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S.F. No. 3492 – DHS systemic critical incident review team; medical assistance trusts

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Overview

S.F. 3492 establishes a systemic critical incident review team to review critical incidents related to the maltreatment of vulnerable adults and classifies review team data as protected nonpublic data.

In response to a 2021 Minnesota Court of Appeals decision, Geyen v Comm'r of Minn. Dep't of Human Servs., A20-1300 (Minn. Ct. App. Jul. 12, 2021), that held that federal law preempts section 501C.1206, this bill removes language governing the revocability of certain irrevocable trusts.

Summary

Section 1. [256.01, subd. 12b] Department of Human Services systemic critical incident review team. Permits the commissioner to establish a systemic critical incident review team to review reported critical incidents involving maltreatment of vulnerable adults. The review process may include data collection abut the incident and actors involved (including staff of the provider agency, DHS and MDH staff, and community members); systemic mapping of the incident; and analysis of the case for systemic influence. Requires the data to be aggregated and provided to regional teams and quality councils for analyzation and recommendations. Requires a selection committee to select cases for the review process among a category of critical incidents.

Prohibits a member of the review team from disclosing what transpired during the review. Classifies the review proceedings and record as protected nonpublic data and prohibits admissibility of it into evidence in certain civil or criminal actions. Provides that a person who presented information before the review team or a member of the team may testify to matters within a person's knowledge as long as they are not questioned about the person's presentation to the review team.

Section 2. [501C.1206] Public health care programs and certain trusts. Removes current law language that previously functioned to make irrevocable trusts revocable for the purposes of determining financial eligibility for medical assistance for long-term care costs. This section is effective the day following final enactment.