administering medications to a client under delegated authority, a staff person  
349.17 must successfully complete a:

349.18 (1) medication administration training program for unlicensed personnel through an  
349.19 accredited Minnesota postsecondary educational institution with completion of the course  
349.20 documented in writing and placed in the staff person's personnel file; or

349.21 (2) formalized training program taught by a registered nurse or licensed prescriber that  
349.22 is offered by the license holder. A staff person's successful completion of the formalized  
349.23 training program must include direct observation of the staff person to determine the staff  
349.24 person's areas of competency.

349.25 Sec. 7. **[245I.06] TREATMENT SUPERVISION.**

349.26 Subdivision 1. **Generally.** (a) A license holder must ensure that a mental health  
349.27 professional or certified rehabilitation specialist provides treatment supervision to each staff  
349.28 person who provides services to a client and who is not a mental health professional or  
349.29 certified rehabilitation specialist. When providing treatment supervision, a treatment  
349.30 supervisor must follow a staff person's written treatment supervision plan.

350.1 (b) Treatment supervision must focus on each client's treatment needs and the ability of  
350.2 the staff person under treatment supervision to provide services to each client, including  
350.3 the following topics related to the staff person's current caseload:

350.4 (1) a review and evaluation of the interventions that the staff person delivers to each  
350.5 client;

350.6 (2) instruction on alternative strategies if a client is not achieving treatment goals;

350.7 (3) a review and evaluation of each client's assessments, treatment plans, and progress  
350.8 notes for accuracy and appropriateness;

350.9 (4) instruction on the cultural norms or values of the clients and communities that the  
350.10 license holder serves and the impact that a client's culture has on providing treatment;

350.11 (5) evaluation of and feedback regarding a direct service staff person's areas of  
350.12 competency; and

350.13 (6) coaching, teaching, and practicing skills with a staff person.

350.14 (c) A treatment supervisor must provide treatment supervision to a staff person using  
350.15 methods that allow for immediate feedback, including in-person, telephone, and interactive  
350.16 video supervision.

350.17 (d) A treatment supervisor's responsibility for a staff person receiving treatment  
350.18 supervision is limited to the services provided by the associated license holder. If a staff  
350.19 person receiving treatment supervision is employed by multiple license holders, each license  
350.20 holder is responsible for providing treatment supervision related to the treatment of the  
350.21 license holder's clients.

350.22 Subd. 2. **Treatment supervision planning.** (a) A treatment supervisor and the staff  
350.23 person supervised by the treatment supervisor must develop a written treatment supervision  
350.24 plan. The license holder must ensure that a new staff person's treatment supervision plan is  
350.25 completed and implemented by a treatment supervisor and the new staff person within 30  
350.26 days of the new staff person's first day of employment. The license holder must review and  
350.27 update each staff person's treatment supervision plan annually.

350.28 (b) Each staff person's treatment supervision plan must include:

350.29 (1) the name and qualifications of the staff person receiving treatment supervision;

350.30 (2) the names and licensures of the treatment supervisors who are supervising the staff  
350.31 person;

351.1 (3) how frequently the treatment supervisors must provide treatment supervision to the  
351.2 staff person; and

351.3 (4) the staff person's authorized scope of practice, including a description of the client  
351.4 population that the staff person serves, and a description of the treatment methods and  
351.5 modalities that the staff person may use to provide services to clients.

351.6 **Subd. 3. Treatment supervision and direct observation of mental health**  
351.7 **rehabilitation workers and mental health behavioral aides.** (a) A mental health behavioral  
351.8 aide or a mental health rehabilitation worker must receive direct observation from a mental  
351.9 health professional, clinical trainee, certified rehabilitation specialist, or mental health  
351.10 practitioner while the mental health behavioral aide or mental health rehabilitation worker  
351.11 provides treatment services to clients, no less than twice per month for the first six months  
351.12 of employment and once per month thereafter. The staff person performing the direct  
351.13 observation must approve of the progress note for the observed treatment service.

351.14 (b) For a mental health rehabilitation worker qualified under section 245I.04, subdivision  
351.15 14, paragraph (a), clause (2), item (i), treatment supervision in the first 2,000 hours of work  
351.16 must at a minimum consist of:

351.17 (1) monthly individual supervision; and

351.18 (2) direct observation twice per month.

351.19 **Sec. 8. [245I.07] PERSONNEL FILES.**

351.20 (a) For each staff person, a license holder must maintain a personnel file that includes:

351.21 (1) verification of the staff person's qualifications required for the position including  
351.22 training, education, practicum or internship agreement, licensure, and any other required  
351.23 qualifications;

351.24 (2) documentation related to the staff person's background study;

351.25 (3) the hiring date of the staff person;

351.26 (4) a description of the staff person's job responsibilities with the license holder;

351.27 (5) the date that the staff person's specific duties and responsibilities became effective,  
351.28 including the date that the staff person began having direct contact with clients;

351.29 (6) documentation of the staff person's training as required by section 245I.05, subdivision  
351.30 2;

352.1 (7) a verification copy of license renewals that the staff person completed during the  
352.2 staff person's employment;

352.3 (8) annual job performance evaluations; and

352.4 (9) if applicable, the staff person's alleged and substantiated violations of the license  
352.5 holder's policies under section 245I.03, subdivision 8, clauses (3) to (7), and the license  
352.6 holder's response.

352.7 (b) The license holder must ensure that all personnel files are readily accessible for the  
352.8 commissioner's review. The license holder is not required to keep personnel files in a single  
352.9 location.

352.10 Sec. 9. [245I.08] DOCUMENTATION STANDARDS.

352.11 Subdivision 1. **Generally.** A license holder must ensure that all documentation required  
352.12 by this chapter complies with this section.

352.13 Subd. 2. **Documentation standards.** A license holder must ensure that all documentation  
352.14 required by this chapter:

352.15 (1) is legible;

352.16 (2) identifies the applicable client and staff person on each page; and

352.17 (3) is signed and dated by the staff persons who provided services to the client or  
352.18 completed the documentation, including the staff persons' credentials.

352.19 Subd. 3. **Documenting approval.** A license holder must ensure that all diagnostic  
352.20 assessments, functional assessments, level of care assessments, and treatment plans completed  
352.21 by a clinical trainee or mental health practitioner contain documentation of approval by a  
352.22 treatment supervisor within five business days of initial completion by the staff person under  
352.23 treatment supervision.

352.24 Subd. 4. **Progress notes.** A license holder must use a progress note to document each  
352.25 occurrence of a mental health service that a staff person provides to a client. A progress  
352.26 note must include the following:

352.27 (1) the type of service;

352.28 (2) the date of service;

352.29 (3) the start and stop time of the service unless the license holder is licensed as a  
352.30 residential program;

352.31 (4) the location of the service;

353.1 (5) the scope of the service, including: (i) the targeted goal and objective; (ii) the  
353.2 intervention that the staff person provided to the client and the methods that the staff person  
353.3 used; (iii) the client's response to the intervention; (iv) the staff person's plan to take future  
353.4 actions, including changes in treatment that the staff person will implement if the intervention  
353.5 was ineffective; and (v) the service modality;

353.6 (6) the signature, printed name, and credentials of the staff person who provided the  
353.7 service to the client;

353.8 (7) the mental health provider travel documentation required by section 256B.0625, if  
353.9 applicable; and

353.10 (8) significant observations by the staff person, if applicable, including: (i) the client's  
353.11 current risk factors; (ii) emergency interventions by staff persons; (iii) consultations with  
353.12 or referrals to other professionals, family, or significant others; and (iv) changes in the  
353.13 client's mental or physical symptoms.

353.14 **Subd. 5. Medication administration record.** If a license holder administers or observes  
353.15 a client self-administer medications, the license holder must maintain a medication  
353.16 administration record for each client that contains the following, as applicable:

353.17 (1) the client's date of birth;

353.18 (2) the client's allergies;

353.19 (3) all medication orders for the client, including client-specific orders for  
353.20 over-the-counter medications and approved condition-specific protocols;

353.21 (4) the name of each ordered medication, date of each medication's expiration, each  
353.22 medication's dosage frequency, method of administration, and time;

353.23 (5) the licensed prescriber's name and telephone number;

353.24 (6) the date of initiation;

353.25 (7) the signature, printed name, and credentials of the staff person who administered the  
353.26 medication or observed the client self-administer the medication; and

353.27 (8) the reason that the license holder did not administer the client's prescribed medication  
353.28 or observe the client self-administer the client's prescribed medication.

353.29 **Sec. 10. [245I.09] CLIENT FILES.**

353.30 **Subdivision 1. Generally.** (a) A license holder must maintain a file for each client that  
353.31 contains the client's current and accurate records. The license holder must store each client

354.1 file on the premises where the license holder provides or coordinates services for the client.  
354.2 The license holder must ensure that all client files are readily accessible for the  
354.3 commissioner's review. The license holder is not required to keep client files in a single  
354.4 location.

354.5 (b) The license holder must protect client records against loss, tampering, or unauthorized  
354.6 disclosure of confidential client data according to the Minnesota Government Data Practices  
354.7 Act, chapter 13; the privacy provisions of the Minnesota health care programs provider  
354.8 agreement; the Health Insurance Portability and Accountability Act of 1996 (HIPAA),  
354.9 Public Law 104-191; and the Minnesota Health Records Act, sections 144.291 to 144.298.

354.10 Subd. 2. **Record retention.** A license holder must retain client records of a discharged  
354.11 client for a minimum of five years from the date of the client's discharge. A license holder  
354.12 who ceases to provide treatment services to a client must retain the client's records for a  
354.13 minimum of five years from the date that the license holder stopped providing services to  
354.14 the client and must notify the commissioner of the location of the client records and the  
354.15 name of the individual responsible for storing and maintaining the client records.

354.16 Subd. 3. **Contents.** A license holder must retain a clear and complete record of the  
354.17 information that the license holder receives regarding a client, and of the services that the  
354.18 license holder provides to the client. If applicable, each client's file must include the following  
354.19 information:

354.20 (1) the client's screenings, assessments, and testing;

354.21 (2) the client's treatment plans and reviews of the client's treatment plan;

354.22 (3) the client's individual abuse prevention plans;

354.23 (4) the client's health care directive under section 145C.01, subdivision 5a, and the  
354.24 client's emergency contacts;

354.25 (5) the client's crisis plans;

354.26 (6) the client's consents for releases of information and documentation of the client's  
354.27 releases of information;

354.28 (7) the client's significant medical and health-related information;

354.29 (8) a record of each communication that a staff person has with the client's other mental  
354.30 health providers and persons interested in the client, including the client's case manager,  
354.31 family members, primary caregiver, legal representatives, court representatives,  
354.32 representatives from the correctional system, or school administration;

355.1 (9) written information by the client that the client requests to include in the client's file;  
355.2 and

355.3 (10) the date of the client's discharge from the license holder's program, the reason that  
355.4 the license holder discontinued services for the client, and the client's discharge summaries.

355.5 **Sec. 11. [245I.10] ASSESSMENT AND TREATMENT PLANNING.**

355.6 Subdivision 1. **Definitions.** (a) "Diagnostic formulation" means a written analysis and  
355.7 explanation of a client's clinical assessment to develop a hypothesis about the cause and  
355.8 nature of a client's presenting problems and to identify the most suitable approach for treating  
355.9 the client.

355.10 (b) "Responsivity factors" means the factors other than the diagnostic formulation that  
355.11 may modify a client's treatment needs. This includes a client's learning style, abilities,  
355.12 cognitive functioning, cultural background, and personal circumstances. When documenting  
355.13 a client's responsivity factors a mental health professional or clinical trainee must include  
355.14 an analysis of how a client's strengths are reflected in the license holder's plan to deliver  
355.15 services to the client.

355.16 Subd. 2. **Generally.** (a) A license holder must use a client's diagnostic assessment or  
355.17 crisis assessment to determine a client's eligibility for mental health services, except as  
355.18 provided in this section.

355.19 (b) Prior to completing a client's initial diagnostic assessment, a license holder may  
355.20 provide a client with the following services:

355.21 (1) an explanation of findings;

355.22 (2) neuropsychological testing, neuropsychological assessment, and psychological  
355.23 testing;

355.24 (3) any combination of psychotherapy sessions, family psychotherapy sessions, and  
355.25 family psychoeducation sessions not to exceed three sessions;

355.26 (4) crisis assessment services according to section 256B.0624; and

355.27 (5) ten days of intensive residential treatment services according to the assessment and  
355.28 treatment planning standards in section 245.23, subdivision 7.

355.29 (c) Based on the client's needs that a crisis assessment identifies under section 256B.0624,  
355.30 a license holder may provide a client with the following services:

356.1 (1) crisis intervention and stabilization services under section 245I.23 or 256B.0624;  
356.2 and

356.3 (2) any combination of psychotherapy sessions, group psychotherapy sessions, family  
356.4 psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions  
356.5 within a 12-month period without prior authorization.

356.6 (d) Based on the client's needs in the client's brief diagnostic assessment, a license holder  
356.7 may provide a client with any combination of psychotherapy sessions, group psychotherapy  
356.8 sessions, family psychotherapy sessions, and family psychoeducation sessions not to exceed  
356.9 ten sessions within a 12-month period without prior authorization for any new client or for  
356.10 an existing client who the license holder projects will need fewer than ten sessions during  
356.11 the next 12 months.

356.12 (e) Based on the client's needs that a hospital's medical history and presentation  
356.13 examination identifies, a license holder may provide a client with:

356.14 (1) any combination of psychotherapy sessions, group psychotherapy sessions, family  
356.15 psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions  
356.16 within a 12-month period without prior authorization for any new client or for an existing  
356.17 client who the license holder projects will need fewer than ten sessions during the next 12  
356.18 months; and

356.19 (2) up to five days of day treatment services or partial hospitalization.

356.20 (f) A license holder must complete a new standard diagnostic assessment of a client:

356.21 (1) when the client requires services of a greater number or intensity than the services  
356.22 that paragraphs (b) to (e) describe;

356.23 (2) at least annually following the client's initial diagnostic assessment if the client needs  
356.24 additional mental health services and the client does not meet the criteria for a brief  
356.25 assessment;

356.26 (3) when the client's mental health condition has changed markedly since the client's  
356.27 most recent diagnostic assessment; or

356.28 (4) when the client's current mental health condition does not meet the criteria of the  
356.29 client's current diagnosis.

356.30 (g) For an existing client, the license holder must ensure that a new standard diagnostic  
356.31 assessment includes a written update containing all significant new or changed information  
356.32 about the client, and an update regarding what information has not significantly changed,

357.1 including a discussion with the client about changes in the client's life situation, functioning,  
357.2 presenting problems, and progress with achieving treatment goals since the client's last  
357.3 diagnostic assessment was completed.

357.4 Subd. 3. **Continuity of services.** (a) For any client with a diagnostic assessment  
357.5 completed under Minnesota Rules, parts 9505.0370 to 9505.0372, before the effective date  
357.6 of this section, the diagnostic assessment is valid for authorizing the client's treatment and  
357.7 billing for one calendar year after the date that the assessment was completed.

357.8 (b) For any client with an individual treatment plan completed under section 256B.0622,  
357.9 256B.0623, 256B.0943, 256B.0946, or 256B.0947 or Minnesota Rules, parts 9505.0370 to  
357.10 9505.0372, the client's treatment plan is valid for authorizing treatment and billing until the  
357.11 treatment plan's expiration date.

357.12 (c) This subdivision expires July 1, 2023.

357.13 Subd. 4. **Diagnostic assessment.** A client's diagnostic assessment must: (1) identify at  
357.14 least one mental health diagnosis for which the client meets the diagnostic criteria and  
357.15 recommend mental health services to develop the client's mental health services and treatment  
357.16 plan; or (2) include a finding that the client does not meet the criteria for a mental health  
357.17 disorder.

357.18 Subd. 5. **Brief diagnostic assessment; required elements.** (a) Only a mental health  
357.19 professional or clinical trainee may complete a brief diagnostic assessment of a client. A  
357.20 license holder may only use a brief diagnostic assessment for a client who is six years of  
357.21 age or older.

357.22 (b) When conducting a brief diagnostic assessment of a client, the assessor must complete  
357.23 a face-to-face interview with the client and a written evaluation of the client. The assessor  
357.24 must gather and document initial components of the client's standard diagnostic assessment,  
357.25 including the client's:

357.26 (1) age;

357.27 (2) description of symptoms, including the reason for the client's referral;

357.28 (3) history of mental health treatment;

357.29 (4) cultural influences on the client; and

357.30 (5) mental status examination.

357.31 (c) Based on the initial components of the assessment, the assessor must develop a  
357.32 provisional diagnostic formulation about the client. The assessor may use the client's

358.1 provisional diagnostic formulation to address the client's immediate needs and presenting  
358.2 problems.

358.3 (d) A mental health professional or clinical trainee may use treatment sessions with the  
358.4 client authorized by a brief diagnostic assessment to gather additional information about  
358.5 the client to complete the client's standard diagnostic assessment if the number of sessions  
358.6 will exceed the coverage limits in subdivision 2.

358.7 Subd. 6. **Standard diagnostic assessment; required elements.** (a) Only a mental health  
358.8 professional or a clinical trainee may complete a standard diagnostic assessment of a client.  
358.9 A standard diagnostic assessment of a client must include a face-to-face interview with a  
358.10 client and a written evaluation of the client. The assessor must complete a client's standard  
358.11 diagnostic assessment within the client's cultural context.

358.12 (b) When completing a standard diagnostic assessment of a client, the assessor must  
358.13 gather and document information about the client's current life situation, including the  
358.14 following information:

358.15 (1) the client's age;

358.16 (2) the client's current living situation, including the client's housing status and household  
358.17 members;

358.18 (3) the status of the client's basic needs;

358.19 (4) the client's education level and employment status;

358.20 (5) the client's current medications;

358.21 (6) any immediate risks to the client's health and safety;

358.22 (7) the client's perceptions of the client's condition;

358.23 (8) the client's description of the client's symptoms, including the reason for the client's  
358.24 referral;

358.25 (9) the client's history of mental health treatment; and

358.26 (10) cultural influences on the client.

358.27 (c) If the assessor cannot obtain the information that this subdivision requires without  
358.28 retraumatizing the client or harming the client's willingness to engage in treatment, the  
358.29 assessor must identify which topics will require further assessment during the course of the  
358.30 client's treatment. The assessor must gather and document information related to the following  
358.31 topics:

359.1 (1) the client's relationship with the client's family and other significant personal  
359.2 relationships, including the client's evaluation of the quality of each relationship;

359.3 (2) the client's strengths and resources, including the extent and quality of the client's  
359.4 social networks;

359.5 (3) important developmental incidents in the client's life;

359.6 (4) maltreatment, trauma, potential brain injuries, and abuse that the client has suffered;

359.7 (5) the client's history of or exposure to alcohol and drug usage and treatment; and

359.8 (6) the client's health history and the client's family health history, including the client's  
359.9 physical, chemical, and mental health history.

359.10 (d) When completing a standard diagnostic assessment of a client, an assessor must use  
359.11 a recognized diagnostic framework.

359.12 (1) When completing a standard diagnostic assessment of a client who is five years of  
359.13 age or younger, the assessor must use the current edition of the DC: 0-5 Diagnostic  
359.14 Classification of Mental Health and Development Disorders of Infancy and Early Childhood  
359.15 published by Zero to Three.

359.16 (2) When completing a standard diagnostic assessment of a client who is six years of  
359.17 age or older, the assessor must use the current edition of the Diagnostic and Statistical  
359.18 Manual of Mental Disorders published by the American Psychiatric Association.

359.19 (3) When completing a standard diagnostic assessment of a client who is five years of  
359.20 age or younger, an assessor must administer the Early Childhood Service Intensity Instrument  
359.21 (ECSII) to the client and include the results in the client's assessment.

359.22 (4) When completing a standard diagnostic assessment of a client who is six to 17 years  
359.23 of age, an assessor must administer the Child and Adolescent Service Intensity Instrument  
359.24 (CASII) to the client and include the results in the client's assessment.

359.25 (5) When completing a standard diagnostic assessment of a client who is 18 years of  
359.26 age or older, an assessor must use either (i) the CAGE-AID Questionnaire or (ii) the criteria  
359.27 in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders  
359.28 published by the American Psychiatric Association to screen and assess the client for a  
359.29 substance use disorder.

359.30 (e) When completing a standard diagnostic assessment of a client, the assessor must  
359.31 include and document the following components of the assessment:

359.32 (1) the client's mental status examination;

360.1 (2) the client's baseline measurements; symptoms; behavior; skills; abilities; resources;  
360.2 vulnerabilities; safety needs, including client information that supports the assessor's findings  
360.3 after applying a recognized diagnostic framework from paragraph (d); and any differential  
360.4 diagnosis of the client;

360.5 (3) an explanation of: (i) how the assessor diagnosed the client using the information  
360.6 from the client's interview, assessment, psychological testing, and collateral information  
360.7 about the client; (ii) the client's needs; (iii) the client's risk factors; (iv) the client's strengths;  
360.8 and (v) the client's responsivity factors.

360.9 (f) When completing a standard diagnostic assessment of a client, the assessor must  
360.10 consult the client and the client's family about which services that the client and the family  
360.11 prefer to treat the client. The assessor must make referrals for the client as to services required  
360.12 by law.

360.13 Subd. 7. **Individual treatment plan.** A license holder must follow each client's written  
360.14 individual treatment plan when providing services to the client with the following exceptions:

360.15 (1) services that do not require that a license holder completes a standard diagnostic  
360.16 assessment of a client before providing services to the client;

360.17 (2) when developing a service plan; and

360.18 (3) when a client re-engages in services under subdivision 8, paragraph (b).

360.19 Subd. 8. **Individual treatment plan; required elements.** (a) After completing a client's  
360.20 diagnostic assessment and before providing services to the client, the license holder must  
360.21 complete the client's individual treatment plan. The license holder must:

360.22 (1) base the client's individual treatment plan on the client's diagnostic assessment and  
360.23 baseline measurements;

360.24 (2) for a child client, use a child-centered, family-driven, and culturally appropriate  
360.25 planning process that allows the child's parents and guardians to observe and participate in  
360.26 the child's individual and family treatment services, assessments, and treatment planning;

360.27 (3) for an adult client, use a person-centered, culturally appropriate planning process  
360.28 that allows the client's family and other natural supports to observe and participate in the  
360.29 client's treatment services, assessments, and treatment planning;

360.30 (4) identify the client's treatment goals, measureable treatment objectives, a schedule  
360.31 for accomplishing the client's treatment goals and objectives, a treatment strategy, and the

- 361.1 individuals responsible for providing treatment services and supports to the client. The  
361.2 license holder must have a treatment strategy to engage the client in treatment if the client:
- 361.3 (i) has a history of not engaging in treatment; and  
361.4 (ii) is ordered by a court to participate in treatment services or to take neuroleptic  
361.5 medications;
- 361.6 (5) identify the participants involved in the client's treatment planning. The client must  
361.7 be a participant in the client's treatment planning. If applicable, the license holder must  
361.8 document the reasons that the license holder did not involve the client's family or other  
361.9 natural supports in the client's treatment planning;
- 361.10 (6) review the client's individual treatment plan every 180 days and update the client's  
361.11 individual treatment plan with the client's treatment progress, new treatment objectives and  
361.12 goals or, if the client has not made treatment progress, changes in the license holder's  
361.13 approach to treatment; and
- 361.14 (7) ensure that the client approves of the client's individual treatment plan unless a court  
361.15 orders the client's treatment plan under chapter 253B.
- 361.16 (b) If the client disagrees with the client's treatment plan, the license holder must  
361.17 document in the client file the reasons why the client does not agree with the treatment plan.  
361.18 If the license holder cannot obtain the client's approval of the treatment plan, a mental health  
361.19 professional must make efforts to obtain approval from a person who is authorized to consent  
361.20 on the client's behalf within 30 days after the client's previous individual treatment plan  
361.21 expired. A license holder may not deny a client service during this time period solely because  
361.22 the license holder could not obtain the client's approval of the client's individual treatment  
361.23 plan. A license holder may continue to bill for the client's otherwise eligible services when  
361.24 the client re-engages in services.
- 361.25 Subd. 9. **Functional assessment; required elements.** When a license holder is  
361.26 completing a functional assessment for an adult client, the license holder must:
- 361.27 (1) complete a functional assessment of the client after completing the client's diagnostic  
361.28 assessment;
- 361.29 (2) use a collaborative process that allows the client and the client's family and other  
361.30 natural supports, the client's referral sources, and the client's providers to provide information  
361.31 about how the client's symptoms of mental illness impact the client's functioning;
- 361.32 (3) if applicable, document the reasons that the license holder did not contact the client's  
361.33 family and other natural supports;

- 362.1 (4) assess and document how the client's symptoms of mental illness impact the client's  
362.2 functioning in the following areas:
- 362.3 (i) the client's mental health symptoms;  
362.4 (ii) the client's mental health service needs;  
362.5 (iii) the client's substance use;  
362.6 (iv) the client's vocational and educational functioning;  
362.7 (v) the client's social functioning, including the use of leisure time;  
362.8 (vi) the client's interpersonal functioning, including relationships with the client's family  
362.9 and other natural supports;
- 362.10 (vii) the client's ability to provide self-care and live independently;  
362.11 (viii) the client's medical and dental health;  
362.12 (ix) the client's financial assistance needs; and  
362.13 (x) the client's housing and transportation needs;
- 362.14 (5) include a narrative summarizing the client's strengths, resources, and all areas of  
362.15 functional impairment;
- 362.16 (6) complete the client's functional assessment before the client's initial individual  
362.17 treatment plan unless a service specifies otherwise; and
- 362.18 (7) update the client's functional assessment with the client's current functioning whenever  
362.19 there is a significant change in the client's functioning or at least every 180 days, unless a  
362.20 service specifies otherwise.

362.21 **Sec. 12. [245I.11] HEALTH SERVICES AND MEDICATIONS.**

362.22 Subdivision 1. **Generally.** If a license holder is licensed as a residential program, stores  
362.23 or administers client medications, or observes clients self-administer medications, the license  
362.24 holder must ensure that a staff person who is a registered nurse or licensed prescriber is  
362.25 responsible for overseeing storage and administration of client medications and observing  
362.26 as a client self-administers medications, including training according to section 245I.05,  
362.27 subdivision 6, and documenting the occurrence according to section 245I.08, subdivision  
362.28 5.

362.29 Subd. 2. **Health services.** If a license holder is licensed as a residential program, the  
362.30 license holder must:

363.1 (1) ensure that a client is screened for health issues within 72 hours of the client's  
363.2 admission;

363.3 (2) monitor the physical health needs of each client on an ongoing basis;

363.4 (3) offer referrals to clients and coordinate each client's care with psychiatric and medical  
363.5 services;

363.6 (4) identify circumstances in which a staff person must notify a registered nurse or  
363.7 licensed prescriber of any of a client's health concerns and the process for providing  
363.8 notification of client health concerns; and

363.9 (5) identify the circumstances in which the license holder must obtain medical care for  
363.10 a client and the process for obtaining medical care for a client.

363.11 Subd. 3. **Storing and accounting for medications.** (a) If a license holder stores client  
363.12 medications, the license holder must:

363.13 (1) store client medications in original containers in a locked location;

363.14 (2) store refrigerated client medications in special trays or containers that are separate  
363.15 from food;

363.16 (3) store client medications marked "for external use only" in a compartment that is  
363.17 separate from other client medications;

363.18 (4) store Schedule II to IV drugs listed in section 152.02, subdivisions 3 to 5, in a  
363.19 compartment that is locked separately from other medications;

363.20 (5) ensure that only authorized staff persons have access to stored client medications;

363.21 (6) follow a documentation procedure on each shift to account for all scheduled drugs;  
363.22 and

363.23 (7) record each incident when a staff person accepts a supply of client medications and  
363.24 destroy discontinued, outdated, or deteriorated client medications.

363.25 (b) If a license holder is licensed as a residential program, the license holder must allow  
363.26 clients who self-administer medications to keep a private medication supply. The license  
363.27 holder must ensure that the client stores all private medication in a locked container in the  
363.28 client's private living area, unless the private medication supply poses a health and safety  
363.29 risk to any clients. A client must not maintain a private medication supply of a prescription  
363.30 medication without a written medication order from a licensed prescriber and a prescription  
363.31 label that includes the client's name.

- 364.1 Subd. 4. **Medication orders.** (a) If a license holder stores, prescribes, or administers  
364.2 medications or observes a client self-administer medications, the license holder must:
- 364.3 (1) ensure that a licensed prescriber writes all orders to accept, administer, or discontinue  
364.4 client medications;
- 364.5 (2) accept nonwritten orders to administer client medications in emergency circumstances  
364.6 only;
- 364.7 (3) establish a timeline and process for obtaining a written order with the licensed  
364.8 prescriber's signature when the license holder accepts a nonwritten order to administer client  
364.9 medications;
- 364.10 (4) obtain prescription medication renewals from a licensed prescriber for each client  
364.11 every 90 days for psychotropic medications and annually for all other medications; and
- 364.12 (5) maintain the client's right to privacy and dignity.
- 364.13 (b) If a license holder employs a licensed prescriber, the license holder must inform the  
364.14 client about potential medication effects and side effects and obtain and document the client's  
364.15 informed consent before the licensed prescriber prescribes a medication.
- 364.16 Subd. 5. **Medication administration.** If a license holder is licensed as a residential  
364.17 program, the license holder must:
- 364.18 (1) assess and document each client's ability to self-administer medication. In the  
364.19 assessment, the license holder must evaluate the client's ability to: (i) comply with prescribed  
364.20 medication regimens; and (ii) store the client's medications safely and in a manner that  
364.21 protects other individuals in the facility. Through the assessment process, the license holder  
364.22 must assist the client in developing the skills necessary to safely self-administer medication;
- 364.23 (2) monitor the effectiveness of medications, side effects of medications, and adverse  
364.24 reactions to medications for each client. The license holder must address and document any  
364.25 concerns about a client's medications;
- 364.26 (3) ensure that no staff person or client gives a legend drug supply for one client to  
364.27 another client;
- 364.28 (4) have policies and procedures for: (i) keeping a record of each client's medication  
364.29 orders; (ii) keeping a record of any incident of deferring a client's medications; (iii)  
364.30 documenting any incident when a client's medication is omitted; and (iv) documenting when  
364.31 a client refuses to take medications as prescribed; and

365.1 (5) document and track medication errors, document whether the license holder notified  
365.2 anyone about the medication error, determine if the license holder must take any follow-up  
365.3 actions, and identify the staff persons who are responsible for taking follow-up actions.

365.4 Sec. 13. **[245L.12] CLIENT RIGHTS AND PROTECTIONS.**

365.5 Subdivision 1. **Client rights.** A license holder must ensure that all clients have the  
365.6 following rights:

365.7 (1) the rights listed in the health care bill of rights in section 144.651;

365.8 (2) the right to be free from discrimination based on age, race, color, creed, religion,  
365.9 national origin, gender, marital status, disability, sexual orientation, and status with regard  
365.10 to public assistance. The license holder must follow all applicable state and federal laws  
365.11 including the Minnesota Human Rights Act, chapter 363A; and

365.12 (3) the right to be informed prior to a photograph or audio or video recording being made  
365.13 of the client. The client has the right to refuse to allow any recording or photograph of the  
365.14 client that is not for the purposes of identification or supervision by the license holder.

365.15 Subd. 2. **Restrictions to client rights.** If the license holder restricts a client's right, the  
365.16 license holder must document in the client file a mental health professional's approval of  
365.17 the restriction and the reasons for the restriction.

365.18 Subd. 3. **Notice of rights.** The license holder must give a copy of the client's rights  
365.19 according to this section to each client on the day of the client's admission. The license  
365.20 holder must document that the license holder gave a copy of the client's rights to each client  
365.21 on the day of the client's admission according to this section. The license holder must post  
365.22 a copy of the client rights in an area visible or accessible to all clients. The license holder  
365.23 must include the client rights in Minnesota Rules, chapter 9544, for applicable clients.

365.24 Subd. 4. **Client property.** (a) The license holder must meet the requirements of section  
365.25 245A.04, subdivision 13.

365.26 (b) If the license holder is unable to obtain a client's signature acknowledging the receipt  
365.27 or disbursement of the client's funds or property required by section 245A.04, subdivision  
365.28 13, paragraph (c), clause (1), two staff persons must sign documentation acknowledging  
365.29 that the staff persons witnessed the client's receipt or disbursement of the client's funds or  
365.30 property.

365.31 (c) The license holder must return all of the client's funds and other property to the client  
365.32 except for the following items:

366.1 (1) illicit drugs, drug paraphernalia, and drug containers that are subject to forfeiture  
366.2 under section 609.5316. The license holder must give illicit drugs, drug paraphernalia, and  
366.3 drug containers to a local law enforcement agency or destroy the items; and

366.4 (2) weapons, explosives, and other property that may cause serious harm to the client  
366.5 or others. The license holder may give a client's weapons and explosives to a local law  
366.6 enforcement agency. The license holder must notify the client that a local law enforcement  
366.7 agency has the client's property and that the client has the right to reclaim the property if  
366.8 the client has a legal right to possess the item.

366.9 (d) If a client leaves the license holder's program but abandons the client's funds or  
366.10 property, the license holder must retain and store the client's funds or property, including  
366.11 medications, for a minimum of 30 days after the client's discharge from the program.

366.12 Subd. 5. **Client grievances.** (a) The license holder must have a grievance procedure  
366.13 that:

366.14 (1) describes to clients how the license holder will meet the requirements in this  
366.15 subdivision; and

366.16 (2) contains the current public contact information of the Department of Human Services,  
366.17 Licensing Division; the Office of Ombudsman for Mental Health and Developmental  
366.18 Disabilities; the Department of Health, Office of Health Facilities Complaints; and all  
366.19 applicable health-related licensing boards.

366.20 (b) On the day of each client's admission, the license holder must explain the grievance  
366.21 procedure to the client.

366.22 (c) The license holder must:

366.23 (1) post the grievance procedure in a place visible to clients and provide a copy of the  
366.24 grievance procedure upon request;

366.25 (2) allow clients, former clients, and their authorized representatives to submit a grievance  
366.26 to the license holder;

366.27 (3) within three business days of receiving a client's grievance, acknowledge in writing  
366.28 that the license holder received the client's grievance. If applicable, the license holder must  
366.29 include a notice of the client's separate appeal rights for a managed care organization's  
366.30 reduction, termination, or denial of a covered service;

367.1 (4) within 15 business days of receiving a client's grievance, provide a written final  
367.2 response to the client's grievance containing the license holder's official response to the  
367.3 grievance; and

367.4 (5) allow the client to bring a grievance to the person with the highest level of authority  
367.5 in the program.

367.6 Sec. 14. **[245I.13] CRITICAL INCIDENTS.**

367.7 If a license holder is licensed as a residential program, the license holder must report all  
367.8 critical incidents to the commissioner within ten days of learning of the incident on a form  
367.9 approved by the commissioner. The license holder must keep a record of critical incidents  
367.10 in a central location that is readily accessible to the commissioner for review upon the  
367.11 commissioner's request for a minimum of two licensing periods.

367.12 Sec. 15. **[245I.20] MENTAL HEALTH CLINIC.**

367.13 Subdivision 1. **Purpose.** Certified mental health clinics provide clinical services for the  
367.14 treatment of mental illnesses with a treatment team that reflects multiple disciplines and  
367.15 areas of expertise.

367.16 Subd. 2. **Definitions.** (a) "Clinical services" means services provided to a client to  
367.17 diagnose, describe, predict, and explain the client's status relative to a condition or problem  
367.18 as described in the: (1) current edition of the Diagnostic and Statistical Manual of Mental  
367.19 Disorders published by the American Psychiatric Association; or (2) current edition of the  
367.20 DC: 0-5 Diagnostic Classification of Mental Health and Development Disorders of Infancy  
367.21 and Early Childhood published by Zero to Three. Where necessary, clinical services includes  
367.22 services to treat a client to reduce the client's impairment due to the client's condition.  
367.23 Clinical services also includes individual treatment planning, case review, record-keeping  
367.24 required for a client's treatment, and treatment supervision. For the purposes of this section,  
367.25 clinical services excludes services delivered to a client under a separate license and services  
367.26 listed under section 245I.011, subdivision 5.

367.27 (b) "Competent" means having professional education, training, continuing education,  
367.28 consultation, supervision, experience, or a combination thereof necessary to demonstrate  
367.29 sufficient knowledge of and proficiency in a specific clinical service.

367.30 (c) "Discipline" means a branch of professional knowledge or skill acquired through a  
367.31 specific course of study, training, and supervised practice. Discipline is usually documented  
367.32 by a specific educational degree, licensure, or certification of proficiency. Examples of the

368.1 mental health disciplines include but are not limited to psychiatry, psychology, clinical  
368.2 social work, marriage and family therapy, clinical counseling, and psychiatric nursing.

368.3 (d) "Treatment team" means the mental health professionals, mental health practitioners,  
368.4 and clinical trainees who provide clinical services to clients.

368.5 Subd. 3. **Organizational structure.** (a) A mental health clinic location must be an entire  
368.6 facility or a clearly identified unit within a facility that is administratively and clinically  
368.7 separate from the rest of the facility. The mental health clinic location may provide services  
368.8 other than clinical services to clients, including medical services, substance use disorder  
368.9 services, social services, training, and education.

368.10 (b) The certification holder must notify the commissioner of all mental health clinic  
368.11 locations. If there is more than one mental health clinic location, the certification holder  
368.12 must designate one location as the main location and all of the other locations as satellite  
368.13 locations. The main location as a unit and the clinic as a whole must comply with the  
368.14 minimum staffing standards in subdivision 4.

368.15 (c) The certification holder must ensure that each satellite location:

368.16 (1) adheres to the same policies and procedures as the main location;

368.17 (2) provides treatment team members with face-to-face or telephone access to a mental  
368.18 health professional for the purposes of supervision whenever the satellite location is open.  
368.19 The certification holder must maintain a schedule of the mental health professionals who  
368.20 will be available and the contact information for each available mental health professional.  
368.21 The schedule must be current and readily available to treatment team members; and

368.22 (3) enables clients to access all of the mental health clinic's clinical services and treatment  
368.23 team members, as needed.

368.24 Subd. 4. **Minimum staffing standards.** (a) A certification holder's treatment team must  
368.25 consist of at least four mental health professionals. At least two of the mental health  
368.26 professionals must be employed by or under contract with the mental health clinic for a  
368.27 minimum of 35 hours per week each. Each of the two mental health professionals must  
368.28 specialize in a different mental health discipline.

368.29 (b) The treatment team must include:

368.30 (1) a physician qualified as a mental health professional according to section 245I.04,  
368.31 subdivision 2, clause (4), or a nurse qualified as a mental health professional according to  
368.32 section 245I.04, subdivision 2, clause (1); and

369.1 (2) a psychologist qualified as a mental health professional according to section 245I.04,  
369.2 subdivision 2, clause (3).

369.3 (c) The staff persons fulfilling the requirement in paragraph (b) must provide clinical  
369.4 services at least:

369.5 (1) eight hours every two weeks if the mental health clinic has over 25.0 full-time  
369.6 equivalent treatment team members;

369.7 (2) eight hours each month if the mental health clinic has 15.1 to 25.0 full-time equivalent  
369.8 treatment team members;

369.9 (3) four hours each month if the mental health clinic has 5.1 to 15.0 full-time equivalent  
369.10 treatment team members; or

369.11 (4) two hours each month if the mental health clinic has 2.0 to 5.0 full-time equivalent  
369.12 treatment team members or only provides in-home services to clients.

369.13 (d) The certification holder must maintain a record that demonstrates compliance with  
369.14 this subdivision.

369.15 Subd. 5. **Treatment supervision specified.** (a) A mental health professional must remain  
369.16 responsible for each client's case. The certification holder must document the name of the  
369.17 mental health professional responsible for each case and the dates that the mental health  
369.18 professional is responsible for the client's case from beginning date to end date. The  
369.19 certification holder must assign each client's case for assessment, diagnosis, and treatment  
369.20 services to a treatment team member who is competent in the assigned clinical service, the  
369.21 recommended treatment strategy, and in treating the client's characteristics.

369.22 (b) Treatment supervision of mental health practitioners and clinical trainees required  
369.23 by section 245I.06 must include case reviews as described in this paragraph. Every two  
369.24 months, a mental health professional must complete a case review of each client assigned  
369.25 to the mental health professional when the client is receiving clinical services from a mental  
369.26 health practitioner or clinical trainee. The case review must include a consultation process  
369.27 that thoroughly examines the client's condition and treatment, including: (1) a review of the  
369.28 client's reason for seeking treatment, diagnoses and assessments, and the individual treatment  
369.29 plan; (2) a review of the appropriateness, duration, and outcome of treatment provided to  
369.30 the client; and (3) treatment recommendations.

369.31 Subd. 6. **Additional policy and procedure requirements.** (a) In addition to the policies  
369.32 and procedures required by section 245I.03, the certification holder must establish, enforce,  
369.33 and maintain the policies and procedures required by this subdivision.

370.1 (b) The certification holder must have a clinical evaluation procedure to identify and  
370.2 document each treatment team member's areas of competence.

370.3 (c) The certification holder must have policies and procedures for client intake and case  
370.4 assignment that:

370.5 (1) outline the client intake process;

370.6 (2) describe how the mental health clinic determines the appropriateness of accepting a  
370.7 client into treatment by reviewing the client's condition and need for treatment, the clinical  
370.8 services that the mental health clinic offers to clients, and other available resources; and

370.9 (3) contain a process for assigning a client's case to a mental health professional who is  
370.10 responsible for the client's case and other treatment team members.

370.11 Subd. 7. **Referrals.** If necessary treatment for a client or treatment desired by a client  
370.12 is not available at the mental health clinic, the certification holder must facilitate appropriate  
370.13 referrals for the client. When making a referral for a client, the treatment team member must  
370.14 document a discussion with the client that includes: (1) the reason for the client's referral;  
370.15 (2) potential treatment resources for the client; and (3) the client's response to receiving a  
370.16 referral.

370.17 Subd. 8. **Emergency service.** For the certification holder's telephone numbers that clients  
370.18 regularly access, the certification holder must include the contact information for the area's  
370.19 mental health crisis services as part of the certification holder's message when a live operator  
370.20 is not available to answer clients' calls.

370.21 Subd. 9. **Quality assurance and improvement plan.** (a) At a minimum, a certification  
370.22 holder must develop a written quality assurance and improvement plan that includes a plan  
370.23 for:

370.24 (1) encouraging ongoing consultation among members of the treatment team;

370.25 (2) obtaining and evaluating feedback about services from clients, family and other  
370.26 natural supports, referral sources, and staff persons;

370.27 (3) measuring and evaluating client outcomes;

370.28 (4) reviewing client suicide deaths and suicide attempts;

370.29 (5) examining the quality of clinical service delivery to clients; and

370.30 (6) self-monitoring of compliance with this chapter.

371.1 (b) At least annually, the certification holder must review, evaluate, and update the  
371.2 quality assurance and improvement plan. The review must: (1) include documentation of  
371.3 the actions that the certification holder will take as a result of information obtained from  
371.4 monitoring activities in the plan; and (2) establish goals for improved service delivery to  
371.5 clients for the next year.

371.6 Subd. 10. **Application procedures.** (a) The applicant for certification must submit any  
371.7 documents that the commissioner requires on forms approved by the commissioner.

371.8 (b) Upon submitting an application for certification, an applicant must pay the application  
371.9 fee required by section 245A.10, subdivision 3.

371.10 (c) The commissioner must act on an application within 90 working days of receiving  
371.11 a completed application.

371.12 (d) When the commissioner receives an application for initial certification that is  
371.13 incomplete because the applicant failed to submit required documents or is deficient because  
371.14 the submitted documents do not meet certification requirements, the commissioner must  
371.15 provide the applicant with written notice that the application is incomplete or deficient. In  
371.16 the notice, the commissioner must identify the particular documents that are missing or  
371.17 deficient and give the applicant 45 days to submit a second application that is complete. An  
371.18 applicant's failure to submit a complete application within 45 days after receiving notice  
371.19 from the commissioner is a basis for certification denial.

371.20 (e) The commissioner must give notice of a denial to an applicant when the commissioner  
371.21 has made the decision to deny the certification application. In the notice of denial, the  
371.22 commissioner must state the reasons for the denial in plain language. The commissioner  
371.23 must send or deliver the notice of denial to an applicant by certified mail or personal service.  
371.24 In the notice of denial, the commissioner must state the reasons that the commissioner denied  
371.25 the application and must inform the applicant of the applicant's right to request a contested  
371.26 case hearing under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The  
371.27 applicant may appeal the denial by notifying the commissioner in writing by certified mail  
371.28 or personal service. If mailed, the appeal must be postmarked and sent to the commissioner  
371.29 within 20 calendar days after the applicant received the notice of denial. If an applicant  
371.30 delivers an appeal by personal service, the commissioner must receive the appeal within 20  
371.31 calendar days after the applicant received the notice of denial.

371.32 Subd. 11. **Commissioner's right of access.** (a) When the commissioner is exercising  
371.33 the powers conferred to the commissioner by this chapter, if the mental health clinic is in

372.1 operation and the information is relevant to the commissioner's inspection or investigation,  
372.2 the certification holder must provide the commissioner access to:

372.3 (1) the physical facility and grounds where the program is located;

372.4 (2) documentation and records, including electronically maintained records;

372.5 (3) clients served by the mental health clinic;

372.6 (4) staff persons of the mental health clinic; and

372.7 (5) personnel records of current and former staff of the mental health clinic.

372.8 (b) The certification holder must provide the commissioner with access to the facility  
372.9 and grounds, documentation and records, clients, and staff without prior notice and as often  
372.10 as the commissioner considers necessary if the commissioner is investigating alleged  
372.11 maltreatment or a violation of a law or rule, or conducting an inspection. When conducting  
372.12 an inspection, the commissioner may request and must receive assistance from other state,  
372.13 county, and municipal governmental agencies and departments. The applicant or certification  
372.14 holder must allow the commissioner, at the commissioner's expense, to photocopy,  
372.15 photograph, and make audio and video recordings during an inspection.

372.16 Subd. 12. **Monitoring and inspections.** (a) The commissioner may conduct a certification  
372.17 review of the certified mental health clinic every two years to determine the certification  
372.18 holder's compliance with applicable rules and statutes.

372.19 (b) The commissioner must offer the certification holder a choice of dates for an  
372.20 announced certification review. A certification review must occur during the clinic's normal  
372.21 working hours.

372.22 (c) The commissioner must make the results of certification reviews and investigations  
372.23 publicly available on the department's website.

372.24 Subd. 13. **Correction orders.** (a) If the applicant or certification holder fails to comply  
372.25 with a law or rule, the commissioner may issue a correction order. The correction order  
372.26 must state:

372.27 (1) the condition that constitutes a violation of the law or rule;

372.28 (2) the specific law or rule that the applicant or certification holder has violated; and

372.29 (3) the time that the applicant or certification holder is allowed to correct each violation.

372.30 (b) If the applicant or certification holder believes that the commissioner's correction  
372.31 order is erroneous, the applicant or certification holder may ask the commissioner to

373.1 reconsider the part of the correction order that is allegedly erroneous. An applicant or  
373.2 certification holder must make a request for reconsideration in writing. The request must  
373.3 be postmarked and sent to the commissioner within 20 calendar days after the applicant or  
373.4 certification holder received the correction order; and the request must:

373.5 (1) specify the part of the correction order that is allegedly erroneous;

373.6 (2) explain why the specified part is erroneous; and

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

373.8 (c) A request for reconsideration does not stay any provision or requirement of the  
373.9 correction order. The commissioner's disposition of a request for reconsideration is final  
373.10 and not subject to appeal.

373.11 (d) If the commissioner finds that the applicant or certification holder failed to correct  
373.12 the violation specified in the correction order, the commissioner may decertify the certified  
373.13 mental health clinic according to subdivision 14.

373.14 (e) Nothing in this subdivision prohibits the commissioner from decertifying a mental  
373.15 health clinic according to subdivision 14.

373.16 Subd. 14. **Decertification.** (a) The commissioner may decertify a mental health clinic  
373.17 if a certification holder:

373.18 (1) failed to comply with an applicable law or rule; or

373.19 (2) knowingly withheld relevant information from or gave false or misleading information  
373.20 to the commissioner in connection with an application for certification, during an  
373.21 investigation, or regarding compliance with applicable laws or rules.

373.22 (b) When considering decertification of a mental health clinic, the commissioner must  
373.23 consider the nature, chronicity, or severity of the violation of law or rule and the effect of  
373.24 the violation on the health, safety, or rights of clients.

373.25 (c) If the commissioner decertifies a mental health clinic, the order of decertification  
373.26 must inform the certification holder of the right to have a contested case hearing under  
373.27 chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The certification holder  
373.28 may appeal the decertification. The certification holder must appeal a decertification in  
373.29 writing and send or deliver the appeal to the commissioner by certified mail or personal  
373.30 service. If the certification holder mails the appeal, the appeal must be postmarked and sent  
373.31 to the commissioner within ten calendar days after the certification holder receives the order  
373.32 of decertification. If the certification holder delivers an appeal by personal service, the

374.1 commissioner must receive the appeal within ten calendar days after the certification holder  
374.2 received the order. If a certification holder submits a timely appeal of an order of  
374.3 decertification, the certification holder may continue to operate the program until the  
374.4 commissioner issues a final order on the decertification.

374.5 (d) If the commissioner decertifies a mental health clinic pursuant to paragraph (a),  
374.6 clause (1), based on a determination that the mental health clinic was responsible for  
374.7 maltreatment, and if the certification holder appeals the decertification according to paragraph  
374.8 (c), and appeals the maltreatment determination under section 260E.33, the final  
374.9 decertification determination is stayed until the commissioner issues a final decision regarding  
374.10 the maltreatment appeal.

374.11 Subd. 15. **Transfer prohibited.** A certification issued under this section is only valid  
374.12 for the premises and the individual, organization, or government entity identified by the  
374.13 commissioner on the certification. A certification is not transferable or assignable.

374.14 Subd. 16. **Notifications required and noncompliance.** (a) A certification holder must  
374.15 notify the commissioner, in a manner prescribed by the commissioner, and obtain the  
374.16 commissioner's approval before making any change to the name of the certification holder  
374.17 or the location of the mental health clinic.

374.18 (b) Changes in mental health clinic organization, staffing, treatment, or quality assurance  
374.19 procedures that affect the ability of the certification holder to comply with the minimum  
374.20 standards of this section must be reported in writing by the certification holder to the  
374.21 commissioner within 15 days of the occurrence. Review of the change must be conducted  
374.22 by the commissioner. A certification holder with changes resulting in noncompliance in  
374.23 minimum standards must receive written notice and may have up to 180 days to correct the  
374.24 areas of noncompliance before being decertified. Interim procedures to resolve the  
374.25 noncompliance on a temporary basis must be developed and submitted in writing to the  
374.26 commissioner for approval within 30 days of the commissioner's determination of the  
374.27 noncompliance. Not reporting an occurrence of a change that results in noncompliance  
374.28 within 15 days, failure to develop an approved interim procedure within 30 days of the  
374.29 determination of the noncompliance, or nonresolution of the noncompliance within 180  
374.30 days will result in immediate decertification.

374.31 (c) The mental health clinic may be required to submit written information to the  
374.32 department to document that the mental health clinic has maintained compliance with this  
374.33 section and mental health clinic procedures.

375.1 Sec. 16. [245I.23] INTENSIVE RESIDENTIAL TREATMENT SERVICES AND  
375.2 RESIDENTIAL CRISIS STABILIZATION.

375.3 Subdivision 1. Purpose. (a) Intensive residential treatment services is a community-based  
375.4 medically monitored level of care for an adult client that uses established rehabilitative  
375.5 principles to promote a client's recovery and to develop and achieve psychiatric stability,  
375.6 personal and emotional adjustment, self-sufficiency, and other skills that help a client  
375.7 transition to a more independent setting.

375.8 (b) Residential crisis stabilization provides structure and support to an adult client in a  
375.9 community living environment when a client has experienced a mental health crisis and  
375.10 needs short-term services to ensure that the client can safely return to the client's home or  
375.11 precrisis living environment with additional services and supports identified in the client's  
375.12 crisis assessment.

375.13 Subd. 2. Definitions. (a) "Program location" means a set of rooms that are each physically  
375.14 self-contained and have defining walls extending from floor to ceiling. Program location  
375.15 includes bedrooms, living rooms or lounge areas, bathrooms, and connecting areas.

375.16 (b) "Treatment team" means a group of staff persons who provide intensive residential  
375.17 treatment services or residential crisis stabilization to clients. The treatment team includes  
375.18 mental health professionals, mental health practitioners, clinical trainees, certified  
375.19 rehabilitation specialists, mental health rehabilitation workers, and mental health certified  
375.20 peer specialists.

375.21 Subd. 3. Treatment services description. The license holder must describe in writing  
375.22 all treatment services that the license holder provides. The license holder must have the  
375.23 description readily available for the commissioner upon the commissioner's request.

375.24 Subd. 4. Required intensive residential treatment services. (a) On a daily basis, the  
375.25 license holder must follow a client's treatment plan to provide intensive residential treatment  
375.26 services to the client to improve the client's functioning.

375.27 (b) The license holder must offer and have the capacity to directly provide the following  
375.28 treatment services to each client:

375.29 (1) rehabilitative mental health services;

375.30 (2) crisis prevention planning to assist a client with:

375.31 (i) identifying and addressing patterns in the client's history and experience of the client's  
375.32 mental illness; and

376.1 (ii) developing crisis prevention strategies that include de-escalation strategies that have  
376.2 been effective for the client in the past;

376.3 (3) health services and administering medication;

376.4 (4) co-occurring substance use disorder treatment;

376.5 (5) engaging the client's family and other natural supports in the client's treatment and  
376.6 educating the client's family and other natural supports to strengthen the client's social and  
376.7 family relationships; and

376.8 (6) making referrals for the client to other service providers in the community and  
376.9 supporting the client's transition from intensive residential treatment services to another  
376.10 setting.

376.11 (c) The license holder must include Illness Management and Recovery (IMR), Enhanced  
376.12 Illness Management and Recovery (E-IMR), or other similar interventions in the license  
376.13 holder's programming as approved by the commissioner.

376.14 Subd. 5. **Required residential crisis stabilization services.** (a) On a daily basis, the  
376.15 license holder must follow a client's individual crisis treatment plan to provide services to  
376.16 the client in residential crisis stabilization to improve the client's functioning.

376.17 (b) The license holder must offer and have the capacity to directly provide the following  
376.18 treatment services to the client:

376.19 (1) crisis stabilization services as described in section 256B.0624, subdivision 7;

376.20 (2) rehabilitative mental health services;

376.21 (3) health services and administering the client's medications; and

376.22 (4) making referrals for the client to other service providers in the community and  
376.23 supporting the client's transition from residential crisis stabilization to another setting.

376.24 Subd. 6. **Optional treatment services.** (a) If the license holder offers additional treatment  
376.25 services to a client, the treatment service must be:

376.26 (1) approved by the commissioner; and

376.27 (2)(i) a mental health evidence-based practice that the federal Department of Health and  
376.28 Human Services Substance Abuse and Mental Health Service Administration has adopted;

376.29 (ii) a nationally recognized mental health service that substantial research has validated  
376.30 as effective in helping individuals with serious mental illness achieve treatment goals; or

377.1 (iii) developed under state-sponsored research of publicly funded mental health programs  
377.2 and validated to be effective for individuals, families, and communities.

377.3 (b) Before providing an optional treatment service to a client, the license holder must  
377.4 provide adequate training to a staff person about providing the optional treatment service  
377.5 to a client.

377.6 **Subd. 7. Intensive residential treatment services assessment and treatment**  
377.7 **planning.** (a) Within 12 hours of a client's admission, the license holder must evaluate and  
377.8 document the client's immediate needs, including the client's:

377.9 (1) health and safety, including the client's need for crisis assistance;

377.10 (2) responsibilities for children, family and other natural supports, and employers; and

377.11 (3) housing and legal issues.

377.12 (b) Within 24 hours of the client's admission, the license holder must complete an initial  
377.13 treatment plan for the client. The license holder must:

377.14 (1) base the client's initial treatment plan on the client's referral information and an  
377.15 assessment of the client's immediate needs;

377.16 (2) consider crisis assistance strategies that have been effective for the client in the past;

377.17 (3) identify the client's initial treatment goals, measurable treatment objectives, and  
377.18 specific interventions that the license holder will use to help the client engage in treatment;

377.19 (4) identify the participants involved in the client's treatment planning. The client must  
377.20 be a participant; and

377.21 (5) ensure that a treatment supervisor approves of the client's initial treatment plan if a  
377.22 mental health practitioner or clinical trainee completes the client's treatment plan,  
377.23 notwithstanding section 245I.08, subdivision 3.

377.24 (c) According to section 245A.65, subdivision 2, paragraph (b), the license holder must  
377.25 complete an individual abuse prevention plan as part of a client's initial treatment plan.

377.26 (d) Within five days of the client's admission and again within 60 days after the client's  
377.27 admission, the license holder must complete a level of care assessment of the client. If the  
377.28 license holder determines that a client does not need a medically monitored level of service,  
377.29 a treatment supervisor must document how the client's admission to and continued services  
377.30 in intensive residential treatment services are medically necessary for the client.

378.1 (e) Within ten days of a client's admission, the license holder must complete or review  
378.2 and update the client's standard diagnostic assessment.

378.3 (f) Within ten days of a client's admission, the license holder must complete the client's  
378.4 individual treatment plan, notwithstanding section 245I.10, subdivision 8. Within 40 days  
378.5 after the client's admission and again within 70 days after the client's admission, the license  
378.6 holder must update the client's individual treatment plan. The license holder must focus the  
378.7 client's treatment planning on preparing the client for a successful transition from intensive  
378.8 residential treatment services to another setting. In addition to the required elements of an  
378.9 individual treatment plan under section 245I.10, subdivision 8, the license holder must  
378.10 identify the following information in the client's individual treatment plan: (1) the client's  
378.11 referrals and resources for the client's health and safety; and (2) the staff persons who are  
378.12 responsible for following up with the client's referrals and resources. If the client does not  
378.13 receive a referral or resource that the client needs, the license holder must document the  
378.14 reason that the license holder did not make the referral or did not connect the client to a  
378.15 particular resource. The license holder is responsible for determining whether additional  
378.16 follow-up is required on behalf of the client.

378.17 (g) Within 30 days of the client's admission, the license holder must complete a functional  
378.18 assessment of the client. Within 60 days after the client's admission, the license holder must  
378.19 update the client's functional assessment to include any changes in the client's functioning  
378.20 and symptoms.

378.21 (h) For a client with a current substance use disorder diagnosis and for a client whose  
378.22 substance use disorder screening in the client's standard diagnostic assessment indicates the  
378.23 possibility that the client has a substance use disorder, the license holder must complete a  
378.24 written assessment of the client's substance use within 30 days of the client's admission. In  
378.25 the substance use assessment, the license holder must: (1) evaluate the client's history of  
378.26 substance use, relapses, and hospitalizations related to substance use; (2) assess the effects  
378.27 of the client's substance use on the client's relationships including with family member and  
378.28 others; (3) identify financial problems, health issues, housing instability, and unemployment;  
378.29 (4) assess the client's legal problems, past and pending incarceration, violence, and  
378.30 victimization; and (5) evaluate the client's suicide attempts, noncompliance with taking  
378.31 prescribed medications, and noncompliance with psychosocial treatment.

378.32 (i) On a weekly basis, a mental health professional or certified rehabilitation specialist  
378.33 must review each client's treatment plan and individual abuse prevention plan. The license  
378.34 holder must document in the client's file each weekly review of the client's treatment plan  
378.35 and individual abuse prevention plan.

379.1 Subd. 8. Residential crisis stabilization assessment and treatment planning. (a)

379.2 Within 12 hours of a client's admission, the license holder must evaluate the client and  
379.3 document the client's immediate needs, including the client's:

379.4 (1) health and safety, including the client's need for crisis assistance;

379.5 (2) responsibilities for children, family and other natural supports, and employers; and

379.6 (3) housing and legal issues.

379.7 (b) Within 24 hours of a client's admission, the license holder must complete a crisis  
379.8 treatment plan for the client under section 256B.0624, subdivision 11. The license holder  
379.9 must base the client's crisis treatment plan on the client's referral information and an  
379.10 assessment of the client's immediate needs.

379.11 (c) Section 245A.65, subdivision 2, paragraph (b), requires the license holder to complete  
379.12 an individual abuse prevention plan for a client as part of the client's crisis treatment plan.

379.13 Subd. 9. Key staff positions. (a) The license holder must have a staff person assigned  
379.14 to each of the following key staff positions at all times:

379.15 (1) a program director who qualifies as a mental health practitioner. The license holder  
379.16 must designate the program director as responsible for all aspects of the operation of the  
379.17 program and the program's compliance with all applicable requirements. The program  
379.18 director must know and understand the implications of this chapter; chapters 245A, 245C,  
379.19 and 260E; sections 626.557 and 626.5572; Minnesota Rules, chapter 9544; and all other  
379.20 applicable requirements. The license holder must document in the program director's  
379.21 personnel file how the program director demonstrates knowledge of these requirements.  
379.22 The program director may also serve as the treatment director of the program, if qualified;

379.23 (2) a treatment director who qualifies as a mental health professional. The treatment  
379.24 director must be responsible for overseeing treatment services for clients and the treatment  
379.25 supervision of all staff persons; and

379.26 (3) a registered nurse who qualifies as a mental health practitioner. The registered nurse  
379.27 must:

379.28 (i) work at the program location a minimum of eight hours per week;

379.29 (ii) provide monitoring and supervision of staff persons as defined in section 148.171,  
379.30 subdivisions 8a and 23;

379.31 (iii) be responsible for the review and approval of health service and medication policies  
379.32 and procedures under section 245I.03, subdivision 5; and

380.1 (iv) oversee the license holder's provision of health services to clients, medication storage,  
380.2 and medication administration to clients.

380.3 (b) Within five business days of a change in a key staff position, the license holder must  
380.4 notify the commissioner of the staffing change. The license holder must notify the  
380.5 commissioner of the staffing change on a form approved by the commissioner and include  
380.6 the name of the staff person now assigned to the key staff position and the staff person's  
380.7 qualifications.

380.8 Subd. 10. **Minimum treatment team staffing levels and ratios.** (a) The license holder  
380.9 must maintain a treatment team staffing level sufficient to:

380.10 (1) provide continuous daily coverage of all shifts;

380.11 (2) follow each client's treatment plan and meet each client's needs as identified in the  
380.12 client's treatment plan;

380.13 (3) implement program requirements; and

380.14 (4) safely monitor and guide the activities of each client, taking into account the client's  
380.15 level of behavioral and psychiatric stability, cultural needs, and vulnerabilities.

380.16 (b) The license holder must ensure that treatment team members:

380.17 (1) remain awake during all work hours; and

380.18 (2) are available to monitor and guide the activities of each client whenever clients are  
380.19 present in the program.

380.20 (c) On each shift, the license holder must maintain a treatment team staffing ratio of at  
380.21 least one treatment team member to nine clients. If the license holder is serving nine or  
380.22 fewer clients, at least one treatment team member on the day shift must be a mental health  
380.23 professional, clinical trainee, certified rehabilitation specialist, or mental health practitioner.  
380.24 If the license holder is serving more than nine clients, at least one of the treatment team  
380.25 members working during both the day and evening shifts must be a mental health  
380.26 professional, clinical trainee, certified rehabilitation specialist, or mental health practitioner.

380.27 (d) If the license holder provides residential crisis stabilization to clients and is serving  
380.28 at least one client in residential crisis stabilization and more than four clients in residential  
380.29 crisis stabilization and intensive residential treatment services, the license holder must  
380.30 maintain a treatment team staffing ratio on each shift of at least two treatment team members  
380.31 during the client's first 48 hours in residential crisis stabilization.

381.1 Subd. 11. **Shift exchange.** A license holder must ensure that treatment team members  
381.2 working on different shifts exchange information about a client as necessary to effectively  
381.3 care for the client and to follow and update a client's treatment plan and individual abuse  
381.4 prevention plan.

381.5 Subd. 12. **Daily documentation.** (a) For each day that a client is present in the program,  
381.6 the license holder must provide a daily summary in the client's file that includes observations  
381.7 about the client's behavior and symptoms, including any critical incidents in which the client  
381.8 was involved.

381.9 (b) For each day that a client is not present in the program, the license holder must  
381.10 document the reason for a client's absence in the client's file.

381.11 Subd. 13. **Access to a mental health professional, clinical trainee, certified**  
381.12 rehabilitation specialist, or mental health practitioner. Treatment team members must  
381.13 have access in person or by telephone to a mental health professional, clinical trainee,  
381.14 certified rehabilitation specialist, or mental health practitioner within 30 minutes. The license  
381.15 holder must maintain a schedule of mental health professionals, clinical trainees, certified  
381.16 rehabilitation specialists, or mental health practitioners who will be available and contact  
381.17 information to reach them. The license holder must keep the schedule current and make the  
381.18 schedule readily available to treatment team members.

381.19 Subd. 14. **Weekly team meetings.** (a) The license holder must hold weekly team meetings  
381.20 and ancillary meetings according to this subdivision.

381.21 (b) A mental health professional or certified rehabilitation specialist must hold at least  
381.22 one team meeting each calendar week and be physically present at the team meeting. All  
381.23 treatment team members, including treatment team members who work on a part-time or  
381.24 intermittent basis, must participate in a minimum of one team meeting during each calendar  
381.25 week when the treatment team member is working for the license holder. The license holder  
381.26 must document all weekly team meetings, including the names of meeting attendees.

381.27 (c) If a treatment team member cannot participate in a weekly team meeting, the treatment  
381.28 team member must participate in an ancillary meeting. A mental health professional, certified  
381.29 rehabilitation specialist, clinical trainee, or mental health practitioner who participated in  
381.30 the most recent weekly team meeting may lead the ancillary meeting. During the ancillary  
381.31 meeting, the treatment team member leading the ancillary meeting must review the  
381.32 information that was shared at the most recent weekly team meeting, including revisions  
381.33 to client treatment plans and other information that the treatment supervisors exchanged

382.1 with treatment team members. The license holder must document all ancillary meetings,  
382.2 including the names of meeting attendees.

382.3 Subd. 15. **Intensive residential treatment services admission criteria.** (a) An eligible  
382.4 client for intensive residential treatment services is an individual who:

382.5 (1) is age 18 or older;

382.6 (2) is diagnosed with a mental illness;

382.7 (3) because of a mental illness, has a substantial disability and functional impairment  
382.8 in three or more areas listed in section 245I.10, subdivision 9, clause (4), that markedly  
382.9 reduce the individual's self-sufficiency;

382.10 (4) has one or more of the following: a history of recurring or prolonged inpatient  
382.11 hospitalizations during the past year, significant independent living instability, homelessness,  
382.12 or very frequent use of mental health and related services with poor outcomes for the  
382.13 individual; and

382.14 (5) in the written opinion of a mental health professional, needs mental health services  
382.15 that available community-based services cannot provide, or is likely to experience a mental  
382.16 health crisis or require a more restrictive setting if the individual does not receive intensive  
382.17 rehabilitative mental health services.

382.18 (b) The license holder must not limit or restrict intensive residential treatment services  
382.19 to a client based solely on:

382.20 (1) the client's substance use;

382.21 (2) the county in which the client resides; or

382.22 (3) whether the client elects to receive other services for which the client may be eligible,  
382.23 including case management services.

382.24 (c) This subdivision does not prohibit the license holder from restricting admissions of  
382.25 individuals who present an imminent risk of harm or danger to themselves or others.

382.26 Subd. 16. **Residential crisis stabilization services admission criteria.** An eligible client  
382.27 for residential crisis stabilization is an individual who is age 18 or older and meets the  
382.28 eligibility criteria in section 256B.0624, subdivision 3.

382.29 Subd. 17. **Admissions referrals and determinations.** (a) The license holder must  
382.30 identify the information that the license holder needs to make a determination about a  
382.31 person's admission referral.

383.1 (b) The license holder must:

383.2 (1) always be available to receive referral information about a person seeking admission  
383.3 to the license holder's program;

383.4 (2) respond to the referral source within eight hours of receiving a referral and, within  
383.5 eight hours, communicate with the referral source about what information the license holder  
383.6 needs to make a determination concerning the person's admission;

383.7 (3) consider the license holder's staffing ratio and the areas of treatment team members'  
383.8 competency when determining whether the license holder is able to meet the needs of a  
383.9 person seeking admission; and

383.10 (4) determine whether to admit a person within 72 hours of receiving all necessary  
383.11 information from the referral source.

383.12 Subd. 18. **Discharge standards.** (a) When a license holder discharges a client from a  
383.13 program, the license holder must categorize the discharge as a successful discharge,  
383.14 program-initiated discharge, or non-program-initiated discharge according to the criteria in  
383.15 this subdivision. The license holder must meet the standards associated with the type of  
383.16 discharge according to this subdivision.

383.17 (b) To successfully discharge a client from a program, the license holder must ensure  
383.18 that the following criteria are met:

383.19 (1) the client must substantially meet the client's documented treatment plan goals and  
383.20 objectives;

383.21 (2) the client must complete discharge planning with the treatment team; and

383.22 (3) the client and treatment team must arrange for the client to receive continuing care  
383.23 at a less intensive level of care after discharge.

383.24 (c) Prior to successfully discharging a client from a program, the license holder must  
383.25 complete the client's discharge summary and provide the client with a copy of the client's  
383.26 discharge summary in plain language that includes:

383.27 (1) a brief review of the client's problems and strengths during the period that the license  
383.28 holder provided services to the client;

383.29 (2) the client's response to the client's treatment plan;

383.30 (3) the goals and objectives that the license holder recommends that the client addresses  
383.31 during the first three months following the client's discharge from the program;

384.1 (4) the recommended actions, supports, and services that will assist the client with a  
384.2 successful transition from the program to another setting;

384.3 (5) the client's crisis plan; and

384.4 (6) the client's forwarding address and telephone number.

384.5 (d) For a non-program-initiated discharge of a client from a program, the following  
384.6 criteria must be met:

384.7 (1)(i) the client has withdrawn the client's consent for treatment; (ii) the license holder  
384.8 has determined that the client has the capacity to make an informed decision; and (iii) the  
384.9 client does not meet the criteria for an emergency hold under section 253B.051, subdivision  
384.10 2;

384.11 (2) the client has left the program against staff person advice;

384.12 (3) an entity with legal authority to remove the client has decided to remove the client  
384.13 from the program; or

384.14 (4) a source of payment for the services is no longer available.

384.15 (e) Within ten days of a non-program-initiated discharge of a client from a program, the  
384.16 license holder must complete the client's discharge summary in plain language that includes:

384.17 (1) the reasons for the client's discharge;

384.18 (2) a description of attempts by staff persons to enable the client to continue treatment  
384.19 or to consent to treatment; and

384.20 (3) recommended actions, supports, and services that will assist the client with a  
384.21 successful transition from the program to another setting.

384.22 (f) For a program-initiated discharge of a client from a program, the following criteria  
384.23 must be met:

384.24 (1) the client is competent but has not participated in treatment or has not followed the  
384.25 program rules and regulations and the client has not participated to such a degree that the  
384.26 program's level of care is ineffective or unsafe for the client, despite multiple, documented  
384.27 attempts that the license holder has made to address the client's lack of participation in  
384.28 treatment;

384.29 (2) the client has not made progress toward the client's treatment goals and objectives  
384.30 despite the license holder's persistent efforts to engage the client in treatment, and the license  
384.31 holder has no reasonable expectation that the client will make progress at the program's

385.1 level of care nor does the client require the program's level of care to maintain the current  
385.2 level of functioning;

385.3 (3) a court order or the client's legal status requires the client to participate in the program  
385.4 but the client has left the program against staff person advice; or

385.5 (4) the client meets criteria for a more intensive level of care and a more intensive level  
385.6 of care is available to the client.

385.7 (g) Prior to a program-initiated discharge of a client from a program, the license holder  
385.8 must consult the client, the client's family and other natural supports, and the client's case  
385.9 manager, if applicable, to review the issues involved in the program's decision to discharge  
385.10 the client from the program. During the discharge review process, which must not exceed  
385.11 five working days, the license holder must determine whether the license holder, treatment  
385.12 team, and any interested persons can develop additional strategies to resolve the issues  
385.13 leading to the client's discharge and to permit the client to have an opportunity to continue  
385.14 receiving services from the license holder. The license holder may temporarily remove a  
385.15 client from the program facility during the five-day discharge review period. The license  
385.16 holder must document the client's discharge review in the client's file.

385.17 (h) Prior to a program-initiated discharge of a client from the program, the license holder  
385.18 must complete the client's discharge summary and provide the client with a copy of the  
385.19 discharge summary in plain language that includes:

385.20 (1) the reasons for the client's discharge;

385.21 (2) the alternatives to discharge that the license holder considered or attempted to  
385.22 implement;

385.23 (3) the names of each individual who is involved in the decision to discharge the client  
385.24 and a description of each individual's involvement; and

385.25 (4) recommended actions, supports, and services that will assist the client with a  
385.26 successful transition from the program to another setting.

385.27 Subd. 19. **Program facility.** (a) The license holder must be licensed or certified as a  
385.28 board and lodging facility, supervised living facility, or a boarding care home by the  
385.29 Department of Health.

385.30 (b) The license holder must have a capacity of five to 16 beds and the program must not  
385.31 be declared as an institution for mental disease.

386.1 (c) The license holder must furnish each program location to meet the psychological,  
386.2 emotional, and developmental needs of clients.

386.3 (d) The license holder must provide one living room or lounge area per program location.  
386.4 There must be space available to provide services according to each client's treatment plan,  
386.5 such as an area for learning recreation time skills and areas for learning independent living  
386.6 skills, such as laundering clothes and preparing meals.

386.7 (e) The license holder must ensure that each program location allows each client to have  
386.8 privacy. Each client must have privacy during assessment interviews and counseling sessions.  
386.9 Each client must have a space designated for the client to see outside visitors at the program  
386.10 facility.

386.11 Subd. 20. **Physical separation of services.** If the license holder offers services to  
386.12 individuals who are not receiving intensive residential treatment services or residential  
386.13 stabilization at the program location, the license holder must inform the commissioner and  
386.14 submit a plan for approval to the commissioner about how and when the license holder will  
386.15 provide services. The license holder must only provide services to clients who are not  
386.16 receiving intensive residential treatment services or residential crisis stabilization in an area  
386.17 that is physically separated from the area in which the license holder provides clients with  
386.18 intensive residential treatment services or residential crisis stabilization.

386.19 Subd. 21. **Dividing staff time between locations.** A license holder must obtain approval  
386.20 from the commissioner prior to providing intensive residential treatment services or  
386.21 residential crisis stabilization to clients in more than one program location under one license  
386.22 and dividing one staff person's time between program locations during the same work period.

386.23 Subd. 22. **Additional policy and procedure requirements.** (a) In addition to the policies  
386.24 and procedures in section 245I.03, the license holder must establish, enforce, and maintain  
386.25 the policies and procedures in this subdivision.

386.26 (b) The license holder must have policies and procedures for receiving referrals and  
386.27 making admissions determinations about referred persons under subdivisions 14 to 16.

386.28 (c) The license holder must have policies and procedures for discharging clients under  
386.29 subdivision 17. In the policies and procedures, the license holder must identify the staff  
386.30 persons who are authorized to discharge clients from the program.

386.31 Subd. 23. **Quality assurance and improvement plan.** (a) A license holder must develop  
386.32 a written quality assurance and improvement plan that includes a plan to:

386.33 (1) encourage ongoing consultation between members of the treatment team;

387.1 (2) obtain and evaluate feedback about services from clients, family and other natural  
387.2 supports, referral sources, and staff persons;

387.3 (3) measure and evaluate client outcomes in the program;

387.4 (4) review critical incidents in the program;

387.5 (5) examine the quality of clinical services in the program; and

387.6 (6) self-monitor the license holder's compliance with this chapter.

387.7 (b) At least annually, the license holder must review, evaluate, and update the license  
387.8 holder's quality assurance and improvement plan. The license holder's review must:

387.9 (1) document the actions that the license holder will take in response to the information  
387.10 that the license holder obtains from the monitoring activities in the plan; and

387.11 (2) establish goals for improving the license holder's services to clients during the next  
387.12 year.

387.13 Subd. 24. **Application.** When an applicant requests licensure to provide intensive  
387.14 residential treatment services, residential crisis stabilization, or both to clients, the applicant  
387.15 must submit, on forms that the commissioner provides, any documents that the commissioner  
387.16 requires.

387.17 **Sec. 17. [256B.0671] COVERED MENTAL HEALTH SERVICES.**

387.18 Subdivision 1. **Definitions.** (a) "Clinical trainee" means a staff person who is qualified  
387.19 under section 245I.04, subdivision 6.

387.20 (b) "Mental health practitioner" means a staff person who is qualified under section  
387.21 245I.04, subdivision 4.

387.22 (c) "Mental health professional" means a staff person who is qualified under section  
387.23 245I.04, subdivision 2.

387.24 Subd. 2. **Generally.** (a) An individual, organization, or government entity providing  
387.25 mental health services to a client under this section must obtain a criminal background study  
387.26 of each staff person or volunteer who is providing direct contact services to a client.

387.27 (b) An individual, organization, or government entity providing mental health services  
387.28 to a client under this section must comply with all responsibilities that chapter 245I assigns  
387.29 to a license holder, except section 245I.011, subdivision 1, unless all of the individual's,  
387.30 organization's, or government entity's treatment staff are qualified as mental health  
387.31 professionals.

388.1 (c) An individual, organization, or government entity providing mental health services  
388.2 to a client under this section must comply with the following requirements if all of the  
388.3 license holder's treatment staff are qualified as mental health professionals:

388.4 (1) provider qualifications and scopes of practice under section 245I.04;

388.5 (2) maintaining and updating personnel files under section 245I.07;

388.6 (3) documenting under section 245I.08;

388.7 (4) maintaining and updating client files under section 245I.09;

388.8 (5) completing client assessments and treatment planning under section 245I.10;

388.9 (6) providing clients with health services and medications under section 245I.11; and

388.10 (7) respecting and enforcing client rights under section 245I.12.

388.11 Subd. 3. **Adult day treatment services.** (a) Subject to federal approval, medical  
388.12 assistance covers adult day treatment (ADT) services that are provided under contract with  
388.13 the county board. Adult day treatment payment is subject to the conditions in paragraphs  
388.14 (b) to (e). The provider must make reasonable and good faith efforts to report individual  
388.15 client outcomes to the commissioner using instruments, protocols, and forms approved by  
388.16 the commissioner.

388.17 (b) Adult day treatment is an intensive psychotherapeutic treatment to reduce or relieve  
388.18 the effects of mental illness on a client to enable the client to benefit from a lower level of  
388.19 care and to live and function more independently in the community. Adult day treatment  
388.20 services must be provided to a client to stabilize the client's mental health and to improve  
388.21 the client's independent living and socialization skills. Adult day treatment must consist of  
388.22 at least one hour of group psychotherapy and must include group time focused on  
388.23 rehabilitative interventions or other therapeutic services that a multidisciplinary team provides  
388.24 to each client. Adult day treatment services are not a part of inpatient or residential treatment  
388.25 services. The following providers may apply to become adult day treatment providers:

388.26 (1) a hospital accredited by the Joint Commission on Accreditation of Health  
388.27 Organizations and licensed under sections 144.50 to 144.55;

388.28 (2) a community mental health center under section 256B.0625, subdivision 5; or

388.29 (3) an entity that is under contract with the county board to operate a program that meets  
388.30 the requirements of section 245.4712, subdivision 2, and Minnesota Rules, parts 9505.0170  
388.31 to 9505.0475.

388.32 (c) An adult day treatment (ADT) services provider must:

389.1 (1) ensure that the commissioner has approved of the organization as an adult day  
389.2 treatment provider organization;

389.3 (2) ensure that a multidisciplinary team provides ADT services to a group of clients. A  
389.4 mental health professional must supervise each multidisciplinary staff person who provides  
389.5 ADT services;

389.6 (3) make ADT services available to the client at least two days a week for at least three  
389.7 consecutive hours per day. ADT services may be longer than three hours per day, but medical  
389.8 assistance may not reimburse a provider for more than 15 hours per week;

389.9 (4) provide ADT services to each client that includes group psychotherapy by a mental  
389.10 health professional or clinical trainee and daily rehabilitative interventions by a mental  
389.11 health professional, clinical trainee, or mental health practitioner; and

389.12 (5) include ADT services in the client's individual treatment plan, when appropriate.

389.13 The adult day treatment provider must:

389.14 (i) complete a functional assessment of each client under section 245I.10, subdivision  
389.15 9;

389.16 (ii) notwithstanding section 245I.10, subdivision 8, review the client's progress and  
389.17 update the individual treatment plan at least every 90 days until the client is discharged  
389.18 from the program; and

389.19 (iii) include a discharge plan for the client in the client's individual treatment plan.

389.20 (d) To be eligible for adult day treatment, a client must:

389.21 (1) be 18 years of age or older;

389.22 (2) not reside in a nursing facility, hospital, institute of mental disease, or state-operated  
389.23 treatment center unless the client has an active discharge plan that indicates a move to an  
389.24 independent living setting within 180 days;

389.25 (3) have the capacity to engage in rehabilitative programming, skills activities, and  
389.26 psychotherapy in the structured, therapeutic setting of an adult day treatment program and  
389.27 demonstrate measurable improvements in functioning resulting from participation in the  
389.28 adult day treatment program;

389.29 (4) have a level of care assessment under section 245I.02, subdivision 19, recommending  
389.30 that the client participate in services with the level of intensity and duration of an adult day  
389.31 treatment program; and

390.1 (5) have the recommendation of a mental health professional for adult day treatment  
390.2 services. The mental health professional must find that adult day treatment services are  
390.3 medically necessary for the client.

390.4 (e) Medical assistance does not cover the following services as adult day treatment  
390.5 services:

390.6 (1) services that are primarily recreational or that are provided in a setting that is not  
390.7 under medical supervision, including sports activities, exercise groups, craft hours, leisure  
390.8 time, social hours, meal or snack time, trips to community activities, and tours;

390.9 (2) social or educational services that do not have or cannot reasonably be expected to  
390.10 have a therapeutic outcome related to the client's mental illness;

390.11 (3) consultations with other providers or service agency staff persons about the care or  
390.12 progress of a client;

390.13 (4) prevention or education programs that are provided to the community;

390.14 (5) day treatment for clients with a primary diagnosis of a substance use disorder;

390.15 (6) day treatment provided in the client's home;

390.16 (7) psychotherapy for more than two hours per day; and

390.17 (8) participation in meal preparation and eating that is not part of a clinical treatment  
390.18 plan to address the client's eating disorder.

390.19 Subd. 4. **Explanation of findings.** (a) Subject to federal approval, medical assistance  
390.20 covers an explanation of findings that a mental health professional or clinical trainee provides  
390.21 when the provider has obtained the authorization from the client or the client's representative  
390.22 to release the information.

390.23 (b) A mental health professional or clinical trainee provides an explanation of findings  
390.24 to assist the client or related parties in understanding the results of the client's testing or  
390.25 diagnostic assessment and the client's mental illness, and provides professional insight that  
390.26 the client or related parties need to carry out a client's treatment plan. Related parties may  
390.27 include the client's family and other natural supports and other service providers working  
390.28 with the client.

390.29 (c) An explanation of findings is not paid for separately when a mental health professional  
390.30 or clinical trainee explains the results of psychological testing or a diagnostic assessment  
390.31 to the client or the client's representative as part of the client's psychological testing or a  
390.32 diagnostic assessment.

391.1 Subd. 5. Family psychoeducation services. (a) Subject to federal approval, medical  
391.2 assistance covers family psychoeducation services provided to a child up to age 21 with a  
391.3 diagnosed mental health condition when identified in the child's individual treatment plan  
391.4 and provided by a mental health professional or a clinical trainee who has determined it  
391.5 medically necessary to involve family members in the child's care.

391.6 (b) "Family psychoeducation services" means information or demonstration provided  
391.7 to an individual or family as part of an individual, family, multifamily group, or peer group  
391.8 session to explain, educate, and support the child and family in understanding a child's  
391.9 symptoms of mental illness, the impact on the child's development, and needed components  
391.10 of treatment and skill development so that the individual, family, or group can help the child  
391.11 to prevent relapse, prevent the acquisition of comorbid disorders, and achieve optimal mental  
391.12 health and long-term resilience.

391.13 Subd. 6. Dialectical behavior therapy. (a) Subject to federal approval, medical assistance  
391.14 covers intensive mental health outpatient treatment for dialectical behavior therapy for  
391.15 adults. A dialectical behavior therapy provider must make reasonable and good faith efforts  
391.16 to report individual client outcomes to the commissioner using instruments and protocols  
391.17 that are approved by the commissioner.

391.18 (b) "Dialectical behavior therapy" means an evidence-based treatment approach that a  
391.19 mental health professional or clinical trainee provides to a client or a group of clients in an  
391.20 intensive outpatient treatment program using a combination of individualized rehabilitative  
391.21 and psychotherapeutic interventions. A dialectical behavior therapy program involves:  
391.22 individual dialectical behavior therapy, group skills training, telephone coaching, and team  
391.23 consultation meetings.

391.24 (c) To be eligible for dialectical behavior therapy, a client must:

391.25 (1) be 18 years of age or older;

391.26 (2) have mental health needs that available community-based services cannot meet or  
391.27 that the client must receive concurrently with other community-based services;

391.28 (3) have either:

391.29 (i) a diagnosis of borderline personality disorder; or

391.30 (ii) multiple mental health diagnoses, exhibit behaviors characterized by impulsivity or  
391.31 intentional self-harm, and be at significant risk of death, morbidity, disability, or severe  
391.32 dysfunction in multiple areas of the client's life;

392.1 (4) be cognitively capable of participating in dialectical behavior therapy as an intensive  
392.2 therapy program and be able and willing to follow program policies and rules to ensure the  
392.3 safety of the client and others; and

392.4 (5) be at significant risk of one or more of the following if the client does not receive  
392.5 dialectical behavior therapy:

392.6 (i) having a mental health crisis;

392.7 (ii) requiring a more restrictive setting such as hospitalization;

392.8 (iii) decompensating; or

392.9 (iv) engaging in intentional self-harm behavior.

392.10 (d) Individual dialectical behavior therapy combines individualized rehabilitative and  
392.11 psychotherapeutic interventions to treat a client's suicidal and other dysfunctional behaviors  
392.12 and to reinforce a client's use of adaptive skillful behaviors. A mental health professional  
392.13 or clinical trainee must provide individual dialectical behavior therapy to a client. A mental  
392.14 health professional or clinical trainee providing dialectical behavior therapy to a client must:

392.15 (1) identify, prioritize, and sequence the client's behavioral targets;

392.16 (2) treat the client's behavioral targets;

392.17 (3) assist the client in applying dialectical behavior therapy skills to the client's natural  
392.18 environment through telephone coaching outside of treatment sessions;

392.19 (4) measure the client's progress toward dialectical behavior therapy targets;

392.20 (5) help the client manage mental health crises and life-threatening behaviors; and

392.21 (6) help the client learn and apply effective behaviors when working with other treatment  
392.22 providers.

392.23 (e) Group skills training combines individualized psychotherapeutic and psychiatric  
392.24 rehabilitative interventions conducted in a group setting to reduce the client's suicidal and  
392.25 other dysfunctional coping behaviors and restore function. Group skills training must teach  
392.26 the client adaptive skills in the following areas: (1) mindfulness; (2) interpersonal  
392.27 effectiveness; (3) emotional regulation; and (4) distress tolerance.

392.28 (f) Group skills training must be provided by two mental health professionals or by a  
392.29 mental health professional co-facilitating with a clinical trainee or a mental health practitioner.  
392.30 Individual skills training must be provided by a mental health professional, a clinical trainee,  
392.31 or a mental health practitioner.

393.1 (g) Before a program provides dialectical behavior therapy to a client, the commissioner  
393.2 must certify the program as a dialectical behavior therapy provider. To qualify for  
393.3 certification as a dialectical behavior therapy provider, a provider must:

393.4 (1) allow the commissioner to inspect the provider's program;

393.5 (2) provide evidence to the commissioner that the program's policies, procedures, and  
393.6 practices meet the requirements of this subdivision and chapter 245I;

393.7 (3) be enrolled as a MHCP provider; and

393.8 (4) have a manual that outlines the program's policies, procedures, and practices that  
393.9 meet the requirements of this subdivision.

393.10 **Subd. 7. Mental health clinical care consultation.** (a) Subject to federal approval,  
393.11 medical assistance covers clinical care consultation for a person up to age 21 who is  
393.12 diagnosed with a complex mental health condition or a mental health condition that co-occurs  
393.13 with other complex and chronic conditions, when described in the person's individual  
393.14 treatment plan and provided by a mental health professional or a clinical trainee.

393.15 (b) "Clinical care consultation" means communication from a treating mental health  
393.16 professional to other providers or educators not under the treatment supervision of the  
393.17 treating mental health professional who are working with the same client to inform, inquire,  
393.18 and instruct regarding the client's symptoms; strategies for effective engagement, care, and  
393.19 intervention needs; and treatment expectations across service settings and to direct and  
393.20 coordinate clinical service components provided to the client and family.

393.21 **Subd. 8. Neuropsychological assessment.** (a) Subject to federal approval, medical  
393.22 assistance covers a client's neuropsychological assessment.

393.23 (b) "Neuropsychological assessment" means a specialized clinical assessment of the  
393.24 client's underlying cognitive abilities related to thinking, reasoning, and judgment that is  
393.25 conducted by a qualified neuropsychologist. A neuropsychological assessment must include  
393.26 a face-to-face interview with the client, interpretation of the test results, and preparation  
393.27 and completion of a report.

393.28 (c) A client is eligible for a neuropsychological assessment if the client meets at least  
393.29 one of the following criteria:

393.30 (1) the client has a known or strongly suspected brain disorder based on the client's  
393.31 medical history or the client's prior neurological evaluation, including a history of significant  
393.32 head trauma, brain tumor, stroke, seizure disorder, multiple sclerosis, neurodegenerative  
393.33 disorder, significant exposure to neurotoxins, central nervous system infection, metabolic

- 394.1 or toxic encephalopathy, fetal alcohol syndrome, or congenital malformation of the brain;  
394.2 or
- 394.3 (2) the client has cognitive or behavioral symptoms that suggest that the client has an  
394.4 organic condition that cannot be readily attributed to functional psychopathology or suspected  
394.5 neuropsychological impairment in addition to functional psychopathology. The client's  
394.6 symptoms may include:
- 394.7 (i) having a poor memory or impaired problem solving;
- 394.8 (ii) experiencing change in mental status evidenced by lethargy, confusion, or  
394.9 disorientation;
- 394.10 (iii) experiencing a deteriorating level of functioning;
- 394.11 (iv) displaying a marked change in behavior or personality;
- 394.12 (v) in a child or an adolescent, having significant delays in acquiring academic skill or  
394.13 poor attention relative to peers;
- 394.14 (vi) in a child or an adolescent, having reached a significant plateau in expected  
394.15 development of cognitive, social, emotional, or physical functioning relative to peers; and
- 394.16 (vii) in a child or an adolescent, significant inability to develop expected knowledge,  
394.17 skills, or abilities to adapt to new or changing cognitive, social, emotional, or physical  
394.18 demands.
- 394.19 (d) The neuropsychological assessment must be completed by a neuropsychologist who:
- 394.20 (1) was awarded a diploma by the American Board of Clinical Neuropsychology, the  
394.21 American Board of Professional Neuropsychology, or the American Board of Pediatric  
394.22 Neuropsychology;
- 394.23 (2) earned a doctoral degree in psychology from an accredited university training program  
394.24 and:
- 394.25 (i) completed an internship or its equivalent in a clinically relevant area of professional  
394.26 psychology;
- 394.27 (ii) completed the equivalent of two full-time years of experience and specialized training,  
394.28 at least one of which is at the postdoctoral level, supervised by a clinical neuropsychologist  
394.29 in the study and practice of clinical neuropsychology and related neurosciences; and
- 394.30 (iii) holds a current license to practice psychology independently according to sections  
394.31 144.88 to 144.98;

395.1 (3) is licensed or credentialed by another state's board of psychology examiners in the  
395.2 specialty of neuropsychology using requirements equivalent to requirements specified by  
395.3 one of the boards named in clause (1); or

395.4 (4) was approved by the commissioner as an eligible provider of neuropsychological  
395.5 assessments prior to December 31, 2010.

395.6 Subd. 9. **Neuropsychological testing.** (a) Subject to federal approval, medical assistance  
395.7 covers neuropsychological testing for clients.

395.8 (b) "Neuropsychological testing" means administering standardized tests and measures  
395.9 designed to evaluate the client's ability to attend to, process, interpret, comprehend,  
395.10 communicate, learn, and recall information and use problem solving and judgment.

395.11 (c) Medical assistance covers neuropsychological testing of a client when the client:

395.12 (1) has a significant mental status change that is not a result of a metabolic disorder and  
395.13 that has failed to respond to treatment;

395.14 (2) is a child or adolescent with a significant plateau in expected development of  
395.15 cognitive, social, emotional, or physical function relative to peers;

395.16 (3) is a child or adolescent with a significant inability to develop expected knowledge,  
395.17 skills, or abilities to adapt to new or changing cognitive, social, physical, or emotional  
395.18 demands; or

395.19 (4) has a significant behavioral change, memory loss, or suspected neuropsychological  
395.20 impairment in addition to functional psychopathology, or other organic brain injury or one  
395.21 of the following:

395.22 (i) traumatic brain injury;

395.23 (ii) stroke;

395.24 (iii) brain tumor;

395.25 (iv) substance use disorder;

395.26 (v) cerebral anoxic or hypoxic episode;

395.27 (vi) central nervous system infection or other infectious disease;

395.28 (vii) neoplasms or vascular injury of the central nervous system;

395.29 (viii) neurodegenerative disorders;

395.30 (ix) demyelinating disease;

- 396.1 (x) extrapyramidal disease;
- 396.2 (xi) exposure to systemic or intrathecal agents or cranial radiation known to be associated  
396.3 with cerebral dysfunction;
- 396.4 (xii) systemic medical conditions known to be associated with cerebral dysfunction,  
396.5 including renal disease, hepatic encephalopathy, cardiac anomaly, sickle cell disease, and  
396.6 related hematologic anomalies, and autoimmune disorders, including lupus, erythematosus,  
396.7 or celiac disease;
- 396.8 (xiii) congenital genetic or metabolic disorders known to be associated with cerebral  
396.9 dysfunction, including phenylketonuria, craniofacial syndromes, or congenital hydrocephalus;
- 396.10 (xiv) severe or prolonged nutrition or malabsorption syndromes; or
- 396.11 (xv) a condition presenting in a manner difficult for a clinician to distinguish between  
396.12 the neurocognitive effects of a neurogenic syndrome, including dementia or encephalopathy;  
396.13 and a major depressive disorder when adequate treatment for major depressive disorder has  
396.14 not improved the client's neurocognitive functioning; or another disorder, including autism,  
396.15 selective mutism, anxiety disorder, or reactive attachment disorder.
- 396.16 (d) Neuropsychological testing must be administered or clinically supervised by a  
396.17 qualified neuropsychologist under subdivision 8, paragraph (c).
- 396.18 (e) Medical assistance does not cover neuropsychological testing of a client when the  
396.19 testing is:
- 396.20 (1) primarily for educational purposes;
- 396.21 (2) primarily for vocational counseling or training;
- 396.22 (3) for personnel or employment testing;
- 396.23 (4) a routine battery of psychological tests given to the client at the client's inpatient  
396.24 admission or during a client's continued inpatient stay; or
- 396.25 (5) for legal or forensic purposes.
- 396.26 Subd. 10. **Psychological testing.** (a) Subject to federal approval, medical assistance  
396.27 covers psychological testing of a client.
- 396.28 (b) "Psychological testing" means the use of tests or other psychometric instruments to  
396.29 determine the status of a client's mental, intellectual, and emotional functioning.
- 396.30 (c) The psychological testing must:

397.1 (1) be administered or supervised by a licensed psychologist qualified under section  
397.2 245I.04, subdivision 2, clause (3), who is competent in the area of psychological testing;  
397.3 and

397.4 (2) be validated in a face-to-face interview between the client and a licensed psychologist  
397.5 or a clinical trainee in psychology under the treatment supervision of a licensed psychologist  
397.6 under section 245I.06.

397.7 (d) A licensed psychologist must supervise the administration, scoring, and interpretation  
397.8 of a client's psychological tests when a clinical psychology trainee, technician, psychometrist,  
397.9 or psychological assistant or a computer-assisted psychological testing program completes  
397.10 the psychological testing of the client. The report resulting from the psychological testing  
397.11 must be signed by the licensed psychologist who conducts the face-to-face interview with  
397.12 the client. The licensed psychologist or a staff person who is under treatment supervision  
397.13 must place the client's psychological testing report in the client's record and release one  
397.14 copy of the report to the client and additional copies to individuals authorized by the client  
397.15 to receive the report.

397.16 Subd. 11. **Psychotherapy.** (a) Subject to federal approval, medical assistance covers  
397.17 psychotherapy for a client.

397.18 (b) "Psychotherapy" means treatment of a client with mental illness that applies to the  
397.19 most appropriate psychological, psychiatric, psychosocial, or interpersonal method that  
397.20 conforms to prevailing community standards of professional practice to meet the mental  
397.21 health needs of the client. Medical assistance covers psychotherapy if a mental health  
397.22 professional or a clinical trainee provides psychotherapy to a client.

397.23 (c) "Individual psychotherapy" means psychotherapy that a mental health professional  
397.24 or clinical trainee designs for a client.

397.25 (d) "Family psychotherapy" means psychotherapy that a mental health professional or  
397.26 clinical trainee designs for a client and one or more and the client's family members or  
397.27 primary caregiver whose participation is necessary to accomplish the client's treatment  
397.28 goals. Family members or primary caregivers participating in a therapy session do not need  
397.29 to be eligible for medical assistance for medical assistance to cover family psychotherapy.  
397.30 For purposes of this paragraph, "primary caregiver whose participation is necessary to  
397.31 accomplish the client's treatment goals" excludes shift or facility staff persons who work at  
397.32 the client's residence. Medical assistance payments for family psychotherapy are limited to  
397.33 face-to-face sessions during which the client is present throughout the session, unless the  
397.34 mental health professional or clinical trainee believes that the client's exclusion from the

398.1 family psychotherapy session is necessary to meet the goals of the client's individual  
398.2 treatment plan. If the client is excluded from a family psychotherapy session, a mental health  
398.3 professional or clinical trainee must document the reason for the client's exclusion and the  
398.4 length of time that the client is excluded. The mental health professional must also document  
398.5 any reason that a member of the client's family is excluded from a psychotherapy session.

398.6 (e) Group psychotherapy is appropriate for a client who, because of the nature of the  
398.7 client's emotional, behavioral, or social dysfunctions, can benefit from treatment in a group  
398.8 setting. For a group of three to eight clients, at least one mental health professional or clinical  
398.9 trainee must provide psychotherapy to the group. For a group of nine to 12 clients, a team  
398.10 of at least two mental health professionals or two clinical trainees or one mental health  
398.11 professional and one clinical trainee must provide psychotherapy to the group. Medical  
398.12 assistance will cover group psychotherapy for a group of no more than 12 persons.

398.13 (f) A multiple-family group psychotherapy session is eligible for medical assistance if  
398.14 a mental health professional or clinical trainee designs the psychotherapy session for at least  
398.15 two but not more than five families. A mental health professional or clinical trainee must  
398.16 design multiple-family group psychotherapy sessions to meet the treatment needs of each  
398.17 client. If the client is excluded from a psychotherapy session, the mental health professional  
398.18 or clinical trainee must document the reason for the client's exclusion and the length of time  
398.19 that the client was excluded. The mental health professional or clinical trainee must document  
398.20 any reason that a member of the client's family was excluded from a psychotherapy session.

398.21 Subd. 12. **Partial hospitalization.** (a) Subject to federal approval, medical assistance  
398.22 covers a client's partial hospitalization.

398.23 (b) "Partial hospitalization" means a provider's time-limited, structured program of  
398.24 psychotherapy and other therapeutic services, as defined in United States Code, title 42,  
398.25 chapter 7, subchapter XVIII, part E, section 1395x(ff), that a multidisciplinary staff person  
398.26 provides in an outpatient hospital facility or community mental health center that meets  
398.27 Medicare requirements to provide partial hospitalization services to a client.

398.28 (c) Partial hospitalization is an appropriate alternative to inpatient hospitalization for a  
398.29 client who is experiencing an acute episode of mental illness who meets the criteria for an  
398.30 inpatient hospital admission under Minnesota Rules, part 9505.0520, subpart 1, and who  
398.31 has family and community resources that support the client's residence in the community.  
398.32 Partial hospitalization consists of multiple intensive short-term therapeutic services for a  
398.33 client that a multidisciplinary staff person provides to a client to treat the client's mental  
398.34 illness.

399.1 Subd. 13. **Diagnostic assessments.** Subject to federal approval, medical assistance covers  
399.2 a client's diagnostic assessments that a mental health professional or clinical trainee completes  
399.3 under section 245I.10.

399.4 Sec. 18. **DIRECTION TO COMMISSIONER; SINGLE COMPREHENSIVE**  
399.5 **LICENSE STRUCTURE.**

399.6 The commissioner of human services, in consultation with stakeholders including  
399.7 counties, tribes, managed care organizations, provider organizations, advocacy groups, and  
399.8 clients and clients' families, shall develop recommendations to develop a single  
399.9 comprehensive licensing structure for mental health service programs, including outpatient  
399.10 and residential services for adults and children. The recommendations must prioritize  
399.11 program integrity, the welfare of clients and clients' families, improved integration of mental  
399.12 health and substance use disorder services, and the reduction of administrative burden on  
399.13 providers.

399.14 Sec. 19. **EFFECTIVE DATE.**

399.15 This article is effective upon federal approval or July 1, 2022, whichever is later. The  
399.16 commissioner shall notify the revisor of statutes when federal approval is obtained.

## 399.17 **ARTICLE 9**

### 399.18 **CRISIS RESPONSE SERVICES**

399.19 Section 1. Minnesota Statutes 2020, section 245.469, subdivision 1, is amended to read:

399.20 **Subdivision 1. Availability of emergency services.** ~~By July 1, 1988, (a)~~ County boards  
399.21 must provide or contract for enough emergency services within the county to meet the needs  
399.22 of adults, children, and families in the county who are experiencing an emotional crisis or  
399.23 mental illness. ~~Clients may be required to pay a fee according to section 245.481.~~ Emergency  
399.24 service providers must not delay the timely provision of emergency services to a client  
399.25 because of the unwillingness or inability of the client to pay for services. Emergency services  
399.26 must include assessment, crisis intervention, and appropriate case disposition. Emergency  
399.27 services must:

399.28 (1) promote the safety and emotional stability of ~~adults with mental illness or emotional~~  
399.29 ~~crises~~ each client;

399.30 (2) minimize further deterioration of ~~adults with mental illness or emotional crises~~ each  
399.31 client;

400.1 (3) ~~help adults with mental illness or emotional crises~~ each client to obtain ongoing care  
400.2 and treatment; ~~and~~

400.3 (4) prevent placement in settings that are more intensive, costly, or restrictive than  
400.4 necessary and appropriate to meet client needs; and

400.5 (5) provide support, psychoeducation, and referrals to each client's family members,  
400.6 service providers, and other third parties on behalf of the client in need of emergency  
400.7 services.

400.8 (b) If a county provides engagement services under section 253B.041, the county's  
400.9 emergency service providers must refer clients to engagement services when the client  
400.10 meets the criteria for engagement services.

400.11 Sec. 2. Minnesota Statutes 2020, section 245.469, subdivision 2, is amended to read:

400.12 Subd. 2. **Specific requirements.** (a) The county board shall require that all service  
400.13 providers of emergency services to adults with mental illness provide immediate direct  
400.14 access to a mental health professional during regular business hours. For evenings, weekends,  
400.15 and holidays, the service may be by direct toll-free telephone access to a mental health  
400.16 professional, a clinical trainee, or mental health practitioner, ~~or until January 1, 1991, a~~  
400.17 ~~designated person with training in human services who receives clinical supervision from~~  
400.18 ~~a mental health professional.~~

400.19 (b) The commissioner may waive the requirement in paragraph (a) that the evening,  
400.20 weekend, and holiday service be provided by a mental health professional, clinical trainee,  
400.21 ~~or mental health practitioner after January 1, 1991,~~ if the county documents that:

400.22 (1) mental health professionals, clinical trainees, or mental health practitioners are  
400.23 unavailable to provide this service;

400.24 (2) services are provided by a designated person with training in human services who  
400.25 receives clinical treatment supervision from a mental health professional; and

400.26 (3) the service provider is not also the provider of fire and public safety emergency  
400.27 services.

400.28 (c) The commissioner may waive the requirement in paragraph (b), clause (3), that the  
400.29 evening, weekend, and holiday service not be provided by the provider of fire and public  
400.30 safety emergency services if:

401.1 (1) every person who will be providing the first telephone contact has received at least  
401.2 eight hours of training on emergency mental health services ~~reviewed by the state advisory~~  
401.3 ~~council on mental health and then~~ approved by the commissioner;

401.4 (2) every person who will be providing the first telephone contact will annually receive  
401.5 at least four hours of continued training on emergency mental health services ~~reviewed by~~  
401.6 ~~the state advisory council on mental health and then~~ approved by the commissioner;

401.7 (3) the local social service agency has provided public education about available  
401.8 emergency mental health services and can assure potential users of emergency services that  
401.9 their calls will be handled appropriately;

401.10 (4) the local social service agency agrees to provide the commissioner with accurate  
401.11 data on the number of emergency mental health service calls received;

401.12 (5) the local social service agency agrees to monitor the frequency and quality of  
401.13 emergency services; and

401.14 (6) the local social service agency describes how it will comply with paragraph (d).

401.15 (d) Whenever emergency service during nonbusiness hours is provided by anyone other  
401.16 than a mental health professional, a mental health professional must be available on call for  
401.17 an emergency assessment and crisis intervention services, and must be available for at least  
401.18 telephone consultation within 30 minutes.

401.19 Sec. 3. Minnesota Statutes 2020, section 245.4879, subdivision 1, is amended to read:

401.20 Subdivision 1. **Availability of emergency services.** County boards must provide or  
401.21 contract for ~~enough~~ mental health emergency services ~~within the county to meet the needs~~  
401.22 ~~of children, and children's families when clinically appropriate, in the county who are~~  
401.23 ~~experiencing an emotional crisis or emotional disturbance. The county board shall ensure~~  
401.24 ~~that parents, providers, and county residents are informed about when and how to access~~  
401.25 ~~emergency mental health services for children. A child or the child's parent may be required~~  
401.26 ~~to pay a fee according to section 245.481. Emergency service providers shall not delay the~~  
401.27 ~~timely provision of emergency service because of delays in determining this fee or because~~  
401.28 ~~of the unwillingness or inability of the parent to pay the fee. Emergency services must~~  
401.29 ~~include assessment, crisis intervention, and appropriate case disposition. Emergency services~~  
401.30 ~~must:~~ according to section 245.469.

401.31 (1) ~~promote the safety and emotional stability of children with emotional disturbances~~  
401.32 ~~or emotional crises;~~

402.1 ~~(2) minimize further deterioration of the child with emotional disturbance or emotional~~  
402.2 ~~crisis;~~

402.3 ~~(3) help each child with an emotional disturbance or emotional crisis to obtain ongoing~~  
402.4 ~~care and treatment; and~~

402.5 ~~(4) prevent placement in settings that are more intensive, costly, or restrictive than~~  
402.6 ~~necessary and appropriate to meet the child's needs.~~

402.7 Sec. 4. Minnesota Statutes 2020, section 256B.0624, is amended to read:

402.8 **256B.0624 ADULT CRISIS RESPONSE SERVICES COVERED.**

402.9 Subdivision 1. **Scope.** ~~Medical assistance covers adult mental health crisis response~~  
402.10 ~~services as defined in subdivision 2, paragraphs (e) to (e), (a) Subject to federal approval,~~  
402.11 ~~if provided to a recipient as defined in subdivision 3 and provided by a qualified provider~~  
402.12 ~~entity as defined in this section and by a qualified individual provider working within the~~  
402.13 ~~provider's scope of practice and as defined in this subdivision and identified in the recipient's~~  
402.14 ~~individual crisis treatment plan as defined in subdivision 11 and if determined to be medically~~  
402.15 ~~necessary~~ medical assistance covers medically necessary crisis response services when the  
402.16 services are provided according to the standards in this section.

402.17 (b) Subject to federal approval, medical assistance covers medically necessary residential  
402.18 crisis stabilization for adults when the services are provided by an entity licensed under and  
402.19 meeting the standards in section 245I.23 or an entity with an adult foster care license meeting  
402.20 the standards in this section.

402.21 (c) The provider entity must make reasonable and good faith efforts to report individual  
402.22 client outcomes to the commissioner using instruments and protocols approved by the  
402.23 commissioner.

402.24 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings  
402.25 given them.

402.26 ~~(a) "Mental health crisis" is an adult behavioral, emotional, or psychiatric situation~~  
402.27 ~~which, but for the provision of crisis response services, would likely result in significantly~~  
402.28 ~~reduced levels of functioning in primary activities of daily living, or in an emergency~~  
402.29 ~~situation, or in the placement of the recipient in a more restrictive setting, including, but~~  
402.30 ~~not limited to, inpatient hospitalization.~~

403.1 ~~(b) "Mental health emergency" is an adult behavioral, emotional, or psychiatric situation~~  
403.2 ~~which causes an immediate need for mental health services and is consistent with section~~  
403.3 ~~62Q.55.~~

403.4 ~~A mental health crisis or emergency is determined for medical assistance service~~  
403.5 ~~reimbursement by a physician, a mental health professional, or crisis mental health~~  
403.6 ~~practitioner with input from the recipient whenever possible.~~

403.7 (a) "Certified rehabilitation specialist" means a staff person who is qualified under section  
403.8 245I.04, subdivision 8.

403.9 (b) "Clinical trainee" means a staff person who is qualified under section 245I.04,  
403.10 subdivision 6.

403.11 ~~(c) "Mental health Crisis assessment" means an immediate face-to-face assessment by~~  
403.12 ~~a physician, a mental health professional, or mental health practitioner under the clinical~~  
403.13 ~~supervision of a mental health professional, following a screening that suggests that the~~  
403.14 ~~adult may be experiencing a mental health crisis or mental health emergency situation. It~~  
403.15 ~~includes, when feasible, assessing whether the person might be willing to voluntarily accept~~  
403.16 ~~treatment, determining whether the person has an advance directive, and obtaining~~  
403.17 ~~information and history from involved family members or caretakers~~ a qualified member  
403.18 of a crisis team, as described in subdivision 6a.

403.19 ~~(d) "Mental health mobile Crisis intervention services" means face-to-face, short-term~~  
403.20 ~~intensive mental health services initiated during a mental health crisis or mental health~~  
403.21 ~~emergency to help the recipient cope with immediate stressors, identify and utilize available~~  
403.22 ~~resources and strengths, engage in voluntary treatment, and begin to return to the recipient's~~  
403.23 ~~baseline level of functioning. The services, including screening and treatment plan~~  
403.24 ~~recommendations, must be culturally and linguistically appropriate.~~

403.25 ~~(1) This service is provided on site by a mobile crisis intervention team outside of an~~  
403.26 ~~inpatient hospital setting. Mental health mobile crisis intervention services must be available~~  
403.27 ~~24 hours a day, seven days a week.~~

403.28 ~~(2) The initial screening must consider other available services to determine which~~  
403.29 ~~service intervention would best address the recipient's needs and circumstances.~~

403.30 ~~(3) The mobile crisis intervention team must be available to meet promptly face-to-face~~  
403.31 ~~with a person in mental health crisis or emergency in a community setting or hospital~~  
403.32 ~~emergency room.~~

404.1 ~~(4) The intervention must consist of a mental health crisis assessment and a crisis~~  
404.2 ~~treatment plan.~~

404.3 ~~(5) The team must be available to individuals who are experiencing a co-occurring~~  
404.4 ~~substance use disorder, who do not need the level of care provided in a detoxification facility.~~

404.5 ~~(6) The treatment plan must include recommendations for any needed crisis stabilization~~  
404.6 ~~services for the recipient, including engagement in treatment planning and family~~  
404.7 ~~psychoeducation.~~

404.8 (e) "Crisis screening" means a screening of a client's potential mental health crisis  
404.9 situation under subdivision 6.

404.10 ~~(e) (f) "Mental health Crisis stabilization services" means individualized mental health~~  
404.11 ~~services provided to a recipient following crisis intervention services which are designed~~  
404.12 ~~to restore the recipient to the recipient's prior functional level. Mental health Crisis~~  
404.13 ~~stabilization services may be provided in the recipient's home, the home of a family member~~  
404.14 ~~or friend of the recipient, another community setting, or a short-term supervised, licensed~~  
404.15 ~~residential program, or emergency department. Mental health crisis stabilization does not~~  
404.16 ~~include partial hospitalization or day treatment. Mental health Crisis stabilization services~~  
404.17 ~~includes family psychoeducation.~~

404.18 (g) "Crisis team" means the staff of a provider entity who are supervised and prepared  
404.19 to provide mobile crisis services to a client in a potential mental health crisis situation.

404.20 (h) "Mental health certified family peer specialist" means a staff person who is qualified  
404.21 under section 245I.04, subdivision 12.

404.22 (i) "Mental health certified peer specialist" means a staff person who is qualified under  
404.23 section 245I.04, subdivision 10.

404.24 (j) "Mental health crisis" is a behavioral, emotional, or psychiatric situation that, without  
404.25 the provision of crisis response services, would likely result in significantly reducing the  
404.26 recipient's levels of functioning in primary activities of daily living, in an emergency situation  
404.27 under section 62Q.55, or in the placement of the recipient in a more restrictive setting,  
404.28 including but not limited to inpatient hospitalization.

404.29 (k) "Mental health practitioner" means a staff person who is qualified under section  
404.30 245I.04, subdivision 4.

404.31 (l) "Mental health professional" means a staff person who is qualified under section  
404.32 245I.04, subdivision 2.

405.1 (m) "Mental health rehabilitation worker" means a staff person who is qualified under  
405.2 section 245I.04, subdivision 14.

405.3 (n) "Mobile crisis services" means screening, assessment, intervention, and community  
405.4 based stabilization, excluding residential crisis stabilization, that is provided to a recipient.

405.5 Subd. 3. **Eligibility.** ~~An eligible recipient is an individual who:~~

405.6 ~~(1) is age 18 or older;~~

405.7 ~~(2) is screened as possibly experiencing a mental health crisis or emergency where a~~  
405.8 ~~mental health crisis assessment is needed; and~~

405.9 ~~(3) is assessed as experiencing a mental health crisis or emergency, and mental health~~  
405.10 ~~crisis intervention or crisis intervention and stabilization services are determined to be~~  
405.11 ~~medically necessary.~~

405.12 (a) A recipient is eligible for crisis assessment services when the recipient has screened  
405.13 positive for a potential mental health crisis during a crisis screening.

405.14 (b) A recipient is eligible for crisis intervention services and crisis stabilization services  
405.15 when the recipient has been assessed during a crisis assessment to be experiencing a mental  
405.16 health crisis.

405.17 Subd. 4. **Provider entity standards.** ~~(a) A provider entity is an entity that meets the~~  
405.18 ~~standards listed in paragraph (c) and~~ mobile crisis provider must be:

405.19 ~~(1) is a county board operated entity; or~~

405.20 (2) an Indian health services facility or facility owned and operated by a tribe or tribal  
405.21 organization operating under United States Code, title 325, section 450f; or

405.22 ~~(2) is~~ (3) a provider entity that is under contract with the county board in the county  
405.23 where the potential crisis or emergency is occurring. To provide services under this section,  
405.24 the provider entity must directly provide the services; or if services are subcontracted, the  
405.25 provider entity must maintain responsibility for services and billing.

405.26 (b) A mobile crisis provider must meet the following standards:

405.27 (1) must ensure that crisis screenings, crisis assessments, and crisis intervention services  
405.28 are available to a recipient 24 hours a day, seven days a week;

405.29 (2) must be able to respond to a call for services in a designated service area or according  
405.30 to a written agreement with the local mental health authority for an adjacent area;

406.1 (3) must have at least one mental health professional on staff at all times and at least  
406.2 one additional staff member capable of leading a crisis response in the community; and

406.3 (4) must provide the commissioner with information about the number of requests for  
406.4 service, the number of people that the provider serves face-to-face, outcomes, and the  
406.5 protocols that the provider uses when deciding when to respond in the community.

406.6 ~~(b)~~ (c) A provider entity that provides crisis stabilization services in a residential setting  
406.7 under subdivision 7 is not required to meet the requirements of ~~paragraph~~ paragraphs (a);  
406.8 ~~clauses (1) and (2) to (b),~~ but must meet all other requirements of this subdivision.

406.9 ~~(e) The adult mental health~~ (d) A crisis response services provider entity must have the  
406.10 capacity to meet and carry out the standards in section 245I.011, subdivision 5, and the  
406.11 following standards:

406.12 ~~(1) has the capacity to recruit, hire, and manage and train mental health professionals,~~  
406.13 ~~practitioners, and rehabilitation workers~~ ensures that staff persons provide support for a  
406.14 recipient's family and natural supports, by enabling the recipient's family and natural supports  
406.15 to observe and participate in the recipient's treatment, assessments, and planning services;

406.16 (2) has adequate administrative ability to ensure availability of services;

406.17 ~~(3) is able to ensure adequate preservice and in-service training;~~

406.18 ~~(4)~~ (3) is able to ensure that staff providing these services are skilled in the delivery of  
406.19 mental health crisis response services to recipients;

406.20 ~~(5)~~ (4) is able to ensure that staff are ~~capable of~~ implementing culturally specific treatment  
406.21 identified in the ~~individual~~ crisis treatment plan that is meaningful and appropriate as  
406.22 determined by the recipient's culture, beliefs, values, and language;

406.23 ~~(6)~~ (5) is able to ensure enough flexibility to respond to the changing intervention and  
406.24 care needs of a recipient as identified by the recipient or family member during the service  
406.25 partnership between the recipient and providers;

406.26 ~~(7)~~ (6) is able to ensure that ~~mental health professionals and mental health practitioners~~  
406.27 staff have the communication tools and procedures to communicate and consult promptly  
406.28 about crisis assessment and interventions as services occur;

406.29 ~~(8)~~ (7) is able to coordinate these services with county emergency services, community  
406.30 hospitals, ambulance, transportation services, social services, law enforcement, engagement  
406.31 services, and mental health crisis services through regularly scheduled interagency meetings;

407.1 ~~(9) is able to ensure that mental health crisis assessment and mobile crisis intervention~~  
 407.2 ~~services are available 24 hours a day, seven days a week;~~

407.3 ~~(10)~~ (8) is able to ensure that services are coordinated with other mental behavioral  
 407.4 health service providers, county mental health authorities, or federally recognized American  
 407.5 Indian authorities and others as necessary, with the consent of the adult recipient or parent  
 407.6 or guardian. Services must also be coordinated with the recipient's case manager if the adult  
 407.7 recipient is receiving case management services;

407.8 ~~(11)~~ (9) is able to ensure that crisis intervention services are provided in a manner  
 407.9 consistent with sections 245.461 to 245.486 and 245.487 to 245.4879;

407.10 ~~(12) is able to submit information as required by the state;~~

407.11 ~~(13) maintains staff training and personnel files;~~

407.12 (10) is able to coordinate detoxification services for the recipient according to Minnesota  
 407.13 Rules, parts 9530.6605 to 9530.6655, or withdrawal management according to chapter 245F;

407.14 ~~(14)~~ (11) is able to establish and maintain a quality assurance and evaluation plan to  
 407.15 evaluate the outcomes of services and recipient satisfaction; and

407.16 ~~(15) is able to keep records as required by applicable laws;~~

407.17 ~~(16) is able to comply with all applicable laws and statutes;~~

407.18 ~~(17)~~ (12) is an enrolled medical assistance provider; and.

407.19 ~~(18) develops and maintains written policies and procedures regarding service provision~~  
 407.20 ~~and administration of the provider entity, including safety of staff and recipients in high-risk~~  
 407.21 ~~situations.~~

407.22 Subd. 4a. **Alternative provider standards.** If a county or tribe demonstrates that, due  
 407.23 to geographic or other barriers, it is not feasible to provide mobile crisis intervention services  
 407.24 according to the standards in subdivision 4, paragraph ~~(e)~~, ~~clause (9)~~ (b), the commissioner  
 407.25 may approve a ~~crisis response provider based on~~ an alternative plan proposed by a county  
 407.26 ~~or group of counties~~ tribe. The alternative plan must:

407.27 (1) result in increased access and a reduction in disparities in the availability of mobile  
 407.28 crisis services;

407.29 (2) provide mobile crisis services outside of the usual nine-to-five office hours and on  
 407.30 weekends and holidays; and

407.31 (3) comply with standards for emergency mental health services in section 245.469.

408.1 Subd. 5. **Mobile Crisis assessment and intervention staff qualifications.** ~~For provision~~  
408.2 ~~of adult mental health mobile crisis intervention services, a mobile crisis intervention team~~  
408.3 ~~is comprised of at least two mental health professionals as defined in section 245.462,~~  
408.4 ~~subdivision 18, clauses (1) to (6), or a combination of at least one mental health professional~~  
408.5 ~~and one mental health practitioner as defined in section 245.462, subdivision 17, with the~~  
408.6 ~~required mental health crisis training and under the clinical supervision of a mental health~~  
408.7 ~~professional on the team. The team must have at least two people with at least one member~~  
408.8 ~~providing on-site crisis intervention services when needed. (a) Qualified individual staff of~~  
408.9 ~~a qualified provider entity must provide crisis assessment and intervention services to a~~  
408.10 ~~recipient. A staff member providing crisis assessment and intervention services to a recipient~~  
408.11 ~~must be qualified as a:~~

408.12 (1) mental health professional;

408.13 (2) clinical trainee;

408.14 (3) mental health practitioner;

408.15 (4) mental health certified family peer specialist; or

408.16 (5) mental health certified peer specialist.

408.17 (b) When crisis assessment and intervention services are provided to a recipient in the  
408.18 community, a mental health professional, clinical trainee, or mental health practitioner must  
408.19 lead the response.

408.20 (c) The 30 hours of ongoing training required by section 245I.05, subdivision 4, paragraph  
408.21 (b), must be specific to providing crisis services to children and adults and include training  
408.22 about evidence-based practices identified by the commissioner of health to reduce the  
408.23 recipient's risk of suicide and self-injurious behavior.

408.24 (d) Team members must be experienced in ~~mental health~~ crisis assessment, crisis

408.25 intervention techniques, treatment engagement strategies, working with families, and clinical

408.26 decision-making under emergency conditions and have knowledge of local services and

408.27 resources. ~~The team must recommend and coordinate the team's services with appropriate~~

408.28 ~~local resources such as the county social services agency, mental health services, and local~~

408.29 ~~law enforcement when necessary.~~

408.30 Subd. 6. **Crisis assessment and mobile intervention treatment planning screening.** (a)

408.31 ~~Prior to initiating mobile crisis intervention services, a screening of the potential crisis~~

408.32 ~~situation must be conducted. The crisis screening may use the resources of crisis assistance~~

408.33 ~~and emergency services as defined in sections 245.462, subdivision 6, and section 245.469,~~

409.1 subdivisions 1 and 2. The crisis screening must gather information, determine whether a  
409.2 mental health crisis situation exists, identify parties involved, and determine an appropriate  
409.3 response.

409.4 (b) When conducting the crisis screening of a recipient, a provider must:

409.5 (1) employ evidence-based practices to reduce the recipient's risk of suicide and  
409.6 self-injurious behavior;

409.7 (2) work with the recipient to establish a plan and time frame for responding to the  
409.8 recipient's mental health crisis, including responding to the recipient's immediate need for  
409.9 support by telephone or text message until the provider can respond to the recipient  
409.10 face-to-face;

409.11 (3) document significant factors in determining whether the recipient is experiencing a  
409.12 mental health crisis, including prior requests for crisis services, a recipient's recent  
409.13 presentation at an emergency department, known calls to 911 or law enforcement, or  
409.14 information from third parties with knowledge of a recipient's history or current needs;

409.15 (4) accept calls from interested third parties and consider the additional needs or potential  
409.16 mental health crises that the third parties may be experiencing;

409.17 (5) provide psychoeducation, including means reduction, to relevant third parties  
409.18 including family members or other persons living with the recipient; and

409.19 (6) consider other available services to determine which service intervention would best  
409.20 address the recipient's needs and circumstances.

409.21 (c) For the purposes of this section, the following situations indicate a positive screen  
409.22 for a potential mental health crisis and the provider must prioritize providing a face-to-face  
409.23 crisis assessment of the recipient, unless a provider documents specific evidence to show  
409.24 why this was not possible, including insufficient staffing resources, concerns for staff or  
409.25 recipient safety, or other clinical factors:

409.26 (1) the recipient presents at an emergency department or urgent care setting and the  
409.27 health care team at that location requested crisis services; or

409.28 (2) a peace officer requested crisis services for a recipient who is potentially subject to  
409.29 transportation under section 253B.051.

409.30 (d) A provider is not required to have direct contact with the recipient to determine that  
409.31 the recipient is experiencing a potential mental health crisis. A mobile crisis provider may

410.1 gather relevant information about the recipient from a third party to establish the recipient's  
410.2 need for services and potential safety factors.

410.3 Subd. 6a. **Crisis assessment.** ~~(b)~~ (a) If a ~~crisis exists~~ recipient screens positive for  
410.4 potential mental health crisis, a crisis assessment must be completed. A crisis assessment  
410.5 evaluates any immediate needs for which ~~emergency~~ services are needed and, as time  
410.6 permits, the recipient's current life situation, health information, including current  
410.7 medications, sources of stress, mental health problems and symptoms, strengths, cultural  
410.8 considerations, support network, vulnerabilities, current functioning, and the recipient's  
410.9 preferences as communicated directly by the recipient, or as communicated in a health care  
410.10 directive as described in chapters 145C and 253B, the crisis treatment plan described under  
410.11 ~~paragraph (d)~~ subdivision 11, a crisis prevention plan, or a wellness recovery action plan.

410.12 (b) A provider must conduct a crisis assessment at the recipient's location whenever  
410.13 possible.

410.14 (c) Whenever possible, the assessor must attempt to include input from the recipient and  
410.15 the recipient's family and other natural supports to assess whether a crisis exists.

410.16 (d) A crisis assessment includes determining: (1) whether the recipient is willing to  
410.17 voluntarily engage in treatment or (2) has an advance directive and (3) gathering the  
410.18 recipient's information and history from involved family or other natural supports.

410.19 (e) A crisis assessment must include coordinated response with other health care providers  
410.20 if the assessment indicates that a recipient needs detoxification, withdrawal management,  
410.21 or medical stabilization in addition to crisis response services. If the recipient does not need  
410.22 an acute level of care, a team must serve an otherwise eligible recipient who has a  
410.23 co-occurring substance use disorder.

410.24 (f) If, after completing a crisis assessment of a recipient, a provider refers a recipient to  
410.25 an intensive setting, including an emergency department, inpatient hospitalization, or  
410.26 residential crisis stabilization, one of the crisis team members who completed or conferred  
410.27 about the recipient's crisis assessment must immediately contact the referral entity and  
410.28 consult with the triage nurse or other staff responsible for intake at the referral entity. During  
410.29 the consultation, the crisis team member must convey key findings or concerns that led to  
410.30 the recipient's referral. Following the immediate consultation, the provider must also send  
410.31 written documentation upon completion. The provider must document if these releases  
410.32 occurred with authorization by the recipient, the recipient's legal guardian, or as allowed  
410.33 by section 144.293, subdivision 5.

411.1 **Subd. 6b. Crisis intervention services.** ~~(e)~~ (a) If the crisis assessment determines mobile  
 411.2 crisis intervention services are needed, the crisis intervention services must be provided  
 411.3 promptly. As opportunity presents during the intervention, at least two members of the  
 411.4 mobile crisis intervention team must confer directly or by telephone about the crisis  
 411.5 assessment, crisis treatment plan, and actions taken and needed. At least one of the team  
 411.6 members must be ~~on-site~~ providing face-to-face crisis intervention services. If providing  
 411.7 ~~on-site~~ crisis intervention services, a clinical trainee or mental health practitioner must seek  
 411.8 ~~clinical~~ treatment supervision as required in subdivision 9.

411.9 (b) If a provider delivers crisis intervention services while the recipient is absent, the  
 411.10 provider must document the reason for delivering services while the recipient is absent.

411.11 ~~(d)~~ (c) The mobile crisis intervention team must develop ~~an initial, brief~~ a crisis treatment  
 411.12 ~~plan as soon as appropriate but no later than 24 hours after the initial face-to-face intervention~~  
 411.13 according to subdivision 11. The plan must address the needs and problems noted in the  
 411.14 ~~crisis assessment and include measurable short-term goals, cultural considerations, and~~  
 411.15 ~~frequency and type of services to be provided to achieve the goals and reduce or eliminate~~  
 411.16 ~~the crisis. The treatment plan must be updated as needed to reflect current goals and services.~~

411.17 ~~(e)~~ (d) The mobile crisis intervention team must document which ~~short-term goals~~ crisis  
 411.18 treatment plan goals and objectives have been met and when no further crisis intervention  
 411.19 services are required.

411.20 ~~(f)~~ (e) If the recipient's mental health crisis is stabilized, but the recipient needs a referral  
 411.21 to other services, the team must provide referrals to these services. If the recipient has a  
 411.22 case manager, planning for other services must be coordinated with the case manager. If  
 411.23 the recipient is unable to follow up on the referral, the team must link the recipient to the  
 411.24 service and follow up to ensure the recipient is receiving the service.

411.25 ~~(g)~~ (f) If the recipient's mental health crisis is stabilized and the recipient does not have  
 411.26 an advance directive, the case manager or crisis team shall offer to work with the recipient  
 411.27 to develop one.

411.28 **Subd. 7. Crisis stabilization services.** (a) Crisis stabilization services must be provided  
 411.29 by qualified staff of a crisis stabilization services provider entity and must meet the following  
 411.30 standards:

411.31 (1) a crisis ~~stabilization~~ treatment plan must be developed ~~which~~ that meets the criteria  
 411.32 in subdivision 11;

411.33 (2) staff must be qualified as defined in subdivision 8; ~~and~~

412.1 (3) crisis stabilization services must be delivered according to the crisis treatment plan  
 412.2 and include face-to-face contact with the recipient by qualified staff for further assessment,  
 412.3 help with referrals, updating of the crisis ~~stabilization~~ treatment plan, ~~supportive counseling,~~  
 412.4 skills training, and collaboration with other service providers in the community; and

412.5 (4) if a provider delivers crisis stabilization services while the recipient is absent, the  
 412.6 provider must document the reason for delivering services while the recipient is absent.

412.7 ~~(b) If crisis stabilization services are provided in a supervised, licensed residential setting,~~  
 412.8 ~~the recipient must be contacted face-to-face daily by a qualified mental health practitioner~~  
 412.9 ~~or mental health professional. The program must have 24-hour-a-day residential staffing~~  
 412.10 ~~which may include staff who do not meet the qualifications in subdivision 8. The residential~~  
 412.11 ~~staff must have 24-hour-a-day immediate direct or telephone access to a qualified mental~~  
 412.12 ~~health professional or practitioner.~~

412.13 ~~(e)~~ (b) If crisis stabilization services are provided in a supervised, licensed residential  
 412.14 setting that serves no more than four adult residents, and one or more individuals are present  
 412.15 at the setting to receive residential crisis stabilization ~~services~~, the residential staff must  
 412.16 include, for at least eight hours per day, at least one ~~individual who meets the qualifications~~  
 412.17 ~~in subdivision 8, paragraph (a), clause (1) or (2)~~ mental health professional, clinical trainee,  
 412.18 certified rehabilitation specialist, or mental health practitioner.

412.19 ~~(d) If crisis stabilization services are provided in a supervised, licensed residential setting~~  
 412.20 ~~that serves more than four adult residents, and one or more are recipients of crisis stabilization~~  
 412.21 ~~services, the residential staff must include, for 24 hours a day, at least one individual who~~  
 412.22 ~~meets the qualifications in subdivision 8. During the first 48 hours that a recipient is in the~~  
 412.23 ~~residential program, the residential program must have at least two staff working 24 hours~~  
 412.24 ~~a day. Staffing levels may be adjusted thereafter according to the needs of the recipient as~~  
 412.25 ~~specified in the crisis stabilization treatment plan.~~

412.26 Subd. 8. **Adult Crisis stabilization staff qualifications.** (a) ~~Adult~~ Mental health crisis  
 412.27 stabilization services must be provided by qualified individual staff of a qualified provider  
 412.28 entity. ~~Individual provider staff must have the following qualifications~~ A staff member  
 412.29 providing crisis stabilization services to a recipient must be qualified as a:

412.30 (1) ~~be a mental health professional as defined in section 245.462, subdivision 18, clauses~~  
 412.31 ~~(1) to (6);~~

412.32 (2) ~~be a~~ certified rehabilitation specialist;

412.33 (3) clinical trainee;

413.1 ~~(4) mental health practitioner as defined in section 245.462, subdivision 17. The mental~~  
 413.2 ~~health practitioner must work under the clinical supervision of a mental health professional;~~

413.3 (5) mental health certified family peer specialist;

413.4 ~~(3) be a (6) mental health certified peer specialist under section 256B.0615. The certified~~  
 413.5 ~~peer specialist must work under the clinical supervision of a mental health professional; or~~

413.6 ~~(4) be a (7) mental health rehabilitation worker who meets the criteria in section~~  
 413.7 ~~256B.0623, subdivision 5, paragraph (a), clause (4); works under the direction of a mental~~  
 413.8 ~~health practitioner as defined in section 245.462, subdivision 17, or under direction of a~~  
 413.9 ~~mental health professional; and works under the clinical supervision of a mental health~~  
 413.10 ~~professional.~~

413.11 ~~(b) Mental health practitioners and mental health rehabilitation workers must have~~  
 413.12 ~~completed at least 30 hours of training in crisis intervention and stabilization during the~~  
 413.13 ~~past two years. The 30 hours of ongoing training required in section 245I.05, subdivision~~  
 413.14 ~~4, paragraph (b), must be specific to providing crisis services to children and adults and~~  
 413.15 ~~include training about evidence-based practices identified by the commissioner of health~~  
 413.16 ~~to reduce a recipient's risk of suicide and self-injurious behavior.~~

413.17 Subd. 9. **Supervision.** Clinical trainees and mental health practitioners may provide  
 413.18 crisis assessment and ~~mobile~~ crisis intervention services if the following clinical treatment  
 413.19 supervision requirements are met:

413.20 (1) the mental health provider entity must accept full responsibility for the services  
 413.21 provided;

413.22 (2) the mental health professional of the provider entity, ~~who is an employee or under~~  
 413.23 ~~contract with the provider entity,~~ must be immediately available by phone or in person for  
 413.24 clinical treatment supervision;

413.25 (3) the mental health professional is consulted, in person or by phone, during the first  
 413.26 three hours when a clinical trainee or mental health practitioner provides ~~on-site service~~  
 413.27 crisis assessment or crisis intervention services; and

413.28 (4) the mental health professional must:

413.29 (i) review and approve, as defined in section 245I.02, subdivision 2, of the tentative  
 413.30 crisis assessment and crisis treatment plan within 24 hours of first providing services to the  
 413.31 recipient, notwithstanding section 245I.08, subdivision 3; and

413.32 (ii) document the consultation required in clause (3).; ~~and~~

414.1 ~~(iii) sign the crisis assessment and treatment plan within the next business day;~~

414.2 ~~(5) if the mobile crisis intervention services continue into a second calendar day, a mental~~  
414.3 ~~health professional must contact the recipient face-to-face on the second day to provide~~  
414.4 ~~services and update the crisis treatment plan; and~~

414.5 ~~(6) the on-site observation must be documented in the recipient's record and signed by~~  
414.6 ~~the mental health professional.~~

414.7 ~~Subd. 10. **Recipient file.** Providers of mobile crisis intervention or crisis stabilization~~  
414.8 ~~services must maintain a file for each recipient containing the following information:~~

414.9 ~~(1) individual crisis treatment plans signed by the recipient, mental health professional,~~  
414.10 ~~and mental health practitioner who developed the crisis treatment plan, or if the recipient~~  
414.11 ~~refused to sign the plan, the date and reason stated by the recipient as to why the recipient~~  
414.12 ~~would not sign the plan;~~

414.13 ~~(2) signed release forms;~~

414.14 ~~(3) recipient health information and current medications;~~

414.15 ~~(4) emergency contacts for the recipient;~~

414.16 ~~(5) case records which document the date of service, place of service delivery, signature~~  
414.17 ~~of the person providing the service, and the nature, extent, and units of service. Direct or~~  
414.18 ~~telephone contact with the recipient's family or others should be documented;~~

414.19 ~~(6) required clinical supervision by mental health professionals;~~

414.20 ~~(7) summary of the recipient's case reviews by staff;~~

414.21 ~~(8) any written information by the recipient that the recipient wants in the file; and~~

414.22 ~~(9) an advance directive, if there is one available.~~

414.23 ~~Documentation in the file must comply with all requirements of the commissioner.~~

414.24 ~~Subd. 11. **Crisis treatment plan.** The individual crisis stabilization treatment plan must~~  
414.25 ~~include, at a minimum:~~

414.26 ~~(1) a list of problems identified in the assessment;~~

414.27 ~~(2) a list of the recipient's strengths and resources;~~

414.28 ~~(3) concrete, measurable short-term goals and tasks to be achieved, including time frames~~  
414.29 ~~for achievement;~~

414.30 ~~(4) specific objectives directed toward the achievement of each one of the goals;~~

415.1 ~~(5) documentation of the participants involved in the service planning. The recipient, if~~  
415.2 ~~possible, must be a participant. The recipient or the recipient's legal guardian must sign the~~  
415.3 ~~service plan or documentation must be provided why this was not possible. A copy of the~~  
415.4 ~~plan must be given to the recipient and the recipient's legal guardian. The plan should include~~  
415.5 ~~services arranged, including specific providers where applicable;~~

415.6 ~~(6) planned frequency and type of services initiated;~~

415.7 ~~(7) a crisis response action plan if a crisis should occur;~~

415.8 ~~(8) clear progress notes on outcome of goals;~~

415.9 ~~(9) a written plan must be completed within 24 hours of beginning services with the~~  
415.10 ~~recipient; and~~

415.11 ~~(10) a treatment plan must be developed by a mental health professional or mental health~~  
415.12 ~~practitioner under the clinical supervision of a mental health professional. The mental health~~  
415.13 ~~professional must approve and sign all treatment plans.~~

415.14 (a) Within 24 hours of the recipient's admission, the provider entity must complete the  
415.15 recipient's crisis treatment plan. The provider entity must:

415.16 (1) base the recipient's crisis treatment plan on the recipient's crisis assessment;

415.17 (2) consider crisis assistance strategies that have been effective for the recipient in the  
415.18 past;

415.19 (3) for a child recipient, use a child-centered, family-driven, and culturally appropriate  
415.20 planning process that allows the recipient's parents and guardians to observe or participate  
415.21 in the recipient's individual and family treatment services, assessment, and treatment  
415.22 planning;

415.23 (4) for an adult recipient, use a person-centered, culturally appropriate planning process  
415.24 that allows the recipient's family and other natural supports to observe or participate in  
415.25 treatment services, assessment, and treatment planning;

415.26 (5) identify the participants involved in the recipient's treatment planning. The recipient,  
415.27 if possible, must be a participant;

415.28 (6) identify the recipient's initial treatment goals, measurable treatment objectives, and  
415.29 specific interventions that the license holder will use to help the recipient engage in treatment;

415.30 (7) include documentation of referral to and scheduling of services, including specific  
415.31 providers where applicable;

416.1 (8) ensure that the recipient or the recipient's legal guardian approves under section  
416.2 245I.02, subdivision 2, of the recipient's crisis treatment plan unless a court orders the  
416.3 recipient's treatment plan under chapter 253B. If the recipient or the recipient's legal guardian  
416.4 disagrees with the crisis treatment plan, the license holder must document in the client file  
416.5 the reasons why the recipient disagrees with the crisis treatment plan; and

416.6 (9) ensure that a treatment supervisor approves under section 245I.02, subdivision 2, of  
416.7 the recipient's treatment plan within 24 hours of the recipient's admission if a mental health  
416.8 practitioner or clinical trainee completes the crisis treatment plan, notwithstanding section  
416.9 245I.08, subdivision 3.

416.10 (b) The provider entity must provide the recipient and the recipient's legal guardian with  
416.11 a copy of the recipient's crisis treatment plan.

416.12 Subd. 12. **Excluded services.** The following services are excluded from reimbursement  
416.13 under this section:

416.14 (1) room and board services;

416.15 (2) services delivered to a recipient while admitted to an inpatient hospital;

416.16 (3) recipient transportation costs may be covered under other medical assistance  
416.17 provisions, but transportation services are not an adult mental health crisis response service;

416.18 (4) services provided and billed by a provider who is not enrolled under medical  
416.19 assistance to provide adult mental health crisis response services;

416.20 (5) services performed by volunteers;

416.21 (6) direct billing of time spent "on call" when not delivering services to a recipient;

416.22 (7) provider service time included in case management reimbursement. When a provider  
416.23 is eligible to provide more than one type of medical assistance service, the recipient must  
416.24 have a choice of provider for each service, unless otherwise provided for by law;

416.25 (8) outreach services to potential recipients; ~~and~~

416.26 (9) a mental health service that is not medically necessary;

416.27 (10) services that a residential treatment center licensed under Minnesota Rules, chapter  
416.28 2960, provides to a client;

416.29 (11) partial hospitalization or day treatment; and

416.30 (12) a crisis assessment that a residential provider completes when a daily rate is paid  
416.31 for the recipient's crisis stabilization.

417.1 Sec. 5. EFFECTIVE DATE.

417.2 This article is effective upon federal approval or July 1, 2022, whichever is later. The  
417.3 commissioner shall notify the revisor of statutes when federal approval is obtained.

417.4 **ARTICLE 10**417.5 **UNIFORM SERVICE STANDARDS; CONFORMING CHANGES**

417.6 Section 1. Minnesota Statutes 2020, section 62A.152, subdivision 3, is amended to read:

417.7 Subd. 3. **Provider discrimination prohibited.** All group policies and group subscriber  
417.8 contracts that provide benefits for mental or nervous disorder treatments in a hospital must  
417.9 provide direct reimbursement for those services if performed by a mental health professional,  
417.10 ~~as defined in sections 245.462, subdivision 18, clauses (1) to (5); and 245.4871, subdivision~~  
417.11 ~~27, clauses (1) to (5)~~ qualified according to section 245I.04, subdivision 2, to the extent that  
417.12 the services and treatment are within the scope of mental health professional licensure.

417.13 This subdivision is intended to provide payment of benefits for mental or nervous disorder  
417.14 treatments performed by a licensed mental health professional in a hospital and is not  
417.15 intended to change or add benefits for those services provided in policies or contracts to  
417.16 which this subdivision applies.

417.17 Sec. 2. Minnesota Statutes 2020, section 62A.3094, subdivision 1, is amended to read:

417.18 Subdivision 1. **Definitions.** (a) For purposes of this section, the terms defined in  
417.19 paragraphs (b) to (d) have the meanings given.

417.20 (b) "Autism spectrum disorders" means the conditions as determined by criteria set forth  
417.21 in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of  
417.22 the American Psychiatric Association.

417.23 (c) "Medically necessary care" means health care services appropriate, in terms of type,  
417.24 frequency, level, setting, and duration, to the enrollee's condition, and diagnostic testing  
417.25 and preventative services. Medically necessary care must be consistent with generally  
417.26 accepted practice parameters as determined by physicians and licensed psychologists who  
417.27 typically manage patients who have autism spectrum disorders.

417.28 (d) "Mental health professional" means a mental health professional ~~as defined in section~~  
417.29 ~~245.4871, subdivision 27~~ qualified according to section 245I.04, subdivision 2, clause (1),  
417.30 (2), (3), (4), or (6), who has training and expertise in autism spectrum disorder and child  
417.31 development.

418.1 Sec. 3. Minnesota Statutes 2020, section 62Q.096, is amended to read:

418.2 **62Q.096 CREDENTIALING OF PROVIDERS.**

418.3 If a health plan company has initially credentialed, as providers in its provider network,  
418.4 individual providers employed by or under contract with an entity that:

418.5 (1) is authorized to bill under section 256B.0625, subdivision 5;

418.6 (2) ~~meets the requirements of Minnesota Rules, parts 9520.0750 to 9520.0870~~ is a mental  
418.7 health clinic certified under section 245I.20;

418.8 (3) is designated an essential community provider under section 62Q.19; and

418.9 (4) is under contract with the health plan company to provide mental health services,  
418.10 the health plan company must continue to credential at least the same number of providers  
418.11 from that entity, as long as those providers meet the health plan company's credentialing  
418.12 standards.

418.13 A health plan company shall not refuse to credential these providers on the grounds that  
418.14 their provider network has a sufficient number of providers of that type.

418.15 Sec. 4. Minnesota Statutes 2020, section 144.651, subdivision 2, is amended to read:

418.16 Subd. 2. **Definitions.** For the purposes of this section, "patient" means a person who is  
418.17 admitted to an acute care inpatient facility for a continuous period longer than 24 hours, for  
418.18 the purpose of diagnosis or treatment bearing on the physical or mental health of that person.  
418.19 For purposes of subdivisions 4 to 9, 12, 13, 15, 16, and 18 to 20, "patient" also means a  
418.20 person who receives health care services at an outpatient surgical center or at a birth center  
418.21 licensed under section 144.615. "Patient" also means a minor who is admitted to a residential  
418.22 program as defined in section 253C.01. For purposes of subdivisions 1, 3 to 16, 18, 20 and  
418.23 30, "patient" also means any person who is receiving mental health treatment on an outpatient  
418.24 basis or in a community support program or other community-based program. "Resident"  
418.25 means a person who is admitted to a nonacute care facility including extended care facilities,  
418.26 nursing homes, and boarding care homes for care required because of prolonged mental or  
418.27 physical illness or disability, recovery from injury or disease, or advancing age. For purposes  
418.28 of all subdivisions except subdivisions 28 and 29, "resident" also means a person who is  
418.29 admitted to a facility licensed as a board and lodging facility under Minnesota Rules, parts  
418.30 4625.0100 to 4625.2355, a boarding care home under sections 144.50 to 144.56, or a  
418.31 supervised living facility under Minnesota Rules, parts 4665.0100 to 4665.9900, and which  
418.32 operates a rehabilitation program licensed under chapter 245G or 245I, or Minnesota Rules,  
418.33 parts 9530.6510 to 9530.6590.

419.1 Sec. 5. Minnesota Statutes 2020, section 144D.01, subdivision 4, is amended to read:

419.2 Subd. 4. **Housing with services establishment or establishment.** (a) "Housing with  
419.3 services establishment" or "establishment" means:

419.4 (1) an establishment providing sleeping accommodations to one or more adult residents,  
419.5 at least 80 percent of which are 55 years of age or older, and offering or providing, for a  
419.6 fee, one or more regularly scheduled health-related services or two or more regularly  
419.7 scheduled supportive services, whether offered or provided directly by the establishment  
419.8 or by another entity arranged for by the establishment; or

419.9 (2) an establishment that registers under section 144D.025.

419.10 (b) Housing with services establishment does not include:

419.11 (1) a nursing home licensed under chapter 144A;

419.12 (2) a hospital, certified boarding care home, or supervised living facility licensed under  
419.13 sections 144.50 to 144.56;

419.14 (3) a board and lodging establishment licensed under chapter 157 and Minnesota Rules,  
419.15 parts 9520.0500 to 9520.0670, or under chapter 245D ~~or~~, 245G, or 245I;

419.16 (4) a board and lodging establishment which serves as a shelter for battered women or  
419.17 other similar purpose;

419.18 (5) a family adult foster care home licensed by the Department of Human Services;

419.19 (6) private homes in which the residents are related by kinship, law, or affinity with the  
419.20 providers of services;

419.21 (7) residential settings for persons with developmental disabilities in which the services  
419.22 are licensed under chapter 245D;

419.23 (8) a home-sharing arrangement such as when an elderly or disabled person or  
419.24 single-parent family makes lodging in a private residence available to another person in  
419.25 exchange for services or rent, or both;

419.26 (9) a duly organized condominium, cooperative, common interest community, or owners'  
419.27 association of the foregoing where at least 80 percent of the units that comprise the  
419.28 condominium, cooperative, or common interest community are occupied by individuals  
419.29 who are the owners, members, or shareholders of the units;

419.30 (10) services for persons with developmental disabilities that are provided under a license  
419.31 under chapter 245D; or

420.1 (11) a temporary family health care dwelling as defined in sections 394.307 and 462.3593.

420.2 Sec. 6. Minnesota Statutes 2020, section 144G.08, subdivision 7, as amended by Laws  
420.3 2020, Seventh Special Session chapter 1, article 6, section 5, is amended to read:

420.4 Subd. 7. **Assisted living facility.** "Assisted living facility" means a facility that provides  
420.5 sleeping accommodations and assisted living services to one or more adults. Assisted living  
420.6 facility includes assisted living facility with dementia care, and does not include:

420.7 (1) emergency shelter, transitional housing, or any other residential units serving  
420.8 exclusively or primarily homeless individuals, as defined under section 116L.361;

420.9 (2) a nursing home licensed under chapter 144A;

420.10 (3) a hospital, certified boarding care, or supervised living facility licensed under sections  
420.11 144.50 to 144.56;

420.12 (4) a lodging establishment licensed under chapter 157 and Minnesota Rules, parts  
420.13 9520.0500 to 9520.0670, or under chapter 245D ~~or~~ 245G, or 245I;

420.14 (5) services and residential settings licensed under chapter 245A, including adult foster  
420.15 care and services and settings governed under the standards in chapter 245D;

420.16 (6) a private home in which the residents are related by kinship, law, or affinity with the  
420.17 provider of services;

420.18 (7) a duly organized condominium, cooperative, and common interest community, or  
420.19 owners' association of the condominium, cooperative, and common interest community  
420.20 where at least 80 percent of the units that comprise the condominium, cooperative, or  
420.21 common interest community are occupied by individuals who are the owners, members, or  
420.22 shareholders of the units;

420.23 (8) a temporary family health care dwelling as defined in sections 394.307 and 462.3593;

420.24 (9) a setting offering services conducted by and for the adherents of any recognized  
420.25 church or religious denomination for its members exclusively through spiritual means or  
420.26 by prayer for healing;

420.27 (10) housing financed pursuant to sections 462A.37 and 462A.375, units financed with  
420.28 low-income housing tax credits pursuant to United States Code, title 26, section 42, and  
420.29 units financed by the Minnesota Housing Finance Agency that are intended to serve  
420.30 individuals with disabilities or individuals who are homeless, except for those developments  
420.31 that market or hold themselves out as assisted living facilities and provide assisted living  
420.32 services;

421.1 (11) rental housing developed under United States Code, title 42, section 1437, or United  
421.2 States Code, title 12, section 1701q;

421.3 (12) rental housing designated for occupancy by only elderly or elderly and disabled  
421.4 residents under United States Code, title 42, section 1437e, or rental housing for qualifying  
421.5 families under Code of Federal Regulations, title 24, section 983.56;

421.6 (13) rental housing funded under United States Code, title 42, chapter 89, or United  
421.7 States Code, title 42, section 8011;

421.8 (14) a covered setting as defined in section 325F.721, subdivision 1, paragraph (b); or

421.9 (15) any establishment that exclusively or primarily serves as a shelter or temporary  
421.10 shelter for victims of domestic or any other form of violence.

421.11 Sec. 7. Minnesota Statutes 2020, section 148B.5301, subdivision 2, is amended to read:

421.12 Subd. 2. **Supervision.** (a) To qualify as a LPCC, an applicant must have completed  
421.13 4,000 hours of post-master's degree supervised professional practice in the delivery of  
421.14 clinical services in the diagnosis and treatment of mental illnesses and disorders in both  
421.15 children and adults. The supervised practice shall be conducted according to the requirements  
421.16 in paragraphs (b) to (e).

421.17 (b) The supervision must have been received under a contract that defines clinical practice  
421.18 and supervision from a mental health professional ~~as defined in section 245.462, subdivision~~  
421.19 ~~18, clauses (1) to (6), or 245.4871, subdivision 27, clauses (1) to (6)~~ qualified according to  
421.20 section 245I.04, subdivision 2, or by a board-approved supervisor, who has at least two  
421.21 years of postlicensure experience in the delivery of clinical services in the diagnosis and  
421.22 treatment of mental illnesses and disorders. All supervisors must meet the supervisor  
421.23 requirements in Minnesota Rules, part 2150.5010.

421.24 (c) The supervision must be obtained at the rate of two hours of supervision per 40 hours  
421.25 of professional practice. The supervision must be evenly distributed over the course of the  
421.26 supervised professional practice. At least 75 percent of the required supervision hours must  
421.27 be received in person. The remaining 25 percent of the required hours may be received by  
421.28 telephone or by audio or audiovisual electronic device. At least 50 percent of the required  
421.29 hours of supervision must be received on an individual basis. The remaining 50 percent  
421.30 may be received in a group setting.

421.31 (d) The supervised practice must include at least 1,800 hours of clinical client contact.

422.1 (e) The supervised practice must be clinical practice. Supervision includes the observation  
422.2 by the supervisor of the successful application of professional counseling knowledge, skills,  
422.3 and values in the differential diagnosis and treatment of psychosocial function, disability,  
422.4 or impairment, including addictions and emotional, mental, and behavioral disorders.

422.5 Sec. 8. Minnesota Statutes 2020, section 148E.120, subdivision 2, is amended to read:

422.6 Subd. 2. **Alternate supervisors.** (a) The board may approve an alternate supervisor as  
422.7 determined in this subdivision. The board shall approve up to 25 percent of the required  
422.8 supervision hours by a ~~licensed~~ mental health professional who is competent and qualified  
422.9 to provide supervision according to the mental health professional's respective licensing  
422.10 board, as established by section ~~245.462, subdivision 18, clauses (1) to (6), or 245.4871,~~  
422.11 ~~subdivision 27, clauses (1) to (6)~~ 245I.04, subdivision 2.

422.12 (b) The board shall approve up to 100 percent of the required supervision hours by an  
422.13 alternate supervisor if the board determines that:

422.14 (1) there are five or fewer supervisors in the county where the licensee practices social  
422.15 work who meet the applicable licensure requirements in subdivision 1;

422.16 (2) the supervisor is an unlicensed social worker who is employed in, and provides the  
422.17 supervision in, a setting exempt from licensure by section 148E.065, and who has  
422.18 qualifications equivalent to the applicable requirements specified in sections 148E.100 to  
422.19 148E.115;

422.20 (3) the supervisor is a social worker engaged in authorized social work practice in Iowa,  
422.21 Manitoba, North Dakota, Ontario, South Dakota, or Wisconsin, and has the qualifications  
422.22 equivalent to the applicable requirements in sections 148E.100 to 148E.115; or

422.23 (4) the applicant or licensee is engaged in nonclinical authorized social work practice  
422.24 outside of Minnesota and the supervisor meets the qualifications equivalent to the applicable  
422.25 requirements in sections 148E.100 to 148E.115, or the supervisor is an equivalent mental  
422.26 health professional, as determined by the board, who is credentialed by a state, territorial,  
422.27 provincial, or foreign licensing agency; or

422.28 (5) the applicant or licensee is engaged in clinical authorized social work practice outside  
422.29 of Minnesota and the supervisor meets qualifications equivalent to the applicable  
422.30 requirements in section 148E.115, or the supervisor is an equivalent mental health  
422.31 professional as determined by the board, who is credentialed by a state, territorial, provincial,  
422.32 or foreign licensing agency.

423.1 (c) In order for the board to consider an alternate supervisor under this section, the  
423.2 licensee must:

423.3 (1) request in the supervision plan and verification submitted according to section  
423.4 148E.125 that an alternate supervisor conduct the supervision; and

423.5 (2) describe the proposed supervision and the name and qualifications of the proposed  
423.6 alternate supervisor. The board may audit the information provided to determine compliance  
423.7 with the requirements of this section.

423.8 Sec. 9. Minnesota Statutes 2020, section 148F.11, subdivision 1, is amended to read:

423.9 Subdivision 1. **Other professionals.** (a) Nothing in this chapter prevents members of  
423.10 other professions or occupations from performing functions for which they are qualified or  
423.11 licensed. This exception includes, but is not limited to: licensed physicians; registered nurses;  
423.12 licensed practical nurses; licensed psychologists and licensed psychological practitioners;  
423.13 members of the clergy provided such services are provided within the scope of regular  
423.14 ministries; American Indian medicine men and women; licensed attorneys; probation officers;  
423.15 licensed marriage and family therapists; licensed social workers; social workers employed  
423.16 by city, county, or state agencies; licensed professional counselors; licensed professional  
423.17 clinical counselors; licensed school counselors; registered occupational therapists or  
423.18 occupational therapy assistants; Upper Midwest Indian Council on Addictive Disorders  
423.19 (UMICAD) certified counselors when providing services to Native American people; city,  
423.20 county, or state employees when providing assessments or case management under Minnesota  
423.21 Rules, chapter 9530; and individuals defined in section 256B.0623, subdivision 5, paragraph  
423.22 (a), clauses (1) ~~and (2)~~ to (6), providing integrated dual diagnosis co-occurring substance  
423.23 use disorder treatment in adult mental health rehabilitative programs certified or licensed  
423.24 by the Department of Human Services under section 245I.23, 256B.0622, or 256B.0623.

423.25 (b) Nothing in this chapter prohibits technicians and resident managers in programs  
423.26 licensed by the Department of Human Services from discharging their duties as provided  
423.27 in Minnesota Rules, chapter 9530.

423.28 (c) Any person who is exempt from licensure under this section must not use a title  
423.29 incorporating the words "alcohol and drug counselor" or "licensed alcohol and drug  
423.30 counselor" or otherwise hold himself or herself out to the public by any title or description  
423.31 stating or implying that he or she is engaged in the practice of alcohol and drug counseling,  
423.32 or that he or she is licensed to engage in the practice of alcohol and drug counseling, unless  
423.33 that person is also licensed as an alcohol and drug counselor. Persons engaged in the practice

424.1 of alcohol and drug counseling are not exempt from the board's jurisdiction solely by the  
424.2 use of one of the titles in paragraph (a).

424.3 Sec. 10. Minnesota Statutes 2020, section 245.462, subdivision 1, is amended to read:

424.4 Subdivision 1. **Definitions.** The definitions in this section apply to sections 245.461 to  
424.5 ~~245.486~~ 245.4863.

424.6 Sec. 11. Minnesota Statutes 2020, section 245.462, subdivision 6, is amended to read:

424.7 Subd. 6. **Community support services program.** "Community support services program"  
424.8 means services, other than inpatient or residential treatment services, provided or coordinated  
424.9 by an identified program and staff under the ~~clinical~~ treatment supervision of a mental health  
424.10 professional designed to help adults with serious and persistent mental illness to function  
424.11 and remain in the community. A community support services program includes:

424.12 (1) client outreach,

424.13 (2) medication monitoring,

424.14 (3) assistance in independent living skills,

424.15 (4) development of employability and work-related opportunities,

424.16 (5) crisis assistance,

424.17 (6) psychosocial rehabilitation,

424.18 (7) help in applying for government benefits, and

424.19 (8) housing support services.

424.20 The community support services program must be coordinated with the case management  
424.21 services specified in section 245.4711.

424.22 Sec. 12. Minnesota Statutes 2020, section 245.462, subdivision 8, is amended to read:

424.23 Subd. 8. **Day treatment services.** "Day treatment," "day treatment services," or "day  
424.24 treatment program" means ~~a structured program of treatment and care provided to an adult~~  
424.25 ~~in or by: (1) a hospital accredited by the joint commission on accreditation of health~~  
424.26 ~~organizations and licensed under sections 144.50 to 144.55; (2) a community mental health~~  
424.27 ~~center under section 245.62; or (3) an entity that is under contract with the county board to~~  
424.28 ~~operate a program that meets the requirements of section 245.4712, subdivision 2, and~~  
424.29 ~~Minnesota Rules, parts 9505.0170 to 9505.0475. Day treatment consists of group~~  
424.30 ~~psychotherapy and other intensive therapeutic services that are provided at least two days~~

425.1 ~~a week by a multidisciplinary staff under the clinical supervision of a mental health~~  
425.2 ~~professional. Day treatment may include education and consultation provided to families~~  
425.3 ~~and other individuals as part of the treatment process. The services are aimed at stabilizing~~  
425.4 ~~the adult's mental health status, providing mental health services, and developing and~~  
425.5 ~~improving the adult's independent living and socialization skills. The goal of day treatment~~  
425.6 ~~is to reduce or relieve mental illness and to enable the adult to live in the community. Day~~  
425.7 ~~treatment services are not a part of inpatient or residential treatment services. Day treatment~~  
425.8 ~~services are distinguished from day care by their structured therapeutic program of~~  
425.9 ~~psychotherapy services. The commissioner may limit medical assistance reimbursement~~  
425.10 ~~for day treatment to 15 hours per week per person the treatment services described under~~  
425.11 ~~section 256B.0671, subdivision 3.~~

425.12 Sec. 13. Minnesota Statutes 2020, section 245.462, subdivision 9, is amended to read:

425.13 Subd. 9. **Diagnostic assessment.** ~~(a) "Diagnostic assessment" has the meaning given in~~  
425.14 ~~Minnesota Rules, part 9505.0370, subpart 11, and is delivered as provided in Minnesota~~  
425.15 ~~Rules, part 9505.0372, subpart 1, items A, B, C, and E. Diagnostic assessment includes a~~  
425.16 ~~standard, extended, or brief diagnostic assessment, or an adult update section 245I.10,~~  
425.17 ~~subdivisions 4 to 6.~~

425.18 ~~(b) A brief diagnostic assessment must include a face-to-face interview with the client~~  
425.19 ~~and a written evaluation of the client by a mental health professional or a clinical trainee,~~  
425.20 ~~as provided in Minnesota Rules, part 9505.0371, subpart 5, item C. The professional or~~  
425.21 ~~clinical trainee must gather initial components of a standard diagnostic assessment, including~~  
425.22 ~~the client's:~~

425.23 ~~(1) age;~~

425.24 ~~(2) description of symptoms, including reason for referral;~~

425.25 ~~(3) history of mental health treatment;~~

425.26 ~~(4) cultural influences and their impact on the client; and~~

425.27 ~~(5) mental status examination.~~

425.28 ~~(c) On the basis of the initial components, the professional or clinical trainee must draw~~  
425.29 ~~a provisional clinical hypothesis. The clinical hypothesis may be used to address the client's~~  
425.30 ~~immediate needs or presenting problem.~~

426.1 ~~(d) Treatment sessions conducted under authorization of a brief assessment may be used~~  
426.2 ~~to gather additional information necessary to complete a standard diagnostic assessment or~~  
426.3 ~~an extended diagnostic assessment.~~

426.4 ~~(e) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item A, subitem (1),~~  
426.5 ~~unit (b), prior to completion of a client's initial diagnostic assessment, a client is eligible~~  
426.6 ~~for psychological testing as part of the diagnostic process.~~

426.7 ~~(f) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item A, subitem (1),~~  
426.8 ~~unit (e), prior to completion of a client's initial diagnostic assessment, but in conjunction~~  
426.9 ~~with the diagnostic assessment process, a client is eligible for up to three individual or family~~  
426.10 ~~psychotherapy sessions or family psychoeducation sessions or a combination of the above~~  
426.11 ~~sessions not to exceed three sessions.~~

426.12 ~~(g) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item B, subitem (3),~~  
426.13 ~~unit (a), a brief diagnostic assessment may be used for a client's family who requires a~~  
426.14 ~~language interpreter to participate in the assessment.~~

426.15 Sec. 14. Minnesota Statutes 2020, section 245.462, subdivision 14, is amended to read:

426.16 Subd. 14. **Individual treatment plan.** "Individual treatment plan" means ~~a written plan~~  
426.17 ~~of intervention, treatment, and services for an adult with mental illness that is developed~~  
426.18 ~~by a service provider under the clinical supervision of a mental health professional on the~~  
426.19 ~~basis of a diagnostic assessment. The plan identifies goals and objectives of treatment,~~  
426.20 ~~treatment strategy, a schedule for accomplishing treatment goals and objectives, and the~~  
426.21 ~~individual responsible for providing treatment to the adult with mental illness~~ the formulation  
426.22 of planned services that are responsive to the needs and goals of a client. An individual  
426.23 treatment plan must be completed according to section 245I.10, subdivisions 7 and 8.

426.24 Sec. 15. Minnesota Statutes 2020, section 245.462, subdivision 16, is amended to read:

426.25 Subd. 16. **Mental health funds.** "Mental health funds" are funds expended under sections  
426.26 245.73 and 256E.12, federal mental health block grant funds, and funds expended under  
426.27 section 256D.06 to facilities licensed under section 245I.23 or Minnesota Rules, parts  
426.28 9520.0500 to 9520.0670.

426.29 Sec. 16. Minnesota Statutes 2020, section 245.462, subdivision 17, is amended to read:

426.30 Subd. 17. **Mental health practitioner.** (a) "Mental health practitioner" means a staff  
426.31 ~~person providing services to adults with mental illness or children with emotional disturbance~~  
426.32 ~~who is qualified in at least one of the ways described in paragraphs (b) to (g). A mental~~

427.1 ~~health practitioner for a child client must have training working with children. A mental~~  
427.2 ~~health practitioner for an adult client must have training working with adults~~ qualified  
427.3 according to section 245I.04, subdivision 4.

427.4 (b) ~~For purposes of this subdivision, a practitioner is qualified through relevant~~  
427.5 ~~coursework if the practitioner completes at least 30 semester hours or 45 quarter hours in~~  
427.6 ~~behavioral sciences or related fields and:~~

427.7 (1) ~~has at least 2,000 hours of supervised experience in the delivery of services to adults~~  
427.8 ~~or children with:~~

427.9 (i) ~~mental illness, substance use disorder, or emotional disturbance; or~~

427.10 (ii) ~~traumatic brain injury or developmental disabilities and completes training on mental~~  
427.11 ~~illness, recovery from mental illness, mental health de-escalation techniques, co-occurring~~  
427.12 ~~mental illness and substance abuse, and psychotropic medications and side effects;~~

427.13 (2) ~~is fluent in the non-English language of the ethnic group to which at least 50 percent~~  
427.14 ~~of the practitioner's clients belong, completes 40 hours of training in the delivery of services~~  
427.15 ~~to adults with mental illness or children with emotional disturbance, and receives clinical~~  
427.16 ~~supervision from a mental health professional at least once a week until the requirement of~~  
427.17 ~~2,000 hours of supervised experience is met;~~

427.18 (3) ~~is working in a day treatment program under section 245.4712, subdivision 2; or~~

427.19 (4) ~~has completed a practicum or internship that (i) requires direct interaction with adults~~  
427.20 ~~or children served, and (ii) is focused on behavioral sciences or related fields.~~

427.21 (e) ~~For purposes of this subdivision, a practitioner is qualified through work experience~~  
427.22 ~~if the person:~~

427.23 (1) ~~has at least 4,000 hours of supervised experience in the delivery of services to adults~~  
427.24 ~~or children with:~~

427.25 (i) ~~mental illness, substance use disorder, or emotional disturbance; or~~

427.26 (ii) ~~traumatic brain injury or developmental disabilities and completes training on mental~~  
427.27 ~~illness, recovery from mental illness, mental health de-escalation techniques, co-occurring~~  
427.28 ~~mental illness and substance abuse, and psychotropic medications and side effects; or~~

427.29 (2) ~~has at least 2,000 hours of supervised experience in the delivery of services to adults~~  
427.30 ~~or children with:~~

427.31 (i) ~~mental illness, emotional disturbance, or substance use disorder, and receives clinical~~  
427.32 ~~supervision as required by applicable statutes and rules from a mental health professional~~

428.1 ~~at least once a week until the requirement of 4,000 hours of supervised experience is met;~~  
428.2 ~~or~~

428.3 ~~(ii) traumatic brain injury or developmental disabilities; completes training on mental~~  
428.4 ~~illness, recovery from mental illness, mental health de-escalation techniques, co-occurring~~  
428.5 ~~mental illness and substance abuse, and psychotropic medications and side effects; and~~  
428.6 ~~receives clinical supervision as required by applicable statutes and rules at least once a week~~  
428.7 ~~from a mental health professional until the requirement of 4,000 hours of supervised~~  
428.8 ~~experience is met.~~

428.9 ~~(d) For purposes of this subdivision, a practitioner is qualified through a graduate student~~  
428.10 ~~internship if the practitioner is a graduate student in behavioral sciences or related fields~~  
428.11 ~~and is formally assigned by an accredited college or university to an agency or facility for~~  
428.12 ~~clinical training.~~

428.13 ~~(e) For purposes of this subdivision, a practitioner is qualified by a bachelor's or master's~~  
428.14 ~~degree if the practitioner:~~

428.15 ~~(1) holds a master's or other graduate degree in behavioral sciences or related fields; or~~

428.16 ~~(2) holds a bachelor's degree in behavioral sciences or related fields and completes a~~  
428.17 ~~practicum or internship that (i) requires direct interaction with adults or children served,~~  
428.18 ~~and (ii) is focused on behavioral sciences or related fields.~~

428.19 ~~(f) For purposes of this subdivision, a practitioner is qualified as a vendor of medical~~  
428.20 ~~care if the practitioner meets the definition of vendor of medical care in section 256B.02,~~  
428.21 ~~subdivision 7, paragraphs (b) and (c), and is serving a federally recognized tribe.~~

428.22 ~~(g) For purposes of medical assistance coverage of diagnostic assessments, explanations~~  
428.23 ~~of findings, and psychotherapy under section 256B.0625, subdivision 65, a mental health~~  
428.24 ~~practitioner working as a clinical trainee means that the practitioner's clinical supervision~~  
428.25 ~~experience is helping the practitioner gain knowledge and skills necessary to practice~~  
428.26 ~~effectively and independently. This may include supervision of direct practice, treatment~~  
428.27 ~~team collaboration, continued professional learning, and job management. The practitioner~~  
428.28 ~~must also:~~

428.29 ~~(1) comply with requirements for licensure or board certification as a mental health~~  
428.30 ~~professional, according to the qualifications under Minnesota Rules, part 9505.0371, subpart~~  
428.31 ~~5, item A, including supervised practice in the delivery of mental health services for the~~  
428.32 ~~treatment of mental illness; or~~

429.1 ~~(2) be a student in a bona fide field placement or internship under a program leading to~~  
429.2 ~~completion of the requirements for licensure as a mental health professional according to~~  
429.3 ~~the qualifications under Minnesota Rules, part 9505.0371, subpart 5, item A.~~

429.4 ~~(h) For purposes of this subdivision, "behavioral sciences or related fields" has the~~  
429.5 ~~meaning given in section 256B.0623, subdivision 5, paragraph (d).~~

429.6 ~~(i) Notwithstanding the licensing requirements established by a health-related licensing~~  
429.7 ~~board, as defined in section 214.01, subdivision 2, this subdivision supersedes any other~~  
429.8 ~~statute or rule.~~

429.9 Sec. 17. Minnesota Statutes 2020, section 245.462, subdivision 18, is amended to read:

429.10 Subd. 18. **Mental health professional.** "Mental health professional" means a staff person  
429.11 providing clinical services in the treatment of mental illness who is qualified in at least one  
429.12 of the following ways: qualified according to section 245I.04, subdivision 2.

429.13 ~~(1) in psychiatric nursing: a registered nurse who is licensed under sections 148.171 to~~  
429.14 ~~148.285; and:~~

429.15 ~~(i) who is certified as a clinical specialist or as a nurse practitioner in adult or family~~  
429.16 ~~psychiatric and mental health nursing by a national nurse certification organization; or~~

429.17 ~~(ii) who has a master's degree in nursing or one of the behavioral sciences or related~~  
429.18 ~~fields from an accredited college or university or its equivalent, with at least 4,000 hours~~  
429.19 ~~of post-master's supervised experience in the delivery of clinical services in the treatment~~  
429.20 ~~of mental illness;~~

429.21 ~~(2) in clinical social work: a person licensed as an independent clinical social worker~~  
429.22 ~~under chapter 148D, or a person with a master's degree in social work from an accredited~~  
429.23 ~~college or university, with at least 4,000 hours of post-master's supervised experience in~~  
429.24 ~~the delivery of clinical services in the treatment of mental illness;~~

429.25 ~~(3) in psychology: an individual licensed by the Board of Psychology under sections~~  
429.26 ~~148.88 to 148.98 who has stated to the Board of Psychology competencies in the diagnosis~~  
429.27 ~~and treatment of mental illness;~~

429.28 ~~(4) in psychiatry: a physician licensed under chapter 147 and certified by the American~~  
429.29 ~~Board of Psychiatry and Neurology or eligible for board certification in psychiatry, or an~~  
429.30 ~~osteopathic physician licensed under chapter 147 and certified by the American Osteopathic~~  
429.31 ~~Board of Neurology and Psychiatry or eligible for board certification in psychiatry;~~

430.1 ~~(5) in marriage and family therapy: the mental health professional must be a marriage~~  
430.2 ~~and family therapist licensed under sections 148B.29 to 148B.39 with at least two years of~~  
430.3 ~~post-master's supervised experience in the delivery of clinical services in the treatment of~~  
430.4 ~~mental illness;~~

430.5 ~~(6) in licensed professional clinical counseling, the mental health professional shall be~~  
430.6 ~~a licensed professional clinical counselor under section 148B.5301 with at least 4,000 hours~~  
430.7 ~~of post-master's supervised experience in the delivery of clinical services in the treatment~~  
430.8 ~~of mental illness; or~~

430.9 ~~(7) in allied fields: a person with a master's degree from an accredited college or university~~  
430.10 ~~in one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's~~  
430.11 ~~supervised experience in the delivery of clinical services in the treatment of mental illness.~~

430.12 Sec. 18. Minnesota Statutes 2020, section 245.462, subdivision 21, is amended to read:

430.13 Subd. 21. **Outpatient services.** "Outpatient services" means mental health services,  
430.14 excluding day treatment and community support services programs, provided by or under  
430.15 the ~~clinical~~ treatment supervision of a mental health professional to adults with mental  
430.16 illness who live outside a hospital. Outpatient services include clinical activities such as  
430.17 individual, group, and family therapy; individual treatment planning; diagnostic assessments;  
430.18 medication management; and psychological testing.

430.19 Sec. 19. Minnesota Statutes 2020, section 245.462, subdivision 23, is amended to read:

430.20 Subd. 23. **Residential treatment.** "Residential treatment" means a 24-hour-a-day program  
430.21 under the ~~clinical~~ treatment supervision of a mental health professional, in a community  
430.22 residential setting other than an acute care hospital or regional treatment center inpatient  
430.23 unit, that must be licensed as a residential treatment program for adults with mental illness  
430.24 under chapter 245I, Minnesota Rules, parts 9520.0500 to 9520.0670, or other rules adopted  
430.25 by the commissioner.

430.26 Sec. 20. Minnesota Statutes 2020, section 245.462, is amended by adding a subdivision  
430.27 to read:

430.28 Subd. 27. **Treatment supervision.** "Treatment supervision" means the treatment  
430.29 supervision described under section 245I.06.

431.1 Sec. 21. Minnesota Statutes 2020, section 245.4661, subdivision 5, is amended to read:

431.2 Subd. 5. **Planning for pilot projects.** (a) Each local plan for a pilot project, with the  
431.3 exception of the placement of a Minnesota specialty treatment facility as defined in paragraph  
431.4 (c), must be developed under the direction of the county board, or multiple county boards  
431.5 acting jointly, as the local mental health authority. The planning process for each pilot shall  
431.6 include, but not be limited to, mental health consumers, families, advocates, local mental  
431.7 health advisory councils, local and state providers, representatives of state and local public  
431.8 employee bargaining units, and the department of human services. As part of the planning  
431.9 process, the county board or boards shall designate a managing entity responsible for receipt  
431.10 of funds and management of the pilot project.

431.11 (b) For Minnesota specialty treatment facilities, the commissioner shall issue a request  
431.12 for proposal for regions in which a need has been identified for services.

431.13 (c) For purposes of this section, "Minnesota specialty treatment facility" is defined as  
431.14 an intensive residential treatment service licensed under section 256B.0622, subdivision 2,  
431.15 ~~paragraph (b)~~ chapter 245I.

431.16 Sec. 22. Minnesota Statutes 2020, section 245.4662, subdivision 1, is amended to read:

431.17 Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have  
431.18 the meanings given them.

431.19 (b) "Community partnership" means a project involving the collaboration of two or more  
431.20 eligible applicants.

431.21 (c) "Eligible applicant" means an eligible county, Indian tribe, mental health service  
431.22 provider, hospital, or community partnership. Eligible applicant does not include a  
431.23 state-operated direct care and treatment facility or program under chapter 246.

431.24 (d) "Intensive residential treatment services" has the meaning given in section 256B.0622,  
431.25 ~~subdivision 2.~~

431.26 (e) "Metropolitan area" means the seven-county metropolitan area, as defined in section  
431.27 473.121, subdivision 2.

431.28 Sec. 23. Minnesota Statutes 2020, section 245.467, subdivision 2, is amended to read:

431.29 Subd. 2. **Diagnostic assessment.** ~~All providers of residential, acute care hospital inpatient,~~  
431.30 ~~and regional treatment centers must complete a diagnostic assessment for each of their~~  
431.31 ~~clients within five days of admission. Providers of day treatment services must complete a~~

432.1 ~~diagnostic assessment within five days after the adult's second visit or within 30 days after~~  
432.2 ~~intake, whichever occurs first. In cases where a diagnostic assessment is available and has~~  
432.3 ~~been completed within three years preceding admission, only an adult diagnostic assessment~~  
432.4 ~~update is necessary. An "adult diagnostic assessment update" means a written summary by~~  
432.5 ~~a mental health professional of the adult's current mental health status and service needs~~  
432.6 ~~and includes a face-to-face interview with the adult. If the adult's mental health status has~~  
432.7 ~~changed markedly since the adult's most recent diagnostic assessment, a new diagnostic~~  
432.8 ~~assessment is required. Compliance with the provisions of this subdivision does not ensure~~  
432.9 ~~eligibility for medical assistance reimbursement under chapter 256B. Providers of services~~  
432.10 ~~governed by this section must complete a diagnostic assessment according to the standards~~  
432.11 ~~of section 245I.10, subdivisions 4 to 6.~~

432.12 Sec. 24. Minnesota Statutes 2020, section 245.467, subdivision 3, is amended to read:

432.13 Subd. 3. **Individual treatment plans.** ~~All providers of outpatient services, day treatment~~  
432.14 ~~services, residential treatment, acute care hospital inpatient treatment, and all regional~~  
432.15 ~~treatment centers must develop an individual treatment plan for each of their adult clients.~~  
432.16 ~~The individual treatment plan must be based on a diagnostic assessment. To the extent~~  
432.17 ~~possible, the adult client shall be involved in all phases of developing and implementing~~  
432.18 ~~the individual treatment plan. Providers of residential treatment and acute care hospital~~  
432.19 ~~inpatient treatment, and all regional treatment centers must develop the individual treatment~~  
432.20 ~~plan within ten days of client intake and must review the individual treatment plan every~~  
432.21 ~~90 days after intake. Providers of day treatment services must develop the individual~~  
432.22 ~~treatment plan before the completion of five working days in which service is provided or~~  
432.23 ~~within 30 days after the diagnostic assessment is completed or obtained, whichever occurs~~  
432.24 ~~first. Providers of outpatient services must develop the individual treatment plan within 30~~  
432.25 ~~days after the diagnostic assessment is completed or obtained or by the end of the second~~  
432.26 ~~session of an outpatient service, not including the session in which the diagnostic assessment~~  
432.27 ~~was provided, whichever occurs first. Outpatient and day treatment services providers must~~  
432.28 ~~review the individual treatment plan every 90 days after intake. Providers of services~~  
432.29 ~~governed by this section must complete an individual treatment plan according to the~~  
432.30 ~~standards of section 245I.10, subdivisions 7 and 8.~~

432.31 Sec. 25. Minnesota Statutes 2020, section 245.470, subdivision 1, is amended to read:

432.32 Subdivision 1. **Availability of outpatient services.** (a) County boards must provide or  
432.33 contract for enough outpatient services within the county to meet the needs of adults with  
432.34 mental illness residing in the county. Services may be provided directly by the county

433.1 through county-operated ~~mental health centers or~~ mental health clinics ~~approved by the~~  
433.2 ~~commissioner under section 245.69, subdivision 2~~ meeting the standards of chapter 245I;  
433.3 by contract with privately operated ~~mental health centers or~~ mental health clinics ~~approved~~  
433.4 ~~by the commissioner under section 245.69, subdivision 2~~ meeting the standards of chapter  
433.5 245I; by contract with hospital mental health outpatient programs certified by the Joint  
433.6 Commission on Accreditation of Hospital Organizations; or by contract with a ~~licensed~~  
433.7 mental health professional ~~as defined in section 245.462, subdivision 18, clauses (1) to (6).~~  
433.8 Clients may be required to pay a fee according to section 245.481. Outpatient services  
433.9 include:

433.10 (1) conducting diagnostic assessments;

433.11 (2) conducting psychological testing;

433.12 (3) developing or modifying individual treatment plans;

433.13 (4) making referrals and recommending placements as appropriate;

433.14 (5) treating an adult's mental health needs through therapy;

433.15 (6) prescribing and managing medication and evaluating the effectiveness of prescribed  
433.16 medication; and

433.17 (7) preventing placement in settings that are more intensive, costly, or restrictive than  
433.18 necessary and appropriate to meet client needs.

433.19 (b) County boards may request a waiver allowing outpatient services to be provided in  
433.20 a nearby trade area if it is determined that the client can best be served outside the county.

433.21 Sec. 26. Minnesota Statutes 2020, section 245.4712, subdivision 2, is amended to read:

433.22 Subd. 2. **Day treatment services provided.** (a) Day treatment services must be developed  
433.23 as a part of the community support services available to adults with serious and persistent  
433.24 mental illness residing in the county. Adults may be required to pay a fee according to  
433.25 section 245.481. Day treatment services must be designed to:

433.26 (1) provide a structured environment for treatment;

433.27 (2) provide support for residing in the community;

433.28 (3) prevent placement in settings that are more intensive, costly, or restrictive than  
433.29 necessary and appropriate to meet client need;

433.30 (4) coordinate with or be offered in conjunction with a local education agency's special  
433.31 education program; and

434.1 (5) operate on a continuous basis throughout the year.

434.2 (b) ~~For purposes of complying with medical assistance requirements, an adult day~~  
434.3 ~~treatment program must comply with the method of clinical supervision specified in~~  
434.4 ~~Minnesota Rules, part 9505.0371, subpart 4. The clinical supervision must be performed~~  
434.5 ~~by a qualified supervisor who satisfies the requirements of Minnesota Rules, part 9505.0371,~~  
434.6 ~~subpart 5. An adult day treatment program must comply with medical assistance requirements~~  
434.7 ~~in section 256B.0671, subdivision 3.~~

434.8 ~~A day treatment program must demonstrate compliance with this clinical supervision~~  
434.9 ~~requirement by the commissioner's review and approval of the program according to~~  
434.10 ~~Minnesota Rules, part 9505.0372, subpart 8.~~

434.11 (c) County boards may request a waiver from including day treatment services if they  
434.12 can document that:

434.13 (1) an alternative plan of care exists through the county's community support services  
434.14 for clients who would otherwise need day treatment services;

434.15 (2) day treatment, if included, would be duplicative of other components of the  
434.16 community support services; and

434.17 (3) county demographics and geography make the provision of day treatment services  
434.18 cost ineffective and infeasible.

434.19 Sec. 27. Minnesota Statutes 2020, section 245.472, subdivision 2, is amended to read:

434.20 Subd. 2. **Specific requirements.** Providers of residential services must be licensed under  
434.21 chapter 245I or applicable rules adopted by the commissioner ~~and must be clinically~~  
434.22 ~~supervised by a mental health professional. Persons employed in facilities licensed under~~  
434.23 ~~Minnesota Rules, parts 9520.0500 to 9520.0670, in the capacity of program director as of~~  
434.24 ~~July 1, 1987, in accordance with Minnesota Rules, parts 9520.0500 to 9520.0670, may be~~  
434.25 ~~allowed to continue providing clinical supervision within a facility, provided they continue~~  
434.26 ~~to be employed as a program director in a facility licensed under Minnesota Rules, parts~~  
434.27 ~~9520.0500 to 9520.0670. Residential services must be provided under treatment supervision.~~

434.28 Sec. 28. Minnesota Statutes 2020, section 245.4863, is amended to read:

434.29 **245.4863 INTEGRATED CO-OCCURRING DISORDER TREATMENT.**

434.30 (a) The commissioner shall require individuals who perform chemical dependency  
434.31 assessments to screen clients for co-occurring mental health disorders, and staff who perform

435.1 mental health diagnostic assessments to screen for co-occurring substance use disorders.  
435.2 Screening tools must be approved by the commissioner. If a client screens positive for a  
435.3 co-occurring mental health or substance use disorder, the individual performing the screening  
435.4 must document what actions will be taken in response to the results and whether further  
435.5 assessments must be performed.

435.6 (b) Notwithstanding paragraph (a), screening is not required when:

435.7 (1) the presence of co-occurring disorders was documented for the client in the past 12  
435.8 months;

435.9 (2) the client is currently receiving co-occurring disorders treatment;

435.10 (3) the client is being referred for co-occurring disorders treatment; or

435.11 (4) a mental health professional, ~~as defined in Minnesota Rules, part 9505.0370, subpart~~  
435.12 ~~18,~~ who is competent to perform diagnostic assessments of co-occurring disorders is  
435.13 performing a diagnostic assessment ~~that meets the requirements in Minnesota Rules, part~~  
435.14 ~~9533.0090, subpart 5,~~ to identify whether the client may have co-occurring mental health  
435.15 and chemical dependency disorders. If an individual is identified to have co-occurring  
435.16 mental health and substance use disorders, the assessing mental health professional must  
435.17 document what actions will be taken to address the client's co-occurring disorders.

435.18 (c) The commissioner shall adopt rules as necessary to implement this section. The  
435.19 commissioner shall ensure that the rules are effective on July 1, 2013, thereby establishing  
435.20 a certification process for integrated dual disorder treatment providers and a system through  
435.21 which individuals receive integrated dual diagnosis treatment if assessed as having both a  
435.22 substance use disorder and either a serious mental illness or emotional disturbance.

435.23 (d) The commissioner shall apply for any federal waivers necessary to secure, to the  
435.24 extent allowed by law, federal financial participation for the provision of integrated dual  
435.25 diagnosis treatment to persons with co-occurring disorders.

435.26 Sec. 29. Minnesota Statutes 2020, section 245.4871, subdivision 9a, is amended to read:

435.27 Subd. 9a. **Crisis ~~assistance~~ planning.** "~~Crisis assistance~~ planning" means ~~assistance to~~  
435.28 ~~the child, the child's family, and all providers of services to the child to: recognize factors~~  
435.29 ~~precipitating a mental health crisis, identify behaviors related to the crisis, and be informed~~  
435.30 ~~of available resources to resolve the crisis. Crisis assistance requires the development of a~~  
435.31 ~~plan which addresses prevention and intervention strategies to be used in a potential crisis.~~  
435.32 ~~Other interventions include: (1) arranging for admission to acute care hospital inpatient~~  
435.33 ~~treatment~~ the development of a written plan to assist a child and the child's family in

436.1 preventing and addressing a potential crisis and is distinct from mobile crisis services as  
436.2 defined in section 256B.0624. The plan must address prevention, deescalation, and  
436.3 intervention strategies to be used in a crisis. The plan identifies factors that might precipitate  
436.4 a crisis, behaviors or symptoms related to the emergence of a crisis, and the resources  
436.5 available to resolve a crisis. The plan must address the following potential needs: (1) acute  
436.6 care; (2) crisis placement; (3) community resources for follow-up; and (4) emotional support  
436.7 to the family during crisis. When appropriate for the child's needs, the plan must include  
436.8 strategies to reduce the child's risk of suicide and self-injurious behavior. Crisis assistance  
436.9 planning does not include services designed to secure the safety of a child who is at risk of  
436.10 abuse or neglect or necessary emergency services.

436.11 Sec. 30. Minnesota Statutes 2020, section 245.4871, subdivision 10, is amended to read:

436.12 Subd. 10. **Day treatment services.** "Day treatment," "day treatment services," or "day  
436.13 treatment program" means a structured program of treatment and care provided to a child  
436.14 in:

436.15 (1) an outpatient hospital accredited by the Joint Commission on Accreditation of Health  
436.16 Organizations and licensed under sections 144.50 to 144.55;

436.17 (2) a community mental health center under section 245.62;

436.18 (3) an entity that is under contract with the county board to operate a program that meets  
436.19 the requirements of section 245.4884, subdivision 2, and Minnesota Rules, parts 9505.0170  
436.20 to 9505.0475; ~~or~~

436.21 (4) an entity that operates a program that meets the requirements of section 245.4884,  
436.22 subdivision 2, and Minnesota Rules, parts 9505.0170 to 9505.0475, that is under contract  
436.23 with an entity that is under contract with a county board; or

436.24 (5) a program certified under section 256B.0943.

436.25 Day treatment consists of group psychotherapy and other intensive therapeutic services  
436.26 that are provided for a minimum two-hour time block by a multidisciplinary staff under the  
436.27 ~~clinical~~ treatment supervision of a mental health professional. Day treatment may include  
436.28 education and consultation provided to families and other individuals as an extension of the  
436.29 treatment process. The services are aimed at stabilizing the child's mental health status, and  
436.30 developing and improving the child's daily independent living and socialization skills. Day  
436.31 treatment services are distinguished from day care by their structured therapeutic program  
436.32 of psychotherapy services. Day treatment services are not a part of inpatient hospital or  
436.33 residential treatment services.

437.1 A day treatment service must be available to a child up to 15 hours a week throughout  
437.2 the year and must be coordinated with, integrated with, or part of an education program  
437.3 offered by the child's school.

437.4 Sec. 31. Minnesota Statutes 2020, section 245.4871, subdivision 11a, is amended to read:

437.5 Subd. 11a. **Diagnostic assessment.** (a) "Diagnostic assessment" has the meaning given  
437.6 in ~~Minnesota Rules, part 9505.0370, subpart 11, and is delivered as provided in Minnesota~~  
437.7 ~~Rules, part 9505.0372, subpart 1, items A, B, C, and E. Diagnostic assessment includes a~~  
437.8 ~~standard, extended, or brief diagnostic assessment, or an adult update~~ section 245I.10,  
437.9 subdivisions 4 to 6.

437.10 ~~(b) A brief diagnostic assessment must include a face-to-face interview with the client~~  
437.11 ~~and a written evaluation of the client by a mental health professional or a clinical trainee,~~  
437.12 ~~as provided in Minnesota Rules, part 9505.0371, subpart 5, item C. The professional or~~  
437.13 ~~clinical trainee must gather initial components of a standard diagnostic assessment, including~~  
437.14 ~~the client's:~~

437.15 ~~(1) age;~~

437.16 ~~(2) description of symptoms, including reason for referral;~~

437.17 ~~(3) history of mental health treatment;~~

437.18 ~~(4) cultural influences and their impact on the client; and~~

437.19 ~~(5) mental status examination.~~

437.20 ~~(c) On the basis of the brief components, the professional or clinical trainee must draw~~  
437.21 ~~a provisional clinical hypothesis. The clinical hypothesis may be used to address the client's~~  
437.22 ~~immediate needs or presenting problem.~~

437.23 ~~(d) Treatment sessions conducted under authorization of a brief assessment may be used~~  
437.24 ~~to gather additional information necessary to complete a standard diagnostic assessment or~~  
437.25 ~~an extended diagnostic assessment.~~

437.26 ~~(e) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item A, subitem (1),~~  
437.27 ~~unit (b), prior to completion of a client's initial diagnostic assessment, a client is eligible~~  
437.28 ~~for psychological testing as part of the diagnostic process.~~

437.29 ~~(f) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item A, subitem (1),~~  
437.30 ~~unit (c), prior to completion of a client's initial diagnostic assessment, but in conjunction~~  
437.31 ~~with the diagnostic assessment process, a client is eligible for up to three individual or family~~

438.1 ~~psychotherapy sessions or family psychoeducation sessions or a combination of the above~~  
438.2 ~~sessions not to exceed three sessions.~~

438.3 Sec. 32. Minnesota Statutes 2020, section 245.4871, subdivision 17, is amended to read:

438.4 Subd. 17. **Family community support services.** "Family community support services"  
438.5 means services provided under the ~~clinical~~ treatment supervision of a mental health  
438.6 professional and designed to help each child with severe emotional disturbance to function  
438.7 and remain with the child's family in the community. Family community support services  
438.8 do not include acute care hospital inpatient treatment, residential treatment services, or  
438.9 regional treatment center services. Family community support services include:

438.10 (1) client outreach to each child with severe emotional disturbance and the child's family;

438.11 (2) medication monitoring where necessary;

438.12 (3) assistance in developing independent living skills;

438.13 (4) assistance in developing parenting skills necessary to address the needs of the child  
438.14 with severe emotional disturbance;

438.15 (5) assistance with leisure and recreational activities;

438.16 (6) crisis ~~assistance~~ planning, including crisis placement and respite care;

438.17 (7) professional home-based family treatment;

438.18 (8) foster care with therapeutic supports;

438.19 (9) day treatment;

438.20 (10) assistance in locating respite care and special needs day care; and

438.21 (11) assistance in obtaining potential financial resources, including those benefits listed  
438.22 in section 245.4884, subdivision 5.

438.23 Sec. 33. Minnesota Statutes 2020, section 245.4871, subdivision 21, is amended to read:

438.24 Subd. 21. **Individual treatment plan.** "Individual treatment plan" means ~~a written plan~~  
438.25 ~~of intervention, treatment, and services for a child with an emotional disturbance that is~~  
438.26 ~~developed by a service provider under the clinical supervision of a mental health professional~~  
438.27 ~~on the basis of a diagnostic assessment. An individual treatment plan for a child must be~~  
438.28 ~~developed in conjunction with the family unless clinically inappropriate. The plan identifies~~  
438.29 ~~goals and objectives of treatment, treatment strategy, a schedule for accomplishing treatment~~  
438.30 ~~goals and objectives, and the individuals responsible for providing treatment to the child~~

439.1 ~~with an emotional disturbance~~ the formulation of planned services that are responsive to  
439.2 the needs and goals of a client. An individual treatment plan must be completed according  
439.3 to section 245I.10, subdivisions 7 and 8.

439.4 Sec. 34. Minnesota Statutes 2020, section 245.4871, subdivision 26, is amended to read:

439.5 Subd. 26. **Mental health practitioner.** "Mental health practitioner" ~~has the meaning~~  
439.6 ~~given in section 245.462, subdivision 17~~ means a staff person who is qualified according  
439.7 to section 245I.04, subdivision 4.

439.8 Sec. 35. Minnesota Statutes 2020, section 245.4871, subdivision 27, is amended to read:

439.9 Subd. 27. **Mental health professional.** "Mental health professional" means a staff person  
439.10 ~~providing clinical services in the diagnosis and treatment of children's emotional disorders.~~  
439.11 ~~A mental health professional must have training and experience in working with children~~  
439.12 ~~consistent with the age group to which the mental health professional is assigned. A mental~~  
439.13 ~~health professional must be qualified in at least one of the following ways:~~ qualified according  
439.14 to section 245I.04, subdivision 2.

439.15 ~~(1) in psychiatric nursing, the mental health professional must be a registered nurse who~~  
439.16 ~~is licensed under sections 148.171 to 148.285 and who is certified as a clinical specialist in~~  
439.17 ~~child and adolescent psychiatric or mental health nursing by a national nurse certification~~  
439.18 ~~organization or who has a master's degree in nursing or one of the behavioral sciences or~~  
439.19 ~~related fields from an accredited college or university or its equivalent, with at least 4,000~~  
439.20 ~~hours of post-master's supervised experience in the delivery of clinical services in the~~  
439.21 ~~treatment of mental illness;~~

439.22 ~~(2) in clinical social work, the mental health professional must be a person licensed as~~  
439.23 ~~an independent clinical social worker under chapter 148D, or a person with a master's degree~~  
439.24 ~~in social work from an accredited college or university, with at least 4,000 hours of~~  
439.25 ~~post-master's supervised experience in the delivery of clinical services in the treatment of~~  
439.26 ~~mental disorders;~~

439.27 ~~(3) in psychology, the mental health professional must be an individual licensed by the~~  
439.28 ~~board of psychology under sections 148.88 to 148.98 who has stated to the board of~~  
439.29 ~~psychology competencies in the diagnosis and treatment of mental disorders;~~

439.30 ~~(4) in psychiatry, the mental health professional must be a physician licensed under~~  
439.31 ~~chapter 147 and certified by the American Board of Psychiatry and Neurology or eligible~~  
439.32 ~~for board certification in psychiatry or an osteopathic physician licensed under chapter 147~~

440.1 ~~and certified by the American Osteopathic Board of Neurology and Psychiatry or eligible~~  
440.2 ~~for board certification in psychiatry;~~

440.3 ~~(5) in marriage and family therapy, the mental health professional must be a marriage~~  
440.4 ~~and family therapist licensed under sections 148B.29 to 148B.39 with at least two years of~~  
440.5 ~~post-master's supervised experience in the delivery of clinical services in the treatment of~~  
440.6 ~~mental disorders or emotional disturbances;~~

440.7 ~~(6) in licensed professional clinical counseling, the mental health professional shall be~~  
440.8 ~~a licensed professional clinical counselor under section 148B.5301 with at least 4,000 hours~~  
440.9 ~~of post-master's supervised experience in the delivery of clinical services in the treatment~~  
440.10 ~~of mental disorders or emotional disturbances; or~~

440.11 ~~(7) in allied fields, the mental health professional must be a person with a master's degree~~  
440.12 ~~from an accredited college or university in one of the behavioral sciences or related fields,~~  
440.13 ~~with at least 4,000 hours of post-master's supervised experience in the delivery of clinical~~  
440.14 ~~services in the treatment of emotional disturbances.~~

440.15 Sec. 36. Minnesota Statutes 2020, section 245.4871, subdivision 29, is amended to read:

440.16 Subd. 29. **Outpatient services.** "Outpatient services" means mental health services,  
440.17 excluding day treatment and community support services programs, provided by or under  
440.18 the ~~clinical~~ treatment supervision of a mental health professional to children with emotional  
440.19 disturbances who live outside a hospital. Outpatient services include clinical activities such  
440.20 as individual, group, and family therapy; individual treatment planning; diagnostic  
440.21 assessments; medication management; and psychological testing.

440.22 Sec. 37. Minnesota Statutes 2020, section 245.4871, subdivision 31, is amended to read:

440.23 Subd. 31. **Professional home-based family treatment.** "Professional home-based family  
440.24 treatment" means intensive mental health services provided to children because of an  
440.25 emotional disturbance (1) who are at risk of out-of-home placement; (2) who are in  
440.26 out-of-home placement; or (3) who are returning from out-of-home placement. Services  
440.27 are provided to the child and the child's family primarily in the child's home environment.  
440.28 Services may also be provided in the child's school, child care setting, or other community  
440.29 setting appropriate to the child. Services must be provided on an individual family basis,  
440.30 must be child-oriented and family-oriented, and must be designed using information from  
440.31 diagnostic and functional assessments to meet the specific mental health needs of the child  
440.32 and the child's family. Examples of services are: (1) individual therapy; (2) family therapy;  
440.33 (3) client outreach; (4) assistance in developing individual living skills; (5) assistance in

441.1 developing parenting skills necessary to address the needs of the child; (6) assistance with  
441.2 leisure and recreational services; (7) ~~crisis assistance~~ planning, including crisis respite care  
441.3 and arranging for crisis placement; and (8) assistance in locating respite and child care.  
441.4 Services must be coordinated with other services provided to the child and family.

441.5 Sec. 38. Minnesota Statutes 2020, section 245.4871, subdivision 32, is amended to read:

441.6 Subd. 32. **Residential treatment.** "Residential treatment" means a 24-hour-a-day program  
441.7 under the ~~clinical~~ treatment supervision of a mental health professional, in a community  
441.8 residential setting other than an acute care hospital or regional treatment center inpatient  
441.9 unit, that must be licensed as a residential treatment program for children with emotional  
441.10 disturbances under Minnesota Rules, parts 2960.0580 to 2960.0700, or other rules adopted  
441.11 by the commissioner.

441.12 Sec. 39. Minnesota Statutes 2020, section 245.4871, subdivision 34, is amended to read:

441.13 Subd. 34. **Therapeutic support of foster care.** "Therapeutic support of foster care"  
441.14 means the mental health training and mental health support services and ~~clinical~~ treatment  
441.15 supervision provided by a mental health professional to foster families caring for children  
441.16 with severe emotional disturbance to provide a therapeutic family environment and support  
441.17 for the child's improved functioning. Therapeutic support of foster care includes services  
441.18 provided under section 256B.0946.

441.19 Sec. 40. Minnesota Statutes 2020, section 245.4871, is amended by adding a subdivision  
441.20 to read:

441.21 Subd. 36. **Treatment supervision.** "Treatment supervision" means the treatment  
441.22 supervision described under section 245I.06.

441.23 Sec. 41. Minnesota Statutes 2020, section 245.4876, subdivision 2, is amended to read:

441.24 Subd. 2. **Diagnostic assessment.** ~~All residential treatment facilities and acute care~~  
441.25 ~~hospital inpatient treatment facilities that provide mental health services for children must~~  
441.26 ~~complete a diagnostic assessment for each of their child clients within five working days~~  
441.27 ~~of admission. Providers of day treatment services for children must complete a diagnostic~~  
441.28 ~~assessment within five days after the child's second visit or 30 days after intake, whichever~~  
441.29 ~~occurs first. In cases where a diagnostic assessment is available and has been completed~~  
441.30 ~~within 180 days preceding admission, only updating is necessary. "Updating" means a~~  
441.31 ~~written summary by a mental health professional of the child's current mental health status~~

442.1 ~~and service needs. If the child's mental health status has changed markedly since the child's~~  
442.2 ~~most recent diagnostic assessment, a new diagnostic assessment is required. Compliance~~  
442.3 ~~with the provisions of this subdivision does not ensure eligibility for medical assistance~~  
442.4 ~~reimbursement under chapter 256B. Providers of services governed by this section shall~~  
442.5 ~~complete a diagnostic assessment according to the standards of section 245I.10, subdivisions~~  
442.6 ~~4 to 6.~~

442.7 Sec. 42. Minnesota Statutes 2020, section 245.4876, subdivision 3, is amended to read:

442.8 Subd. 3. **Individual treatment plans.** ~~All providers of outpatient services, day treatment~~  
442.9 ~~services, professional home-based family treatment, residential treatment, and acute care~~  
442.10 ~~hospital inpatient treatment, and all regional treatment centers that provide mental health~~  
442.11 ~~services for children must develop an individual treatment plan for each child client. The~~  
442.12 ~~individual treatment plan must be based on a diagnostic assessment. To the extent appropriate,~~  
442.13 ~~the child and the child's family shall be involved in all phases of developing and~~  
442.14 ~~implementing the individual treatment plan. Providers of residential treatment, professional~~  
442.15 ~~home-based family treatment, and acute care hospital inpatient treatment, and regional~~  
442.16 ~~treatment centers must develop the individual treatment plan within ten working days of~~  
442.17 ~~client intake or admission and must review the individual treatment plan every 90 days after~~  
442.18 ~~intake, except that the administrative review of the treatment plan of a child placed in a~~  
442.19 ~~residential facility shall be as specified in sections 260C.203 and 260C.212, subdivision 9.~~  
442.20 ~~Providers of day treatment services must develop the individual treatment plan before the~~  
442.21 ~~completion of five working days in which service is provided or within 30 days after the~~  
442.22 ~~diagnostic assessment is completed or obtained, whichever occurs first. Providers of~~  
442.23 ~~outpatient services must develop the individual treatment plan within 30 days after the~~  
442.24 ~~diagnostic assessment is completed or obtained or by the end of the second session of an~~  
442.25 ~~outpatient service, not including the session in which the diagnostic assessment was provided,~~  
442.26 ~~whichever occurs first. Providers of outpatient and day treatment services must review the~~  
442.27 ~~individual treatment plan every 90 days after intake. Providers of services governed by this~~  
442.28 ~~section shall complete an individual treatment plan according to the standards of section~~  
442.29 ~~245I.10, subdivisions 7 and 8.~~

442.30 Sec. 43. Minnesota Statutes 2020, section 245.488, subdivision 1, is amended to read:

442.31 Subdivision 1. **Availability of outpatient services.** (a) County boards must provide or  
442.32 contract for enough outpatient services within the county to meet the needs of each child  
442.33 with emotional disturbance residing in the county and the child's family. Services may be  
442.34 provided directly by the county through county-operated ~~mental health centers or mental~~

443.1 health clinics ~~approved by the commissioner under section 245.69, subdivision 2~~ meeting  
443.2 the standards of chapter 245I; by contract with privately operated ~~mental health centers or~~  
443.3 ~~mental health clinics approved by the commissioner under section 245.69, subdivision 2~~  
443.4 meeting the standards of chapter 245I; by contract with hospital mental health outpatient  
443.5 programs certified by the Joint Commission on Accreditation of Hospital Organizations;  
443.6 or by contract with a ~~licensed~~ mental health professional ~~as defined in section 245.4871,~~  
443.7 ~~subdivision 27, clauses (1) to (6)~~. A child or a child's parent may be required to pay a fee  
443.8 based in accordance with section 245.481. Outpatient services include:

443.9 (1) conducting diagnostic assessments;

443.10 (2) conducting psychological testing;

443.11 (3) developing or modifying individual treatment plans;

443.12 (4) making referrals and recommending placements as appropriate;

443.13 (5) treating the child's mental health needs through therapy; and

443.14 (6) prescribing and managing medication and evaluating the effectiveness of prescribed  
443.15 medication.

443.16 (b) County boards may request a waiver allowing outpatient services to be provided in  
443.17 a nearby trade area if it is determined that the child requires necessary and appropriate  
443.18 services that are only available outside the county.

443.19 (c) Outpatient services offered by the county board to prevent placement must be at the  
443.20 level of treatment appropriate to the child's diagnostic assessment.

443.21 Sec. 44. Minnesota Statutes 2020, section 245.4901, subdivision 2, is amended to read:

443.22 Subd. 2. **Eligible applicants.** An eligible applicant for school-linked mental health grants  
443.23 is an entity that is:

443.24 (1) a mental health clinic certified under ~~Minnesota Rules, parts 9520.0750 to 9520.0870~~  
443.25 section 245I.20;

443.26 (2) a community mental health center under section 256B.0625, subdivision 5;

443.27 (3) an Indian health service facility or a facility owned and operated by a tribe or tribal  
443.28 organization operating under United States Code, title 25, section 5321;

443.29 (4) a provider of children's therapeutic services and supports as defined in section  
443.30 256B.0943; or

444.1 (5) enrolled in medical assistance as a mental health or substance use disorder provider  
444.2 agency and employs at least two full-time equivalent mental health professionals qualified  
444.3 according to section ~~245I.16~~ 245I.04, subdivision 2, or two alcohol and drug counselors  
444.4 licensed or exempt from licensure under chapter 148F who are qualified to provide clinical  
444.5 services to children and families.

444.6 Sec. 45. Minnesota Statutes 2020, section 245.62, subdivision 2, is amended to read:

444.7 Subd. 2. **Definition.** A community mental health center is a private nonprofit corporation  
444.8 or public agency approved under the ~~rules promulgated by the commissioner pursuant to~~  
444.9 ~~subdivision 4~~ standards of section 256B.0625, subdivision 5.

444.10 Sec. 46. Minnesota Statutes 2020, section 245.735, subdivision 3, is amended to read:

444.11 Subd. 3. **Certified community behavioral health clinics.** (a) The commissioner shall  
444.12 establish a state certification process for certified community behavioral health clinics  
444.13 (CCBHCs). Entities that choose to be CCBHCs must:

444.14 (1) comply with the CCBHC criteria published by the United States Department of  
444.15 Health and Human Services;

444.16 (2) employ or contract for clinic staff who have backgrounds in diverse disciplines,  
444.17 including licensed mental health professionals and licensed alcohol and drug counselors,  
444.18 and staff who are culturally and linguistically trained to meet the needs of the population  
444.19 the clinic serves;

444.20 (3) ensure that clinic services are available and accessible to individuals and families of  
444.21 all ages and genders and that crisis management services are available 24 hours per day;

444.22 (4) establish fees for clinic services for individuals who are not enrolled in medical  
444.23 assistance using a sliding fee scale that ensures that services to patients are not denied or  
444.24 limited due to an individual's inability to pay for services;

444.25 (5) comply with quality assurance reporting requirements and other reporting  
444.26 requirements, including any required reporting of encounter data, clinical outcomes data,  
444.27 and quality data;

444.28 (6) provide crisis mental health and substance use services, withdrawal management  
444.29 services, emergency crisis intervention services, and stabilization services; screening,  
444.30 assessment, and diagnosis services, including risk assessments and level of care  
444.31 determinations; person- and family-centered treatment planning; outpatient mental health  
444.32 and substance use services; targeted case management; psychiatric rehabilitation services;

445.1 peer support and counselor services and family support services; and intensive  
445.2 community-based mental health services, including mental health services for members of  
445.3 the armed forces and veterans;

445.4 (7) provide coordination of care across settings and providers to ensure seamless  
445.5 transitions for individuals being served across the full spectrum of health services, including  
445.6 acute, chronic, and behavioral needs. Care coordination may be accomplished through  
445.7 partnerships or formal contracts with:

445.8 (i) counties, health plans, pharmacists, pharmacies, rural health clinics, federally qualified  
445.9 health centers, inpatient psychiatric facilities, substance use and detoxification facilities, or  
445.10 community-based mental health providers; and

445.11 (ii) other community services, supports, and providers, including schools, child welfare  
445.12 agencies, juvenile and criminal justice agencies, Indian health services clinics, tribally  
445.13 licensed health care and mental health facilities, urban Indian health clinics, Department of  
445.14 Veterans Affairs medical centers, outpatient clinics, drop-in centers, acute care hospitals,  
445.15 and hospital outpatient clinics;

445.16 (8) be ~~certified as mental health clinics under section 245.69, subdivision 2~~ meeting the  
445.17 standards of chapter 245I;

445.18 (9) ~~comply with standards relating to mental health services in Minnesota Rules, parts~~  
445.19 ~~9505.0370 to 9505.0372~~ be a co-occurring disorder specialist;

445.20 (10) be licensed to provide substance use disorder treatment under chapter 245G;

445.21 (11) be certified to provide children's therapeutic services and supports under section  
445.22 256B.0943;

445.23 (12) be certified to provide adult rehabilitative mental health services under section  
445.24 256B.0623;

445.25 (13) be enrolled to provide mental health crisis response services under ~~sections~~ section  
445.26 ~~256B.0624 and 256B.0944~~;

445.27 (14) be enrolled to provide mental health targeted case management under section  
445.28 256B.0625, subdivision 20;

445.29 (15) comply with standards relating to mental health case management in Minnesota  
445.30 Rules, parts 9520.0900 to 9520.0926;

445.31 (16) provide services that comply with the evidence-based practices described in  
445.32 paragraph (e); and

446.1 (17) comply with standards relating to peer services under sections 256B.0615,  
446.2 256B.0616, and 245G.07, subdivision 1, paragraph (a), clause (5), as applicable when peer  
446.3 services are provided.

446.4 (b) If an entity is unable to provide one or more of the services listed in paragraph (a),  
446.5 clauses (6) to (17), the commissioner may certify the entity as a CCBHC, if the entity has  
446.6 a current contract with another entity that has the required authority to provide that service  
446.7 and that meets federal CCBHC criteria as a designated collaborating organization, or, to  
446.8 the extent allowed by the federal CCBHC criteria, the commissioner may approve a referral  
446.9 arrangement. The CCBHC must meet federal requirements regarding the type and scope of  
446.10 services to be provided directly by the CCBHC.

446.11 (c) Notwithstanding any other law that requires a county contract or other form of county  
446.12 approval for certain services listed in paragraph (a), clause (6), a clinic that otherwise meets  
446.13 CCBHC requirements may receive the prospective payment under section 256B.0625,  
446.14 subdivision 5m, for those services without a county contract or county approval. As part of  
446.15 the certification process in paragraph (a), the commissioner shall require a letter of support  
446.16 from the CCBHC's host county confirming that the CCBHC and the county or counties it  
446.17 serves have an ongoing relationship to facilitate access and continuity of care, especially  
446.18 for individuals who are uninsured or who may go on and off medical assistance.

446.19 (d) When the standards listed in paragraph (a) or other applicable standards conflict or  
446.20 address similar issues in duplicative or incompatible ways, the commissioner may grant  
446.21 variances to state requirements if the variances do not conflict with federal requirements.  
446.22 If standards overlap, the commissioner may substitute all or a part of a licensure or  
446.23 certification that is substantially the same as another licensure or certification. The  
446.24 commissioner shall consult with stakeholders, as described in subdivision 4, before granting  
446.25 variances under this provision. For the CCBHC that is certified but not approved for  
446.26 prospective payment under section 256B.0625, subdivision 5m, the commissioner may  
446.27 grant a variance under this paragraph if the variance does not increase the state share of  
446.28 costs.

446.29 (e) The commissioner shall issue a list of required evidence-based practices to be  
446.30 delivered by CCBHCs, and may also provide a list of recommended evidence-based practices.  
446.31 The commissioner may update the list to reflect advances in outcomes research and medical  
446.32 services for persons living with mental illnesses or substance use disorders. The commissioner  
446.33 shall take into consideration the adequacy of evidence to support the efficacy of the practice,  
446.34 the quality of workforce available, and the current availability of the practice in the state.

447.1 At least 30 days before issuing the initial list and any revisions, the commissioner shall  
447.2 provide stakeholders with an opportunity to comment.

447.3 (f) The commissioner shall recertify CCBHCs at least every three years. The  
447.4 commissioner shall establish a process for decertification and shall require corrective action,  
447.5 medical assistance repayment, or decertification of a CCBHC that no longer meets the  
447.6 requirements in this section or that fails to meet the standards provided by the commissioner  
447.7 in the application and certification process.

447.8 Sec. 47. Minnesota Statutes 2020, section 245A.04, subdivision 5, is amended to read:

447.9 Subd. 5. **Commissioner's right of access.** (a) When the commissioner is exercising the  
447.10 powers conferred by this chapter, ~~sections 245.69 and~~ section 626.557, and chapter 260E,  
447.11 the commissioner must be given access to:

447.12 (1) the physical plant and grounds where the program is provided;

447.13 (2) documents and records, including records maintained in electronic format;

447.14 (3) persons served by the program; and

447.15 (4) staff and personnel records of current and former staff whenever the program is in  
447.16 operation and the information is relevant to inspections or investigations conducted by the  
447.17 commissioner. Upon request, the license holder must provide the commissioner verification  
447.18 of documentation of staff work experience, training, or educational requirements.

447.19 The commissioner must be given access without prior notice and as often as the  
447.20 commissioner considers necessary if the commissioner is investigating alleged maltreatment,  
447.21 conducting a licensing inspection, or investigating an alleged violation of applicable laws  
447.22 or rules. In conducting inspections, the commissioner may request and shall receive assistance  
447.23 from other state, county, and municipal governmental agencies and departments. The  
447.24 applicant or license holder shall allow the commissioner to photocopy, photograph, and  
447.25 make audio and video tape recordings during the inspection of the program at the  
447.26 commissioner's expense. The commissioner shall obtain a court order or the consent of the  
447.27 subject of the records or the parents or legal guardian of the subject before photocopying  
447.28 hospital medical records.

447.29 (b) Persons served by the program have the right to refuse to consent to be interviewed,  
447.30 photographed, or audio or videotaped. Failure or refusal of an applicant or license holder  
447.31 to fully comply with this subdivision is reasonable cause for the commissioner to deny the  
447.32 application or immediately suspend or revoke the license.

448.1 Sec. 48. Minnesota Statutes 2020, section 245A.10, subdivision 4, is amended to read:

448.2 Subd. 4. **License or certification fee for certain programs.** (a) Child care centers shall  
448.3 pay an annual nonrefundable license fee based on the following schedule:

448.4		Child Care Center
448.5	Licensed Capacity	License Fee
448.6	1 to 24 persons	\$200
448.7	25 to 49 persons	\$300
448.8	50 to 74 persons	\$400
448.9	75 to 99 persons	\$500
448.10	100 to 124 persons	\$600
448.11	125 to 149 persons	\$700
448.12	150 to 174 persons	\$800
448.13	175 to 199 persons	\$900
448.14	200 to 224 persons	\$1,000
448.15	225 or more persons	\$1,100

448.16 (b)(1) A program licensed to provide one or more of the home and community-based  
448.17 services and supports identified under chapter 245D to persons with disabilities or age 65  
448.18 and older, shall pay an annual nonrefundable license fee based on revenues derived from  
448.19 the provision of services that would require licensure under chapter 245D during the calendar  
448.20 year immediately preceding the year in which the license fee is paid, according to the  
448.21 following schedule:

448.22	License Holder Annual Revenue	License Fee
448.23	less than or equal to \$10,000	\$200
448.24	greater than \$10,000 but less than or	
448.25	equal to \$25,000	\$300
448.26	greater than \$25,000 but less than or	
448.27	equal to \$50,000	\$400
448.28	greater than \$50,000 but less than or	
448.29	equal to \$100,000	\$500
448.30	greater than \$100,000 but less than or	
448.31	equal to \$150,000	\$600
448.32	greater than \$150,000 but less than or	
448.33	equal to \$200,000	\$800
448.34	greater than \$200,000 but less than or	
448.35	equal to \$250,000	\$1,000
448.36	greater than \$250,000 but less than or	
448.37	equal to \$300,000	\$1,200
448.38	greater than \$300,000 but less than or	
448.39	equal to \$350,000	\$1,400

449.1	greater than \$350,000 but less than or	
449.2	equal to \$400,000	\$1,600
449.3	greater than \$400,000 but less than or	
449.4	equal to \$450,000	\$1,800
449.5	greater than \$450,000 but less than or	
449.6	equal to \$500,000	\$2,000
449.7	greater than \$500,000 but less than or	
449.8	equal to \$600,000	\$2,250
449.9	greater than \$600,000 but less than or	
449.10	equal to \$700,000	\$2,500
449.11	greater than \$700,000 but less than or	
449.12	equal to \$800,000	\$2,750
449.13	greater than \$800,000 but less than or	
449.14	equal to \$900,000	\$3,000
449.15	greater than \$900,000 but less than or	
449.16	equal to \$1,000,000	\$3,250
449.17	greater than \$1,000,000 but less than or	
449.18	equal to \$1,250,000	\$3,500
449.19	greater than \$1,250,000 but less than or	
449.20	equal to \$1,500,000	\$3,750
449.21	greater than \$1,500,000 but less than or	
449.22	equal to \$1,750,000	\$4,000
449.23	greater than \$1,750,000 but less than or	
449.24	equal to \$2,000,000	\$4,250
449.25	greater than \$2,000,000 but less than or	
449.26	equal to \$2,500,000	\$4,500
449.27	greater than \$2,500,000 but less than or	
449.28	equal to \$3,000,000	\$4,750
449.29	greater than \$3,000,000 but less than or	
449.30	equal to \$3,500,000	\$5,000
449.31	greater than \$3,500,000 but less than or	
449.32	equal to \$4,000,000	\$5,500
449.33	greater than \$4,000,000 but less than or	
449.34	equal to \$4,500,000	\$6,000
449.35	greater than \$4,500,000 but less than or	
449.36	equal to \$5,000,000	\$6,500
449.37	greater than \$5,000,000 but less than or	
449.38	equal to \$7,500,000	\$7,000
449.39	greater than \$7,500,000 but less than or	
449.40	equal to \$10,000,000	\$8,500
449.41	greater than \$10,000,000 but less than or	
449.42	equal to \$12,500,000	\$10,000
449.43	greater than \$12,500,000 but less than or	
449.44	equal to \$15,000,000	\$14,000
449.45	greater than \$15,000,000	\$18,000

450.1 (2) If requested, the license holder shall provide the commissioner information to verify  
 450.2 the license holder's annual revenues or other information as needed, including copies of  
 450.3 documents submitted to the Department of Revenue.

450.4 (3) At each annual renewal, a license holder may elect to pay the highest renewal fee,  
 450.5 and not provide annual revenue information to the commissioner.

450.6 (4) A license holder that knowingly provides the commissioner incorrect revenue amounts  
 450.7 for the purpose of paying a lower license fee shall be subject to a civil penalty in the amount  
 450.8 of double the fee the provider should have paid.

450.9 (5) Notwithstanding clause (1), a license holder providing services under one or more  
 450.10 licenses under chapter 245B that are in effect on May 15, 2013, shall pay an annual license  
 450.11 fee for calendar years 2014, 2015, and 2016, equal to the total license fees paid by the license  
 450.12 holder for all licenses held under chapter 245B for calendar year 2013. For calendar year  
 450.13 2017 and thereafter, the license holder shall pay an annual license fee according to clause  
 450.14 (1).

450.15 (c) A chemical dependency treatment program licensed under chapter 245G, to provide  
 450.16 chemical dependency treatment shall pay an annual nonrefundable license fee based on the  
 450.17 following schedule:

450.18	Licensed Capacity	License Fee
450.19	1 to 24 persons	\$600
450.20	25 to 49 persons	\$800
450.21	50 to 74 persons	\$1,000
450.22	75 to 99 persons	\$1,200
450.23	100 or more persons	\$1,400

450.24 (d) A chemical dependency program licensed under Minnesota Rules, parts 9530.6510  
 450.25 to 9530.6590, to provide detoxification services shall pay an annual nonrefundable license  
 450.26 fee based on the following schedule:

450.27	Licensed Capacity	License Fee
450.28	1 to 24 persons	\$760
450.29	25 to 49 persons	\$960
450.30	50 or more persons	\$1,160

450.31 (e) Except for child foster care, a residential facility licensed under Minnesota Rules,  
 450.32 chapter 2960, to serve children shall pay an annual nonrefundable license fee based on the  
 450.33 following schedule:

	Licensed Capacity	License Fee
451.1		
451.2	1 to 24 persons	\$1,000
451.3	25 to 49 persons	\$1,100
451.4	50 to 74 persons	\$1,200
451.5	75 to 99 persons	\$1,300
451.6	100 or more persons	\$1,400

451.7 (f) A residential facility licensed under section 245I.23 or Minnesota Rules, parts  
 451.8 9520.0500 to 9520.0670, to serve persons with mental illness shall pay an annual  
 451.9 nonrefundable license fee based on the following schedule:

	Licensed Capacity	License Fee
451.10		
451.11	1 to 24 persons	\$2,525
451.12	25 or more persons	\$2,725

451.13 (g) A residential facility licensed under Minnesota Rules, parts 9570.2000 to 9570.3400,  
 451.14 to serve persons with physical disabilities shall pay an annual nonrefundable license fee  
 451.15 based on the following schedule:

	Licensed Capacity	License Fee
451.16		
451.17	1 to 24 persons	\$450
451.18	25 to 49 persons	\$650
451.19	50 to 74 persons	\$850
451.20	75 to 99 persons	\$1,050
451.21	100 or more persons	\$1,250

451.22 (h) A program licensed to provide independent living assistance for youth under section  
 451.23 245A.22 shall pay an annual nonrefundable license fee of \$1,500.

451.24 (i) A private agency licensed to provide foster care and adoption services under Minnesota  
 451.25 Rules, parts 9545.0755 to 9545.0845, shall pay an annual nonrefundable license fee of \$875.

451.26 (j) A program licensed as an adult day care center licensed under Minnesota Rules, parts  
 451.27 9555.9600 to 9555.9730, shall pay an annual nonrefundable license fee based on the  
 451.28 following schedule:

	Licensed Capacity	License Fee
451.29		
451.30	1 to 24 persons	\$500
451.31	25 to 49 persons	\$700
451.32	50 to 74 persons	\$900
451.33	75 to 99 persons	\$1,100
451.34	100 or more persons	\$1,300

452.1 (k) A program licensed to provide treatment services to persons with sexual psychopathic  
452.2 personalities or sexually dangerous persons under Minnesota Rules, parts 9515.3000 to  
452.3 9515.3110, shall pay an annual nonrefundable license fee of \$20,000.

452.4 (l) A ~~mental health center or~~ mental health clinic ~~requesting certification for purposes~~  
452.5 ~~of insurance and subscriber contract reimbursement under Minnesota Rules, parts 9520.0750~~  
452.6 ~~to 9520.0870~~ certified under section 245I.20, shall pay a an annual nonrefundable certification  
452.7 fee of \$1,550 ~~per year~~. If the ~~mental health center or~~ mental health clinic provides services  
452.8 at a primary location with satellite facilities, the satellite facilities shall be certified with the  
452.9 primary location without an additional charge.

452.10 Sec. 49. Minnesota Statutes 2020, section 245A.65, subdivision 2, is amended to read:

452.11 Subd. 2. **Abuse prevention plans.** All license holders shall establish and enforce ongoing  
452.12 written program abuse prevention plans and individual abuse prevention plans as required  
452.13 under section 626.557, subdivision 14.

452.14 (a) The scope of the program abuse prevention plan is limited to the population, physical  
452.15 plant, and environment within the control of the license holder and the location where  
452.16 licensed services are provided. In addition to the requirements in section 626.557, subdivision  
452.17 14, the program abuse prevention plan shall meet the requirements in clauses (1) to (5).

452.18 (1) The assessment of the population shall include an evaluation of the following factors:  
452.19 age, gender, mental functioning, physical and emotional health or behavior of the client;  
452.20 the need for specialized programs of care for clients; the need for training of staff to meet  
452.21 identified individual needs; and the knowledge a license holder may have regarding previous  
452.22 abuse that is relevant to minimizing risk of abuse for clients.

452.23 (2) The assessment of the physical plant where the licensed services are provided shall  
452.24 include an evaluation of the following factors: the condition and design of the building as  
452.25 it relates to the safety of the clients; and the existence of areas in the building which are  
452.26 difficult to supervise.

452.27 (3) The assessment of the environment for each facility and for each site when living  
452.28 arrangements are provided by the agency shall include an evaluation of the following factors:  
452.29 the location of the program in a particular neighborhood or community; the type of grounds  
452.30 and terrain surrounding the building; the type of internal programming; and the program's  
452.31 staffing patterns.

452.32 (4) The license holder shall provide an orientation to the program abuse prevention plan  
452.33 for clients receiving services. If applicable, the client's legal representative must be notified

453.1 of the orientation. The license holder shall provide this orientation for each new person  
453.2 within 24 hours of admission, or for persons who would benefit more from a later orientation,  
453.3 the orientation may take place within 72 hours.

453.4 (5) The license holder's governing body or the governing body's delegated representative  
453.5 shall review the plan at least annually using the assessment factors in the plan and any  
453.6 substantiated maltreatment findings that occurred since the last review. The governing body  
453.7 or the governing body's delegated representative shall revise the plan, if necessary, to reflect  
453.8 the review results.

453.9 (6) A copy of the program abuse prevention plan shall be posted in a prominent location  
453.10 in the program and be available upon request to mandated reporters, persons receiving  
453.11 services, and legal representatives.

453.12 (b) In addition to the requirements in section 626.557, subdivision 14, the individual  
453.13 abuse prevention plan shall meet the requirements in clauses (1) and (2).

453.14 (1) The plan shall include a statement of measures that will be taken to minimize the  
453.15 risk of abuse to the vulnerable adult when the individual assessment required in section  
453.16 626.557, subdivision 14, paragraph (b), indicates the need for measures in addition to the  
453.17 specific measures identified in the program abuse prevention plan. The measures shall  
453.18 include the specific actions the program will take to minimize the risk of abuse within the  
453.19 scope of the licensed services, and will identify referrals made when the vulnerable adult  
453.20 is susceptible to abuse outside the scope or control of the licensed services. When the  
453.21 assessment indicates that the vulnerable adult does not need specific risk reduction measures  
453.22 in addition to those identified in the program abuse prevention plan, the individual abuse  
453.23 prevention plan shall document this determination.

453.24 (2) An individual abuse prevention plan shall be developed for each new person as part  
453.25 of the initial individual program plan or service plan required under the applicable licensing  
453.26 rule or statute. The review and evaluation of the individual abuse prevention plan shall be  
453.27 done as part of the review of the program plan ~~or~~, service plan, or treatment plan. The person  
453.28 receiving services shall participate in the development of the individual abuse prevention  
453.29 plan to the full extent of the person's abilities. If applicable, the person's legal representative  
453.30 shall be given the opportunity to participate with or for the person in the development of  
453.31 the plan. The interdisciplinary team shall document the review of all abuse prevention plans  
453.32 at least annually, using the individual assessment and any reports of abuse relating to the  
453.33 person. The plan shall be revised to reflect the results of this review.

454.1 Sec. 50. Minnesota Statutes 2020, section 245D.02, subdivision 20, is amended to read:

454.2 Subd. 20. **Mental health crisis intervention team.** "Mental health crisis intervention  
454.3 team" means a mental health crisis response provider as identified in section 256B.0624,  
454.4 ~~subdivision 2, paragraph (d), for adults, and in section 256B.0944, subdivision 1, paragraph~~  
454.5 ~~(d), for children.~~

454.6 Sec. 51. Minnesota Statutes 2020, section 254B.05, subdivision 5, is amended to read:

454.7 Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for substance  
454.8 use disorder services and service enhancements funded under this chapter.

454.9 (b) Eligible substance use disorder treatment services include:

454.10 (1) outpatient treatment services that are licensed according to sections 245G.01 to  
454.11 245G.17, or applicable tribal license;

454.12 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),  
454.13 and 245G.05;

454.14 (3) care coordination services provided according to section 245G.07, subdivision 1,  
454.15 paragraph (a), clause (5);

454.16 (4) peer recovery support services provided according to section 245G.07, subdivision  
454.17 2, clause (8);

454.18 (5) on July 1, 2019, or upon federal approval, whichever is later, withdrawal management  
454.19 services provided according to chapter 245F;

454.20 (6) medication-assisted therapy services that are licensed according to sections 245G.01  
454.21 to 245G.17 and 245G.22, or applicable tribal license;

454.22 (7) medication-assisted therapy plus enhanced treatment services that meet the  
454.23 requirements of clause (6) and provide nine hours of clinical services each week;

454.24 (8) high, medium, and low intensity residential treatment services that are licensed  
454.25 according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license which  
454.26 provide, respectively, 30, 15, and five hours of clinical services each week;

454.27 (9) hospital-based treatment services that are licensed according to sections 245G.01 to  
454.28 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to  
454.29 144.56;

454.30 (10) adolescent treatment programs that are licensed as outpatient treatment programs  
454.31 according to sections 245G.01 to 245G.18 or as residential treatment programs according

455.1 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or  
455.2 applicable tribal license;

455.3 (11) high-intensity residential treatment services that are licensed according to sections  
455.4 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide 30 hours of  
455.5 clinical services each week provided by a state-operated vendor or to clients who have been  
455.6 civilly committed to the commissioner, present the most complex and difficult care needs,  
455.7 and are a potential threat to the community; and

455.8 (12) room and board facilities that meet the requirements of subdivision 1a.

455.9 (c) The commissioner shall establish higher rates for programs that meet the requirements  
455.10 of paragraph (b) and one of the following additional requirements:

455.11 (1) programs that serve parents with their children if the program:

455.12 (i) provides on-site child care during the hours of treatment activity that:

455.13 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter  
455.14 9503; or

455.15 (B) meets the licensure exclusion criteria of section 245A.03, subdivision 2, paragraph  
455.16 (a), clause (6), and meets the requirements under section 245G.19, subdivision 4; or

455.17 (ii) arranges for off-site child care during hours of treatment activity at a facility that is  
455.18 licensed under chapter 245A as:

455.19 (A) a child care center under Minnesota Rules, chapter 9503; or

455.20 (B) a family child care home under Minnesota Rules, chapter 9502;

455.21 (2) culturally specific programs as defined in section 254B.01, subdivision 4a, or  
455.22 programs or subprograms serving special populations, if the program or subprogram meets  
455.23 the following requirements:

455.24 (i) is designed to address the unique needs of individuals who share a common language,  
455.25 racial, ethnic, or social background;

455.26 (ii) is governed with significant input from individuals of that specific background; and

455.27 (iii) employs individuals to provide individual or group therapy, at least 50 percent of  
455.28 whom are of that specific background, except when the common social background of the  
455.29 individuals served is a traumatic brain injury or cognitive disability and the program employs  
455.30 treatment staff who have the necessary professional training, as approved by the

456.1 commissioner, to serve clients with the specific disabilities that the program is designed to  
456.2 serve;

456.3 (3) programs that offer medical services delivered by appropriately credentialed health  
456.4 care staff in an amount equal to two hours per client per week if the medical needs of the  
456.5 client and the nature and provision of any medical services provided are documented in the  
456.6 client file; and

456.7 (4) programs that offer services to individuals with co-occurring mental health and  
456.8 chemical dependency problems if:

456.9 (i) the program meets the co-occurring requirements in section 245G.20;

456.10 (ii) 25 percent of the counseling staff are ~~licensed~~ mental health professionals, ~~as defined~~  
456.11 ~~in section 245.462, subdivision 18, clauses (1) to (6)~~ qualified according to section 245I.04,  
456.12 subdivision 2, or are students or licensing candidates under the supervision of a licensed  
456.13 alcohol and drug counselor supervisor and ~~licensed~~ mental health professional, except that  
456.14 no more than 50 percent of the mental health staff may be students or licensing candidates  
456.15 with time documented to be directly related to provisions of co-occurring services;

456.16 (iii) clients scoring positive on a standardized mental health screen receive a mental  
456.17 health diagnostic assessment within ten days of admission;

456.18 (iv) the program has standards for multidisciplinary case review that include a monthly  
456.19 review for each client that, at a minimum, includes a ~~licensed~~ mental health professional  
456.20 and licensed alcohol and drug counselor, and their involvement in the review is documented;

456.21 (v) family education is offered that addresses mental health and substance abuse disorders  
456.22 and the interaction between the two; and

456.23 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder  
456.24 training annually.

456.25 (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program  
456.26 that provides arrangements for off-site child care must maintain current documentation at  
456.27 the chemical dependency facility of the child care provider's current licensure to provide  
456.28 child care services. Programs that provide child care according to paragraph (c), clause (1),  
456.29 must be deemed in compliance with the licensing requirements in section 245G.19.

456.30 (e) Adolescent residential programs that meet the requirements of Minnesota Rules,  
456.31 parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements  
456.32 in paragraph (c), clause (4), items (i) to (iv).

457.1 (f) Subject to federal approval, chemical dependency services that are otherwise covered  
457.2 as direct face-to-face services may be provided via two-way interactive video. The use of  
457.3 two-way interactive video must be medically appropriate to the condition and needs of the  
457.4 person being served. Reimbursement shall be at the same rates and under the same conditions  
457.5 that would otherwise apply to direct face-to-face services. The interactive video equipment  
457.6 and connection must comply with Medicare standards in effect at the time the service is  
457.7 provided.

457.8 (g) For the purpose of reimbursement under this section, substance use disorder treatment  
457.9 services provided in a group setting without a group participant maximum or maximum  
457.10 client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one.  
457.11 At least one of the attending staff must meet the qualifications as established under this  
457.12 chapter for the type of treatment service provided. A recovery peer may not be included as  
457.13 part of the staff ratio.

457.14 Sec. 52. Minnesota Statutes 2020, section 256B.0615, subdivision 1, is amended to read:

457.15 Subdivision 1. **Scope.** Medical assistance covers mental health certified peer specialist  
457.16 services, as established in subdivision 2, subject to federal approval, if provided to recipients  
457.17 who are eligible for services under sections 256B.0622, 256B.0623, and 256B.0624 and  
457.18 are provided by a mental health certified peer specialist who has completed the training  
457.19 under subdivision 5 and is qualified according to section 245I.04, subdivision 10.

457.20 Sec. 53. Minnesota Statutes 2020, section 256B.0615, subdivision 5, is amended to read:

457.21 Subd. 5. **Certified peer specialist training and certification.** The commissioner of  
457.22 human services shall develop a training and certification process for certified peer specialists,  
457.23 ~~who must be at least 21 years of age.~~ The candidates must have had a primary diagnosis of  
457.24 mental illness, be a current or former consumer of mental health services, and must  
457.25 demonstrate leadership and advocacy skills and a strong dedication to recovery. The training  
457.26 curriculum must teach participating consumers specific skills relevant to providing peer  
457.27 support to other consumers. In addition to initial training and certification, the commissioner  
457.28 shall develop ongoing continuing educational workshops on pertinent issues related to peer  
457.29 support counseling.

457.30 Sec. 54. Minnesota Statutes 2020, section 256B.0616, subdivision 1, is amended to read:

457.31 Subdivision 1. **Scope.** Medical assistance covers mental health certified family peer  
457.32 specialists services, as established in subdivision 2, subject to federal approval, if provided

458.1 to recipients who have an emotional disturbance or severe emotional disturbance under  
458.2 chapter 245, and are provided by a mental health certified family peer specialist who has  
458.3 completed the training under subdivision 5 and is qualified according to section 245I.04,  
458.4 subdivision 12. A family peer specialist cannot provide services to the peer specialist's  
458.5 family.

458.6 Sec. 55. Minnesota Statutes 2020, section 256B.0616, subdivision 3, is amended to read:

458.7 Subd. 3. **Eligibility.** Family peer support services may be ~~located in~~ provided to recipients  
458.8 of inpatient hospitalization, partial hospitalization, residential treatment, intensive treatment  
458.9 in foster care, day treatment, children's therapeutic services and supports, or crisis services.

458.10 Sec. 56. Minnesota Statutes 2020, section 256B.0616, subdivision 5, is amended to read:

458.11 Subd. 5. **Certified family peer specialist training and certification.** The commissioner  
458.12 shall develop a training and certification process for certified family peer specialists ~~who~~  
458.13 ~~must be at least 21 years of age.~~ The candidates must have raised or be currently raising a  
458.14 child with a mental illness, have had experience navigating the children's mental health  
458.15 system, and must demonstrate leadership and advocacy skills and a strong dedication to  
458.16 family-driven and family-focused services. The training curriculum must teach participating  
458.17 family peer specialists specific skills relevant to providing peer support to other parents. In  
458.18 addition to initial training and certification, the commissioner shall develop ongoing  
458.19 continuing educational workshops on pertinent issues related to family peer support  
458.20 counseling.

458.21 Sec. 57. Minnesota Statutes 2020, section 256B.0622, subdivision 1, is amended to read:

458.22 Subdivision 1. **Scope.** (a) Subject to federal approval, medical assistance covers medically  
458.23 necessary, assertive community treatment for clients as defined in subdivision 2a and  
458.24 intensive residential treatment services for clients as defined in subdivision 3, when the  
458.25 services are provided by an entity certified under and meeting the standards in this section.

458.26 (b) Subject to federal approval, medical assistance covers medically necessary, intensive  
458.27 residential treatment services when the services are provided by an entity licensed under  
458.28 and meeting the standards in section 245I.23.

458.29 (c) The provider entity must make reasonable and good faith efforts to report individual  
458.30 client outcomes to the commissioner, using instruments and protocols approved by the  
458.31 commissioner.

459.1 Sec. 58. Minnesota Statutes 2020, section 256B.0622, subdivision 2, is amended to read:

459.2 Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the  
459.3 meanings given them.

459.4 (b) "ACT team" means the group of interdisciplinary mental health staff who work as  
459.5 a team to provide assertive community treatment.

459.6 (c) "Assertive community treatment" means intensive nonresidential treatment and  
459.7 rehabilitative mental health services provided according to the assertive community treatment  
459.8 model. Assertive community treatment provides a single, fixed point of responsibility for  
459.9 treatment, rehabilitation, and support needs for clients. Services are offered 24 hours per  
459.10 day, seven days per week, in a community-based setting.

459.11 (d) "Individual treatment plan" means ~~the document that results from a person-centered~~  
459.12 ~~planning process of determining real-life outcomes with clients and developing strategies~~  
459.13 ~~to achieve those outcomes~~ a plan described under section 245I.10, subdivisions 7 and 8.

459.14 (e) ~~"Assertive engagement" means the use of collaborative strategies to engage clients~~  
459.15 ~~to receive services.~~

459.16 (f) ~~"Benefits and finance support" means assisting clients in capably managing financial~~  
459.17 ~~affairs. Services include, but are not limited to, assisting clients in applying for benefits;~~  
459.18 ~~assisting with redetermination of benefits; providing financial crisis management; teaching~~  
459.19 ~~and supporting budgeting skills and asset development; and coordinating with a client's~~  
459.20 ~~representative payee, if applicable.~~

459.21 (g) ~~"Co-occurring disorder treatment" means the treatment of co-occurring mental illness~~  
459.22 ~~and substance use disorders and is characterized by assertive outreach, stage-wise~~  
459.23 ~~comprehensive treatment, treatment goal setting, and flexibility to work within each stage~~  
459.24 ~~of treatment. Services include, but are not limited to, assessing and tracking clients' stages~~  
459.25 ~~of change readiness and treatment; applying the appropriate treatment based on stages of~~  
459.26 ~~change, such as outreach and motivational interviewing techniques to work with clients in~~  
459.27 ~~earlier stages of change readiness and cognitive behavioral approaches and relapse prevention~~  
459.28 ~~to work with clients in later stages of change; and facilitating access to community supports.~~

459.29 (h) (e) "Crisis assessment and intervention" means mental health crisis response services  
459.30 as defined in section 256B.0624, subdivision 2, paragraphs (e) to (e).

459.31 (i) ~~"Employment services" means assisting clients to work at jobs of their choosing.~~  
459.32 ~~Services must follow the principles of the individual placement and support (IPS)~~  
459.33 ~~employment model, including focusing on competitive employment; emphasizing individual~~

460.1 ~~client preferences and strengths; ensuring employment services are integrated with mental~~  
460.2 ~~health services; conducting rapid job searches and systematic job development according~~  
460.3 ~~to client preferences and choices; providing benefits counseling; and offering all services~~  
460.4 ~~in an individualized and time-unlimited manner. Services shall also include educating clients~~  
460.5 ~~about opportunities and benefits of work and school and assisting the client in learning job~~  
460.6 ~~skills, navigating the work place, and managing work relationships.~~

460.7 ~~(j) "Family psychoeducation and support" means services provided to the client's family~~  
460.8 ~~and other natural supports to restore and strengthen the client's unique social and family~~  
460.9 ~~relationships. Services include, but are not limited to, individualized psychoeducation about~~  
460.10 ~~the client's illness and the role of the family and other significant people in the therapeutic~~  
460.11 ~~process; family intervention to restore contact, resolve conflict, and maintain relationships~~  
460.12 ~~with family and other significant people in the client's life; ongoing communication and~~  
460.13 ~~collaboration between the ACT team and the family; introduction and referral to family~~  
460.14 ~~self-help programs and advocacy organizations that promote recovery and family~~  
460.15 ~~engagement, individual supportive counseling, parenting training, and service coordination~~  
460.16 ~~to help clients fulfill parenting responsibilities; coordinating services for the child and~~  
460.17 ~~restoring relationships with children who are not in the client's custody; and coordinating~~  
460.18 ~~with child welfare and family agencies, if applicable. These services must be provided with~~  
460.19 ~~the client's agreement and consent.~~

460.20 ~~(k) "Housing access support" means assisting clients to find, obtain, retain, and move~~  
460.21 ~~to safe and adequate housing of their choice. Housing access support includes, but is not~~  
460.22 ~~limited to, locating housing options with a focus on integrated independent settings; applying~~  
460.23 ~~for housing subsidies, programs, or resources; assisting the client in developing relationships~~  
460.24 ~~with local landlords; providing tenancy support and advocacy for the individual's tenancy~~  
460.25 ~~rights at the client's home; and assisting with relocation.~~

460.26 ~~(f) "Individual treatment team" means a minimum of three members of the ACT team~~  
460.27 ~~who are responsible for consistently carrying out most of a client's assertive community~~  
460.28 ~~treatment services.~~

460.29 ~~(m) "Intensive residential treatment services treatment team" means all staff who provide~~  
460.30 ~~intensive residential treatment services under this section to clients. At a minimum, this~~  
460.31 ~~includes the clinical supervisor; mental health professionals as defined in section 245.462,~~  
460.32 ~~subdivision 18, clauses (1) to (6); mental health practitioners as defined in section 245.462,~~  
460.33 ~~subdivision 17; mental health rehabilitation workers under section 256B.0623, subdivision~~  
460.34 ~~5, paragraph (a), clause (4); and mental health certified peer specialists under section~~  
460.35 ~~256B.0615.~~

461.1 ~~(n) "Intensive residential treatment services" means short-term, time-limited services~~  
461.2 ~~provided in a residential setting to clients who are in need of more restrictive settings and~~  
461.3 ~~are at risk of significant functional deterioration if they do not receive these services. Services~~  
461.4 ~~are designed to develop and enhance psychiatric stability, personal and emotional adjustment,~~  
461.5 ~~self-sufficiency, and skills to live in a more independent setting. Services must be directed~~  
461.6 ~~toward a targeted discharge date with specified client outcomes.~~

461.7 ~~(o) "Medication assistance and support" means assisting clients in accessing medication,~~  
461.8 ~~developing the ability to take medications with greater independence, and providing~~  
461.9 ~~medication setup. This includes the prescription, administration, and order of medication~~  
461.10 ~~by appropriate medical staff.~~

461.11 ~~(p) "Medication education" means educating clients on the role and effects of medications~~  
461.12 ~~in treating symptoms of mental illness and the side effects of medications.~~

461.13 ~~(q) "Overnight staff" means a member of the intensive residential treatment services~~  
461.14 ~~team who is responsible during hours when clients are typically asleep.~~

461.15 ~~(r) "Mental health certified peer specialist services" has the meaning given in section~~  
461.16 ~~256B.0615.~~

461.17 ~~(s) "Physical health services" means any service or treatment to meet the physical health~~  
461.18 ~~needs of the client to support the client's mental health recovery. Services include, but are~~  
461.19 ~~not limited to, education on primary health issues, including wellness education; medication~~  
461.20 ~~administration and monitoring; providing and coordinating medical screening and follow-up;~~  
461.21 ~~scheduling routine and acute medical and dental care visits; tobacco cessation strategies;~~  
461.22 ~~assisting clients in attending appointments; communicating with other providers; and~~  
461.23 ~~integrating all physical and mental health treatment.~~

461.24 ~~(t)(g) "Primary team member" means the person who leads and coordinates the activities~~  
461.25 ~~of the individual treatment team and is the individual treatment team member who has~~  
461.26 ~~primary responsibility for establishing and maintaining a therapeutic relationship with the~~  
461.27 ~~client on a continuing basis.~~

461.28 ~~(u) "Rehabilitative mental health services" means mental health services that are~~  
461.29 ~~rehabilitative and enable the client to develop and enhance psychiatric stability, social~~  
461.30 ~~competencies, personal and emotional adjustment, independent living, parenting skills, and~~  
461.31 ~~community skills, when these abilities are impaired by the symptoms of mental illness.~~

462.1 ~~(v) "Symptom management" means supporting clients in identifying and targeting the~~  
462.2 ~~symptoms and occurrence patterns of their mental illness and developing strategies to reduce~~  
462.3 ~~the impact of those symptoms.~~

462.4 ~~(w) "Therapeutic interventions" means empirically supported techniques to address~~  
462.5 ~~specific symptoms and behaviors such as anxiety, psychotic symptoms, emotional~~  
462.6 ~~dysregulation, and trauma symptoms. Interventions include empirically supported~~  
462.7 ~~psychotherapies including, but not limited to, cognitive behavioral therapy, exposure therapy,~~  
462.8 ~~acceptance and commitment therapy, interpersonal therapy, and motivational interviewing.~~

462.9 ~~(x) "Wellness self-management and prevention" means a combination of approaches to~~  
462.10 ~~working with the client to build and apply skills related to recovery, and to support the client~~  
462.11 ~~in participating in leisure and recreational activities, civic participation, and meaningful~~  
462.12 ~~structure.~~

462.13 (h) "Certified rehabilitation specialist" means a staff person who is qualified according  
462.14 to section 245I.04, subdivision 8.

462.15 (i) "Clinical trainee" means a staff person who is qualified according to section 245I.04,  
462.16 subdivision 6.

462.17 (j) "Mental health certified peer specialist" means a staff person who is qualified  
462.18 according to section 245I.04, subdivision 10.

462.19 (k) "Mental health practitioner" means a staff person who is qualified according to section  
462.20 245I.04, subdivision 4.

462.21 (l) "Mental health professional" means a staff person who is qualified according to  
462.22 section 245I.04, subdivision 2.

462.23 (m) "Mental health rehabilitation worker" means a staff person who is qualified according  
462.24 to section 245I.04, subdivision 14.

462.25 Sec. 59. Minnesota Statutes 2020, section 256B.0622, subdivision 3a, is amended to read:

462.26 Subd. 3a. **Provider certification and contract requirements for assertive community**  
462.27 **treatment.** (a) The assertive community treatment provider must:

462.28 (1) have a contract with the host county to provide assertive community treatment  
462.29 services; and

462.30 (2) have each ACT team be certified by the state following the certification process and  
462.31 procedures developed by the commissioner. The certification process determines whether  
462.32 the ACT team meets the standards for assertive community treatment under this section as

463.1 ~~well as, the standards in chapter 245I as required in section 245I.011, subdivision 5, and~~  
 463.2 minimum program fidelity standards as measured by a nationally recognized fidelity tool  
 463.3 approved by the commissioner. Recertification must occur at least every three years.

463.4 (b) An ACT team certified under this subdivision must meet the following standards:

463.5 (1) have capacity to recruit, hire, manage, and train required ACT team members;

463.6 (2) have adequate administrative ability to ensure availability of services;

463.7 ~~(3) ensure adequate preservice and ongoing training for staff;~~

463.8 ~~(4) ensure that staff is capable of implementing culturally specific services that are~~

463.9 ~~culturally responsive and appropriate as determined by the client's culture, beliefs, values,~~

463.10 ~~and language as identified in the individual treatment plan;~~

463.11 ~~(5)~~ (3) ensure flexibility in service delivery to respond to the changing and intermittent

463.12 care needs of a client as identified by the client and the individual treatment plan;

463.13 ~~(6) develop and maintain client files, individual treatment plans, and contact charting;~~

463.14 ~~(7) develop and maintain staff training and personnel files;~~

463.15 ~~(8) submit information as required by the state;~~

463.16 ~~(9)~~ (4) keep all necessary records required by law;

463.17 ~~(10) comply with all applicable laws;~~

463.18 ~~(11)~~ (5) be an enrolled Medicaid provider; and

463.19 ~~(12)~~ (6) establish and maintain a quality assurance plan to determine specific service

463.20 outcomes and the client's satisfaction with services; and.

463.21 ~~(13) develop and maintain written policies and procedures regarding service provision~~

463.22 ~~and administration of the provider entity.~~

463.23 (c) The commissioner may intervene at any time and decertify an ACT team with cause.

463.24 The commissioner shall establish a process for decertification of an ACT team and shall

463.25 require corrective action, medical assistance repayment, or decertification of an ACT team

463.26 that no longer meets the requirements in this section or that fails to meet the clinical quality

463.27 standards or administrative standards provided by the commissioner in the application and

463.28 certification process. The decertification is subject to appeal to the state.

464.1 Sec. 60. Minnesota Statutes 2020, section 256B.0622, subdivision 4, is amended to read:

464.2 Subd. 4. **Provider entity licensure and contract requirements for intensive residential**  
464.3 **treatment services.** ~~(a) The intensive residential treatment services provider entity must:~~

464.4 ~~(1) be licensed under Minnesota Rules, parts 9520.0500 to 9520.0670;~~

464.5 ~~(2) not exceed 16 beds per site; and~~

464.6 ~~(3) comply with the additional standards in this section.~~

464.7 ~~(b)~~ (a) The commissioner shall develop procedures for counties and providers to submit  
464.8 other documentation as needed to allow the commissioner to determine whether the standards  
464.9 in this section are met.

464.10 ~~(e)~~ (b) A provider entity must specify in the provider entity's application what geographic  
464.11 area and populations will be served by the proposed program. A provider entity must  
464.12 document that the capacity or program specialties of existing programs are not sufficient  
464.13 to meet the service needs of the target population. A provider entity must submit evidence  
464.14 of ongoing relationships with other providers and levels of care to facilitate referrals to and  
464.15 from the proposed program.

464.16 ~~(d)~~ (c) A provider entity must submit documentation that the provider entity requested  
464.17 a statement of need from each county board and tribal authority that serves as a local mental  
464.18 health authority in the proposed service area. The statement of need must specify if the local  
464.19 mental health authority supports or does not support the need for the proposed program and  
464.20 the basis for this determination. If a local mental health authority does not respond within  
464.21 60 days of the receipt of the request, the commissioner shall determine the need for the  
464.22 program based on the documentation submitted by the provider entity.

464.23 Sec. 61. Minnesota Statutes 2020, section 256B.0622, subdivision 7, is amended to read:

464.24 Subd. 7. **Assertive community treatment service standards.** (a) ACT teams must offer  
464.25 and have the capacity to directly provide the following services:

464.26 (1) assertive engagement using collaborative strategies to encourage clients to receive  
464.27 services;

464.28 (2) benefits and finance support that assists clients to capably manage financial affairs.  
464.29 Services include but are not limited to assisting clients in applying for benefits, assisting  
464.30 with redetermination of benefits, providing financial crisis management, teaching and  
464.31 supporting budgeting skills and asset development, and coordinating with a client's  
464.32 representative payee, if applicable;

465.1 (3) co-occurring substance use disorder treatment as defined in section 245I.02,  
465.2 subdivision 11;

465.3 (4) crisis assessment and intervention;

465.4 (5) employment services that assist clients to work at jobs of the clients' choosing.  
465.5 Services must follow the principles of the individual placement and support employment  
465.6 model, including focusing on competitive employment, emphasizing individual client  
465.7 preferences and strengths, ensuring employment services are integrated with mental health  
465.8 services, conducting rapid job searches and systematic job development according to client  
465.9 preferences and choices, providing benefits counseling, and offering all services in an  
465.10 individualized and time-unlimited manner. Services must also include educating clients  
465.11 about opportunities and benefits of work and school and assisting the client in learning job  
465.12 skills, navigating the workplace, workplace accommodations, and managing work  
465.13 relationships;

465.14 (6) family psychoeducation and support provided to the client's family and other natural  
465.15 supports to restore and strengthen the client's unique social and family relationships. Services  
465.16 include but are not limited to individualized psychoeducation about the client's illness and  
465.17 the role of the family and other significant people in the therapeutic process; family  
465.18 intervention to restore contact, resolve conflict, and maintain relationships with family and  
465.19 other significant people in the client's life; ongoing communication and collaboration between  
465.20 the ACT team and the family; introduction and referral to family self-help programs and  
465.21 advocacy organizations that promote recovery and family engagement, individual supportive  
465.22 counseling, parenting training, and service coordination to help clients fulfill parenting  
465.23 responsibilities; coordinating services for the child and restoring relationships with children  
465.24 who are not in the client's custody; and coordinating with child welfare and family agencies,  
465.25 if applicable. These services must be provided with the client's agreement and consent;

465.26 (7) housing access support that assists clients to find, obtain, retain, and move to safe  
465.27 and adequate housing of their choice. Housing access support includes but is not limited to  
465.28 locating housing options with a focus on integrated independent settings; applying for  
465.29 housing subsidies, programs, or resources; assisting the client in developing relationships  
465.30 with local landlords; providing tenancy support and advocacy for the individual's tenancy  
465.31 rights at the client's home; and assisting with relocation;

465.32 (8) medication assistance and support that assists clients in accessing medication,  
465.33 developing the ability to take medications with greater independence, and providing

466.1 medication setup. Medication assistance and support includes assisting the client with the  
466.2 prescription, administration, and ordering of medication by appropriate medical staff;

466.3 (9) medication education that educates clients on the role and effects of medications in  
466.4 treating symptoms of mental illness and the side effects of medications;

466.5 (10) mental health certified peer specialists services according to section 256B.0615;

466.6 (11) physical health services to meet the physical health needs of the client to support  
466.7 the client's mental health recovery. Services include but are not limited to education on  
466.8 primary health and wellness issues, medication administration and monitoring, providing  
466.9 and coordinating medical screening and follow-up, scheduling routine and acute medical  
466.10 and dental care visits, tobacco cessation strategies, assisting clients in attending appointments,  
466.11 communicating with other providers, and integrating all physical and mental health treatment;

466.12 (12) rehabilitative mental health services as defined in section 245I.02, subdivision 33;

466.13 (13) symptom management that supports clients in identifying and targeting the symptoms  
466.14 and occurrence patterns of their mental illness and developing strategies to reduce the impact  
466.15 of those symptoms;

466.16 (14) therapeutic interventions to address specific symptoms and behaviors such as  
466.17 anxiety, psychotic symptoms, emotional dysregulation, and trauma symptoms. Interventions  
466.18 include empirically supported psychotherapies including but not limited to cognitive  
466.19 behavioral therapy, exposure therapy, acceptance and commitment therapy, interpersonal  
466.20 therapy, and motivational interviewing;

466.21 (15) wellness self-management and prevention that includes a combination of approaches  
466.22 to working with the client to build and apply skills related to recovery, and to support the  
466.23 client in participating in leisure and recreational activities, civic participation, and meaningful  
466.24 structure; and

466.25 (16) other services based on client needs as identified in a client's assertive community  
466.26 treatment individual treatment plan.

466.27 (b) ACT teams must ensure the provision of all services necessary to meet a client's  
466.28 needs as identified in the client's individual treatment plan.

466.29 Sec. 62. Minnesota Statutes 2020, section 256B.0622, subdivision 7a, is amended to read:

466.30 Subd. 7a. **Assertive community treatment team staff requirements and roles.** (a)

466.31 The required treatment staff qualifications and roles for an ACT team are:

466.32 (1) the team leader:

467.1 (i) shall be a ~~licensed mental health professional who is qualified under Minnesota Rules,~~  
467.2 ~~part 9505.0371, subpart 5, item A.~~ Individuals who are not licensed but who are eligible  
467.3 for licensure and are otherwise qualified may also fulfill this role but must obtain full  
467.4 licensure within 24 months of assuming the role of team leader;

467.5 (ii) must be an active member of the ACT team and provide some direct services to  
467.6 clients;

467.7 (iii) must be a single full-time staff member, dedicated to the ACT team, who is  
467.8 responsible for overseeing the administrative operations of the team, providing ~~clinical~~  
467.9 ~~oversight~~ treatment supervision of services in conjunction with the psychiatrist or psychiatric  
467.10 care provider, and supervising team members to ensure delivery of best and ethical practices;  
467.11 and

467.12 (iv) must be available to provide overall ~~clinical oversight~~ treatment supervision to the  
467.13 ACT team after regular business hours and on weekends and holidays. The team leader may  
467.14 delegate this duty to another qualified member of the ACT team;

467.15 (2) the psychiatric care provider:

467.16 (i) must be a ~~licensed psychiatrist certified by the American Board of Psychiatry and~~  
467.17 ~~Neurology or eligible for board certification or certified by the American Osteopathic Board~~  
467.18 ~~of Neurology and Psychiatry or eligible for board certification, or a psychiatric nurse who~~  
467.19 ~~is qualified under Minnesota Rules, part 9505.0371, subpart 5, item A~~ mental health  
467.20 professional permitted to prescribe psychiatric medications as part of the mental health  
467.21 professional's scope of practice. The psychiatric care provider must have demonstrated  
467.22 clinical experience working with individuals with serious and persistent mental illness;

467.23 (ii) shall collaborate with the team leader in sharing overall clinical responsibility for  
467.24 screening and admitting clients; monitoring clients' treatment and team member service  
467.25 delivery; educating staff on psychiatric and nonpsychiatric medications, their side effects,  
467.26 and health-related conditions; actively collaborating with nurses; and helping provide ~~clinical~~  
467.27 treatment supervision to the team;

467.28 (iii) shall fulfill the following functions for assertive community treatment clients:  
467.29 provide assessment and treatment of clients' symptoms and response to medications, including  
467.30 side effects; provide brief therapy to clients; provide diagnostic and medication education  
467.31 to clients, with medication decisions based on shared decision making; monitor clients'  
467.32 nonpsychiatric medical conditions and nonpsychiatric medications; and conduct home and  
467.33 community visits;

468.1 (iv) shall serve as the point of contact for psychiatric treatment if a client is hospitalized  
468.2 for mental health treatment and shall communicate directly with the client's inpatient  
468.3 psychiatric care providers to ensure continuity of care;

468.4 (v) shall have a minimum full-time equivalency that is prorated at a rate of 16 hours per  
468.5 50 clients. Part-time psychiatric care providers shall have designated hours to work on the  
468.6 team, with sufficient blocks of time on consistent days to carry out the provider's clinical,  
468.7 supervisory, and administrative responsibilities. No more than two psychiatric care providers  
468.8 may share this role;

468.9 (vi) may not provide specific roles and responsibilities by telemedicine unless approved  
468.10 by the commissioner; and

468.11 (vii) shall provide psychiatric backup to the program after regular business hours and  
468.12 on weekends and holidays. The psychiatric care provider may delegate this duty to another  
468.13 qualified psychiatric provider;

468.14 (3) the nursing staff:

468.15 (i) shall consist of one to three registered nurses or advanced practice registered nurses,  
468.16 of whom at least one has a minimum of one-year experience working with adults with  
468.17 serious mental illness and a working knowledge of psychiatric medications. No more than  
468.18 two individuals can share a full-time equivalent position;

468.19 (ii) are responsible for managing medication, administering and documenting medication  
468.20 treatment, and managing a secure medication room; and

468.21 (iii) shall develop strategies, in collaboration with clients, to maximize taking medications  
468.22 as prescribed; screen and monitor clients' mental and physical health conditions and  
468.23 medication side effects; engage in health promotion, prevention, and education activities;  
468.24 communicate and coordinate services with other medical providers; facilitate the development  
468.25 of the individual treatment plan for clients assigned; and educate the ACT team in monitoring  
468.26 psychiatric and physical health symptoms and medication side effects;

468.27 (4) the co-occurring disorder specialist:

468.28 (i) shall be a full-time equivalent co-occurring disorder specialist who has received  
468.29 specific training on co-occurring disorders that is consistent with national evidence-based  
468.30 practices. The training must include practical knowledge of common substances and how  
468.31 they affect mental illnesses, the ability to assess substance use disorders and the client's  
468.32 stage of treatment, motivational interviewing, and skills necessary to provide counseling to  
468.33 clients at all different stages of change and treatment. The co-occurring disorder specialist

469.1 may also be an individual who is a licensed alcohol and drug counselor as described in  
469.2 section 148F.01, subdivision 5, or a counselor who otherwise meets the training, experience,  
469.3 and other requirements in section 245G.11, subdivision 5. No more than two co-occurring  
469.4 disorder specialists may occupy this role; and

469.5 (ii) shall provide or facilitate the provision of co-occurring disorder treatment to clients.  
469.6 The co-occurring disorder specialist shall serve as a consultant and educator to fellow ACT  
469.7 team members on co-occurring disorders;

469.8 (5) the vocational specialist:

469.9 (i) shall be a full-time vocational specialist who has at least one-year experience providing  
469.10 employment services or advanced education that involved field training in vocational services  
469.11 to individuals with mental illness. An individual who does not meet these qualifications  
469.12 may also serve as the vocational specialist upon completing a training plan approved by the  
469.13 commissioner;

469.14 (ii) shall provide or facilitate the provision of vocational services to clients. The vocational  
469.15 specialist serves as a consultant and educator to fellow ACT team members on these services;  
469.16 and

469.17 (iii) ~~should~~ must not refer individuals to receive any type of vocational services or linkage  
469.18 by providers outside of the ACT team;

469.19 (6) the mental health certified peer specialist:

469.20 (i) shall be a full-time equivalent ~~mental health certified peer specialist as defined in~~  
469.21 ~~section 256B.0615~~. No more than two individuals can share this position. The mental health  
469.22 certified peer specialist is a fully integrated team member who provides highly individualized  
469.23 services in the community and promotes the self-determination and shared decision-making  
469.24 abilities of clients. This requirement may be waived due to workforce shortages upon  
469.25 approval of the commissioner;

469.26 (ii) must provide coaching, mentoring, and consultation to the clients to promote recovery,  
469.27 self-advocacy, and self-direction, promote wellness management strategies, and assist clients  
469.28 in developing advance directives; and

469.29 (iii) must model recovery values, attitudes, beliefs, and personal action to encourage  
469.30 wellness and resilience, provide consultation to team members, promote a culture where  
469.31 the clients' points of view and preferences are recognized, understood, respected, and  
469.32 integrated into treatment, and serve in a manner equivalent to other team members;

470.1 (7) the program administrative assistant shall be a full-time office-based program  
470.2 administrative assistant position assigned to solely work with the ACT team, providing a  
470.3 range of supports to the team, clients, and families; and

470.4 (8) additional staff:

470.5 (i) shall be based on team size. Additional treatment team staff may include licensed  
470.6 mental health professionals as defined in Minnesota Rules, part 9505.0371, subpart 5, item  
470.7 A; clinical trainees; certified rehabilitation specialists; mental health practitioners as defined  
470.8 in section 245.462, subdivision 17; a mental health practitioner working as a clinical trainee  
470.9 according to Minnesota Rules, part 9505.0371, subpart 5, item C; or mental health  
470.10 rehabilitation workers as defined in section 256B.0623, subdivision 5, paragraph (a), clause  
470.11 (4). These individuals shall have the knowledge, skills, and abilities required by the  
470.12 population served to carry out rehabilitation and support functions; and

470.13 (ii) shall be selected based on specific program needs or the population served.

470.14 (b) Each ACT team must clearly document schedules for all ACT team members.

470.15 (c) Each ACT team member must serve as a primary team member for clients assigned  
470.16 by the team leader and are responsible for facilitating the individual treatment plan process  
470.17 for those clients. The primary team member for a client is the responsible team member  
470.18 knowledgeable about the client's life and circumstances and writes the individual treatment  
470.19 plan. The primary team member provides individual supportive therapy or counseling, and  
470.20 provides primary support and education to the client's family and support system.

470.21 (d) Members of the ACT team must have strong clinical skills, professional qualifications,  
470.22 experience, and competency to provide a full breadth of rehabilitation services. Each staff  
470.23 member shall be proficient in their respective discipline and be able to work collaboratively  
470.24 as a member of a multidisciplinary team to deliver the majority of the treatment,  
470.25 rehabilitation, and support services clients require to fully benefit from receiving assertive  
470.26 community treatment.

470.27 (e) Each ACT team member must fulfill training requirements established by the  
470.28 commissioner.

470.29 Sec. 63. Minnesota Statutes 2020, section 256B.0622, subdivision 7b, is amended to read:

470.30 Subd. 7b. **Assertive community treatment program size and opportunities.** (a) Each  
470.31 ACT team shall maintain an annual average caseload that does not exceed 100 clients.  
470.32 Staff-to-client ratios shall be based on team size as follows:

471.1 (1) a small ACT team must:

471.2 (i) employ at least six but no more than seven full-time treatment team staff, excluding  
471.3 the program assistant and the psychiatric care provider;

471.4 (ii) serve an annual average maximum of no more than 50 clients;

471.5 (iii) ensure at least one full-time equivalent position for every eight clients served;

471.6 (iv) schedule ACT team staff for at least eight-hour shift coverage on weekdays and  
471.7 on-call duty to provide crisis services and deliver services after hours when staff are not  
471.8 working;

471.9 (v) provide crisis services during business hours if the small ACT team does not have  
471.10 sufficient staff numbers to operate an after-hours on-call system. During all other hours,  
471.11 the ACT team may arrange for coverage for crisis assessment and intervention services  
471.12 through a reliable crisis-intervention provider as long as there is a mechanism by which the  
471.13 ACT team communicates routinely with the crisis-intervention provider and the on-call  
471.14 ACT team staff are available to see clients face-to-face when necessary or if requested by  
471.15 the crisis-intervention services provider;

471.16 (vi) adjust schedules and provide staff to carry out the needed service activities in the  
471.17 evenings or on weekend days or holidays, when necessary;

471.18 (vii) arrange for and provide psychiatric backup during all hours the psychiatric care  
471.19 provider is not regularly scheduled to work. If availability of the ACT team's psychiatric  
471.20 care provider during all hours is not feasible, alternative psychiatric prescriber backup must  
471.21 be arranged and a mechanism of timely communication and coordination established in  
471.22 writing; and

471.23 (viii) be composed of, at minimum, one full-time team leader, at least 16 hours each  
471.24 week per 50 clients of psychiatric provider time, or equivalent if fewer clients, one full-time  
471.25 equivalent nursing, one full-time ~~substance abuse~~ co-occurring disorder specialist, one  
471.26 full-time equivalent mental health certified peer specialist, one full-time vocational specialist,  
471.27 one full-time program assistant, and at least one additional full-time ACT team member  
471.28 who has mental health professional, certified rehabilitation specialist, clinical trainee, or  
471.29 mental health practitioner status; and

471.30 (2) a midsize ACT team shall:

471.31 (i) be composed of, at minimum, one full-time team leader, at least 16 hours of psychiatry  
471.32 time for 51 clients, with an additional two hours for every six clients added to the team, 1.5  
471.33 to two full-time equivalent nursing staff, one full-time ~~substance abuse~~ co-occurring disorder

472.1 specialist, one full-time equivalent mental health certified peer specialist, one full-time  
472.2 vocational specialist, one full-time program assistant, and at least 1.5 to two additional  
472.3 full-time equivalent ACT members, with at least one dedicated full-time staff member with  
472.4 mental health professional status. Remaining team members may have mental health  
472.5 professional, certified rehabilitation specialist, clinical trainee, or mental health practitioner  
472.6 status;

472.7 (ii) employ seven or more treatment team full-time equivalents, excluding the program  
472.8 assistant and the psychiatric care provider;

472.9 (iii) serve an annual average maximum caseload of 51 to 74 clients;

472.10 (iv) ensure at least one full-time equivalent position for every nine clients served;

472.11 (v) schedule ACT team staff for a minimum of ten-hour shift coverage on weekdays  
472.12 and six- to eight-hour shift coverage on weekends and holidays. In addition to these minimum  
472.13 specifications, staff are regularly scheduled to provide the necessary services on a  
472.14 client-by-client basis in the evenings and on weekends and holidays;

472.15 (vi) schedule ACT team staff on-call duty to provide crisis services and deliver services  
472.16 when staff are not working;

472.17 (vii) have the authority to arrange for coverage for crisis assessment and intervention  
472.18 services through a reliable crisis-intervention provider as long as there is a mechanism by  
472.19 which the ACT team communicates routinely with the crisis-intervention provider and the  
472.20 on-call ACT team staff are available to see clients face-to-face when necessary or if requested  
472.21 by the crisis-intervention services provider; and

472.22 (viii) arrange for and provide psychiatric backup during all hours the psychiatric care  
472.23 provider is not regularly scheduled to work. If availability of the psychiatric care provider  
472.24 during all hours is not feasible, alternative psychiatric prescriber backup must be arranged  
472.25 and a mechanism of timely communication and coordination established in writing;

472.26 (3) a large ACT team must:

472.27 (i) be composed of, at minimum, one full-time team leader, at least 32 hours each week  
472.28 per 100 clients, or equivalent of psychiatry time, three full-time equivalent nursing staff,  
472.29 one full-time ~~substance abuse~~ co-occurring disorder specialist, one full-time equivalent  
472.30 mental health certified peer specialist, one full-time vocational specialist, one full-time  
472.31 program assistant, and at least two additional full-time equivalent ACT team members, with  
472.32 at least one dedicated full-time staff member with mental health professional status.

473.1 Remaining team members may have mental health professional or mental health practitioner  
473.2 status;

473.3 (ii) employ nine or more treatment team full-time equivalents, excluding the program  
473.4 assistant and psychiatric care provider;

473.5 (iii) serve an annual average maximum caseload of 75 to 100 clients;

473.6 (iv) ensure at least one full-time equivalent position for every nine individuals served;

473.7 (v) schedule staff to work two eight-hour shifts, with a minimum of two staff on the  
473.8 second shift providing services at least 12 hours per day weekdays. For weekends and  
473.9 holidays, the team must operate and schedule ACT team staff to work one eight-hour shift,  
473.10 with a minimum of two staff each weekend day and every holiday;

473.11 (vi) schedule ACT team staff on-call duty to provide crisis services and deliver services  
473.12 when staff are not working; and

473.13 (vii) arrange for and provide psychiatric backup during all hours the psychiatric care  
473.14 provider is not regularly scheduled to work. If availability of the ACT team psychiatric care  
473.15 provider during all hours is not feasible, alternative psychiatric backup must be arranged  
473.16 and a mechanism of timely communication and coordination established in writing.

473.17 (b) An ACT team of any size may have a staff-to-client ratio that is lower than the  
473.18 requirements described in paragraph (a) upon approval by the commissioner, but may not  
473.19 exceed a one-to-ten staff-to-client ratio.

473.20 Sec. 64. Minnesota Statutes 2020, section 256B.0622, subdivision 7d, is amended to read:

473.21 Subd. 7d. **Assertive community treatment assessment and individual treatment**  
473.22 **plan.** (a) An initial assessment, ~~including a diagnostic assessment that meets the requirements~~  
473.23 ~~of Minnesota Rules, part 9505.0372, subpart 1, and a 30-day treatment plan~~ shall be  
473.24 completed the day of the client's admission to assertive community treatment by the ACT  
473.25 team leader or the psychiatric care provider, with participation by designated ACT team  
473.26 members and the client. The initial assessment must include obtaining or completing a  
473.27 standard diagnostic assessment according to section 245I.10, subdivision 6, and completing  
473.28 a 30-day individual treatment plan. The team leader, psychiatric care provider, or other  
473.29 mental health professional designated by the team leader or psychiatric care provider, must  
473.30 update the client's diagnostic assessment at least annually.

474.1 (b) ~~An initial~~ A functional assessment must be completed ~~within ten days of intake and~~  
474.2 ~~updated every six months for assertive community treatment, or prior to discharge from the~~  
474.3 ~~service, whichever comes first~~ according to section 245I.10, subdivision 9.

474.4 (c) ~~Within 30 days of the client's assertive community treatment admission, the ACT~~  
474.5 ~~team shall complete an in-depth assessment of the domains listed under section 245.462,~~  
474.6 ~~subdivision 11a.~~

474.7 (d) Each part of the ~~in-depth~~ functional assessment areas shall be completed by each  
474.8 respective team specialist or an ACT team member with skill and knowledge in the area  
474.9 being assessed. ~~The assessments are based upon all available information, including that~~  
474.10 ~~from client interview family and identified natural supports, and written summaries from~~  
474.11 ~~other agencies, including police, courts, county social service agencies, outpatient facilities,~~  
474.12 ~~and inpatient facilities, where applicable.~~

474.13 (e) ~~(c)~~ Between 30 and 45 days after the client's admission to assertive community  
474.14 treatment, the entire ACT team must hold a comprehensive case conference, where all team  
474.15 members, including the psychiatric provider, present information discovered from the  
474.16 completed ~~in-depth~~ assessments and provide treatment recommendations. The conference  
474.17 must serve as the basis for the first ~~six-month~~ individual treatment plan, which must be  
474.18 written by the primary team member.

474.19 (f) ~~(d)~~ The client's psychiatric care provider, primary team member, and individual  
474.20 treatment team members shall assume responsibility for preparing the written narrative of  
474.21 the results from the psychiatric and social functioning history timeline and the comprehensive  
474.22 assessment.

474.23 (g) ~~(e)~~ The primary team member and individual treatment team members shall be  
474.24 assigned by the team leader in collaboration with the psychiatric care provider by the time  
474.25 of the first treatment planning meeting or 30 days after admission, whichever occurs first.

474.26 (h) ~~(f)~~ Individual treatment plans must be developed through the following treatment  
474.27 planning process:

474.28 (1) The individual treatment plan shall be developed in collaboration with the client and  
474.29 the client's preferred natural supports, and guardian, if applicable and appropriate. The ACT  
474.30 team shall evaluate, together with each client, the client's needs, strengths, and preferences  
474.31 and develop the individual treatment plan collaboratively. The ACT team shall make every  
474.32 effort to ensure that the client and the client's family and natural supports, with the client's  
474.33 consent, are in attendance at the treatment planning meeting, are involved in ongoing

475.1 meetings related to treatment, and have the necessary supports to fully participate. The  
475.2 client's participation in the development of the individual treatment plan shall be documented.

475.3 (2) The client and the ACT team shall work together to formulate and prioritize the  
475.4 issues, set goals, research approaches and interventions, and establish the plan. The plan is  
475.5 individually tailored so that the treatment, rehabilitation, and support approaches and  
475.6 interventions achieve optimum symptom reduction, help fulfill the personal needs and  
475.7 aspirations of the client, take into account the cultural beliefs and realities of the individual,  
475.8 and improve all the aspects of psychosocial functioning that are important to the client. The  
475.9 process supports strengths, rehabilitation, and recovery.

475.10 (3) Each client's individual treatment plan shall identify service needs, strengths and  
475.11 capacities, and barriers, and set specific and measurable short- and long-term goals for each  
475.12 service need. The individual treatment plan must clearly specify the approaches and  
475.13 interventions necessary for the client to achieve the individual goals, when the interventions  
475.14 shall happen, and identify which ACT team member shall carry out the approaches and  
475.15 interventions.

475.16 (4) The primary team member and the individual treatment team, together with the client  
475.17 and the client's family and natural supports with the client's consent, are responsible for  
475.18 reviewing and rewriting the treatment goals and individual treatment plan whenever there  
475.19 is a major decision point in the client's course of treatment or at least every six months.

475.20 (5) The primary team member shall prepare a summary that thoroughly describes in  
475.21 writing the client's and the individual treatment team's evaluation of the client's progress  
475.22 and goal attainment, the effectiveness of the interventions, and the satisfaction with services  
475.23 since the last individual treatment plan. The client's most recent diagnostic assessment must  
475.24 be included with the treatment plan summary.

475.25 (6) The individual treatment plan and review must be ~~signed~~ approved or acknowledged  
475.26 by the client, the primary team member, the team leader, the psychiatric care provider, and  
475.27 all individual treatment team members. A copy of the ~~signed~~ approved individual treatment  
475.28 plan ~~is~~ must be made available to the client.

475.29 Sec. 65. Minnesota Statutes 2020, section 256B.0623, subdivision 1, is amended to read:

475.30 Subdivision 1. **Scope.** Subject to federal approval, medical assistance covers medically  
475.31 necessary adult rehabilitative mental health services as defined in subdivision 2, subject to  
475.32 federal approval, if provided to recipients as defined in subdivision 3 and provided by a  
475.33 qualified provider entity meeting the standards in this section and by a qualified individual

476.1 ~~provider working within the provider's scope of practice and identified in the recipient's~~  
476.2 ~~individual treatment plan as defined in section 245.462, subdivision 14, and if determined~~  
476.3 ~~to be medically necessary according to section 62Q.53~~ when the services are provided by  
476.4 an entity meeting the standards in this section. The provider entity must make reasonable  
476.5 and good faith efforts to report individual client outcomes to the commissioner, using  
476.6 instruments and protocols approved by the commissioner.

476.7 Sec. 66. Minnesota Statutes 2020, section 256B.0623, subdivision 2, is amended to read:

476.8 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings  
476.9 given them.

476.10 (a) "Adult rehabilitative mental health services" means ~~mental health services which are~~  
476.11 ~~rehabilitative and enable the recipient to develop and enhance psychiatric stability, social~~  
476.12 ~~competencies, personal and emotional adjustment, independent living, parenting skills, and~~  
476.13 ~~community skills, when these abilities are impaired by the symptoms of mental illness.~~  
476.14 ~~Adult rehabilitative mental health services are also appropriate when provided to enable a~~  
476.15 ~~recipient to retain stability and functioning, if the recipient would be at risk of significant~~  
476.16 ~~functional decompensation or more restrictive service settings without these services~~ the  
476.17 services described in section 245I.02, subdivision 33.

476.18 ~~(1) Adult rehabilitative mental health services instruct, assist, and support the recipient~~  
476.19 ~~in areas such as: interpersonal communication skills, community resource utilization and~~  
476.20 ~~integration skills, crisis assistance, relapse prevention skills, health care directives, budgeting~~  
476.21 ~~and shopping skills, healthy lifestyle skills and practices, cooking and nutrition skills,~~  
476.22 ~~transportation skills, medication education and monitoring, mental illness symptom~~  
476.23 ~~management skills, household management skills, employment-related skills, parenting~~  
476.24 ~~skills, and transition to community living services.~~

476.25 ~~(2) These services shall be provided to the recipient on a one-to-one basis in the recipient's~~  
476.26 ~~home or another community setting or in groups.~~

476.27 (b) "Medication education services" means services provided individually or in groups  
476.28 which focus on educating the recipient about mental illness and symptoms; the role and  
476.29 effects of medications in treating symptoms of mental illness; and the side effects of  
476.30 medications. Medication education is coordinated with medication management services  
476.31 and does not duplicate it. Medication education services are provided by physicians, advanced  
476.32 practice registered nurses, pharmacists, physician assistants, or registered nurses.

477.1 (c) "Transition to community living services" means services which maintain continuity  
477.2 of contact between the rehabilitation services provider and the recipient and which facilitate  
477.3 discharge from a hospital, residential treatment program ~~under Minnesota Rules, chapter~~  
477.4 ~~9505~~, board and lodging facility, or nursing home. Transition to community living services  
477.5 are not intended to provide other areas of adult rehabilitative mental health services.

477.6 Sec. 67. Minnesota Statutes 2020, section 256B.0623, subdivision 3, is amended to read:

477.7 Subd. 3. **Eligibility.** An eligible recipient is an individual who:

477.8 (1) is age 18 or older;

477.9 (2) is diagnosed with a medical condition, such as mental illness or traumatic brain  
477.10 injury, for which adult rehabilitative mental health services are needed;

477.11 (3) has substantial disability and functional impairment in three or more of the areas  
477.12 listed in section ~~245.462, subdivision 11a~~ 245I.10, subdivision 9, clause (4), so that  
477.13 self-sufficiency is markedly reduced; and

477.14 (4) has had a recent standard diagnostic assessment ~~or an adult diagnostic assessment~~  
477.15 ~~update~~ by a qualified professional that documents adult rehabilitative mental health services  
477.16 are medically necessary to address identified disability and functional impairments and  
477.17 individual recipient goals.

477.18 Sec. 68. Minnesota Statutes 2020, section 256B.0623, subdivision 4, is amended to read:

477.19 Subd. 4. **Provider entity standards.** (a) The provider entity must be certified by the  
477.20 state following the certification process and procedures developed by the commissioner.

477.21 (b) The certification process is a determination as to whether the entity meets the standards  
477.22 in this ~~subdivision~~ section and chapter 245I, as required in section 245I.011, subdivision 5.  
477.23 The certification must specify which adult rehabilitative mental health services the entity  
477.24 is qualified to provide.

477.25 (c) A noncounty provider entity must obtain additional certification from each county  
477.26 in which it will provide services. The additional certification must be based on the adequacy  
477.27 of the entity's knowledge of that county's local health and human service system, and the  
477.28 ability of the entity to coordinate its services with the other services available in that county.  
477.29 A county-operated entity must obtain this additional certification from any other county in  
477.30 which it will provide services.

477.31 (d) State-level recertification must occur at least every three years.

478.1 (e) The commissioner may intervene at any time and decertify providers with cause.  
478.2 The decertification is subject to appeal to the state. A county board may recommend that  
478.3 the state decertify a provider for cause.

478.4 (f) The adult rehabilitative mental health services provider entity must meet the following  
478.5 standards:

478.6 (1) have capacity to recruit, hire, manage, and train ~~mental health professionals, mental~~  
478.7 ~~health practitioners, and mental health rehabilitation workers~~ qualified staff;

478.8 (2) have adequate administrative ability to ensure availability of services;

478.9 ~~(3) ensure adequate preservice and inservice and ongoing training for staff;~~

478.10 ~~(4)~~ (3) ensure that ~~mental health professionals, mental health practitioners, and mental~~  
478.11 ~~health rehabilitation workers~~ staff are skilled in the delivery of the specific adult rehabilitative  
478.12 mental health services provided to the individual eligible recipient;

478.13 ~~(5) ensure that staff is capable of implementing culturally specific services that are~~  
478.14 ~~culturally competent and appropriate as determined by the recipient's culture, beliefs, values,~~  
478.15 ~~and language as identified in the individual treatment plan;~~

478.16 ~~(6)~~ (4) ensure enough flexibility in service delivery to respond to the changing and  
478.17 intermittent care needs of a recipient as identified by the recipient and the individual treatment  
478.18 plan;

478.19 ~~(7) ensure that the mental health professional or mental health practitioner, who is under~~  
478.20 ~~the clinical supervision of a mental health professional, involved in a recipient's services~~  
478.21 ~~participates in the development of the individual treatment plan;~~

478.22 ~~(8)~~ (5) assist the recipient in arranging needed crisis assessment, intervention, and  
478.23 stabilization services;

478.24 ~~(9)~~ (6) ensure that services are coordinated with other recipient mental health services  
478.25 providers and the county mental health authority and the federally recognized American  
478.26 Indian authority and necessary others after obtaining the consent of the recipient. Services  
478.27 must also be coordinated with the recipient's case manager or care coordinator if the recipient  
478.28 is receiving case management or care coordination services;

478.29 ~~(10) develop and maintain recipient files, individual treatment plans, and contact charting;~~

478.30 ~~(11) develop and maintain staff training and personnel files;~~

478.31 ~~(12) submit information as required by the state;~~

479.1 ~~(13) establish and maintain a quality assurance plan to evaluate the outcome of services~~  
479.2 ~~provided;~~

479.3 ~~(14)~~ (7) keep all necessary records required by law;

479.4 ~~(15)~~ (8) deliver services as required by section 245.461;

479.5 ~~(16) comply with all applicable laws;~~

479.6 ~~(17)~~ (9) be an enrolled Medicaid provider; and

479.7 ~~(18)~~ (10) maintain a quality assurance plan to determine specific service outcomes and  
479.8 the recipient's satisfaction with services; and.

479.9 ~~(19) develop and maintain written policies and procedures regarding service provision~~  
479.10 ~~and administration of the provider entity.~~

479.11 Sec. 69. Minnesota Statutes 2020, section 256B.0623, subdivision 5, is amended to read:

479.12 Subd. 5. **Qualifications of provider staff.** ~~(a)~~ Adult rehabilitative mental health services  
479.13 must be provided by qualified individual provider staff of a certified provider entity.

479.14 Individual provider staff must be qualified ~~under one of the following criteria~~ as:

479.15 ~~(1) a mental health professional as defined in section 245.462, subdivision 18, clauses~~  
479.16 ~~(1) to (6). If the recipient has a current diagnostic assessment by a licensed mental health~~  
479.17 ~~professional as defined in section 245.462, subdivision 18, clauses (1) to (6), recommending~~  
479.18 ~~receipt of adult mental health rehabilitative services, the definition of mental health~~  
479.19 ~~professional for purposes of this section includes a person who is qualified under section~~  
479.20 ~~245.462, subdivision 18, clause (7), and who holds a current and valid national certification~~  
479.21 ~~as a certified rehabilitation counselor or certified psychosocial rehabilitation practitioner~~  
479.22 qualified according to section 245I.04, subdivision 2;

479.23 ~~(2) a certified rehabilitation specialist qualified according to section 245I.04, subdivision~~  
479.24 8;

479.25 ~~(3) a clinical trainee qualified according to section 245I.04, subdivision 6;~~

479.26 ~~(4) a mental health practitioner as defined in section 245.462, subdivision 17. The mental~~  
479.27 ~~health practitioner must work under the clinical supervision of a mental health professional~~  
479.28 qualified according to section 245I.04, subdivision 4;

479.29 ~~(3)~~ (5) a mental health certified peer specialist ~~under section 256B.0615. The certified~~  
479.30 ~~peer specialist must work under the clinical supervision of a mental health professional~~  
479.31 qualified according to section 245I.04, subdivision 10; or

480.1 ~~(4) (6)~~ a mental health rehabilitation worker qualified according to section 245I.04,  
480.2 subdivision 14. ~~A mental health rehabilitation worker means a staff person working under~~  
480.3 ~~the direction of a mental health practitioner or mental health professional and under the~~  
480.4 ~~clinical supervision of a mental health professional in the implementation of rehabilitative~~  
480.5 ~~mental health services as identified in the recipient's individual treatment plan who:~~

480.6 (i) ~~is at least 21 years of age;~~

480.7 (ii) ~~has a high school diploma or equivalent;~~

480.8 (iii) ~~has successfully completed 30 hours of training during the two years immediately~~  
480.9 ~~prior to the date of hire, or before provision of direct services, in all of the following areas:~~  
480.10 ~~recovery from mental illness, mental health de-escalation techniques, recipient rights,~~  
480.11 ~~recipient-centered individual treatment planning, behavioral terminology, mental illness,~~  
480.12 ~~co-occurring mental illness and substance abuse, psychotropic medications and side effects,~~  
480.13 ~~functional assessment, local community resources, adult vulnerability, recipient~~  
480.14 ~~confidentiality; and~~

480.15 (iv) ~~meets the qualifications in paragraph (b).~~

480.16 (b) ~~In addition to the requirements in paragraph (a), a mental health rehabilitation worker~~  
480.17 ~~must also meet the qualifications in clause (1), (2), or (3):~~

480.18 (1) ~~has an associates of arts degree, two years of full-time postsecondary education, or~~  
480.19 ~~a total of 15 semester hours or 23 quarter hours in behavioral sciences or related fields; is~~  
480.20 ~~a registered nurse; or within the previous ten years has:~~

480.21 (i) ~~three years of personal life experience with serious mental illness;~~

480.22 (ii) ~~three years of life experience as a primary caregiver to an adult with a serious mental~~  
480.23 ~~illness, traumatic brain injury, substance use disorder, or developmental disability; or~~

480.24 (iii) ~~2,000 hours of supervised work experience in the delivery of mental health services~~  
480.25 ~~to adults with a serious mental illness, traumatic brain injury, substance use disorder, or~~  
480.26 ~~developmental disability;~~

480.27 (2)(i) ~~is fluent in the non-English language or competent in the culture of the ethnic~~  
480.28 ~~group to which at least 20 percent of the mental health rehabilitation worker's clients belong;~~

480.29 (ii) ~~receives during the first 2,000 hours of work, monthly documented individual clinical~~  
480.30 ~~supervision by a mental health professional;~~

481.1 ~~(iii) has 18 hours of documented field supervision by a mental health professional or~~  
481.2 ~~mental health practitioner during the first 160 hours of contact work with recipients, and at~~  
481.3 ~~least six hours of field supervision quarterly during the following year;~~

481.4 ~~(iv) has review and cosignature of charting of recipient contacts during field supervision~~  
481.5 ~~by a mental health professional or mental health practitioner; and~~

481.6 ~~(v) has 15 hours of additional continuing education on mental health topics during the~~  
481.7 ~~first year of employment and 15 hours during every additional year of employment; or~~

481.8 ~~(3) for providers of crisis residential services, intensive residential treatment services,~~  
481.9 ~~partial hospitalization, and day treatment services:~~

481.10 ~~(i) satisfies clause (2), items (ii) to (iv); and~~

481.11 ~~(ii) has 40 hours of additional continuing education on mental health topics during the~~  
481.12 ~~first year of employment.~~

481.13 ~~(c) A mental health rehabilitation worker who solely acts and is scheduled as overnight~~  
481.14 ~~staff is not required to comply with paragraph (a), clause (4), item (iv).~~

481.15 ~~(d) For purposes of this subdivision, "behavioral sciences or related fields" means an~~  
481.16 ~~education from an accredited college or university and includes but is not limited to social~~  
481.17 ~~work, psychology, sociology, community counseling, family social science, child~~  
481.18 ~~development, child psychology, community mental health, addiction counseling, counseling~~  
481.19 ~~and guidance, special education, and other fields as approved by the commissioner.~~

481.20 Sec. 70. Minnesota Statutes 2020, section 256B.0623, subdivision 6, is amended to read:

481.21 **Subd. 6. Required training and supervision.** ~~(a) Mental health rehabilitation workers~~  
481.22 ~~must receive ongoing continuing education training of at least 30 hours every two years in~~  
481.23 ~~areas of mental illness and mental health services and other areas specific to the population~~  
481.24 ~~being served. Mental health rehabilitation workers must also be subject to the ongoing~~  
481.25 ~~direction and clinical supervision standards in paragraphs (c) and (d).~~

481.26 ~~(b) Mental health practitioners must receive ongoing continuing education training as~~  
481.27 ~~required by their professional license; or if the practitioner is not licensed, the practitioner~~  
481.28 ~~must receive ongoing continuing education training of at least 30 hours every two years in~~  
481.29 ~~areas of mental illness and mental health services. Mental health practitioners must meet~~  
481.30 ~~the ongoing clinical supervision standards in paragraph (c).~~

481.31 ~~(c) Clinical supervision may be provided by a full- or part-time qualified professional~~  
481.32 ~~employed by or under contract with the provider entity. Clinical supervision may be provided~~

- 482.1 ~~by interactive videoconferencing according to procedures developed by the commissioner.~~  
482.2 ~~A mental health professional providing clinical supervision of staff delivering adult~~  
482.3 ~~rehabilitative mental health services must provide the following guidancee:~~
- 482.4 ~~(1) review the information in the recipient's file;~~  
482.5 ~~(2) review and approve initial and updates of individual treatment plans;~~
- 482.6 ~~(a) A treatment supervisor providing treatment supervision required under section 245I.06~~  
482.7 ~~must:~~
- 482.8 ~~(3) (1) meet with mental health rehabilitation workers and practitioners, individually or~~  
482.9 ~~in small groups, staff receiving treatment supervision at least monthly to discuss treatment~~  
482.10 ~~topics of interest to the workers and practitioners;~~
- 482.11 ~~(4) meet with mental health rehabilitation workers and practitioners, individually or in~~  
482.12 ~~small groups, at least monthly to discuss and treatment plans of recipients, and approve by~~  
482.13 ~~signature and document in the recipient's file any resulting plan updates; and~~
- 482.14 ~~(5) (2) meet at least monthly with the directing clinical trainee or mental health~~  
482.15 ~~practitioner, if there is one, to review needs of the adult rehabilitative mental health services~~  
482.16 ~~program, review staff on-site observations and evaluate mental health rehabilitation workers,~~  
482.17 ~~plan staff training, review program evaluation and development, and consult with the~~  
482.18 ~~directing clinical trainee or mental health practitioner; and.~~
- 482.19 ~~(6) be available for urgent consultation as the individual recipient needs or the situation~~  
482.20 ~~necessitates.~~
- 482.21 ~~(d) (b) An adult rehabilitative mental health services provider entity must have a treatment~~  
482.22 ~~director who is a mental health practitioner or mental health professional clinical trainee,~~  
482.23 ~~certified rehabilitation specialist, or mental health practitioner. The treatment director must~~  
482.24 ~~ensure the following:~~
- 482.25 ~~(1) while delivering direct services to recipients, a newly hired mental health rehabilitation~~  
482.26 ~~worker must be directly observed delivering services to recipients by a mental health~~  
482.27 ~~practitioner or mental health professional for at least six hours per 40 hours worked during~~  
482.28 ~~the first 160 hours that the mental health rehabilitation worker works ensure the direct~~  
482.29 ~~observation of mental health rehabilitation workers required under section 245I.06,~~  
482.30 ~~subdivision 3, is provided;~~
- 482.31 ~~(2) the mental health rehabilitation worker must receive ongoing on-site direct service~~  
482.32 ~~observation by a mental health professional or mental health practitioner for at least six~~  
482.33 ~~hours for every six months of employment;~~

483.1 ~~(3) progress notes are reviewed from on-site service observation prepared by the mental~~  
 483.2 ~~health rehabilitation worker and mental health practitioner for accuracy and consistency~~  
 483.3 ~~with actual recipient contact and the individual treatment plan and goals;~~

483.4 ~~(4) (2) ensure~~ immediate availability by phone or in person for consultation by a mental  
 483.5 health professional, certified rehabilitation specialist, clinical trainee, or a mental health  
 483.6 practitioner to the mental health rehabilitation services worker during service provision;

483.7 ~~(5) oversee the identification of changes in individual recipient treatment strategies,~~  
 483.8 ~~revise the plan, and communicate treatment instructions and methodologies as appropriate~~  
 483.9 ~~to ensure that treatment is implemented correctly;~~

483.10 ~~(6) (3) model~~ service practices which: respect the recipient, include the recipient in  
 483.11 planning and implementation of the individual treatment plan, recognize the recipient's  
 483.12 strengths, collaborate and coordinate with other involved parties and providers;

483.13 ~~(7) (4) ensure~~ that clinical trainees, mental health practitioners, and mental health  
 483.14 rehabilitation workers are able to effectively communicate with the recipients, significant  
 483.15 others, and providers; and

483.16 ~~(8) (5) oversee~~ the record of the results of ~~on-site~~ direct observation and charting, progress  
 483.17 note evaluation, and corrective actions taken to modify the work of the clinical trainees,  
 483.18 mental health practitioners, and mental health rehabilitation workers.

483.19 ~~(e) (c) A~~ clinical trainee or mental health practitioner who is providing treatment direction  
 483.20 for a provider entity must receive treatment supervision at least monthly ~~from a mental~~  
 483.21 ~~health professional~~ to:

483.22 (1) identify and plan for general needs of the recipient population served;

483.23 (2) identify and plan to address provider entity program needs and effectiveness;

483.24 (3) identify and plan provider entity staff training and personnel needs and issues; and

483.25 (4) plan, implement, and evaluate provider entity quality improvement programs.

483.26 Sec. 71. Minnesota Statutes 2020, section 256B.0623, subdivision 9, is amended to read:

483.27 Subd. 9. **Functional assessment.** (a) Providers of adult rehabilitative mental health  
 483.28 services must complete a written functional assessment ~~as defined in section 245.462,~~  
 483.29 ~~subdivision 11a~~ according to section 245I.10, subdivision 9, for each recipient. ~~The functional~~  
 483.30 ~~assessment must be completed within 30 days of intake, and reviewed and updated at least~~  
 483.31 ~~every six months after it is developed, unless there is a significant change in the functioning~~  
 483.32 ~~of the recipient. If there is a significant change in functioning, the assessment must be~~

484.1 ~~updated. A single functional assessment can meet case management and adult rehabilitative~~  
484.2 ~~mental health services requirements if agreed to by the recipient. Unless the recipient refuses,~~  
484.3 ~~the recipient must have significant participation in the development of the functional~~  
484.4 ~~assessment.~~

484.5 (b) When a provider of adult rehabilitative mental health services completes a written  
484.6 functional assessment, the provider must also complete a level of care assessment as defined  
484.7 in section 245I.02, subdivision 19, for the recipient.

484.8 Sec. 72. Minnesota Statutes 2020, section 256B.0623, subdivision 12, is amended to read:

484.9 Subd. 12. **Additional requirements.** (a) Providers of adult rehabilitative mental health  
484.10 services must comply with the requirements relating to referrals for case management in  
484.11 section 245.467, subdivision 4.

484.12 (b) Adult rehabilitative mental health services are provided for most recipients in the  
484.13 recipient's home and community. Services may also be provided at the home of a relative  
484.14 or significant other, job site, psychosocial clubhouse, drop-in center, social setting, classroom,  
484.15 or other places in the community. Except for "transition to community services," the place  
484.16 of service does not include a regional treatment center, nursing home, residential treatment  
484.17 facility licensed under Minnesota Rules, parts 9520.0500 to 9520.0670 (Rule 36), or section  
484.18 245I.23, or an acute care hospital.

484.19 (c) Adult rehabilitative mental health services may be provided in group settings if  
484.20 appropriate to each participating recipient's needs and individual treatment plan. A group  
484.21 is defined as two to ten clients, at least one of whom is a recipient, who is concurrently  
484.22 receiving a service which is identified in this section. The service and group must be specified  
484.23 in the recipient's individual treatment plan. No more than two qualified staff may bill  
484.24 Medicaid for services provided to the same group of recipients. If two adult rehabilitative  
484.25 mental health workers bill for recipients in the same group session, they must each bill for  
484.26 different recipients.

484.27 (d) Adult rehabilitative mental health services are appropriate if provided to enable a  
484.28 recipient to retain stability and functioning, when the recipient is at risk of significant  
484.29 functional decompensation or requiring more restrictive service settings without these  
484.30 services.

484.31 (e) Adult rehabilitative mental health services instruct, assist, and support the recipient  
484.32 in areas including: interpersonal communication skills, community resource utilization and  
484.33 integration skills, crisis planning, relapse prevention skills, health care directives, budgeting

485.1 and shopping skills, healthy lifestyle skills and practices, cooking and nutrition skills,  
485.2 transportation skills, medication education and monitoring, mental illness symptom  
485.3 management skills, household management skills, employment-related skills, parenting  
485.4 skills, and transition to community living services.

485.5 (f) Community intervention, including consultation with relatives, guardians, friends,  
485.6 employers, treatment providers, and other significant individuals, is appropriate when  
485.7 directed exclusively to the treatment of the client.

485.8 Sec. 73. Minnesota Statutes 2020, section 256B.0625, subdivision 3b, is amended to read:

485.9 Subd. 3b. **Telemedicine services.** (a) Medical assistance covers medically necessary  
485.10 services and consultations delivered by a licensed health care provider via telemedicine in  
485.11 the same manner as if the service or consultation was delivered in person. Coverage is  
485.12 limited to three telemedicine services per enrollee per calendar week, except as provided  
485.13 in paragraph (f). Telemedicine services shall be paid at the full allowable rate.

485.14 (b) The commissioner shall establish criteria that a health care provider must attest to  
485.15 in order to demonstrate the safety or efficacy of delivering a particular service via  
485.16 telemedicine. The attestation may include that the health care provider:

485.17 (1) has identified the categories or types of services the health care provider will provide  
485.18 via telemedicine;

485.19 (2) has written policies and procedures specific to telemedicine services that are regularly  
485.20 reviewed and updated;

485.21 (3) has policies and procedures that adequately address patient safety before, during,  
485.22 and after the telemedicine service is rendered;

485.23 (4) has established protocols addressing how and when to discontinue telemedicine  
485.24 services; and

485.25 (5) has an established quality assurance process related to telemedicine services.

485.26 (c) As a condition of payment, a licensed health care provider must document each  
485.27 occurrence of a health service provided by telemedicine to a medical assistance enrollee.  
485.28 Health care service records for services provided by telemedicine must meet the requirements  
485.29 set forth in Minnesota Rules, part 9505.2175, subparts 1 and 2, and must document:

485.30 (1) the type of service provided by telemedicine;

485.31 (2) the time the service began and the time the service ended, including an a.m. and p.m.  
485.32 designation;

486.1 (3) the licensed health care provider's basis for determining that telemedicine is an  
486.2 appropriate and effective means for delivering the service to the enrollee;

486.3 (4) the mode of transmission of the telemedicine service and records evidencing that a  
486.4 particular mode of transmission was utilized;

486.5 (5) the location of the originating site and the distant site;

486.6 (6) if the claim for payment is based on a physician's telemedicine consultation with  
486.7 another physician, the written opinion from the consulting physician providing the  
486.8 telemedicine consultation; and

486.9 (7) compliance with the criteria attested to by the health care provider in accordance  
486.10 with paragraph (b).

486.11 (d) For purposes of this subdivision, unless otherwise covered under this chapter,  
486.12 "telemedicine" is defined as the delivery of health care services or consultations while the  
486.13 patient is at an originating site and the licensed health care provider is at a distant site. A  
486.14 communication between licensed health care providers, or a licensed health care provider  
486.15 and a patient that consists solely of a telephone conversation, e-mail, or facsimile transmission  
486.16 does not constitute telemedicine consultations or services. Telemedicine may be provided  
486.17 by means of real-time two-way, interactive audio and visual communications, including the  
486.18 application of secure video conferencing or store-and-forward technology to provide or  
486.19 support health care delivery, which facilitate the assessment, diagnosis, consultation,  
486.20 treatment, education, and care management of a patient's health care.

486.21 (e) For purposes of this section, "licensed health care provider" means a licensed health  
486.22 care provider under section 62A.671, subdivision 6, a community paramedic as defined  
486.23 under section 144E.001, subdivision 5f, ~~or a clinical trainee qualified according to section~~  
486.24 245I.04, subdivision 6, a mental health practitioner ~~defined under section 245.462,~~  
486.25 ~~subdivision 17, or 245.4871, subdivision 26, working under the general supervision of a~~  
486.26 ~~mental health professional~~ qualified according to section 245I.04, subdivision 4, and a  
486.27 community health worker who meets the criteria under subdivision 49, paragraph (a); "health  
486.28 care provider" is defined under section 62A.671, subdivision 3; and "originating site" is  
486.29 defined under section 62A.671, subdivision 7.

486.30 (f) The limit on coverage of three telemedicine services per enrollee per calendar week  
486.31 does not apply if:

486.32 (1) the telemedicine services provided by the licensed health care provider are for the  
486.33 treatment and control of tuberculosis; and

487.1 (2) the services are provided in a manner consistent with the recommendations and best  
487.2 practices specified by the Centers for Disease Control and Prevention and the commissioner  
487.3 of health.

487.4 Sec. 74. Minnesota Statutes 2020, section 256B.0625, subdivision 5, is amended to read:

487.5 Subd. 5. **Community mental health center services.** Medical assistance covers  
487.6 community mental health center services provided by a community mental health center  
487.7 that meets the requirements in paragraphs (a) to (j).

487.8 (a) The provider is ~~licensed under Minnesota Rules, parts 9520.0750 to 9520.0870~~  
487.9 certified as a mental health clinic under section 245I.20.

487.10 (b) ~~The provider provides mental health services under the clinical supervision of a~~ In  
487.11 addition to the policies and procedures required by section 245I.03, the provider must  
487.12 establish, enforce, and maintain the policies and procedures for clinical oversight of services  
487.13 by a mental health professional who is a psychologist licensed for independent practice at  
487.14 the doctoral level ~~or by a board-certified psychiatrist or a psychiatrist who is eligible for~~  
487.15 ~~board certification. Clinical supervision has the meaning given in Minnesota Rules, part~~  
487.16 ~~9505.0370, subpart 6~~ qualified according to section 245I.04, subdivision 2, clause (4).

487.17 (c) The provider must be a private nonprofit corporation or a governmental agency and  
487.18 have a community board of directors as specified by section 245.66.

487.19 (d) The provider must have a sliding fee scale that meets the requirements in section  
487.20 245.481, and agree to serve within the limits of its capacity all individuals residing in its  
487.21 service delivery area.

487.22 (e) At a minimum, the provider must provide the following outpatient mental health  
487.23 services: diagnostic assessment; explanation of findings; family, group, and individual  
487.24 psychotherapy, including crisis intervention psychotherapy services, ~~multiple family group~~  
487.25 ~~psychotherapy~~, psychological testing, and medication management. In addition, the provider  
487.26 must provide or be capable of providing upon request of the local mental health authority  
487.27 day treatment services, multiple family group psychotherapy, and professional home-based  
487.28 mental health services. The provider must have the capacity to provide such services to  
487.29 specialized populations such as the elderly, families with children, persons who are seriously  
487.30 and persistently mentally ill, and children who are seriously emotionally disturbed.

487.31 (f) The provider must be capable of providing the services specified in paragraph (e) to  
487.32 individuals who are ~~diagnosed with both~~ dually diagnosed with mental illness or emotional

488.1 disturbance, and ~~chemical dependency~~ substance use disorder, and to individuals who are  
488.2 dually diagnosed with a mental illness or emotional disturbance and developmental disability.

488.3 (g) The provider must provide 24-hour emergency care services or demonstrate the  
488.4 capacity to assist recipients in need of such services to access such services on a 24-hour  
488.5 basis.

488.6 (h) The provider must have a contract with the local mental health authority to provide  
488.7 one or more of the services specified in paragraph (e).

488.8 (i) The provider must agree, upon request of the local mental health authority, to enter  
488.9 into a contract with the county to provide mental health services not reimbursable under  
488.10 the medical assistance program.

488.11 (j) The provider may not be enrolled with the medical assistance program as both a  
488.12 hospital and a community mental health center. The community mental health center's  
488.13 administrative, organizational, and financial structure must be separate and distinct from  
488.14 that of the hospital.

488.15 (k) The commissioner may require the provider to annually attest, on forms that the  
488.16 commissioner provides, to meeting the requirements in this subdivision.

488.17 **EFFECTIVE DATE.** Paragraphs (e), (f), and (k), are effective the day following final  
488.18 enactment.

488.19 Sec. 75. Minnesota Statutes 2020, section 256B.0625, subdivision 19c, is amended to  
488.20 read:

488.21 Subd. 19c. **Personal care.** Medical assistance covers personal care assistance services  
488.22 provided by an individual who is qualified to provide the services according to subdivision  
488.23 19a and sections 256B.0651 to 256B.0654, provided in accordance with a plan, and  
488.24 supervised by a qualified professional.

488.25 "Qualified professional" means a mental health professional ~~as defined in section 245.462,~~  
488.26 ~~subdivision 18, clauses (1) to (6), or 245.4871, subdivision 27, clauses (1) to (6);~~ a registered  
488.27 nurse as defined in sections 148.171 to 148.285, a licensed social worker as defined in  
488.28 sections 148E.010 and 148E.055, or a qualified designated coordinator under section  
488.29 245D.081, subdivision 2. The qualified professional shall perform the duties required in  
488.30 section 256B.0659.

489.1 Sec. 76. Minnesota Statutes 2020, section 256B.0625, subdivision 28a, is amended to  
489.2 read:

489.3 Subd. 28a. **Licensed physician assistant services.** (a) Medical assistance covers services  
489.4 performed by a licensed physician assistant if the service is otherwise covered under this  
489.5 chapter as a physician service and if the service is within the scope of practice of a licensed  
489.6 physician assistant as defined in section 147A.09.

489.7 (b) Licensed physician assistants, who are supervised by a physician certified by the  
489.8 American Board of Psychiatry and Neurology or eligible for board certification in psychiatry,  
489.9 may bill for medication management and evaluation and management services provided to  
489.10 medical assistance enrollees in inpatient hospital settings, and in outpatient settings after  
489.11 the licensed physician assistant completes 2,000 hours of clinical experience in the evaluation  
489.12 and treatment of mental health, consistent with their authorized scope of practice, as defined  
489.13 in section 147A.09, with the exception of performing psychotherapy or diagnostic  
489.14 assessments or providing ~~clinical~~ treatment supervision.

489.15 Sec. 77. Minnesota Statutes 2020, section 256B.0625, subdivision 42, is amended to read:

489.16 Subd. 42. **Mental health professional.** Notwithstanding Minnesota Rules, part  
489.17 9505.0175, subpart 28, the definition of a mental health professional ~~shall include a person~~  
489.18 ~~who is qualified as specified in~~ according to section 245.462, subdivision 18, clauses (1) to  
489.19 ~~(6); or 245.4871, subdivision 27, clauses (1) to (6)~~ 245I.04, subdivision 2, for the purpose  
489.20 of this section and Minnesota Rules, parts 9505.0170 to 9505.0475.

489.21 Sec. 78. Minnesota Statutes 2020, section 256B.0625, subdivision 48, is amended to read:

489.22 Subd. 48. **Psychiatric consultation to primary care practitioners.** Medical assistance  
489.23 covers consultation provided by a ~~psychiatrist, a psychologist, an advanced practice registered~~  
489.24 ~~nurse certified in psychiatric mental health, a licensed independent clinical social worker,~~  
489.25 ~~as defined in section 245.462, subdivision 18, clause (2), or a licensed marriage and family~~  
489.26 ~~therapist, as defined in section 245.462, subdivision 18, clause (5)~~ mental health professional  
489.27 qualified according to section 245I.04, subdivision 2, except a licensed professional clinical  
489.28 counselor licensed under section 148B.5301, via telephone, e-mail, facsimile, or other means  
489.29 of communication to primary care practitioners, including pediatricians. The need for  
489.30 consultation and the receipt of the consultation must be documented in the patient record  
489.31 maintained by the primary care practitioner. If the patient consents, and subject to federal  
489.32 limitations and data privacy provisions, the consultation may be provided without the patient  
489.33 present.

490.1 Sec. 79. Minnesota Statutes 2020, section 256B.0625, subdivision 49, is amended to read:

490.2 Subd. 49. **Community health worker.** (a) Medical assistance covers the care  
490.3 coordination and patient education services provided by a community health worker if the  
490.4 community health worker has:

490.5 (1) received a certificate from the Minnesota State Colleges and Universities System  
490.6 approved community health worker curriculum; ~~or,~~

490.7 (2) ~~at least five years of supervised experience with an enrolled physician, registered~~  
490.8 ~~nurse, advanced practice registered nurse, mental health professional as defined in section~~  
490.9 ~~245.462, subdivision 18, clauses (1) to (6), and section 245.4871, subdivision 27, clauses~~  
490.10 ~~(1) to (5), or dentist, or at least five years of supervised experience by a certified public~~  
490.11 ~~health nurse operating under the direct authority of an enrolled unit of government.~~

490.12 ~~Community health workers eligible for payment under clause (2) must complete the~~  
490.13 ~~certification program by January 1, 2010, to continue to be eligible for payment.~~

490.14 (b) Community health workers must work under the supervision of a medical assistance  
490.15 enrolled physician, registered nurse, advanced practice registered nurse, mental health  
490.16 professional ~~as defined in section 245.462, subdivision 18, clauses (1) to (6), and section~~  
490.17 ~~245.4871, subdivision 27, clauses (1) to (5), or dentist, or work under the supervision of a~~  
490.18 certified public health nurse operating under the direct authority of an enrolled unit of  
490.19 government.

490.20 (c) Care coordination and patient education services covered under this subdivision  
490.21 include, but are not limited to, services relating to oral health and dental care.

490.22 Sec. 80. Minnesota Statutes 2020, section 256B.0625, subdivision 56a, is amended to  
490.23 read:

490.24 Subd. 56a. **Officer-involved community-based care coordination.** (a) Medical  
490.25 assistance covers officer-involved community-based care coordination for an individual  
490.26 who:

490.27 (1) has screened positive for benefiting from treatment for a mental illness or substance  
490.28 use disorder using a tool approved by the commissioner;

490.29 (2) does not require the security of a public detention facility and is not considered an  
490.30 inmate of a public institution as defined in Code of Federal Regulations, title 42, section  
490.31 435.1010;

490.32 (3) meets the eligibility requirements in section 256B.056; and

491.1 (4) has agreed to participate in officer-involved community-based care coordination.

491.2 (b) Officer-involved community-based care coordination means navigating services to  
491.3 address a client's mental health, chemical health, social, economic, and housing needs, or  
491.4 any other activity targeted at reducing the incidence of jail utilization and connecting  
491.5 individuals with existing covered services available to them, including, but not limited to,  
491.6 targeted case management, waiver case management, or care coordination.

491.7 (c) Officer-involved community-based care coordination must be provided by an  
491.8 individual who is an employee of or is under contract with a county, or is an employee of  
491.9 or under contract with an Indian health service facility or facility owned and operated by a  
491.10 tribe or a tribal organization operating under Public Law 93-638 as a 638 facility to provide  
491.11 officer-involved community-based care coordination and is qualified under one of the  
491.12 following criteria:

491.13 (1) a ~~licensed~~ mental health professional ~~as defined in section 245.462, subdivision 18,~~  
491.14 ~~clauses (1) to (6);~~

491.15 (2) a clinical trainee qualified according to section 245I.04, subdivision 6, working under  
491.16 the treatment supervision of a mental health professional according to section 245I.06;

491.17 (3) a mental health practitioner as defined in section 245.462, subdivision 17 qualified  
491.18 according to section 245I.04, subdivision 4, working under the clinical treatment supervision  
491.19 of a mental health professional according to section 245I.06;

491.20 (3) (4) a mental health certified peer specialist under section 256B.0615 qualified  
491.21 according to section 245I.04, subdivision 10, working under the clinical treatment supervision  
491.22 of a mental health professional according to section 245I.06;

491.23 (4) an individual qualified as an alcohol and drug counselor under section 245G.11,  
491.24 subdivision 5; or

491.25 (5) a recovery peer qualified under section 245G.11, subdivision 8, working under the  
491.26 supervision of an individual qualified as an alcohol and drug counselor under section  
491.27 245G.11, subdivision 5.

491.28 (d) Reimbursement is allowed for up to 60 days following the initial determination of  
491.29 eligibility.

491.30 (e) Providers of officer-involved community-based care coordination shall annually  
491.31 report to the commissioner on the number of individuals served, and number of the  
491.32 community-based services that were accessed by recipients. The commissioner shall ensure  
491.33 that services and payments provided under officer-involved community-based care

492.1 coordination do not duplicate services or payments provided under section 256B.0625,  
492.2 subdivision 20, 256B.0753, 256B.0755, or 256B.0757.

492.3 (f) Notwithstanding section 256B.19, subdivision 1, the nonfederal share of cost for  
492.4 officer-involved community-based care coordination services shall be provided by the  
492.5 county providing the services, from sources other than federal funds or funds used to match  
492.6 other federal funds.

492.7 Sec. 81. Minnesota Statutes 2020, section 256B.0757, subdivision 4c, is amended to read:

492.8 Subd. 4c. **Behavioral health home services staff qualifications.** (a) A behavioral health  
492.9 home services provider must maintain staff with required professional qualifications  
492.10 appropriate to the setting.

492.11 (b) If behavioral health home services are offered in a mental health setting, the  
492.12 integration specialist must be a registered nurse licensed under the Minnesota Nurse Practice  
492.13 Act, sections 148.171 to 148.285.

492.14 (c) If behavioral health home services are offered in a primary care setting, the integration  
492.15 specialist must be a mental health professional ~~as defined in~~ qualified according to section  
492.16 ~~245.462, subdivision 18, clauses (1) to (6), or 245.4871, subdivision 27, clauses (1) to (6)~~  
492.17 245I.04, subdivision 2.

492.18 (d) If behavioral health home services are offered in either a primary care setting or  
492.19 mental health setting, the systems navigator must be a mental health practitioner ~~as defined~~  
492.20 ~~in~~ qualified according to section 245.462, subdivision 17 245I.04, subdivision 4, or a  
492.21 community health worker as defined in section 256B.0625, subdivision 49.

492.22 (e) If behavioral health home services are offered in either a primary care setting or  
492.23 mental health setting, the qualified health home specialist must be one of the following:

492.24 (1) a mental health certified peer support specialist as defined in qualified according to  
492.25 ~~section 256B.0615~~ 245I.04, subdivision 10;

492.26 (2) a mental health certified family peer support specialist as defined in qualified  
492.27 according to section 256B.0616 245I.04, subdivision 12;

492.28 (3) a case management associate as defined in section 245.462, subdivision 4, paragraph  
492.29 (g), or 245.4871, subdivision 4, paragraph (j);

492.30 (4) a mental health rehabilitation worker ~~as defined in~~ qualified according to section  
492.31 ~~256B.0623, subdivision 5, clause (4)~~ 245I.04, subdivision 14;

492.32 (5) a community paramedic as defined in section 144E.28, subdivision 9;

493.1 (6) a peer recovery specialist as defined in section 245G.07, subdivision 1, clause (5);  
493.2 or  
493.3 (7) a community health worker as defined in section 256B.0625, subdivision 49.

493.4 Sec. 82. Minnesota Statutes 2020, section 256B.0941, subdivision 1, is amended to read:

493.5 Subdivision 1. **Eligibility.** (a) An individual who is eligible for mental health treatment  
493.6 services in a psychiatric residential treatment facility must meet all of the following criteria:

493.7 (1) before admission, services are determined to be medically necessary according to  
493.8 Code of Federal Regulations, title 42, section 441.152;

493.9 (2) is younger than 21 years of age at the time of admission. Services may continue until  
493.10 the individual meets criteria for discharge or reaches 22 years of age, whichever occurs  
493.11 first;

493.12 (3) has a mental health diagnosis as defined in the most recent edition of the Diagnostic  
493.13 and Statistical Manual for Mental Disorders, as well as clinical evidence of severe aggression,  
493.14 or a finding that the individual is a risk to self or others;

493.15 (4) has functional impairment and a history of difficulty in functioning safely and  
493.16 successfully in the community, school, home, or job; an inability to adequately care for  
493.17 one's physical needs; or caregivers, guardians, or family members are unable to safely fulfill  
493.18 the individual's needs;

493.19 (5) requires psychiatric residential treatment under the direction of a physician to improve  
493.20 the individual's condition or prevent further regression so that services will no longer be  
493.21 needed;

493.22 (6) utilized and exhausted other community-based mental health services, or clinical  
493.23 evidence indicates that such services cannot provide the level of care needed; and

493.24 (7) was referred for treatment in a psychiatric residential treatment facility by a ~~qualified~~  
493.25 mental health professional ~~licensed as defined in~~ qualified according to section 245.4871,  
493.26 ~~subdivision 27, clauses (1) to (6)~~ 245I.04, subdivision 2.

493.27 (b) The commissioner shall provide oversight and review the use of referrals for clients  
493.28 admitted to psychiatric residential treatment facilities to ensure that eligibility criteria,  
493.29 clinical services, and treatment planning reflect clinical, state, and federal standards for  
493.30 psychiatric residential treatment facility level of care. The commissioner shall coordinate  
493.31 the production of a statewide list of children and youth who meet the medical necessity  
493.32 criteria for psychiatric residential treatment facility level of care and who are awaiting

494.1 admission. The commissioner and any recipient of the list shall not use the statewide list to  
494.2 direct admission of children and youth to specific facilities.

494.3 Sec. 83. Minnesota Statutes 2020, section 256B.0943, subdivision 1, is amended to read:

494.4 Subdivision 1. **Definitions.** For purposes of this section, the following terms have the  
494.5 meanings given them.

494.6 (a) "Children's therapeutic services and supports" means the flexible package of mental  
494.7 health services for children who require varying therapeutic and rehabilitative levels of  
494.8 intervention to treat a diagnosed emotional disturbance, as defined in section 245.4871,  
494.9 subdivision 15, or a diagnosed mental illness, as defined in section 245.462, subdivision  
494.10 20. The services are time-limited interventions that are delivered using various treatment  
494.11 modalities and combinations of services designed to reach treatment outcomes identified  
494.12 in the individual treatment plan.

494.13 ~~(b) "Clinical supervision" means the overall responsibility of the mental health~~  
494.14 ~~professional for the control and direction of individualized treatment planning, service~~  
494.15 ~~delivery, and treatment review for each client. A mental health professional who is an~~  
494.16 ~~enrolled Minnesota health care program provider accepts full professional responsibility~~  
494.17 ~~for a supervisee's actions and decisions, instructs the supervisee in the supervisee's work,~~  
494.18 ~~and oversees or directs the supervisee's work.~~

494.19 ~~(e)~~ (b) "Clinical trainee" means a ~~mental health practitioner who meets the qualifications~~  
494.20 ~~specified in Minnesota Rules, part 9505.0371, subpart 5, item C~~ staff person who is qualified  
494.21 according to section 245I.04, subdivision 6.

494.22 ~~(d)~~ (c) "Crisis ~~assistance~~ planning" has the meaning given in section 245.4871, subdivision  
494.23 ~~9a. Crisis assistance entails the development of a written plan to assist a child's family to~~  
494.24 ~~contend with a potential crisis and is distinct from the immediate provision of crisis~~  
494.25 ~~intervention services.~~

494.26 ~~(e)~~ (d) "Culturally competent provider" means a provider who understands and can  
494.27 utilize to a client's benefit the client's culture when providing services to the client. A provider  
494.28 may be culturally competent because the provider is of the same cultural or ethnic group  
494.29 as the client or the provider has developed the knowledge and skills through training and  
494.30 experience to provide services to culturally diverse clients.

494.31 ~~(f)~~ (e) "Day treatment program" for children means a site-based structured mental health  
494.32 program consisting of psychotherapy for three or more individuals and individual or group

495.1 skills training provided by a ~~multidisciplinary~~ team, under the ~~clinical~~ treatment supervision  
495.2 of a mental health professional.

495.3 ~~(g)~~ (f) "Standard diagnostic assessment" ~~has the meaning given in Minnesota Rules, part~~  
495.4 ~~9505.0372, subpart 1~~ means the assessment described in 245I.10, subdivision 6.

495.5 ~~(h)~~ (g) "Direct service time" means the time that a mental health professional, clinical  
495.6 trainee, mental health practitioner, or mental health behavioral aide spends face-to-face with  
495.7 a client and the client's family or providing covered telemedicine services. Direct service  
495.8 time includes time in which the provider obtains a client's history, develops a client's  
495.9 treatment plan, records individual treatment outcomes, or provides service components of  
495.10 children's therapeutic services and supports. Direct service time does not include time doing  
495.11 work before and after providing direct services, including scheduling or maintaining clinical  
495.12 records.

495.13 ~~(i)~~ (h) "Direction of mental health behavioral aide" means the activities of a mental  
495.14 health professional, clinical trainee, or mental health practitioner in guiding the mental  
495.15 health behavioral aide in providing services to a client. The direction of a mental health  
495.16 behavioral aide must be based on the client's ~~individualized~~ individual treatment plan and  
495.17 meet the requirements in subdivision 6, paragraph (b), clause (5).

495.18 ~~(j)~~ (i) "Emotional disturbance" has the meaning given in section 245.4871, subdivision  
495.19 15.

495.20 ~~(k)~~ (j) "Individual behavioral plan" means a plan of intervention, treatment, and services  
495.21 for a child written by a mental health professional or a clinical trainee or mental health  
495.22 practitioner, under the ~~clinical~~ treatment supervision of a mental health professional, to  
495.23 guide the work of the mental health behavioral aide. The individual behavioral plan may  
495.24 be incorporated into the child's individual treatment plan so long as the behavioral plan is  
495.25 separately communicable to the mental health behavioral aide.

495.26 ~~(l)~~ (k) "Individual treatment plan" ~~has the meaning given in Minnesota Rules, part~~  
495.27 ~~9505.0371, subpart 7~~ means the plan described under section 245I.10, subdivisions 7 and  
495.28 8.

495.29 ~~(m)~~ (l) "Mental health behavioral aide services" means medically necessary one-on-one  
495.30 activities performed by a ~~trained paraprofessional qualified as provided in subdivision 7,~~  
495.31 ~~paragraph (b), clause (3)~~ mental health behavioral aide qualified according to section 245I.04,  
495.32 subdivision 16, to assist a child retain or generalize psychosocial skills as previously trained  
495.33 by a mental health professional, clinical trainee, or mental health practitioner and as described  
495.34 in the child's individual treatment plan and individual behavior plan. Activities involve

496.1 working directly with the child or child's family as provided in subdivision 9, paragraph  
496.2 (b), clause (4).

496.3 (m) "Mental health certified family peer specialist" means a staff person who is qualified  
496.4 according to section 245I.04, subdivision 12.

496.5 ~~(n) "Mental health practitioner" has the meaning given in section 245.462, subdivision~~  
496.6 ~~17, except that a practitioner working in a day treatment setting may qualify as a mental~~  
496.7 ~~health practitioner if the practitioner holds a bachelor's degree in one of the behavioral~~  
496.8 ~~sciences or related fields from an accredited college or university, and: (1) has at least 2,000~~  
496.9 ~~hours of clinically supervised experience in the delivery of mental health services to clients~~  
496.10 ~~with mental illness; (2) is fluent in the language, other than English, of the cultural group~~  
496.11 ~~that makes up at least 50 percent of the practitioner's clients, completes 40 hours of training~~  
496.12 ~~on the delivery of services to clients with mental illness, and receives clinical supervision~~  
496.13 ~~from a mental health professional at least once per week until meeting the required 2,000~~  
496.14 ~~hours of supervised experience; or (3) receives 40 hours of training on the delivery of~~  
496.15 ~~services to clients with mental illness within six months of employment, and clinical~~  
496.16 ~~supervision from a mental health professional at least once per week until meeting the~~  
496.17 ~~required 2,000 hours of supervised experience~~ means a staff person who is qualified according  
496.18 to section 245I.04, subdivision 4.

496.19 ~~(o) "Mental health professional" means an individual as defined in Minnesota Rules,~~  
496.20 ~~part 9505.0370, subpart 18~~ a staff person who is qualified according to section 245I.04,  
496.21 subdivision 2.

496.22 (p) "Mental health service plan development" includes:

496.23 (1) the development, review, and revision of a child's individual treatment plan, as  
496.24 ~~provided in Minnesota Rules, part 9505.0371, subpart 7,~~ including involvement of the client  
496.25 or client's parents, primary caregiver, or other person authorized to consent to mental health  
496.26 services for the client, and including arrangement of treatment and support activities specified  
496.27 in the individual treatment plan; and

496.28 (2) administering and reporting the standardized outcome measurement instruments,  
496.29 determined and updated by the commissioner measurements in section 245I.10, subdivision  
496.30 6, paragraph (d), clauses (3) and (4), and other standardized outcome measurements approved  
496.31 by the commissioner, as periodically needed to evaluate the effectiveness of treatment for  
496.32 ~~children receiving clinical services and reporting outcome measures, as required by the~~  
496.33 ~~commissioner.~~

497.1 (q) "Mental illness," for persons at least age 18 but under age 21, has the meaning given  
497.2 in section 245.462, subdivision 20, paragraph (a).

497.3 (r) "Psychotherapy" means the treatment of mental or emotional disorders or  
497.4 maladjustment by psychological means. Psychotherapy may be provided in many modalities  
497.5 in accordance with Minnesota Rules, part 9505.0372, subpart 6, including patient and/or  
497.6 family psychotherapy; family psychotherapy; psychotherapy for crisis; group psychotherapy;  
497.7 or multiple family psychotherapy. Beginning with the American Medical Association's  
497.8 Current Procedural Terminology, standard edition, 2014, the procedure "individual  
497.9 psychotherapy" is replaced with "patient and/or family psychotherapy," a substantive change  
497.10 that permits the therapist to work with the client's family without the client present to obtain  
497.11 information about the client or to explain the client's treatment plan to the family.  
497.12 Psychotherapy is appropriate for crisis response when a child has become dysregulated or  
497.13 experienced new trauma since the diagnostic assessment was completed and needs  
497.14 psychotherapy to address issues not currently included in the child's individual treatment  
497.15 plan described in section 256B.0671, subdivision 11.

497.16 (s) "Rehabilitative services" or "psychiatric rehabilitation services" means ~~a series of~~  
497.17 ~~multidisciplinary combination of psychiatric and psychosocial~~ interventions to: (1) restore  
497.18 a child or adolescent to an age-appropriate developmental trajectory that had been disrupted  
497.19 by a psychiatric illness; or (2) enable the child to self-monitor, compensate for, cope with,  
497.20 counteract, or replace psychosocial skills deficits or maladaptive skills acquired over the  
497.21 course of a psychiatric illness. Psychiatric rehabilitation services for children combine  
497.22 coordinated psychotherapy to address internal psychological, emotional, and intellectual  
497.23 processing deficits, and skills training to restore personal and social functioning. Psychiatric  
497.24 rehabilitation services establish a progressive series of goals with each achievement building  
497.25 upon a prior achievement. ~~Continuing progress toward goals is expected, and rehabilitative~~  
497.26 ~~potential ceases when successive improvement is not observable over a period of time.~~

497.27 (t) "Skills training" means individual, family, or group training, delivered by or under  
497.28 the supervision of a mental health professional, designed to facilitate the acquisition of  
497.29 psychosocial skills that are medically necessary to rehabilitate the child to an age-appropriate  
497.30 developmental trajectory heretofore disrupted by a psychiatric illness or to enable the child  
497.31 to self-monitor, compensate for, cope with, counteract, or replace skills deficits or  
497.32 maladaptive skills acquired over the course of a psychiatric illness. Skills training is subject  
497.33 to the service delivery requirements under subdivision 9, paragraph (b), clause (2).

497.34 (u) "Treatment supervision" means the supervision described in section 245I.06.

498.1 Sec. 84. Minnesota Statutes 2020, section 256B.0943, subdivision 2, is amended to read:

498.2 Subd. 2. **Covered service components of children's therapeutic services and**  
498.3 **supports.** (a) Subject to federal approval, medical assistance covers medically necessary  
498.4 children's therapeutic services and supports ~~as defined in this section that~~ when the services  
498.5 are provided by an eligible provider entity certified under subdivision 4 provides to a client  
498.6 eligible under subdivision 3 and meeting the standards in this section. The provider entity  
498.7 must make reasonable and good faith efforts to report individual client outcomes to the  
498.8 commissioner, using instruments and protocols approved by the commissioner.

498.9 (b) The service components of children's therapeutic services and supports are:

498.10 (1) patient and/or family psychotherapy, family psychotherapy, psychotherapy for crisis,  
498.11 and group psychotherapy;

498.12 (2) individual, family, or group skills training provided by a mental health professional,  
498.13 clinical trainee, or mental health practitioner;

498.14 (3) crisis ~~assistance~~ planning;

498.15 (4) mental health behavioral aide services;

498.16 (5) direction of a mental health behavioral aide;

498.17 (6) mental health service plan development; and

498.18 (7) children's day treatment.

498.19 Sec. 85. Minnesota Statutes 2020, section 256B.0943, subdivision 3, is amended to read:

498.20 Subd. 3. **Determination of client eligibility.** (a) A client's eligibility to receive children's  
498.21 therapeutic services and supports under this section shall be determined based on a standard  
498.22 diagnostic assessment by a mental health professional or a ~~mental health practitioner who~~  
498.23 ~~meets the requirements of a clinical trainee as defined in Minnesota Rules, part 9505.0371,~~  
498.24 ~~subpart 5, item C,~~ clinical trainee that is performed within one year before the initial start  
498.25 of service. The standard diagnostic assessment must ~~meet the requirements for a standard~~  
498.26 ~~or extended diagnostic assessment as defined in Minnesota Rules, part 9505.0372, subpart~~  
498.27 ~~1, items B and C, and:~~

498.28 (1) ~~include current diagnoses, including any differential diagnosis, in accordance with~~  
498.29 ~~all criteria for a complete diagnosis and diagnostic profile as specified in the current edition~~  
498.30 ~~of the Diagnostic and Statistical Manual of the American Psychiatric Association, or, for~~  
498.31 ~~children under age five, as specified in the current edition of the Diagnostic Classification~~  
498.32 ~~of Mental Health Disorders of Infancy and Early Childhood;~~

499.1 ~~(2)~~ (1) determine whether a child under age 18 has a diagnosis of emotional disturbance  
499.2 or, if the person is between the ages of 18 and 21, whether the person has a mental illness;

499.3 ~~(3)~~ (2) document children's therapeutic services and supports as medically necessary to  
499.4 address an identified disability, functional impairment, and the individual client's needs and  
499.5 goals; and

499.6 ~~(4)~~ (3) be used in the development of the ~~individualized~~ individual treatment plan; and

499.7 ~~(5) be completed annually until age 18. For individuals between age 18 and 21, unless~~  
499.8 ~~a client's mental health condition has changed markedly since the client's most recent~~  
499.9 ~~diagnostic assessment, annual updating is necessary. For the purpose of this section,~~  
499.10 ~~"updating" means an adult diagnostic update as defined in Minnesota Rules, part 9505.0371,~~  
499.11 ~~subpart 2, item E.~~

499.12 (b) Notwithstanding paragraph (a), a client may be determined to be eligible for up to  
499.13 five days of day treatment under this section based on a hospital's medical history and  
499.14 presentation examination of the client.

499.15 Sec. 86. Minnesota Statutes 2020, section 256B.0943, subdivision 4, is amended to read:

499.16 Subd. 4. **Provider entity certification.** (a) The commissioner shall establish an initial  
499.17 provider entity application and certification process and recertification process to determine  
499.18 whether a provider entity has an administrative and clinical infrastructure that meets the  
499.19 requirements in subdivisions 5 and 6. A provider entity must be certified for the three core  
499.20 rehabilitation services of psychotherapy, skills training, and crisis ~~assistance~~ planning. The  
499.21 commissioner shall recertify a provider entity at least every three years. The commissioner  
499.22 shall establish a process for decertification of a provider entity and shall require corrective  
499.23 action, medical assistance repayment, or decertification of a provider entity that no longer  
499.24 meets the requirements in this section or that fails to meet the clinical quality standards or  
499.25 administrative standards provided by the commissioner in the application and certification  
499.26 process.

499.27 (b) For purposes of this section, a provider entity must meet the standards in this section  
499.28 and chapter 245I, as required in section 245I.011, subdivision 5, and be:

499.29 (1) an Indian health services facility or a facility owned and operated by a tribe or tribal  
499.30 organization operating as a 638 facility under Public Law 93-638 certified by the state;

499.31 (2) a county-operated entity certified by the state; or

499.32 (3) a noncounty entity certified by the state.

500.1 Sec. 87. Minnesota Statutes 2020, section 256B.0943, subdivision 5, is amended to read:

500.2 Subd. 5. **Provider entity administrative infrastructure requirements.** ~~(a) To be an~~  
500.3 ~~eligible provider entity under this section, a provider entity must have an administrative~~  
500.4 ~~infrastructure that establishes authority and accountability for decision making and oversight~~  
500.5 ~~of functions, including finance, personnel, system management, clinical practice, and~~  
500.6 ~~individual treatment outcomes measurement. An eligible provider entity shall demonstrate~~  
500.7 ~~the availability, by means of employment or contract, of at least one backup mental health~~  
500.8 ~~professional in the event of the primary mental health professional's absence. The provider~~  
500.9 ~~must have written policies and procedures that it reviews and updates every three years and~~  
500.10 ~~distributes to staff initially and upon each subsequent update.~~

500.11 ~~(b) The administrative infrastructure written~~ In addition to the policies and procedures  
500.12 required under section 245I.03, the policies and procedures must include:

500.13 ~~(1) personnel procedures, including a process for: (i) recruiting, hiring, training, and~~  
500.14 ~~retention of culturally and linguistically competent providers; (ii) conducting a criminal~~  
500.15 ~~background check on all direct service providers and volunteers; (iii) investigating, reporting,~~  
500.16 ~~and acting on violations of ethical conduct standards; (iv) investigating, reporting, and acting~~  
500.17 ~~on violations of data privacy policies that are compliant with federal and state laws; (v)~~  
500.18 ~~utilizing volunteers, including screening applicants, training and supervising volunteers,~~  
500.19 ~~and providing liability coverage for volunteers; and (vi) documenting that each mental~~  
500.20 ~~health professional, mental health practitioner, or mental health behavioral aide meets the~~  
500.21 ~~applicable provider qualification criteria, training criteria under subdivision 8, and clinical~~  
500.22 ~~supervision or direction of a mental health behavioral aide requirements under subdivision~~  
500.23 ~~6;~~

500.24 ~~(2)~~ (1) fiscal procedures, including internal fiscal control practices and a process for  
500.25 collecting revenue that is compliant with federal and state laws; and

500.26 ~~(3)~~ (2) a client-specific treatment outcomes measurement system, including baseline  
500.27 measures, to measure a client's progress toward achieving mental health rehabilitation goals.  
500.28 ~~Effective July 1, 2017, to be eligible for medical assistance payment, a provider entity must~~  
500.29 ~~report individual client outcomes to the commissioner, using instruments and protocols~~  
500.30 ~~approved by the commissioner; and~~

500.31 ~~(4) a process to establish and maintain individual client records. The client's records~~  
500.32 ~~must include:~~

500.33 ~~(i) the client's personal information;~~

501.1 ~~(ii) forms applicable to data privacy;~~

501.2 ~~(iii) the client's diagnostic assessment, updates, results of tests, individual treatment~~  
501.3 ~~plan, and individual behavior plan, if necessary;~~

501.4 ~~(iv) documentation of service delivery as specified under subdivision 6;~~

501.5 ~~(v) telephone contacts;~~

501.6 ~~(vi) discharge plan; and~~

501.7 ~~(vii) if applicable, insurance information.~~

501.8 (c) A provider entity that uses a restrictive procedure with a client must meet the  
501.9 requirements of section 245.8261.

501.10 Sec. 88. Minnesota Statutes 2020, section 256B.0943, subdivision 5a, is amended to read:

501.11 Subd. 5a. **Background studies.** The requirements for background studies under ~~this~~  
501.12 section 245I.011, subdivision 4, paragraph (d), may be met by a children's therapeutic  
501.13 services and supports services agency through the commissioner's NETStudy system as  
501.14 provided under sections 245C.03, subdivision 7, and 245C.10, subdivision 8.

501.15 Sec. 89. Minnesota Statutes 2020, section 256B.0943, subdivision 6, is amended to read:

501.16 Subd. 6. **Provider entity clinical infrastructure requirements.** (a) To be an eligible  
501.17 provider entity under this section, a provider entity must have a clinical infrastructure that  
501.18 utilizes diagnostic assessment, ~~individualized~~ individual treatment plans, service delivery,  
501.19 and individual treatment plan review that are culturally competent, child-centered, and  
501.20 family-driven to achieve maximum benefit for the client. The provider entity must review,  
501.21 and update as necessary, the clinical policies and procedures every three years, must distribute  
501.22 the policies and procedures to staff initially and upon each subsequent update, and must  
501.23 train staff accordingly.

501.24 (b) The clinical infrastructure written policies and procedures must include policies and  
501.25 procedures for meeting the requirements in this subdivision:

501.26 (1) providing or obtaining a client's standard diagnostic assessment, including a standard  
501.27 ~~diagnostic assessment performed by an outside or independent clinician, that identifies acute~~  
501.28 ~~and chronic clinical disorders, co-occurring medical conditions, and sources of psychological~~  
501.29 ~~and environmental problems, including baselines, and a functional assessment. The functional~~  
501.30 ~~assessment component must clearly summarize the client's individual strengths and needs.~~  
501.31 When required components of the standard diagnostic assessment, ~~such as baseline measures,~~

502.1 are not provided in an outside or independent assessment or ~~when baseline measures cannot~~  
502.2 ~~be attained in a one-session standard diagnostic assessment~~ immediately, the provider entity  
502.3 must determine the missing information within 30 days and amend the child's standard  
502.4 diagnostic assessment or incorporate the ~~baselines~~ information into the child's individual  
502.5 treatment plan;

502.6 (2) developing an individual treatment plan ~~that;~~<sub>2</sub>

502.7 ~~(i) is based on the information in the client's diagnostic assessment and baselines;~~

502.8 ~~(ii) identified goals and objectives of treatment, treatment strategy, schedule for~~  
502.9 ~~accomplishing treatment goals and objectives, and the individuals responsible for providing~~  
502.10 ~~treatment services and supports;~~

502.11 ~~(iii) is developed after completion of the client's diagnostic assessment by a mental health~~  
502.12 ~~professional or clinical trainee and before the provision of children's therapeutic services~~  
502.13 ~~and supports;~~

502.14 ~~(iv) is developed through a child-centered, family-driven, culturally appropriate planning~~  
502.15 ~~process, including allowing parents and guardians to observe or participate in individual~~  
502.16 ~~and family treatment services, assessment, and treatment planning;~~

502.17 ~~(v) is reviewed at least once every 90 days and revised to document treatment progress~~  
502.18 ~~on each treatment objective and next goals or, if progress is not documented, to document~~  
502.19 ~~changes in treatment; and~~

502.20 ~~(vi) is signed by the clinical supervisor and by the client or by the client's parent or other~~  
502.21 ~~person authorized by statute to consent to mental health services for the client. A client's~~  
502.22 ~~parent may approve the client's individual treatment plan by secure electronic signature or~~  
502.23 ~~by documented oral approval that is later verified by written signature;~~

502.24 (3) developing an individual behavior plan that documents treatment strategies and  
502.25 describes interventions to be provided by the mental health behavioral aide. The individual  
502.26 behavior plan must include:

502.27 (i) detailed instructions on the ~~treatment strategies to be provided~~ psychosocial skills to  
502.28 be practiced;

502.29 (ii) time allocated to each treatment strategy intervention;

502.30 (iii) methods of documenting the child's behavior;

502.31 (iv) methods of monitoring the child's progress in reaching objectives; and

503.1 (v) goals to increase or decrease targeted behavior as identified in the individual treatment  
503.2 plan;

503.3 (4) providing clinical treatment supervision plans for ~~mental health practitioners and~~  
503.4 ~~mental health behavioral aides. A mental health professional must document the clinical~~  
503.5 ~~supervision the professional provides by cosigning individual treatment plans and making~~  
503.6 ~~entries in the client's record on supervisory activities. The clinical supervisor also shall~~  
503.7 ~~document supervisee-specific supervision in the supervisee's personnel file. Clinical staff~~  
503.8 according to section 245I.06. Treatment supervision does not include the authority to make  
503.9 or terminate court-ordered placements of the child. A clinical treatment supervisor must be  
503.10 available for urgent consultation as required by the individual client's needs or the situation.  
503.11 ~~Clinical supervision may occur individually or in a small group to discuss treatment and~~  
503.12 ~~review progress toward goals. The focus of clinical supervision must be the client's treatment~~  
503.13 ~~needs and progress and the mental health practitioner's or behavioral aide's ability to provide~~  
503.14 ~~services;~~

503.15 (4a) meeting day treatment program conditions in items (i) ~~to (iii)~~ and (ii):

503.16 (i) the clinical treatment supervisor must be present and available on the premises more  
503.17 than 50 percent of the time in a provider's standard working week during which the supervisee  
503.18 is providing a mental health service; and

503.19 ~~(ii) the diagnosis and the client's individual treatment plan or a change in the diagnosis~~  
503.20 ~~or individual treatment plan must be made by or reviewed, approved, and signed by the~~  
503.21 ~~clinical supervisor; and~~

503.22 ~~(iii)~~ (ii) every 30 days, the clinical treatment supervisor must review and sign the record  
503.23 indicating the supervisor has reviewed the client's care for all activities in the preceding  
503.24 30-day period;

503.25 (4b) meeting the clinical treatment supervision standards in items (i) ~~to (iv)~~ and (ii) for  
503.26 all other services provided under CTSS:

503.27 ~~(i) medical assistance shall reimburse for services provided by a mental health practitioner~~  
503.28 ~~who is delivering services that fall within the scope of the practitioner's practice and who~~  
503.29 ~~is supervised by a mental health professional who accepts full professional responsibility;~~

503.30 ~~(ii) medical assistance shall reimburse for services provided by a mental health behavioral~~  
503.31 ~~aide who is delivering services that fall within the scope of the aide's practice and who is~~  
503.32 ~~supervised by a mental health professional who accepts full professional responsibility and~~  
503.33 ~~has an approved plan for clinical supervision of the behavioral aide. Plans must be developed~~

504.1 ~~in accordance with supervision standards defined in Minnesota Rules, part 9505.0371,~~  
504.2 ~~subpart 4, items A to D;~~

504.3 ~~(iii)~~ (i) the mental health professional is required to be present at the site of service  
504.4 delivery for observation as clinically appropriate when the clinical trainee, mental health  
504.5 practitioner, or mental health behavioral aide is providing CTSS services; and

504.6 ~~(iv)~~ (ii) when conducted, the on-site presence of the mental health professional must be  
504.7 documented in the child's record and signed by the mental health professional who accepts  
504.8 full professional responsibility;

504.9 (5) providing direction to a mental health behavioral aide. For entities that employ mental  
504.10 health behavioral aides, the ~~clinical~~ treatment supervisor must be employed by the provider  
504.11 entity or other provider certified to provide mental health behavioral aide services to ensure  
504.12 necessary and appropriate oversight for the client's treatment and continuity of care. The  
504.13 ~~mental health professional or mental health practitioner~~ staff giving direction must begin  
504.14 with the goals on the ~~individualized~~ individual treatment plan, and instruct the mental health  
504.15 behavioral aide on how to implement therapeutic activities and interventions that will lead  
504.16 to goal attainment. The ~~professional or practitioner~~ staff giving direction must also instruct  
504.17 the mental health behavioral aide about the client's diagnosis, functional status, and other  
504.18 characteristics that are likely to affect service delivery. Direction must also include  
504.19 determining that the mental health behavioral aide has the skills to interact with the client  
504.20 and the client's family in ways that convey personal and cultural respect and that the aide  
504.21 actively solicits information relevant to treatment from the family. The aide must be able  
504.22 to clearly explain or demonstrate the activities the aide is doing with the client and the  
504.23 activities' relationship to treatment goals. Direction is more didactic than is supervision and  
504.24 requires the ~~professional or practitioner~~ staff providing it to continuously evaluate the mental  
504.25 health behavioral aide's ability to carry out the activities of the ~~individualized~~ individual  
504.26 treatment plan and the ~~individualized~~ individual behavior plan. When providing direction,  
504.27 the ~~professional or practitioner~~ staff must:

504.28 (i) review progress notes prepared by the mental health behavioral aide for accuracy and  
504.29 consistency with diagnostic assessment, treatment plan, and behavior goals and the  
504.30 ~~professional or practitioner~~ staff must approve and sign the progress notes;

504.31 (ii) identify changes in treatment strategies, revise the individual behavior plan, and  
504.32 communicate treatment instructions and methodologies as appropriate to ensure that treatment  
504.33 is implemented correctly;

505.1 (iii) demonstrate family-friendly behaviors that support healthy collaboration among  
505.2 the child, the child's family, and providers as treatment is planned and implemented;

505.3 (iv) ensure that the mental health behavioral aide is able to effectively communicate  
505.4 with the child, the child's family, and the provider; ~~and~~

505.5 (v) record the results of any evaluation and corrective actions taken to modify the work  
505.6 of the mental health behavioral aide; and

505.7 (vi) ensure the immediate accessibility of a mental health professional, clinical trainee,  
505.8 or mental health practitioner to the behavioral aide during service delivery;

505.9 (6) providing service delivery that implements the individual treatment plan and meets  
505.10 the requirements under subdivision 9; and

505.11 (7) individual treatment plan review. The review must determine the extent to which  
505.12 the services have met each of the goals and objectives in the treatment plan. The review  
505.13 must assess the client's progress and ensure that services and treatment goals continue to  
505.14 be necessary and appropriate to the client and the client's family or foster family. ~~Revision~~  
505.15 ~~of the individual treatment plan does not require a new diagnostic assessment unless the~~  
505.16 ~~client's mental health status has changed markedly. The updated treatment plan must be~~  
505.17 ~~signed by the clinical supervisor and by the client, if appropriate, and by the client's parent~~  
505.18 ~~or other person authorized by statute to give consent to the mental health services for the~~  
505.19 ~~child.~~

505.20 Sec. 90. Minnesota Statutes 2020, section 256B.0943, subdivision 7, is amended to read:

505.21 Subd. 7. **Qualifications of individual and team providers.** (a) An individual or team  
505.22 provider working within the scope of the provider's practice or qualifications may provide  
505.23 service components of children's therapeutic services and supports that are identified as  
505.24 medically necessary in a client's individual treatment plan.

505.25 (b) An individual provider must be qualified as a:

505.26 (1) ~~a mental health professional as defined in subdivision 1, paragraph (e); or~~

505.27 (2) a clinical trainee;

505.28 (3) mental health practitioner or clinical trainee. ~~The mental health practitioner or clinical~~  
505.29 ~~trainee must work under the clinical supervision of a mental health professional; or~~

505.30 (4) mental health certified family peer specialist; or

506.1 ~~(3) a (5) mental health behavioral aide working under the clinical supervision of a mental~~  
506.2 ~~health professional to implement the rehabilitative mental health services previously~~  
506.3 ~~introduced by a mental health professional or practitioner and identified in the client's~~  
506.4 ~~individual treatment plan and individual behavior plan.~~

506.5 ~~(A) A level I mental health behavioral aide must:~~

506.6 ~~(i) be at least 18 years old;~~

506.7 ~~(ii) have a high school diploma or commissioner of education-selected high school~~  
506.8 ~~equivalency certification or two years of experience as a primary caregiver to a child with~~  
506.9 ~~severe emotional disturbance within the previous ten years; and~~

506.10 ~~(iii) meet preservice and continuing education requirements under subdivision 8.~~

506.11 ~~(B) A level II mental health behavioral aide must:~~

506.12 ~~(i) be at least 18 years old;~~

506.13 ~~(ii) have an associate or bachelor's degree or 4,000 hours of experience in delivering~~  
506.14 ~~clinical services in the treatment of mental illness concerning children or adolescents or~~  
506.15 ~~complete a certificate program established under subdivision 8a; and~~

506.16 ~~(iii) meet preservice and continuing education requirements in subdivision 8.~~

506.17 ~~(c) A day treatment multidisciplinary team must include at least one mental health~~  
506.18 ~~professional or clinical trainee and one mental health practitioner.~~

506.19 Sec. 91. Minnesota Statutes 2020, section 256B.0943, subdivision 9, is amended to read:

506.20 **Subd. 9. Service delivery criteria.** (a) In delivering services under this section, a certified  
506.21 provider entity must ensure that:

506.22 ~~(1) each individual provider's caseload size permits the provider to deliver services to~~  
506.23 ~~both clients with severe, complex needs and clients with less intensive needs. the provider's~~  
506.24 ~~caseload size should reasonably enable the provider to play an active role in service planning,~~  
506.25 ~~monitoring, and delivering services to meet the client's and client's family's needs, as specified~~  
506.26 ~~in each client's individual treatment plan;~~

506.27 ~~(2) site-based programs, including day treatment programs, provide staffing and facilities~~  
506.28 ~~to ensure the client's health, safety, and protection of rights, and that the programs are able~~  
506.29 ~~to implement each client's individual treatment plan; and~~

506.30 ~~(3) a day treatment program is provided to a group of clients by a multidisciplinary team~~  
506.31 ~~under the clinical treatment supervision of a mental health professional. The day treatment~~

507.1 program must be provided in and by: (i) an outpatient hospital accredited by the Joint  
507.2 Commission on Accreditation of Health Organizations and licensed under sections 144.50  
507.3 to 144.55; (ii) a community mental health center under section 245.62; or (iii) an entity that  
507.4 is certified under subdivision 4 to operate a program that meets the requirements of section  
507.5 245.4884, subdivision 2, and Minnesota Rules, parts 9505.0170 to 9505.0475. The day  
507.6 treatment program must stabilize the client's mental health status while developing and  
507.7 improving the client's independent living and socialization skills. The goal of the day  
507.8 treatment program must be to reduce or relieve the effects of mental illness and provide  
507.9 training to enable the client to live in the community. The program must be available  
507.10 year-round at least three to five days per week, two or three hours per day, unless the normal  
507.11 five-day school week is shortened by a holiday, weather-related cancellation, or other  
507.12 districtwide reduction in a school week. A child transitioning into or out of day treatment  
507.13 must receive a minimum treatment of one day a week for a two-hour time block. The  
507.14 two-hour time block must include at least one hour of patient and/or family or group  
507.15 psychotherapy. The remainder of the structured treatment program may include patient  
507.16 and/or family or group psychotherapy, and individual or group skills training, if included  
507.17 in the client's individual treatment plan. Day treatment programs are not part of inpatient  
507.18 or residential treatment services. When a day treatment group that meets the minimum group  
507.19 size requirement temporarily falls below the minimum group size because of a member's  
507.20 temporary absence, medical assistance covers a group session conducted for the group  
507.21 members in attendance. A day treatment program may provide fewer than the minimally  
507.22 required hours for a particular child during a billing period in which the child is transitioning  
507.23 into, or out of, the program.

507.24 (b) To be eligible for medical assistance payment, a provider entity must deliver the  
507.25 service components of children's therapeutic services and supports in compliance with the  
507.26 following requirements:

507.27 (1) ~~patient and/or family, family, and group psychotherapy must be delivered as specified~~  
507.28 ~~in Minnesota Rules, part 9505.0372, subpart 6.~~ psychotherapy to address the child's  
507.29 underlying mental health disorder must be documented as part of the child's ongoing  
507.30 treatment. A provider must deliver, or arrange for, medically necessary psychotherapy,  
507.31 unless the child's parent or caregiver chooses not to receive it. When a provider delivering  
507.32 other services to a child under this section deems it not medically necessary to provide  
507.33 psychotherapy to the child for a period of 90 days or longer, the provider entity must  
507.34 document the medical reasons why psychotherapy is not necessary. When a provider  
507.35 determines that a child needs psychotherapy but psychotherapy cannot be delivered due to

508.1 a shortage of licensed mental health professionals in the child's community, the provider  
508.2 must document the lack of access in the child's medical record;

508.3 (2) individual, family, or group skills training ~~must be provided by a mental health~~  
508.4 ~~professional or a mental health practitioner who is delivering services that fall within the~~  
508.5 ~~scope of the provider's practice and is supervised by a mental health professional who~~  
508.6 ~~accepts full professional responsibility for the training.~~ Skills training is subject to the  
508.7 following requirements:

508.8 (i) a mental health professional, clinical trainee, or mental health practitioner shall provide  
508.9 skills training;

508.10 (ii) skills training delivered to a child or the child's family must be targeted to the specific  
508.11 deficits or maladaptations of the child's mental health disorder and must be prescribed in  
508.12 the child's individual treatment plan;

508.13 (iii) the mental health professional delivering or supervising the delivery of skills training  
508.14 must document any underlying psychiatric condition and must document how skills training  
508.15 is being used in conjunction with psychotherapy to address the underlying condition;

508.16 (iv) skills training delivered to the child's family must teach skills needed by parents to  
508.17 enhance the child's skill development, to help the child utilize daily life skills taught by a  
508.18 mental health professional, clinical trainee, or mental health practitioner, and to develop or  
508.19 maintain a home environment that supports the child's progressive use of skills;

508.20 (v) group skills training may be provided to multiple recipients who, because of the  
508.21 nature of their emotional, behavioral, or social dysfunction, can derive mutual benefit from  
508.22 interaction in a group setting, which must be staffed as follows:

508.23 (A) one mental health professional ~~or one~~, clinical trainee, or mental health practitioner  
508.24 ~~under supervision of a licensed mental health professional~~ must work with a group of three  
508.25 to eight clients; or

508.26 (B) any combination of two mental health professionals, ~~two~~ clinical trainees, or mental  
508.27 health practitioners ~~under supervision of a licensed mental health professional, or one mental~~  
508.28 ~~health professional or clinical trainee and one mental health practitioner~~ must work with a  
508.29 group of nine to 12 clients;

508.30 (vi) a mental health professional, clinical trainee, or mental health practitioner must have  
508.31 taught the psychosocial skill before a mental health behavioral aide may practice that skill  
508.32 with the client; and

509.1 (vii) for group skills training, when a skills group that meets the minimum group size  
509.2 requirement temporarily falls below the minimum group size because of a group member's  
509.3 temporary absence, the provider may conduct the session for the group members in  
509.4 attendance;

509.5 (3) crisis ~~assistance~~ planning to a child and family must include development of a written  
509.6 plan that anticipates the particular factors specific to the child that may precipitate a  
509.7 psychiatric crisis for the child in the near future. The written plan must document actions  
509.8 that the family should be prepared to take to resolve or stabilize a crisis, such as advance  
509.9 arrangements for direct intervention and support services to the child and the child's family.  
509.10 Crisis ~~assistance~~ planning must include preparing resources designed to address abrupt or  
509.11 substantial changes in the functioning of the child or the child's family when sudden change  
509.12 in behavior or a loss of usual coping mechanisms is observed, or the child begins to present  
509.13 a danger to self or others;

509.14 (4) mental health behavioral aide services must be medically necessary treatment services,  
509.15 identified in the child's individual treatment plan and individual behavior plan, ~~which are~~  
509.16 ~~performed minimally by a paraprofessional qualified according to subdivision 7, paragraph~~  
509.17 ~~(b), clause (3),~~ and which are designed to improve the functioning of the child in the  
509.18 progressive use of developmentally appropriate psychosocial skills. Activities involve  
509.19 working directly with the child, child-peer groupings, or child-family groupings to practice,  
509.20 repeat, reintroduce, and master the skills defined in subdivision 1, paragraph (t), as previously  
509.21 taught by a mental health professional, clinical trainee, or mental health practitioner including:

509.22 (i) providing cues or prompts in skill-building peer-to-peer or parent-child interactions  
509.23 so that the child progressively recognizes and responds to the cues independently;

509.24 (ii) performing as a practice partner or role-play partner;

509.25 (iii) reinforcing the child's accomplishments;

509.26 (iv) generalizing skill-building activities in the child's multiple natural settings;

509.27 (v) assigning further practice activities; and

509.28 (vi) intervening as necessary to redirect the child's target behavior and to de-escalate  
509.29 behavior that puts the child or other person at risk of injury.

509.30 To be eligible for medical assistance payment, mental health behavioral aide services must  
509.31 be delivered to a child who has been diagnosed with an emotional disturbance or a mental  
509.32 illness, as provided in subdivision 1, paragraph (a). The mental health behavioral aide must  
509.33 implement treatment strategies in the individual treatment plan and the individual behavior

510.1 plan as developed by the mental health professional, clinical trainee, or mental health  
510.2 practitioner providing direction for the mental health behavioral aide. The mental health  
510.3 behavioral aide must document the delivery of services in written progress notes. Progress  
510.4 notes must reflect implementation of the treatment strategies, as performed by the mental  
510.5 health behavioral aide and the child's responses to the treatment strategies; and

510.6 ~~(5) direction of a mental health behavioral aide must include the following:~~

510.7 ~~(i) ongoing face-to-face observation of the mental health behavioral aide delivering~~  
510.8 ~~services to a child by a mental health professional or mental health practitioner for at least~~  
510.9 ~~a total of one hour during every 40 hours of service provided to a child; and~~

510.10 ~~(ii) immediate accessibility of the mental health professional, clinical trainee, or mental~~  
510.11 ~~health practitioner to the mental health behavioral aide during service provision;~~

510.12 ~~(6)~~ (5) mental health service plan development must be performed in consultation with  
510.13 the child's family and, when appropriate, with other key participants in the child's life by  
510.14 the child's treating mental health professional or clinical trainee or by a mental health  
510.15 practitioner and approved by the treating mental health professional. Treatment plan drafting  
510.16 consists of development, review, and revision by face-to-face or electronic communication.  
510.17 The provider must document events, including the time spent with the family and other key  
510.18 participants in the child's life to ~~review, revise, and sign~~ approve the individual treatment  
510.19 plan. ~~Notwithstanding Minnesota Rules, part 9505.0371, subpart 7, Medical assistance~~  
510.20 ~~covers service plan development before completion of the child's individual treatment plan.~~  
510.21 Service plan development is covered only if a treatment plan is completed for the child. If  
510.22 upon review it is determined that a treatment plan was not completed for the child, the  
510.23 commissioner shall recover the payment for the service plan development; and.

510.24 ~~(7) to be eligible for payment, a diagnostic assessment must be complete with regard to~~  
510.25 ~~all required components, including multiple assessment appointments required for an~~  
510.26 ~~extended diagnostic assessment and the written report. Dates of the multiple assessment~~  
510.27 ~~appointments must be noted in the client's clinical record.~~

510.28 Sec. 92. Minnesota Statutes 2020, section 256B.0943, subdivision 11, is amended to read:

510.29 Subd. 11. **Documentation and billing.** (a) A provider entity must document the services  
510.30 it provides under this section. The provider entity must ensure that documentation complies  
510.31 with Minnesota Rules, parts 9505.2175 and 9505.2197. Services billed under this section  
510.32 that are not documented according to this subdivision shall be subject to monetary recovery

511.1 by the commissioner. Billing for covered service components under subdivision 2, paragraph  
511.2 (b), must not include anything other than direct service time.

511.3 ~~(b) An individual mental health provider must promptly document the following in a~~  
511.4 ~~client's record after providing services to the client:~~

511.5 ~~(1) each occurrence of the client's mental health service, including the date, type, start~~  
511.6 ~~and stop times, scope of the service as described in the child's individual treatment plan,~~  
511.7 ~~and outcome of the service compared to baselines and objectives;~~

511.8 ~~(2) the name, dated signature, and credentials of the person who delivered the service;~~

511.9 ~~(3) contact made with other persons interested in the client, including representatives~~  
511.10 ~~of the courts, corrections systems, or schools. The provider must document the name and~~  
511.11 ~~date of each contact;~~

511.12 ~~(4) any contact made with the client's other mental health providers, case manager,~~  
511.13 ~~family members, primary caregiver, legal representative, or the reason the provider did not~~  
511.14 ~~contact the client's family members, primary caregiver, or legal representative, if applicable;~~

511.15 ~~(5) required clinical supervision directly related to the identified client's services and~~  
511.16 ~~needs, as appropriate, with co-signatures of the supervisor and supervisee; and~~

511.17 ~~(6) the date when services are discontinued and reasons for discontinuation of services.~~

511.18 Sec. 93. Minnesota Statutes 2020, section 256B.0946, subdivision 1, is amended to read:

511.19 Subdivision 1. **Required covered service components.** (a) ~~Effective May 23, 2013,~~  
511.20 ~~and~~ Subject to federal approval, medical assistance covers medically necessary intensive  
511.21 treatment services ~~described under paragraph (b) that~~ when the services are provided by a  
511.22 provider entity eligible under subdivision 3 to a client eligible under subdivision 2 who is  
511.23 placed in a foster home licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or  
511.24 placed in a foster home licensed under the regulations established by a federally recognized  
511.25 Minnesota tribe certified under and meeting the standards in this section. The provider entity  
511.26 must make reasonable and good faith efforts to report individual client outcomes to the  
511.27 commissioner, using instruments and protocols approved by the commissioner.

511.28 (b) Intensive treatment services to children with mental illness residing in foster family  
511.29 settings that comprise specific required service components provided in clauses (1) to (5)  
511.30 are reimbursed by medical assistance when they meet the following standards:

512.1 (1) psychotherapy provided by a mental health professional as ~~defined in Minnesota~~  
512.2 ~~Rules, part 9505.0371, subpart 5, item A,~~ or a clinical trainee, ~~as defined in Minnesota~~  
512.3 ~~Rules, part 9505.0371, subpart 5, item C;~~

512.4 (2) ~~crisis assistance provided according to standards for children's therapeutic services~~  
512.5 ~~and supports in section 256B.0943~~ planning;

512.6 (3) individual, family, and group psychoeducation services, ~~defined in subdivision 1a,~~  
512.7 ~~paragraph (c),~~ provided by a mental health professional or a clinical trainee;

512.8 (4) clinical care consultation, ~~as defined in subdivision 1a,~~ and provided by a mental  
512.9 health professional or a clinical trainee; and

512.10 (5) service delivery payment requirements as provided under subdivision 4.

512.11 Sec. 94. Minnesota Statutes 2020, section 256B.0946, subdivision 1a, is amended to read:

512.12 Subd. 1a. **Definitions.** For the purposes of this section, the following terms have the  
512.13 meanings given them.

512.14 (a) "Clinical care consultation" means communication from a treating clinician to other  
512.15 providers working with the same client to inform, inquire, and instruct regarding the client's  
512.16 symptoms, strategies for effective engagement, care and intervention needs, and treatment  
512.17 expectations across service settings, including but not limited to the client's school, social  
512.18 services, day care, probation, home, primary care, medication prescribers, disabilities  
512.19 services, and other mental health providers and to direct and coordinate clinical service  
512.20 components provided to the client and family.

512.21 ~~(b) "Clinical supervision" means the documented time a clinical supervisor and supervisee~~  
512.22 ~~spend together to discuss the supervisee's work, to review individual client cases, and for~~  
512.23 ~~the supervisee's professional development. It includes the documented oversight and~~  
512.24 ~~supervision responsibility for planning, implementation, and evaluation of services for a~~  
512.25 ~~client's mental health treatment.~~

512.26 ~~(c) "Clinical supervisor" means the mental health professional who is responsible for~~  
512.27 ~~clinical supervision.~~

512.28 ~~(d) (b) "Clinical trainee" has the meaning given in Minnesota Rules, part 9505.0371,~~  
512.29 ~~subpart 5, item C; means a staff person who is qualified according to section 245I.04,~~  
512.30 subdivision 6.

513.1 ~~(e) (c)~~ "Crisis assistance planning" has the meaning given in section 245.4871, subdivision  
513.2 9a, ~~including the development of a plan that addresses prevention and intervention strategies~~  
513.3 ~~to be used in a potential crisis, but does not include actual crisis intervention.~~

513.4 ~~(f) (d)~~ "Culturally appropriate" means providing mental health services in a manner that  
513.5 incorporates the child's cultural influences, ~~as defined in Minnesota Rules, part 9505.0370,~~  
513.6 ~~subpart 9,~~ into interventions as a way to maximize resiliency factors and utilize cultural  
513.7 strengths and resources to promote overall wellness.

513.8 ~~(g) (e)~~ "Culture" means the distinct ways of living and understanding the world that are  
513.9 used by a group of people and are transmitted from one generation to another or adopted  
513.10 by an individual.

513.11 ~~(h) (f)~~ "Standard diagnostic assessment" ~~has the meaning given in Minnesota Rules, part~~  
513.12 ~~9505.0370, subpart 11~~ means the assessment described in section 245I.10, subdivision 6.

513.13 ~~(i) (g)~~ "Family" means a person who is identified by the client or the client's parent or  
513.14 guardian as being important to the client's mental health treatment. Family may include,  
513.15 but is not limited to, parents, foster parents, children, spouse, committed partners, former  
513.16 spouses, persons related by blood or adoption, persons who are a part of the client's  
513.17 permanency plan, or persons who are presently residing together as a family unit.

513.18 ~~(j) (h)~~ "Foster care" has the meaning given in section 260C.007, subdivision 18.

513.19 ~~(k) (i)~~ "Foster family setting" means the foster home in which the license holder resides.

513.20 ~~(l) (j)~~ "Individual treatment plan" ~~has the meaning given in Minnesota Rules, part~~  
513.21 ~~9505.0370, subpart 15~~ means the plan described in section 245I.10, subdivisions 7 and 8.

513.22 ~~(m) "Mental health practitioner"~~ ~~has the meaning given in section 245.462, subdivision~~  
513.23 ~~17, and a mental health practitioner working as a clinical trainee according to Minnesota~~  
513.24 ~~Rules, part 9505.0371, subpart 5, item C.~~

513.25 ~~(n) (k)~~ "Mental health certified family peer specialist" means a staff person who is qualified  
513.26 according to section 245I.04, subdivision 12.

513.27 ~~(o) (l)~~ "Mental health professional" ~~has the meaning given in Minnesota Rules, part~~  
513.28 ~~9505.0370, subpart 18~~ means a staff person who is qualified according to section 245I.04,  
513.29 subdivision 2.

513.30 ~~(p) (m)~~ "Mental illness" has the meaning given in ~~Minnesota Rules, part 9505.0370,~~  
513.31 ~~subpart 20~~ section 245I.02, subdivision 29.

513.32 ~~(q) (n)~~ "Parent" has the meaning given in section 260C.007, subdivision 25.

514.1 ~~(q)~~ (o) "Psychoeducation services" means information or demonstration provided to an  
514.2 individual, family, or group to explain, educate, and support the individual, family, or group  
514.3 in understanding a child's symptoms of mental illness, the impact on the child's development,  
514.4 and needed components of treatment and skill development so that the individual, family,  
514.5 or group can help the child to prevent relapse, prevent the acquisition of comorbid disorders,  
514.6 and achieve optimal mental health and long-term resilience.

514.7 ~~(r)~~ (p) "Psychotherapy" ~~has the meaning given in Minnesota Rules, part 9505.0370,~~  
514.8 ~~subpart 27~~ means the treatment described in section 256B.0671, subdivision 11.

514.9 ~~(s)~~ (q) "Team consultation and treatment planning" means the coordination of treatment  
514.10 plans and consultation among providers in a group concerning the treatment needs of the  
514.11 child, including disseminating the child's treatment service schedule to all members of the  
514.12 service team. Team members must include all mental health professionals working with the  
514.13 child, a parent, the child unless the team lead or parent deem it clinically inappropriate, and  
514.14 at least two of the following: an individualized education program case manager; probation  
514.15 agent; children's mental health case manager; child welfare worker, including adoption or  
514.16 guardianship worker; primary care provider; foster parent; and any other member of the  
514.17 child's service team.

514.18 (r) "Trauma" has the meaning given in section 245I.02, subdivision 38.

514.19 (s) "Treatment supervision" means the supervision described under section 245I.06.

514.20 Sec. 95. Minnesota Statutes 2020, section 256B.0946, subdivision 2, is amended to read:

514.21 Subd. 2. **Determination of client eligibility.** An eligible recipient is an individual, from  
514.22 birth through age 20, who is currently placed in a foster home licensed under Minnesota  
514.23 Rules, parts 2960.3000 to 2960.3340, or placed in a foster home licensed under the  
514.24 regulations established by a federally recognized Minnesota tribe, and has received: (1) a  
514.25 standard diagnostic assessment and an evaluation of level of care needed, as defined in  
514.26 paragraphs (a) and (b), within 180 days before the start of service that documents that  
514.27 intensive treatment services are medically necessary within a foster family setting to  
514.28 ameliorate identified symptoms and functional impairments; and (2) a level of care  
514.29 assessment as defined in section 245I.02, subdivision 19, that demonstrates that the individual  
514.30 requires intensive intervention without 24-hour medical monitoring, and a functional  
514.31 assessment as defined in section 245I.02, subdivision 17. The level of care assessment and  
514.32 the functional assessment must include information gathered from the placing county, tribe,  
514.33 or case manager.

515.1 ~~(a) The diagnostic assessment must:~~

515.2 ~~(1) meet criteria described in Minnesota Rules, part 9505.0372, subpart 1, and be~~  
515.3 ~~conducted by a mental health professional or a clinical trainee;~~

515.4 ~~(2) determine whether or not a child meets the criteria for mental illness, as defined in~~  
515.5 ~~Minnesota Rules, part 9505.0370, subpart 20;~~

515.6 ~~(3) document that intensive treatment services are medically necessary within a foster~~  
515.7 ~~family setting to ameliorate identified symptoms and functional impairments;~~

515.8 ~~(4) be performed within 180 days before the start of service; and~~

515.9 ~~(5) be completed as either a standard or extended diagnostic assessment annually to~~  
515.10 ~~determine continued eligibility for the service.~~

515.11 ~~(b) The evaluation of level of care must be conducted by the placing county, tribe, or~~  
515.12 ~~case manager in conjunction with the diagnostic assessment as described by Minnesota~~  
515.13 ~~Rules, part 9505.0372, subpart 1, item B, using a validated tool approved by the~~  
515.14 ~~commissioner of human services and not subject to the rulemaking process, consistent with~~  
515.15 ~~section 245.4885, subdivision 1, paragraph (d), the result of which evaluation demonstrates~~  
515.16 ~~that the child requires intensive intervention without 24-hour medical monitoring. The~~  
515.17 ~~commissioner shall update the list of approved level of care tools annually and publish on~~  
515.18 ~~the department's website.~~

515.19 Sec. 96. Minnesota Statutes 2020, section 256B.0946, subdivision 3, is amended to read:

515.20 Subd. 3. **Eligible mental health services providers.** (a) Eligible providers for intensive  
515.21 children's mental health services in a foster family setting must be certified by the state and  
515.22 have a service provision contract with a county board or a reservation tribal council and  
515.23 must be able to demonstrate the ability to provide all of the services required in this section  
515.24 and meet the standards in chapter 245I, as required in section 245I.011, subdivision 5.

515.25 (b) For purposes of this section, a provider agency must be:

515.26 (1) a county-operated entity certified by the state;

515.27 (2) an Indian Health Services facility operated by a tribe or tribal organization under  
515.28 funding authorized by United States Code, title 25, sections 450f to 450n, or title 3 of the  
515.29 Indian Self-Determination Act, Public Law 93-638, section 638 (facilities or providers); or

515.30 (3) a noncounty entity.

516.1 (c) Certified providers that do not meet the service delivery standards required in this  
516.2 section shall be subject to a decertification process.

516.3 (d) For the purposes of this section, all services delivered to a client must be provided  
516.4 by a mental health professional or a clinical trainee.

516.5 Sec. 97. Minnesota Statutes 2020, section 256B.0946, subdivision 4, is amended to read:

516.6 Subd. 4. **Service delivery payment requirements.** (a) To be eligible for payment under  
516.7 this section, a provider must develop and practice written policies and procedures for  
516.8 intensive treatment in foster care, consistent with subdivision 1, paragraph (b), and comply  
516.9 with the following requirements in paragraphs (b) to ~~(n)~~ (l).

516.10 ~~(b) A qualified clinical supervisor, as defined in and performing in compliance with~~  
516.11 ~~Minnesota Rules, part 9505.0371, subpart 5, item D, must supervise the treatment and~~  
516.12 ~~provision of services described in this section.~~

516.13 ~~(c) Each client receiving treatment services must receive an extended diagnostic~~  
516.14 ~~assessment, as described in Minnesota Rules, part 9505.0372, subpart 1, item C, within 30~~  
516.15 ~~days of enrollment in this service unless the client has a previous extended diagnostic~~  
516.16 ~~assessment that the client, parent, and mental health professional agree still accurately~~  
516.17 ~~describes the client's current mental health functioning.~~

516.18 ~~(d)~~ (b) Each previous and current mental health, school, and physical health treatment  
516.19 provider must be contacted to request documentation of treatment and assessments that the  
516.20 eligible client has received. This information must be reviewed and incorporated into the  
516.21 standard diagnostic assessment and team consultation and treatment planning review process.

516.22 ~~(e)~~ (c) Each client receiving treatment must be assessed for a trauma history, and the  
516.23 client's treatment plan must document how the results of the assessment will be incorporated  
516.24 into treatment.

516.25 (d) The level of care assessment as defined in section 245I.02, subdivision 19, and  
516.26 functional assessment as defined in section 245I.02, subdivision 17, must be updated at  
516.27 least every 90 days or prior to discharge from the service, whichever comes first.

516.28 ~~(f)~~ (e) Each client receiving treatment services must have an individual treatment plan  
516.29 that is reviewed, evaluated, and signed approved every 90 days using the team consultation  
516.30 and treatment planning process, ~~as defined in subdivision 1a, paragraph (s).~~

516.31 ~~(g)~~ (f) Clinical care consultation, as defined in subdivision 1a, paragraph (a), must be  
516.32 provided in accordance with the client's individual treatment plan.

517.1 ~~(h)~~ (g) Each client must have a crisis ~~assistance~~ plan within ten days of initiating services  
517.2 and must have access to clinical phone support 24 hours per day, seven days per week,  
517.3 during the course of treatment. The crisis plan must demonstrate coordination with the local  
517.4 or regional mobile crisis intervention team.

517.5 ~~(i)~~ (h) Services must be delivered and documented at least three days per week, equaling  
517.6 at least six hours of treatment per week, unless reduced units of service are specified on the  
517.7 treatment plan as part of transition or on a discharge plan to another service or level of care.  
517.8 ~~Documentation must comply with Minnesota Rules, parts 9505.2175 and 9505.2197.~~

517.9 ~~(j)~~ (i) Location of service delivery must be in the client's home, day care setting, school,  
517.10 or other community-based setting that is specified on the client's individualized treatment  
517.11 plan.

517.12 ~~(k)~~ (j) Treatment must be developmentally and culturally appropriate for the client.

517.13 ~~(l)~~ (k) Services must be delivered in continual collaboration and consultation with the  
517.14 client's medical providers and, in particular, with prescribers of psychotropic medications,  
517.15 including those prescribed on an off-label basis. Members of the service team must be aware  
517.16 of the medication regimen and potential side effects.

517.17 ~~(m)~~ (l) Parents, siblings, foster parents, and members of the child's permanency plan  
517.18 must be involved in treatment and service delivery unless otherwise noted in the treatment  
517.19 plan.

517.20 ~~(n)~~ (m) Transition planning for the child must be conducted starting with the first  
517.21 treatment plan and must be addressed throughout treatment to support the child's permanency  
517.22 plan and postdischarge mental health service needs.

517.23 Sec. 98. Minnesota Statutes 2020, section 256B.0946, subdivision 6, is amended to read:

517.24 Subd. 6. **Excluded services.** (a) Services in clauses (1) to (7) are not covered under this  
517.25 section and are not eligible for medical assistance payment as components of intensive  
517.26 treatment in foster care services, but may be billed separately:

517.27 (1) inpatient psychiatric hospital treatment;

517.28 (2) mental health targeted case management;

517.29 (3) partial hospitalization;

517.30 (4) medication management;

517.31 (5) children's mental health day treatment services;

- 518.1 (6) crisis response services under section ~~256B.0944~~ 256B.0624; and
- 518.2 (7) transportation; and
- 518.3 (8) mental health certified family peer specialist services under section 256B.0616.

518.4 (b) Children receiving intensive treatment in foster care services are not eligible for

518.5 medical assistance reimbursement for the following services while receiving intensive

518.6 treatment in foster care:

- 518.7 (1) psychotherapy and skills training components of children's therapeutic services and
- 518.8 supports under section ~~256B.0625, subdivision 35b~~ 256B.0943;
- 518.9 (2) mental health behavioral aide services as defined in section 256B.0943, subdivision
- 518.10 1, paragraph ~~(m)~~ (l);
- 518.11 (3) home and community-based waiver services;
- 518.12 (4) mental health residential treatment; and
- 518.13 (5) room and board costs as defined in section 256I.03, subdivision 6.

518.14 Sec. 99. Minnesota Statutes 2020, section 256B.0947, subdivision 1, is amended to read:

518.15 Subdivision 1. **Scope.** ~~Effective November 1, 2011, and~~ Subject to federal approval,

518.16 medical assistance covers medically necessary, intensive nonresidential rehabilitative mental

518.17 health services ~~as defined in subdivision 2, for recipients as defined in subdivision 3,~~ when

518.18 the services are provided by an entity meeting the standards in this section. The provider

518.19 entity must make reasonable and good faith efforts to report individual client outcomes to

518.20 the commissioner, using instruments and protocols approved by the commissioner.

518.21 Sec. 100. Minnesota Statutes 2020, section 256B.0947, subdivision 2, is amended to read:

518.22 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings

518.23 given them.

518.24 (a) "Intensive nonresidential rehabilitative mental health services" means child

518.25 rehabilitative mental health services as defined in section 256B.0943, except that these

518.26 services are provided by a multidisciplinary staff using a total team approach consistent

518.27 with assertive community treatment, as adapted for youth, and are directed to recipients

518.28 ~~ages 16, 17, 18, 19, or 20 with a serious mental illness or co-occurring mental illness and~~

518.29 ~~substance abuse addiction~~ who require intensive services to prevent admission to an inpatient

518.30 psychiatric hospital or placement in a residential treatment facility or who require intensive

518.31 services to step down from inpatient or residential care to community-based care.

519.1 (b) "~~Co-occurring mental illness and substance abuse-addiction~~ use disorder" means a  
519.2 dual diagnosis of at least one form of mental illness and at least one substance use disorder.  
519.3 Substance use disorders include alcohol or drug abuse or dependence, excluding nicotine  
519.4 use.

519.5 (c) "Standard diagnostic assessment" ~~has the meaning given to it in Minnesota Rules,~~  
519.6 ~~part 9505.0370, subpart 11. A diagnostic assessment must be provided according to~~  
519.7 ~~Minnesota Rules, part 9505.0372, subpart 1, and for this section must incorporate a~~  
519.8 ~~determination of the youth's necessary level of care using a standardized functional~~  
519.9 ~~assessment instrument approved and periodically updated by the commissioner~~ means the  
519.10 assessment described in section 245I.10, subdivision 6.

519.11 (d) "~~Education specialist~~" ~~means an individual with knowledge and experience working~~  
519.12 ~~with youth regarding special education requirements and goals, special education plans,~~  
519.13 ~~and coordination of educational activities with health care activities.~~

519.14 (e) "~~Housing access support~~" ~~means an ancillary activity to help an individual find,~~  
519.15 ~~obtain, retain, and move to safe and adequate housing. Housing access support does not~~  
519.16 ~~provide monetary assistance for rent, damage deposits, or application fees.~~

519.17 (f) "~~Integrated dual disorders treatment~~" ~~means the integrated treatment of co-occurring~~  
519.18 ~~mental illness and substance use disorders by a team of cross-trained clinicians within the~~  
519.19 ~~same program, and is characterized by assertive outreach, stage-wise comprehensive~~  
519.20 ~~treatment, treatment goal setting, and flexibility to work within each stage of treatment.~~

519.21 (g) (d) "Medication education services" means services provided individually or in  
519.22 groups, which focus on:

519.23 (1) educating the client and client's family or significant nonfamilial supporters about  
519.24 mental illness and symptoms;

519.25 (2) the role and effects of medications in treating symptoms of mental illness; and

519.26 (3) the side effects of medications.

519.27 Medication education is coordinated with medication management services and does not  
519.28 duplicate it. Medication education services are provided by physicians, pharmacists, or  
519.29 registered nurses with certification in psychiatric and mental health care.

519.30 (h) "~~Peer specialist~~" ~~means an employed team member who is a mental health certified~~  
519.31 ~~peer specialist according to section 256B.0615 and also a former children's mental health~~  
519.32 ~~consumer who:~~

520.1 ~~(1) provides direct services to clients including social, emotional, and instrumental~~  
 520.2 ~~support and outreach;~~

520.3 ~~(2) assists younger peers to identify and achieve specific life goals;~~

520.4 ~~(3) works directly with clients to promote the client's self-determination, personal~~  
 520.5 ~~responsibility, and empowerment;~~

520.6 ~~(4) assists youth with mental illness to regain control over their lives and their~~  
 520.7 ~~developmental process in order to move effectively into adulthood;~~

520.8 ~~(5) provides training and education to other team members, consumer advocacy~~  
 520.9 ~~organizations, and clients on resiliency and peer support; and~~

520.10 ~~(6) meets the following criteria:~~

520.11 ~~(i) is at least 22 years of age;~~

520.12 ~~(ii) has had a diagnosis of mental illness, as defined in Minnesota Rules, part 9505.0370,~~  
 520.13 ~~subpart 20, or co-occurring mental illness and substance abuse addiction;~~

520.14 ~~(iii) is a former consumer of child and adolescent mental health services, or a former or~~  
 520.15 ~~current consumer of adult mental health services for a period of at least two years;~~

520.16 ~~(iv) has at least a high school diploma or equivalent;~~

520.17 ~~(v) has successfully completed training requirements determined and periodically updated~~  
 520.18 ~~by the commissioner;~~

520.19 ~~(vi) is willing to disclose the individual's own mental health history to team members~~  
 520.20 ~~and clients; and~~

520.21 ~~(vii) must be free of substance use problems for at least one year.~~

520.22 ~~(e) "Mental health professional" means a staff person who is qualified according to~~  
 520.23 ~~section 245I.04, subdivision 2.~~

520.24 ~~(f) (f) "Provider agency" means a for-profit or nonprofit organization established to~~  
 520.25 ~~administer an assertive community treatment for youth team.~~

520.26 ~~(g) (g) "Substance use disorders" means one or more of the disorders defined in the~~  
 520.27 ~~diagnostic and statistical manual of mental disorders, current edition.~~

520.28 ~~(k) (h) "Transition services" means:~~

520.29 ~~(1) activities, materials, consultation, and coordination that ensures continuity of the~~  
 520.30 ~~client's care in advance of and in preparation for the client's move from one stage of care~~

521.1 or life to another by maintaining contact with the client and assisting the client to establish  
521.2 provider relationships;

521.3 (2) providing the client with knowledge and skills needed posttransition;

521.4 (3) establishing communication between sending and receiving entities;

521.5 (4) supporting a client's request for service authorization and enrollment; and

521.6 (5) establishing and enforcing procedures and schedules.

521.7 A youth's transition from the children's mental health system and services to the adult  
521.8 mental health system and services and return to the client's home and entry or re-entry into  
521.9 community-based mental health services following discharge from an out-of-home placement  
521.10 or inpatient hospital stay.

521.11 ~~(h)~~ (i) "Treatment team" means all staff who provide services to recipients under this  
521.12 section.

521.13 ~~(m)~~ (j) "Family peer specialist" means a staff person who is qualified under section  
521.14 256B.0616.

521.15 Sec. 101. Minnesota Statutes 2020, section 256B.0947, subdivision 3, is amended to read:

521.16 Subd. 3. **Client eligibility.** An eligible recipient is an individual who:

521.17 (1) is age 16, 17, 18, 19, or 20; and

521.18 (2) is diagnosed with a serious mental illness or co-occurring mental illness and substance  
521.19 ~~abuse-addiction~~ use disorder, for which intensive nonresidential rehabilitative mental health  
521.20 services are needed;

521.21 (3) has received a ~~level of care determination, using an instrument approved by the~~  
521.22 ~~commissioner~~ level of care assessment as defined in section 245I.02, subdivision 19, that  
521.23 indicates a need for intensive integrated intervention without 24-hour medical monitoring  
521.24 and a need for extensive collaboration among multiple providers;

521.25 (4) has received a functional assessment as defined in section 245I.02, subdivision 17,  
521.26 that indicates functional impairment and a history of difficulty in functioning safely and  
521.27 successfully in the community, school, home, or job; or who is likely to need services from  
521.28 the adult mental health system within the next two years; and

521.29 (5) has had a recent standard diagnostic assessment, as provided in Minnesota Rules,  
521.30 ~~part 9505.0372, subpart 1, by a mental health professional who is qualified under Minnesota~~  
521.31 ~~Rules, part 9505.0371, subpart 5, item A,~~ that documents that intensive nonresidential

522.1 rehabilitative mental health services are medically necessary to ameliorate identified  
522.2 symptoms and functional impairments and to achieve individual transition goals.

522.3 Sec. 102. Minnesota Statutes 2020, section 256B.0947, subdivision 3a, is amended to  
522.4 read:

522.5 Subd. 3a. **Required service components.** ~~(a) Subject to federal approval, medical~~  
522.6 ~~assistance covers all medically necessary intensive nonresidential rehabilitative mental~~  
522.7 ~~health services and supports, as defined in this section, under a single daily rate per client.~~  
522.8 ~~Services and supports must be delivered by an eligible provider under subdivision 5 to an~~  
522.9 ~~eligible client under subdivision 3.~~

522.10 ~~(b)~~ (a) Intensive nonresidential rehabilitative mental health services, supports, and  
522.11 ancillary activities are covered by ~~the~~ a single daily rate per client must include the following,  
522.12 as needed by the individual client:

522.13 (1) individual, family, and group psychotherapy;

522.14 (2) individual, family, and group skills training, as defined in section 256B.0943,  
522.15 subdivision 1, paragraph (t);

522.16 (3) ~~crisis assistance~~ planning as defined in section 245.4871, subdivision 9a, ~~which~~  
522.17 ~~includes recognition of factors precipitating a mental health crisis, identification of behaviors~~  
522.18 ~~related to the crisis, and the development of a plan to address prevention, intervention, and~~  
522.19 ~~follow-up strategies to be used in the lead-up to or onset of, and conclusion of, a mental~~  
522.20 ~~health crisis; crisis assistance does not mean crisis response services or crisis intervention~~  
522.21 ~~services provided in section 256B.0944;~~

522.22 (4) medication management provided by a physician or an advanced practice registered  
522.23 nurse with certification in psychiatric and mental health care;

522.24 (5) mental health case management as provided in section 256B.0625, subdivision 20;

522.25 (6) medication education services as defined in this section;

522.26 (7) care coordination by a client-specific lead worker assigned by and responsible to the  
522.27 treatment team;

522.28 (8) psychoeducation of and consultation and coordination with the client's biological,  
522.29 adoptive, or foster family and, in the case of a youth living independently, the client's  
522.30 immediate nonfamilial support network;

523.1 (9) clinical consultation to a client's employer or school or to other service agencies or  
 523.2 to the courts to assist in managing the mental illness or co-occurring disorder and to develop  
 523.3 client support systems;

523.4 (10) coordination with, or performance of, crisis intervention and stabilization services  
 523.5 as defined in section ~~256B.0944~~ 256B.0624;

523.6 ~~(11) assessment of a client's treatment progress and effectiveness of services using~~  
 523.7 ~~standardized outcome measures published by the commissioner;~~

523.8 ~~(12)~~ (11) transition services as defined in this section;

523.9 ~~(13) integrated dual disorders treatment as defined in this section~~ (12) co-occurring  
 523.10 substance use disorder treatment as defined in section 245I.02, subdivision 11; and

523.11 ~~(14)~~ (13) housing access support that assists clients to find, obtain, retain, and move to  
 523.12 safe and adequate housing. Housing access support does not provide monetary assistance  
 523.13 for rent, damage deposits, or application fees.

523.14 ~~(e)~~ (b) The provider shall ensure and document the following by means of performing  
 523.15 the required function or by contracting with a qualified person or entity:

523.16 ~~(1)~~ client access to crisis intervention services, as defined in section ~~256B.0944~~  
 523.17 256B.0624, and available 24 hours per day and seven days per week;

523.18 ~~(2) completion of an extended diagnostic assessment, as defined in Minnesota Rules,~~  
 523.19 ~~part 9505.0372, subpart 1, item C; and~~

523.20 ~~(3) determination of the client's needed level of care using an instrument approved and~~  
 523.21 ~~periodically updated by the commissioner.~~

523.22 Sec. 103. Minnesota Statutes 2020, section 256B.0947, subdivision 5, is amended to read:

523.23 Subd. 5. **Standards for intensive nonresidential rehabilitative providers.** (a) Services  
 523.24 ~~must be provided by a provider entity as provided in subdivision 4~~ meet the standards in  
 523.25 this section and chapter 245I as required in section 245I.011, subdivision 5.

523.26 (b) The treatment team for intensive nonresidential rehabilitative mental health services  
 523.27 comprises both permanently employed core team members and client-specific team members  
 523.28 as follows:

523.29 ~~(1) The core treatment team is an entity that operates under the direction of an~~  
 523.30 ~~independently licensed mental health professional, who is qualified under Minnesota Rules,~~  
 523.31 ~~part 9505.0371, subpart 5, item A, and that assumes comprehensive clinical responsibility~~

524.1 ~~for clients.~~ Based on professional qualifications and client needs, clinically qualified core  
524.2 team members are assigned on a rotating basis as the client's lead worker to coordinate a  
524.3 client's care. The core team must comprise at least four full-time equivalent direct care staff  
524.4 and must minimally include, ~~but is not limited to:~~

524.5 (i) ~~an independently licensed~~ a mental health professional, ~~qualified under Minnesota~~  
524.6 ~~Rules, part 9505.0371, subpart 5, item A,~~ who serves as team leader to provide administrative  
524.7 direction and ~~clinical~~ treatment supervision to the team;

524.8 (ii) an advanced-practice registered nurse with certification in psychiatric or mental  
524.9 health care or a board-certified child and adolescent psychiatrist, either of which must be  
524.10 credentialed to prescribe medications;

524.11 (iii) a licensed alcohol and drug counselor who is also trained in mental health  
524.12 interventions; and

524.13 (iv) a mental health certified peer specialist as defined in subdivision 2, paragraph (h)  
524.14 who is qualified according to section 245I.04, subdivision 10, and is also a former children's  
524.15 mental health consumer.

524.16 (2) The core team may also include any of the following:

524.17 (i) additional mental health professionals;

524.18 (ii) a vocational specialist;

524.19 (iii) an educational specialist with knowledge and experience working with youth  
524.20 regarding special education requirements and goals, special education plans, and coordination  
524.21 of educational activities with health care activities;

524.22 (iv) a child and adolescent psychiatrist who may be retained on a consultant basis;

524.23 (v) a clinical trainee qualified according to section 245I.04, subdivision 6;

524.24 (vi) a mental health practitioner, ~~as defined in section 245.4871, subdivision 26~~ qualified  
524.25 according to section 245I.04, subdivision 4;

524.26 ~~(vi)~~ (vii) a case management service provider, as defined in section 245.4871, subdivision  
524.27 4;

524.28 ~~(vii)~~ (viii) a housing access specialist; and

524.29 ~~(viii)~~ (ix) a family peer specialist as defined in subdivision 2, paragraph (m).

524.30 (3) A treatment team may include, in addition to those in clause (1) or (2), ad hoc  
524.31 members not employed by the team who consult on a specific client and who must accept

525.1 overall clinical direction from the treatment team for the duration of the client's placement  
525.2 with the treatment team and must be paid by the provider agency at the rate for a typical  
525.3 session by that provider with that client or at a rate negotiated with the client-specific  
525.4 member. Client-specific treatment team members may include:

525.5 (i) the mental health professional treating the client prior to placement with the treatment  
525.6 team;

525.7 (ii) the client's current substance ~~abuse~~ use counselor, if applicable;

525.8 (iii) a lead member of the client's individualized education program team or school-based  
525.9 mental health provider, if applicable;

525.10 (iv) a representative from the client's health care home or primary care clinic, as needed  
525.11 to ensure integration of medical and behavioral health care;

525.12 (v) the client's probation officer or other juvenile justice representative, if applicable;  
525.13 and

525.14 (vi) the client's current vocational or employment counselor, if applicable.

525.15 (c) The ~~clinical~~ treatment supervisor shall be an active member of the treatment team  
525.16 and shall function as a practicing clinician at least on a part-time basis. The treatment team  
525.17 shall meet with the ~~clinical~~ treatment supervisor at least weekly to discuss recipients' progress  
525.18 and make rapid adjustments to meet recipients' needs. The team meeting must include  
525.19 client-specific case reviews and general treatment discussions among team members.  
525.20 Client-specific case reviews and planning must be documented in the individual client's  
525.21 treatment record.

525.22 (d) The staffing ratio must not exceed ten clients to one full-time equivalent treatment  
525.23 team position.

525.24 (e) The treatment team shall serve no more than 80 clients at any one time. Should local  
525.25 demand exceed the team's capacity, an additional team must be established rather than  
525.26 exceed this limit.

525.27 (f) Nonclinical staff shall have prompt access in person or by telephone to a mental  
525.28 health practitioner, clinical trainee, or mental health professional. The provider shall have  
525.29 the capacity to promptly and appropriately respond to emergent needs and make any  
525.30 necessary staffing adjustments to ensure the health and safety of clients.

525.31 (g) The intensive nonresidential rehabilitative mental health services provider shall  
525.32 participate in evaluation of the assertive community treatment for youth (Youth ACT) model

526.1 as conducted by the commissioner, including the collection and reporting of data and the  
526.2 reporting of performance measures as specified by contract with the commissioner.

526.3 (h) A regional treatment team may serve multiple counties.

526.4 Sec. 104. Minnesota Statutes 2020, section 256B.0947, subdivision 6, is amended to read:

526.5 Subd. 6. **Service standards.** The standards in this subdivision apply to intensive  
526.6 nonresidential rehabilitative mental health services.

526.7 (a) The treatment team must use team treatment, not an individual treatment model.

526.8 (b) Services must be available at times that meet client needs.

526.9 (c) Services must be age-appropriate and meet the specific needs of the client.

526.10 (d) ~~The initial functional assessment must be completed within ten days of intake and~~  
526.11 level of care assessment as defined in section 245I.02, subdivision 19, and functional  
526.12 assessment as defined in section 245I.02, subdivision 17, must be updated at least every six  
526.13 ~~months~~ 90 days or prior to discharge from the service, whichever comes first.

526.14 (e) An individual treatment plan must be completed for each client, according to section  
526.15 245I.10, subdivisions 7 and 8, and, additionally, must:

526.16 ~~(1) be based on the information in the client's diagnostic assessment and baselines;~~

526.17 ~~(2) identify goals and objectives of treatment, a treatment strategy, a schedule for~~  
526.18 ~~accomplishing treatment goals and objectives, and the individuals responsible for providing~~  
526.19 ~~treatment services and supports;~~

526.20 ~~(3) be developed after completion of the client's diagnostic assessment by a mental health~~  
526.21 ~~professional or clinical trainee and before the provision of children's therapeutic services~~  
526.22 ~~and supports;~~

526.23 ~~(4) be developed through a child-centered, family-driven, culturally appropriate planning~~  
526.24 ~~process, including allowing parents and guardians to observe or participate in individual~~  
526.25 ~~and family treatment services, assessments, and treatment planning;~~

526.26 ~~(5) be reviewed at least once every six months and revised to document treatment progress~~  
526.27 ~~on each treatment objective and next goals or, if progress is not documented, to document~~  
526.28 ~~changes in treatment;~~

526.29 ~~(6) be signed by the clinical supervisor and by the client or by the client's parent or other~~  
526.30 ~~person authorized by statute to consent to mental health services for the client. A client's~~

527.1 ~~parent may approve the client's individual treatment plan by secure electronic signature or~~  
527.2 ~~by documented oral approval that is later verified by written signature;~~

527.3 ~~(7)~~ (1) be completed in consultation with the client's current therapist and key providers  
527.4 and provide for ongoing consultation with the client's current therapist to ensure therapeutic  
527.5 continuity and to facilitate the client's return to the community. For clients under the age of  
527.6 18, the treatment team must consult with parents and guardians in developing the treatment  
527.7 plan;

527.8 ~~(8)~~ (2) if a need for substance use disorder treatment is indicated by validated assessment:

527.9 (i) identify goals, objectives, and strategies of substance use disorder treatment;

527.10 (ii) develop a schedule for accomplishing substance use disorder treatment goals and  
527.11 objectives; and

527.12 (iii) identify the individuals responsible for providing substance use disorder treatment  
527.13 services and supports;

527.14 ~~(ii) be reviewed at least once every 90 days and revised, if necessary;~~

527.15 ~~(9) be signed by the clinical supervisor and by the client and, if the client is a minor, by~~  
527.16 ~~the client's parent or other person authorized by statute to consent to mental health treatment~~  
527.17 ~~and substance use disorder treatment for the client; and~~

527.18 ~~(10)~~ (3) provide for the client's transition out of intensive nonresidential rehabilitative  
527.19 mental health services by defining the team's actions to assist the client and subsequent  
527.20 providers in the transition to less intensive or "stepped down" services; and

527.21 (4) notwithstanding section 245I.10, subdivision 8, be reviewed at least every 90 days  
527.22 and revised to document treatment progress or, if progress is not documented, to document  
527.23 changes in treatment.

527.24 (f) The treatment team shall actively and assertively engage the client's family members  
527.25 and significant others by establishing communication and collaboration with the family and  
527.26 significant others and educating the family and significant others about the client's mental  
527.27 illness, symptom management, and the family's role in treatment, unless the team knows or  
527.28 has reason to suspect that the client has suffered or faces a threat of suffering any physical  
527.29 or mental injury, abuse, or neglect from a family member or significant other.

527.30 (g) For a client age 18 or older, the treatment team may disclose to a family member,  
527.31 other relative, or a close personal friend of the client, or other person identified by the client,  
527.32 the protected health information directly relevant to such person's involvement with the

528.1 client's care, as provided in Code of Federal Regulations, title 45, part 164.502(b). If the  
528.2 client is present, the treatment team shall obtain the client's agreement, provide the client  
528.3 with an opportunity to object, or reasonably infer from the circumstances, based on the  
528.4 exercise of professional judgment, that the client does not object. If the client is not present  
528.5 or is unable, by incapacity or emergency circumstances, to agree or object, the treatment  
528.6 team may, in the exercise of professional judgment, determine whether the disclosure is in  
528.7 the best interests of the client and, if so, disclose only the protected health information that  
528.8 is directly relevant to the family member's, relative's, friend's, or client-identified person's  
528.9 involvement with the client's health care. The client may orally agree or object to the  
528.10 disclosure and may prohibit or restrict disclosure to specific individuals.

528.11 (h) The treatment team shall provide interventions to promote positive interpersonal  
528.12 relationships.

528.13 Sec. 105. Minnesota Statutes 2020, section 256B.0947, subdivision 7, is amended to read:

528.14 Subd. 7. **Medical assistance payment and rate setting.** (a) Payment for services in this  
528.15 section must be based on one daily encounter rate per provider inclusive of the following  
528.16 services received by an eligible client in a given calendar day: all rehabilitative services,  
528.17 supports, and ancillary activities under this section, staff travel time to provide rehabilitative  
528.18 services under this section, and crisis response services under section ~~256B.0944~~ 256B.0624.

528.19 (b) Payment must not be made to more than one entity for each client for services  
528.20 provided under this section on a given day. If services under this section are provided by a  
528.21 team that includes staff from more than one entity, the team shall determine how to distribute  
528.22 the payment among the members.

528.23 (c) The commissioner shall establish regional cost-based rates for entities that will bill  
528.24 medical assistance for nonresidential intensive rehabilitative mental health services. In  
528.25 developing these rates, the commissioner shall consider:

528.26 (1) the cost for similar services in the health care trade area;

528.27 (2) actual costs incurred by entities providing the services;

528.28 (3) the intensity and frequency of services to be provided to each client;

528.29 (4) the degree to which clients will receive services other than services under this section;

528.30 and

528.31 (5) the costs of other services that will be separately reimbursed.

529.1 (d) The rate for a provider must not exceed the rate charged by that provider for the  
529.2 same service to other payers.

529.3 Sec. 106. Minnesota Statutes 2020, section 256B.0949, subdivision 2, is amended to read:

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

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

529.11 (c) "Autism spectrum disorder or a related condition" or "ASD or a related condition"  
529.12 means either autism spectrum disorder (ASD) as defined in the current version of the  
529.13 Diagnostic and Statistical Manual of Mental Disorders (DSM) or a condition that is found  
529.14 to be closely related to ASD, as identified under the current version of the DSM, and meets  
529.15 all of the following criteria:

529.16 (1) is severe and chronic;

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

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

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

529.25 (i) behavioral challenges and self-regulation;

529.26 (ii) cognition;

529.27 (iii) learning and play;

529.28 (iv) self-care; or

529.29 (v) safety.

529.30 (d) "Person" means a person under 21 years of age.

530.1 (e) "Clinical supervision" means the overall responsibility for the control and direction  
530.2 of EIDBI service delivery, including individual treatment planning, staff supervision,  
530.3 individual treatment plan progress monitoring, and treatment review for each person. Clinical  
530.4 supervision is provided by a qualified supervising professional (QSP) who takes full  
530.5 professional responsibility for the service provided by each supervisee.

530.6 (f) "Commissioner" means the commissioner of human services, unless otherwise  
530.7 specified.

530.8 (g) "Comprehensive multidisciplinary evaluation" or "CMDE" means a comprehensive  
530.9 evaluation of a person to determine medical necessity for EIDBI services based on the  
530.10 requirements in subdivision 5.

530.11 (h) "Department" means the Department of Human Services, unless otherwise specified.

530.12 (i) "Early intensive developmental and behavioral intervention benefit" or "EIDBI  
530.13 benefit" means a variety of individualized, intensive treatment modalities approved and  
530.14 published by the commissioner that are based in behavioral and developmental science  
530.15 consistent with best practices on effectiveness.

530.16 (j) "Generalizable goals" means results or gains that are observed during a variety of  
530.17 activities over time with different people, such as providers, family members, other adults,  
530.18 and people, and in different environments including, but not limited to, clinics, homes,  
530.19 schools, and the community.

530.20 (k) "Incident" means when any of the following occur:

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

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

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

530.25 (l) "Individual treatment plan" or "ITP" means the person-centered, individualized written  
530.26 plan of care that integrates and coordinates person and family information from the CMDE  
530.27 for a person who meets medical necessity for the EIDBI benefit. An individual treatment  
530.28 plan must meet the standards in subdivision 6.

530.29 (m) "Legal representative" means the parent of a child who is under 18 years of age, a  
530.30 court-appointed guardian, or other representative with legal authority to make decisions  
530.31 about service for a person. For the purpose of this subdivision, "other representative with

531.1 legal authority to make decisions" includes a health care agent or an attorney-in-fact  
531.2 authorized through a health care directive or power of attorney.

531.3 (n) "Mental health professional" ~~has the meaning given in~~ means a staff person who is  
531.4 qualified according to section 245.4871, subdivision 27, clauses (1) to (6) 245I.04,  
531.5 subdivision 2.

531.6 (o) "Person-centered" means a service that both responds to the identified needs, interests,  
531.7 values, preferences, and desired outcomes of the person or the person's legal representative  
531.8 and respects the person's history, dignity, and cultural background and allows inclusion and  
531.9 participation in the person's community.

531.10 (p) "Qualified EIDBI provider" means a person who is a QSP or a level I, level II, or  
531.11 level III treatment provider.

531.12 Sec. 107. Minnesota Statutes 2020, section 256B.0949, subdivision 4, is amended to read:

531.13 Subd. 4. **Diagnosis.** (a) A diagnosis of ASD or a related condition must:

531.14 (1) be based upon current DSM criteria including direct observations of the person and  
531.15 information from the person's legal representative or primary caregivers;

531.16 (2) be completed by either (i) a licensed physician or advanced practice registered nurse  
531.17 or (ii) a mental health professional; and

531.18 (3) meet the requirements of ~~Minnesota Rules, part 9505.0372, subpart 1, items B and~~  
531.19 € a standard diagnostic assessment according to section 245I.10, subdivision 6.

531.20 (b) Additional assessment information may be considered to complete a diagnostic  
531.21 assessment including specialized tests administered through special education evaluations  
531.22 and licensed school personnel, and from professionals licensed in the fields of medicine,  
531.23 speech and language, psychology, occupational therapy, and physical therapy. A diagnostic  
531.24 assessment may include treatment recommendations.

531.25 Sec. 108. Minnesota Statutes 2020, section 256B.0949, subdivision 5a, is amended to  
531.26 read:

531.27 Subd. 5a. **Comprehensive multidisciplinary evaluation provider qualification.** A  
531.28 CMDE provider must:

531.29 (1) be a licensed physician, advanced practice registered nurse, a mental health  
531.30 professional, or a ~~mental health practitioner who meets the requirements of a clinical trainee~~

532.1 ~~as defined in Minnesota Rules, part 9505.0371, subpart 5, item C~~ who is qualified according  
532.2 to section 245I.04, subdivision 6;

532.3 (2) have at least 2,000 hours of clinical experience in the evaluation and treatment of  
532.4 people with ASD or a related condition or equivalent documented coursework at the graduate  
532.5 level by an accredited university in the following content areas: ASD or a related condition  
532.6 diagnosis, ASD or a related condition treatment strategies, and child development; and

532.7 (3) be able to diagnose, evaluate, or provide treatment within the provider's scope of  
532.8 practice and professional license.

532.9 Sec. 109. Minnesota Statutes 2020, section 256B.25, subdivision 3, is amended to read:

532.10 Subd. 3. **Payment exceptions.** The limitation in subdivision 2 shall not apply to:

532.11 (1) payment of Minnesota supplemental assistance funds to recipients who reside in  
532.12 facilities which are involved in litigation contesting their designation as an institution for  
532.13 treatment of mental disease;

532.14 (2) payment or grants to a boarding care home or supervised living facility licensed by  
532.15 the Department of Human Services under Minnesota Rules, parts 2960.0130 to 2960.0220  
532.16 ~~or~~, 2960.0580 to 2960.0700, or 9520.0500 to 9520.0670, or under chapter 245G or 245I,  
532.17 or payment to recipients who reside in these facilities;

532.18 (3) payments or grants to a boarding care home or supervised living facility which are  
532.19 ineligible for certification under United States Code, title 42, sections 1396-1396p;

532.20 (4) payments or grants otherwise specifically authorized by statute or rule.

532.21 Sec. 110. Minnesota Statutes 2020, section 256B.761, is amended to read:

532.22 **256B.761 REIMBURSEMENT FOR MENTAL HEALTH SERVICES.**

532.23 (a) Effective for services rendered on or after July 1, 2001, payment for medication  
532.24 management provided to psychiatric patients, outpatient mental health services, day treatment  
532.25 services, home-based mental health services, and family community support services shall  
532.26 be paid at the lower of (1) submitted charges, or (2) 75.6 percent of the 50th percentile of  
532.27 1999 charges.

532.28 (b) Effective July 1, 2001, the medical assistance rates for outpatient mental health  
532.29 services provided by an entity that operates: (1) a Medicare-certified comprehensive  
532.30 outpatient rehabilitation facility; and (2) a facility that was certified prior to January 1, 1993,  
532.31 with at least 33 percent of the clients receiving rehabilitation services in the most recent

533.1 calendar year who are medical assistance recipients, will be increased by 38 percent, when  
 533.2 those services are provided within the comprehensive outpatient rehabilitation facility and  
 533.3 provided to residents of nursing facilities owned by the entity.

533.4 ~~(e) The commissioner shall establish three levels of payment for mental health diagnostic~~  
 533.5 ~~assessment, based on three levels of complexity. The aggregate payment under the tiered~~  
 533.6 ~~rates must not exceed the projected aggregate payments for mental health diagnostic~~  
 533.7 ~~assessment under the previous single rate. The new rate structure is effective January 1,~~  
 533.8 ~~2011, or upon federal approval, whichever is later.~~

533.9 ~~(d)~~ (c) In addition to rate increases otherwise provided, the commissioner may restructure  
 533.10 coverage policy and rates to improve access to adult rehabilitative mental health services  
 533.11 under section 256B.0623 and related mental health support services under section 256B.021,  
 533.12 subdivision 4, paragraph (f), clause (2). For state fiscal years 2015 and 2016, the projected  
 533.13 state share of increased costs due to this paragraph is transferred from adult mental health  
 533.14 grants under sections 245.4661 and 256E.12. The transfer for fiscal year 2016 is a permanent  
 533.15 base adjustment for subsequent fiscal years. Payments made to managed care plans and  
 533.16 county-based purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall reflect  
 533.17 the rate changes described in this paragraph.

533.18 ~~(e)~~ (d) Any ratables effective before July 1, 2015, do not apply to early intensive  
 533.19 developmental and behavioral intervention (EIDBI) benefits described in section 256B.0949.

533.20 Sec. 111. Minnesota Statutes 2020, section 256B.763, is amended to read:

533.21 **256B.763 CRITICAL ACCESS MENTAL HEALTH RATE INCREASE.**

533.22 (a) For services defined in paragraph (b) and rendered on or after July 1, 2007, payment  
 533.23 rates shall be increased by 23.7 percent over the rates in effect on January 1, 2006, for:

533.24 (1) psychiatrists and advanced practice registered nurses with a psychiatric specialty;

533.25 (2) community mental health centers under section 256B.0625, subdivision 5; and

533.26 (3) mental health clinics ~~and centers certified under Minnesota Rules, parts 9520.0750~~  
 533.27 ~~to 9520.0870~~ section 245I.20, or hospital outpatient psychiatric departments that are  
 533.28 designated as essential community providers under section 62Q.19.

533.29 (b) This increase applies to group skills training when provided as a component of  
 533.30 children's therapeutic services and support, psychotherapy, medication management,  
 533.31 evaluation and management, diagnostic assessment, explanation of findings, psychological  
 533.32 testing, neuropsychological services, direction of behavioral aides, and inpatient consultation.

534.1 (c) This increase does not apply to rates that are governed by section 256B.0625,  
534.2 subdivision 30, or 256B.761, paragraph (b), other cost-based rates, rates that are negotiated  
534.3 with the county, rates that are established by the federal government, or rates that increased  
534.4 between January 1, 2004, and January 1, 2005.

534.5 (d) The commissioner shall adjust rates paid to prepaid health plans under contract with  
534.6 the commissioner to reflect the rate increases provided in paragraphs (a), (e), and (f). The  
534.7 prepaid health plan must pass this rate increase to the providers identified in paragraphs (a),  
534.8 (e), (f), and (g).

534.9 (e) Payment rates shall be increased by 23.7 percent over the rates in effect on December  
534.10 31, 2007, for:

534.11 (1) medication education services provided on or after January 1, 2008, by adult  
534.12 rehabilitative mental health services providers certified under section 256B.0623; and

534.13 (2) mental health behavioral aide services provided on or after January 1, 2008, by  
534.14 children's therapeutic services and support providers certified under section 256B.0943.

534.15 (f) For services defined in paragraph (b) and rendered on or after January 1, 2008, by  
534.16 children's therapeutic services and support providers certified under section 256B.0943 and  
534.17 not already included in paragraph (a), payment rates shall be increased by 23.7 percent over  
534.18 the rates in effect on December 31, 2007.

534.19 (g) Payment rates shall be increased by 2.3 percent over the rates in effect on December  
534.20 31, 2007, for individual and family skills training provided on or after January 1, 2008, by  
534.21 children's therapeutic services and support providers certified under section 256B.0943.

534.22 (h) For services described in paragraphs (b), (e), and (g) and rendered on or after July  
534.23 1, 2017, payment rates for mental health clinics ~~and centers certified under Minnesota Rules,~~  
534.24 ~~parts 9520.0750 to 9520.0870~~ section 245I.20, that are not designated as essential community  
534.25 providers under section 62Q.19 shall be equal to payment rates for mental health clinics  
534.26 ~~and centers certified under Minnesota Rules, parts 9520.0750 to 9520.0870~~ section 245I.20,  
534.27 that are designated as essential community providers under section 62Q.19. In order to  
534.28 receive increased payment rates under this paragraph, a provider must demonstrate a  
534.29 commitment to serve low-income and underserved populations by:

534.30 (1) charging for services on a sliding-fee schedule based on current poverty income  
534.31 guidelines; and

534.32 (2) not restricting access or services because of a client's financial limitation.

535.1 Sec. 112. Minnesota Statutes 2020, section 256P.01, subdivision 6a, is amended to read:

535.2 Subd. 6a. **Qualified professional.** (a) For illness, injury, or incapacity, a "qualified  
535.3 professional" means a licensed physician, physician assistant, advanced practice registered  
535.4 nurse, physical therapist, occupational therapist, or licensed chiropractor, according to their  
535.5 scope of practice.

535.6 (b) For developmental disability, learning disability, and intelligence testing, a "qualified  
535.7 professional" means a licensed physician, physician assistant, advanced practice registered  
535.8 nurse, licensed independent clinical social worker, licensed psychologist, certified school  
535.9 psychologist, or certified psychometrist working under the supervision of a licensed  
535.10 psychologist.

535.11 (c) For mental health, a "qualified professional" means a licensed physician, advanced  
535.12 practice registered nurse, or qualified mental health professional under section ~~245.462,~~  
535.13 ~~subdivision 18, clauses (1) to (6)~~ 245I.04, subdivision 2.

535.14 (d) For substance use disorder, a "qualified professional" means a licensed physician, a  
535.15 qualified mental health professional under section 245.462, subdivision 18, clauses (1) to  
535.16 (6), or an individual as defined in section 245G.11, subdivision 3, 4, or 5.

535.17 Sec. 113. Minnesota Statutes 2020, section 295.50, subdivision 9b, is amended to read:

535.18 Subd. 9b. **Patient services.** (a) "Patient services" means inpatient and outpatient services  
535.19 and other goods and services provided by hospitals, surgical centers, or health care providers.  
535.20 They include the following health care goods and services provided to a patient or consumer:

535.21 (1) bed and board;

535.22 (2) nursing services and other related services;

535.23 (3) use of hospitals, surgical centers, or health care provider facilities;

535.24 (4) medical social services;

535.25 (5) drugs, biologicals, supplies, appliances, and equipment;

535.26 (6) other diagnostic or therapeutic items or services;

535.27 (7) medical or surgical services;

535.28 (8) items and services furnished to ambulatory patients not requiring emergency care;

535.29 and

535.30 (9) emergency services.

536.1 (b) "Patient services" does not include:

536.2 (1) services provided to nursing homes licensed under chapter 144A;

536.3 (2) examinations for purposes of utilization reviews, insurance claims or eligibility,  
536.4 litigation, and employment, including reviews of medical records for those purposes;

536.5 (3) services provided to and by community residential mental health facilities licensed  
536.6 under section 245I.23 or Minnesota Rules, parts 9520.0500 to 9520.0670, and to and by  
536.7 residential treatment programs for children with severe emotional disturbance licensed or  
536.8 certified under chapter 245A;

536.9 (4) services provided under the following programs: day treatment services as defined  
536.10 in section 245.462, subdivision 8; assertive community treatment as described in section  
536.11 256B.0622; adult rehabilitative mental health services as described in section 256B.0623;  
536.12 ~~adult~~ crisis response services as described in section 256B.0624; and children's therapeutic  
536.13 services and supports as described in section 256B.0943; ~~and children's mental health crisis~~  
536.14 ~~response services as described in section 256B.0944;~~

536.15 (5) services provided to and by community mental health centers as defined in section  
536.16 245.62, subdivision 2;

536.17 (6) services provided to and by assisted living programs and congregate housing  
536.18 programs;

536.19 (7) hospice care services;

536.20 (8) home and community-based waived services under chapter 256S and sections  
536.21 256B.49 and 256B.501;

536.22 (9) targeted case management services under sections 256B.0621; 256B.0625,  
536.23 subdivisions 20, 20a, 33, and 44; and 256B.094; and

536.24 (10) services provided to the following: supervised living facilities for persons with  
536.25 developmental disabilities licensed under Minnesota Rules, parts 4665.0100 to 4665.9900;  
536.26 housing with services establishments required to be registered under chapter 144D; board  
536.27 and lodging establishments providing only custodial services that are licensed under chapter  
536.28 157 and registered under section 157.17 to provide supportive services or health supervision  
536.29 services; adult foster homes as defined in Minnesota Rules, part 9555.5105; day training  
536.30 and habilitation services for adults with developmental disabilities as defined in section  
536.31 252.41, subdivision 3; boarding care homes as defined in Minnesota Rules, part 4655.0100;  
536.32 adult day care services as defined in section 245A.02, subdivision 2a; and home health

537.1 agencies as defined in Minnesota Rules, part 9505.0175, subpart 15, or licensed under  
537.2 chapter 144A.

537.3 Sec. 114. Minnesota Statutes 2020, section 325F.721, subdivision 1, is amended to read:

537.4 Subdivision 1. **Definitions.** (a) For the purposes of this section, the following terms have  
537.5 the meanings given them.

537.6 (b) "Covered setting" means an unlicensed setting providing sleeping accommodations  
537.7 to one or more adult residents, at least 80 percent of which are 55 years of age or older, and  
537.8 offering or providing, for a fee, supportive services. For the purposes of this section, covered  
537.9 setting does not mean:

537.10 (1) emergency shelter, transitional housing, or any other residential units serving  
537.11 exclusively or primarily homeless individuals, as defined under section 116L.361;

537.12 (2) a nursing home licensed under chapter 144A;

537.13 (3) a hospital, certified boarding care, or supervised living facility licensed under sections  
537.14 144.50 to 144.56;

537.15 (4) a lodging establishment licensed under chapter 157 and Minnesota Rules, parts  
537.16 9520.0500 to 9520.0670, or under chapter 245D ~~or~~, 245G, or 245I;

537.17 (5) services and residential settings licensed under chapter 245A, including adult foster  
537.18 care and services and settings governed under the standards in chapter 245D;

537.19 (6) private homes in which the residents are related by kinship, law, or affinity with the  
537.20 providers of services;

537.21 (7) a duly organized condominium, cooperative, and common interest community, or  
537.22 owners' association of the condominium, cooperative, and common interest community  
537.23 where at least 80 percent of the units that comprise the condominium, cooperative, or  
537.24 common interest community are occupied by individuals who are the owners, members, or  
537.25 shareholders of the units;

537.26 (8) temporary family health care dwellings as defined in sections 394.307 and 462.3593;

537.27 (9) settings offering services conducted by and for the adherents of any recognized  
537.28 church or religious denomination for its members exclusively through spiritual means or  
537.29 by prayer for healing;

537.30 (10) housing financed pursuant to sections 462A.37 and 462A.375, units financed with  
537.31 low-income housing tax credits pursuant to United States Code, title 26, section 42, and

538.1 units financed by the Minnesota Housing Finance Agency that are intended to serve  
538.2 individuals with disabilities or individuals who are homeless, except for those developments  
538.3 that market or hold themselves out as assisted living facilities and provide assisted living  
538.4 services;

538.5 (11) rental housing developed under United States Code, title 42, section 1437, or United  
538.6 States Code, title 12, section 1701q;

538.7 (12) rental housing designated for occupancy by only elderly or elderly and disabled  
538.8 residents under United States Code, title 42, section 1437e, or rental housing for qualifying  
538.9 families under Code of Federal Regulations, title 24, section 983.56;

538.10 (13) rental housing funded under United States Code, title 42, chapter 89, or United  
538.11 States Code, title 42, section 8011; or

538.12 (14) an assisted living facility licensed under chapter 144G.

538.13 (c) "'I'm okay' check services" means providing a service to, by any means, check on  
538.14 the safety of a resident.

538.15 (d) "Resident" means a person entering into written contract for housing and services  
538.16 with a covered setting.

538.17 (e) "Supportive services" means:

538.18 (1) assistance with laundry, shopping, and household chores;

538.19 (2) housekeeping services;

538.20 (3) provision of meals or assistance with meals or food preparation;

538.21 (4) help with arranging, or arranging transportation to, medical, social, recreational,  
538.22 personal, or social services appointments; or

538.23 (5) provision of social or recreational services.

538.24 Arranging for services does not include making referrals or contacting a service provider  
538.25 in an emergency.

538.26 Sec. 115. **REPEALER.**

538.27 (a) Minnesota Statutes 2020, sections 245.462, subdivision 4a; 245.4879, subdivision  
538.28 2; 245.62, subdivisions 3 and 4; 245.69, subdivision 2; 256B.0615, subdivision 2; 256B.0616,  
538.29 subdivision 2; 256B.0622, subdivisions 3 and 5a; 256B.0623, subdivisions 7, 8, 10, and 11;  
538.30 256B.0625, subdivisions 51, 35a, 35b, 61, 62, and 65; 256B.0943, subdivisions 8 and 10;  
538.31 256B.0944; and 256B.0946, subdivision 5, are repealed.



540.1	<b><u>(MFIP)/Diversionsary Work</u></b>	
540.2	<b><u>Program (DWP)</u></b>	
540.3	<u>Appropriations by Fund</u>	
540.4	<u>2021</u>	
540.5	<u>General</u>	<u>59,004,000</u>
540.6	<u>Federal TANF</u>	<u>(34,843,000)</u>
540.7	<b><u>(b) MFIP Child Care Assistance</u></b>	<u>(54,158,000)</u>
540.8	<b><u>(c) General Assistance</u></b>	<u>3,925,000</u>
540.9	<b><u>(d) Minnesota Supplemental Aid</u></b>	<u>3,849,000</u>
540.10	<b><u>(e) Housing Support</u></b>	<u>3,022,000</u>
540.11	<b><u>(f) Northstar Care for Children</u></b>	<u>(8,639,000)</u>
540.12	<b><u>(g) MinnesotaCare</u></b>	<u>(36,893,000)</u>
540.13	<u>This appropriation is from the health care</u>	
540.14	<u>access fund.</u>	
540.15	<b><u>(h) Medical Assistance</u></b>	
540.16	<u>Appropriations by Fund</u>	
540.17	<u>2021</u>	
540.18	<u>General</u>	<u>(694,938,000)</u>
540.19	<u>Health Care Access</u>	<u>-0-</u>
540.20	<b><u>(i) Alternative Care</u></b>	<u>247,000</u>
540.21	<b><u>(j) Consolidated Chemical Dependency</u></b>	
540.22	<b><u>Treatment Fund (CCDTF) Entitlement</u></b>	<u>(57,578,000)</u>
540.23	<b><u>Subd. 3. Technical Activities</u></b>	<u>6,000</u>
540.24	<u>This appropriation is from the federal TANF</u>	
540.25	<u>fund.</u>	
540.26	Sec. 3. <b><u>EFFECTIVE DATE.</u></b>	
540.27	<u>Sections 1 and 2 are effective the day following final enactment."</u>	