

1.1 **Senator Rosen from the Committee on Finance, to which was re-referred**

1.2 **S.F. No. 4410:** A bill for an act relating to state government; modifying provisions  
 1.3 governing community supports, continuing care for older adults, health care, behavioral  
 1.4 health, child welfare, economic assistance, and background studies; establishing a Department  
 1.5 of Behavioral Health; establishing certain grants; appropriating money; amending Minnesota  
 1.6 Statutes 2020, sections 13.46, subdivision 7; 15A.0815, subdivision 2; 144.294, subdivision  
 1.7 2; 144G.45, subdivision 7; 245C.02, subdivision 17a, by adding a subdivision; 245C.04,  
 1.8 subdivision 4a, by adding subdivisions; 245C.10, by adding subdivisions; 252.275,  
 1.9 subdivisions 4c, 8; 256B.057, subdivision 9; 256B.0625, subdivision 17a; 256B.0659,  
 1.10 subdivisions 1, 12, 19, 24; 256B.4911, by adding a subdivision; 256B.4914, subdivisions  
 1.11 8, as amended, 9, as amended; 256B.5012, by adding subdivisions; 256B.85, by adding a  
 1.12 subdivision; 256E.35, subdivisions 1, 2, 4a, 6, 7; 256I.05, by adding a subdivision; 256K.45,  
 1.13 subdivision 6, by adding subdivisions; 256P.02, by adding a subdivision; 256P.03,  
 1.14 subdivision 2; 256R.02, subdivisions 16, 24, 26, 29, 34, by adding subdivisions; 256R.23,  
 1.15 subdivisions 2, 3; 256R.24, subdivision 1; 256R.25; 256S.16; 256S.201, subdivision 3;  
 1.16 256S.213, subdivision 1; 626.5571, subdivision 1; Minnesota Statutes 2021 Supplement,  
 1.17 sections 15.01; 15.06, subdivision 1; 43A.08, subdivision 1a; 245C.03, by adding  
 1.18 subdivisions; 256B.0625, subdivision 17; 256B.0659, subdivision 17a; 256B.49, subdivision  
 1.19 28; 256B.4914, subdivision 5, as amended; 256B.85, subdivisions 7, 7a; 256B.851,  
 1.20 subdivision 5; 256P.02, subdivisions 1a, 2; 256S.205; 256S.21; 297E.02, subdivision 3;  
 1.21 Laws 2014, chapter 312, article 27, section 75; Laws 2021, First Special Session chapter  
 1.22 7, article 14, section 21, subdivision 4; article 16, section 2, subdivisions 1, 24, 29; article  
 1.23 17, section 14; Laws 2021, First Special Session chapter 8, article 6, section 1, subdivision  
 1.24 7; Laws 2022, chapter 33, section 1, subdivisions 3, 4, 5a, 5b, 5c, 5d, 5f, 10, 10a, 10c, 12,  
 1.25 14; by adding a subdivision; Laws 2022, chapter 40, sections 6; 7; proposing coding for  
 1.26 new law in Minnesota Statutes, chapters 256; 256B; 626; proposing coding for new law as  
 1.27 Minnesota Statutes, chapter 256T; repealing Minnesota Statutes 2021 Supplement, section  
 1.28 256S.2101; Laws 2022, chapter 33, section 1, subdivision 9.

1.29 Reports the same back with the recommendation that the bill be amended as follows:

1.30 Delete everything after the enacting clause and insert:

1.31 **"ARTICLE 1**

1.32 **COMMUNITY SUPPORTS**

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

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

1.37 (b) For each fiscal year, the commissioner shall determine if actual statewide expenditures  
 1.38 by county boards are less than the fiscal year appropriation to provide semi-independent  
 1.39 living services under this section. If actual statewide expenditures by county boards are less  
 1.40 than the fiscal year appropriation to provide semi-independent living services under this  
 1.41 section, the unexpended amount must be carried forward to the next fiscal year and allocated  
 1.42 to grants in equal amounts to the eight organizations defined in section 268A.01, subdivision  
 1.43 8, to expand services to support people with disabilities who are ineligible for medical

2.1 assistance to live in their own homes and communities by providing accessibility  
2.2 modifications, independent living services, and public health program facilitation.

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

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

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

2.8 ~~(b) The commissioner shall reduce the payments to be made under this section to each~~  
2.9 ~~county from January 1, 1994, to June 30, 1996, by the amount of the state share of medical~~  
2.10 ~~assistance reimbursement for services other than residential services provided under the~~  
2.11 ~~home and community-based waiver program under section 256B.092 from January 1, 1994~~  
2.12 ~~to June 30, 1996, for clients for whom the county is financially responsible and who have~~  
2.13 ~~been transferred by the county from the semi-independent living services program to the~~  
2.14 ~~home and community-based waiver program. Unless otherwise specified, all reduced amounts~~  
2.15 ~~shall be transferred to the medical assistance state account.~~

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

2.23 ~~(d) For purposes of calculating the guaranteed floor under subdivision 4b and to establish~~  
2.24 ~~the calendar year 1996 allocations, each county's original allocation for calendar year 1995~~  
2.25 ~~shall be reduced by the amount transferred to the state medical assistance account under~~  
2.26 ~~paragraph (b) during the six months ending on June 30, 1995. For purposes of calculating~~  
2.27 ~~the guaranteed floor under subdivision 4b and to establish the calendar year 1997 allocations,~~  
2.28 ~~each county's original allocation for calendar year 1996 shall be reduced by the amount~~  
2.29 ~~transferred to the state medical assistance account under paragraph (b) during the six months~~  
2.30 ~~ending on December 31, 1995.~~

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

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

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

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

3.9 Subd. 3. **Eligible applicants.** To be eligible for a grant under this section, applicants  
3.10 must address violence prevention, connect with youth and community members, and provide  
3.11 street outreach services. Applicants must also be focused on prevention, intervention, and  
3.12 restorative practices within the community, which may include:

3.13 (1) providing trauma-responsive care; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4.32 (b) The commissioner may award additional funding to a residential setting at risk of  
4.33 closure if, in the judgment of the commissioner, the residential setting is likely to remain

5.1 open and financially viable after receiving time-limited additional funding from the  
 5.2 commissioner.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6.18 (j) "Managing employee" has the same definition as Code of Federal Regulations, title  
6.19 42, section 455.

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

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

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

6.28 (n) "Personal care assistance care plan" means a written description of personal care  
6.29 assistance services developed by the personal care assistance provider according to the  
6.30 service plan.

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

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

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

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

7.9 EFFECTIVE DATE. This section is effective within 90 days following federal approval.  
7.10 The commissioner of human services shall notify the revisor of statutes when federal approval  
7.11 is obtained.

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

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

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

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

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

7.24 (2) provider name and telephone numbers;

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

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

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

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

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

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

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

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

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

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

8.12 Subd. 17a. **Enhanced rate.** An enhanced rate of ~~107.5~~ 143 percent of the rate paid for  
8.13 personal care assistance services shall be paid for services provided to persons who qualify  
8.14 for ten or more hours of personal care assistance services per day when provided by a  
8.15 personal care assistant who meets the requirements of subdivision 11, paragraph (d). Any  
8.16 change in the eligibility criteria for the enhanced rate for personal care assistance services  
8.17 as described in this subdivision and referenced in subdivision 11, paragraph (d), does not  
8.18 constitute a change in a term or condition for individual providers as defined in section  
8.19 256B.0711, and is not subject to the state's obligation to meet and negotiate under chapter  
8.20 179A.

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10.23 (4) comply with background study requirements;

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

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

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

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

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

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

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

11.9 (12) report suspected neglect and abuse to the common entry point according to section  
 11.10 256B.0651;

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

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

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

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

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

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

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

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

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

- 12.1 (2) specific home and community-based services available under sections 256B.092 and  
 12.2 256B.49;
- 12.3 (3) consumer-directed community supports;
- 12.4 (4) the following state plan services:
- 12.5 (i) personal care assistance services under section 256B.0625, subdivisions 19a and 19c;  
 12.6 (ii) consumer support grants under section 256.476; or  
 12.7 (iii) community first services and supports under section 256B.85;
- 12.8 (5) semi-independent living services under section 252.275;
- 12.9 (6) relocation targeted case management services available under section 256B.0621,  
 12.10 subdivision 2, clause (4);
- 12.11 (7) case management services targeted to vulnerable adults or people with developmental  
 12.12 disabilities under section 256B.0924;
- 12.13 (8) case management services targeted to people with developmental disabilities under  
 12.14 Minnesota Rules, part 9525.0016; and
- 12.15 (9) necessary diagnostic information to gain access to or determine eligibility under  
 12.16 clauses (5) to (8).
- 12.17 Subd. 2. **Opportunity to respond required.** A lead agency must provide the person,  
 12.18 or the person's legal representative, if any, the opportunity to respond to the agency's intent  
 12.19 to deny, reduce, suspend, or terminate eligibility or access to the services described in  
 12.20 subdivision 1. A lead agency must provide the person or the person's legal representative,  
 12.21 if any, ten days to respond. If the person or the person's legal representative, if any, responds,  
 12.22 the agency must initiate a decision review.
- 12.23 Subd. 3. **Decision review.** (a) A lead agency must initiate a decision review for any  
 12.24 person who responds under subdivision 2.
- 12.25 (b) The lead agency must conduct the decision review in a manner that allows an  
 12.26 opportunity for interactive communication between the person and a representative of the  
 12.27 lead agency who has specific knowledge of the proposed decision and the basis for the  
 12.28 decision. The interactive communication must be in a format that is accessible to the recipient,  
 12.29 and may include a phone call, written exchange, in-person meeting, or other format as  
 12.30 chosen by the person or the person's legal representative, if any.

13.1 (c) During the decision review, the representative of the lead agency must provide a  
 13.2 thorough explanation of the lead agency's intent to deny, reduce, suspend, or terminate  
 13.3 eligibility or access to the services described in subdivision 1 and provide the person or the  
 13.4 person's legal representative, if any, an opportunity to ask questions about the decision. If  
 13.5 the lead agency's explanation of the decision is based on a misunderstanding of the person's  
 13.6 circumstances, incomplete information, missing documentation, or similar missing or  
 13.7 inaccurate information, the lead agency must provide the person or the person's legal  
 13.8 representative, if any, an opportunity to provide clarifying or additional information.

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

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

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

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

13.19 Sec. 12. **[256B.4909] HOME AND COMMUNITY-BASED SERVICES;**  
 13.20 **HOMEMAKER RATES.**

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

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

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

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

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

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

13.30 Subd. 2. **Definition.** For purposes of this section, "homemaker services" means  
 13.31 homemaker services and assistance with personal care, homemaker services and cleaning,  
 13.32 and homemaker services and home management under chapter 256S and similar services

14.1 offered under home and community-based services waivers under sections 256B.092 and  
14.2 256B.49, alternative care under section 256B.0913, and essential community supports under  
14.3 section 256B.0922.

14.4 Subd. 3. **Rate methodology.** (a) Beginning January 1, 2023, the rate methodology for  
14.5 each homemaker service must be determined under sections 256S.211, subdivision 1, and  
14.6 256S.212 to 256S.215, as adjusted by paragraph (b).

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

14.12 Sec. 13. Minnesota Statutes 2020, section 256B.4911, subdivision 4, is amended to read:

14.13 **Subd. 4. Budget exception for persons leaving institutions and crisis residential**  
14.14 **settings.** (a) The commissioner must establish an institutional and crisis bed  
14.15 consumer-directed community supports budget exception process in the home and  
14.16 community-based services waivers under sections 256B.092 and 256B.49. This budget  
14.17 exception process must be available for any individual who:

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

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

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

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

14.31 (d) Consistent with informed choice and informed decision making, the commissioner  
14.32 must establish in the home and community-based services waivers under sections 256B.092  
14.33 and 256B.49, a consumer-directed community supports budget exception process for

15.1 individuals living in licensed community residential settings whose cost of residential  
 15.2 services may otherwise exceed their available consumer-directed community supports  
 15.3 budget. The budget exception process must be available to an individual living in licensed  
 15.4 community residential settings.

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

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

15.10 Sec. 14. Minnesota Statutes 2020, section 256B.4911, is amended by adding a subdivision  
 15.11 to read:

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

15.17 (1) alternative care program;

15.18 (2) brain injury waiver;

15.19 (3) community alternative care waiver;

15.20 (4) community access for disability inclusion waiver;

15.21 (5) developmental disabilities waiver;

15.22 (6) elderly waiver; and

15.23 (7) Minnesota senior health option.

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

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

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

16.4 (e) If a spouse is providing personal assistance services, the spouse may provide up to  
16.5 60 hours of personal assistance services in a seven-day period.

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

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

16.11 Sec. 15. Minnesota Statutes 2020, section 256B.4914, subdivision 3, as amended by Laws  
16.12 2022, chapter 33, section 1, is amended to read:

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

16.17 (1) 24-hour customized living;

16.18 (2) adult day services;

16.19 (3) adult day services bath;

16.20 (4) community residential services;

16.21 (5) customized living;

16.22 (6) day support services;

16.23 (7) employment development services;

16.24 (8) employment exploration services;

16.25 (9) employment support services;

16.26 (10) family residential services;

16.27 (11) individualized home supports;

16.28 (12) individualized home supports with family training;

16.29 (13) individualized home supports with training;



17.1 (14) integrated community supports;

17.2 (15) night supervision;

17.3 (16) positive support services;

17.4 (17) prevocational services;

17.5 (18) residential support services;

17.6 (19) ~~respite services~~;

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

17.8 ~~(21)~~ (20) other services as approved by the federal government in the state home and  
17.9 community-based services waiver plan.

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

17.13 Sec. 16. Minnesota Statutes 2020, section 256B.4914, subdivision 4, as amended by Laws  
17.14 2022, chapter 33, section 1, is amended to read:

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

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

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

17.26 (1) shared staffing hours;

17.27 (2) individual staffing hours;

17.28 (3) direct registered nurse hours;

17.29 (4) direct licensed practical nurse hours;

17.30 (5) staffing ratios;

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

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

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

18.6 (9) service hours provided through monitoring technology.

18.7 (d) Updates to individual data must include:

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

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

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

18.19 (1) meeting the health and welfare needs of the individual or individuals receiving  
18.20 services by service site, identified in their coordinated service and support plan under section  
18.21 245D.02, subdivision 4b, and any addendum under section 245D.02, subdivision 4c;

18.22 (2) meeting the requirements for staffing under subdivision 2, paragraphs (h), (n), and  
18.23 (o); and meeting or exceeding the licensing standards for staffing required under section  
18.24 245D.09, subdivision 1; and

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

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

19.1 Sec. 17. Minnesota Statutes 2021 Supplement, section 256B.4914, subdivision 5, as  
 19.2 amended by Laws 2022, chapter 33, section 1, is amended to read:

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

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

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

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

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

19.17 ~~(3)~~ (4) on July 1, 2026 January 1, 2027, and every two years thereafter, based on wage  
 19.18 data by SOC from the Bureau of Labor Statistics available ~~30~~ 24 months and one day prior  
 19.19 to the scheduled update.

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

19.23 Sec. 18. Minnesota Statutes 2020, section 256B.4914, subdivision 8, as amended by Laws  
 19.24 2022, chapter 33, section 1, subdivision 8, is amended to read:

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

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

19.32 (1) competitive workforce factor: 4.7 percent;

- 20.1 (2) supervisory span of control ratio: 11 percent;
- 20.2 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 20.3 (4) employee-related cost ratio: 23.6 percent;
- 20.4 (5) program plan support ratio: 15.5 percent;
- 20.5 (6) client programming and support ratio: 4.7 percent, updated as specified in subdivision
- 20.6 5b;
- 20.7 (7) general administrative support ratio: 13.25 percent;
- 20.8 (8) program-related expense ratio: 6.1 percent; and
- 20.9 (9) absence and utilization factor ratio: 3.9 percent.
- 20.10 (c) A unit of service for unit-based services with programming is 15 minutes, except for
- 20.11 individualized home supports with training where a unit of service is one hour or 15 minutes.
- 20.12 (d) Payments for unit-based services with programming must be calculated as follows,
- 20.13 unless the services are reimbursed separately as part of a residential support services or day
- 20.14 program payment rate:
- 20.15 (1) determine the number of units of service to meet a recipient's needs;
- 20.16 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
- 20.17 provided in subdivisions 5 and 5a;
- 20.18 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the
- 20.19 product of one plus the competitive workforce factor;
- 20.20 (4) for a recipient requiring customization for deaf and hard-of-hearing language
- 20.21 accessibility under subdivision 12, add the customization rate provided in subdivision 12
- 20.22 to the result of clause (3);
- 20.23 (5) multiply the number of direct staffing hours by the appropriate staff wage;
- 20.24 (6) multiply the number of direct staffing hours by the product of the supervisory span
- 20.25 of control ratio and the appropriate supervisory staff wage in subdivision 5a, clause (1);
- 20.26 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
- 20.27 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing
- 20.28 rate;
- 20.29 (8) for program plan support, multiply the result of clause (7) by one plus the program
- 20.30 plan support ratio;

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

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

21.5 (11) this is the subtotal rate;

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

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

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

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

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

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

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

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

21.24 Sec. 19. Minnesota Statutes 2020, section 256B.4914, subdivision 9, as amended by Laws  
21.25 2022, chapter 33, section 1, is amended to read:

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

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

- 22.1 (1) competitive workforce factor: 4.7 percent;
- 22.2 (2) supervisory span of control ratio: 11 percent;
- 22.3 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 22.4 (4) employee-related cost ratio: 23.6 percent;
- 22.5 (5) program plan support ratio: 7.0 percent;
- 22.6 (6) client programming and support ratio: 2.3 percent, updated as specified in subdivision
- 22.7 5b;
- 22.8 (7) general administrative support ratio: 13.25 percent;
- 22.9 (8) program-related expense ratio: 2.9 percent; and
- 22.10 (9) absence and utilization factor ratio: 3.9 percent.
- 22.11 (c) A unit of service for unit-based services without programming is 15 minutes.
- 22.12 (d) Payments for unit-based services without programming must be calculated as follows
- 22.13 unless the services are reimbursed separately as part of a residential support services or day
- 22.14 program payment rate:
- 22.15 (1) determine the number of units of service to meet a recipient's needs;
- 22.16 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
- 22.17 provided in subdivisions 5 to 5a;
- 22.18 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the
- 22.19 product of one plus the competitive workforce factor;
- 22.20 (4) for a recipient requiring customization for deaf and hard-of-hearing language
- 22.21 accessibility under subdivision 12, add the customization rate provided in subdivision 12
- 22.22 to the result of clause (3);
- 22.23 (5) multiply the number of direct staffing hours by the appropriate staff wage;
- 22.24 (6) multiply the number of direct staffing hours by the product of the supervisory span
- 22.25 of control ratio and the appropriate supervisory staff wage in subdivision 5a, clause (1);
- 22.26 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
- 22.27 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing
- 22.28 rate;
- 22.29 (8) for program plan support, multiply the result of clause (7) by one plus the program
- 22.30 plan support ratio;

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

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

23.5 (11) this is the subtotal rate;

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

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

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

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

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

23.18 Sec. 20. Minnesota Statutes 2020, section 256B.4914, subdivision 10, as amended by  
23.19 Laws 2022, chapter 33, section 1, is amended to read:

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

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

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

23.27 (3) the distinct underlying costs for services provided by a license holder under sections  
23.28 245D.05, 245D.06, 245D.07, 245D.071, 245D.081, and 245D.09, and for services provided  
23.29 by a license holder certified under section 245D.33.

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

24.4 (1) values for transportation rates;

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

24.6 (3) values for indirect services;

24.7 (4) values for nursing;

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

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

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

24.12 (8) direct care workforce labor market measures;

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

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

24.17 (11) different competitive workforce factors by service, as determined under subdivision  
24.18 10b.

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

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

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



25.1 Sec. 21. Minnesota Statutes 2020, section 256B.4914, subdivision 10a, as amended by  
25.2 Laws 2022, chapter 33, section 1, is amended to read:

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

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

25.10 (1) worker wage costs;

25.11 (2) benefits paid;

25.12 (3) supervisor wage costs;

25.13 (4) executive wage costs;

25.14 (5) vacation, sick, and training time paid;

25.15 (6) taxes, workers' compensation, and unemployment insurance costs paid;

25.16 (7) administrative costs paid;

25.17 (8) program costs paid;

25.18 (9) transportation costs paid;

25.19 (10) vacancy rates; and

25.20 (11) other data relating to costs required to provide services requested by the  
25.21 commissioner.

25.22 (b) At least once in any five-year period, a provider must submit cost data for a fiscal  
25.23 year that ended not more than 18 months prior to the submission date. The commissioner  
25.24 shall provide each provider a 90-day notice prior to its submission due date. If a provider  
25.25 fails to submit required reporting data, the commissioner shall provide notice to providers  
25.26 that have not provided required data 30 days after the required submission date, and a second  
25.27 notice for providers who have not provided required data 60 days after the required  
25.28 submission date. The commissioner shall temporarily suspend payments to the provider if  
25.29 cost data is not received 90 days after the required submission date. Withheld payments  
25.30 shall be made once data is received by the commissioner.

26.1 (c) The commissioner shall conduct a random validation of data submitted under  
26.2 paragraph (a) to ensure data accuracy.

26.3 (d) The commissioner shall analyze cost data submitted under paragraph (a) and, in  
26.4 consultation with stakeholders identified in subdivision 17, may submit recommendations  
26.5 on component values and inflationary factor adjustments to the chairs and ranking minority  
26.6 members of the legislative committees with jurisdiction over human services once every  
26.7 four years beginning January 1, 2021. The commissioner shall make recommendations in  
26.8 conjunction with reports submitted to the legislature according to subdivision 10, paragraph  
26.9 (c).

26.10 (e) The commissioner shall release cost data in an aggregate form, and cost data from  
26.11 individual providers shall not be released except as provided for in current law.

26.12 (f) The commissioner, in consultation with stakeholders identified in subdivision 17,  
26.13 shall develop and implement a process for providing training and technical assistance  
26.14 necessary to support provider submission of cost documentation required under paragraph  
26.15 (a).

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

26.19 Sec. 22. Minnesota Statutes 2020, section 256B.4914, subdivision 12, as amended by  
26.20 Laws 2022, chapter 33, section 1, is amended to read:

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

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

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

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

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

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

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

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

27.13 Sec. 23. Minnesota Statutes 2020, section 256B.4914, subdivision 14, as amended by  
 27.14 Laws 2022, chapter 33, section 1, is amended to read:

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

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

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

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

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

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

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

28.2 (1) the service needs required by each individual that are not accounted for in subdivisions  
28.3 6 to ~~9a~~ 9;

28.4 (2) the service rate requested and the difference from the rate determined in subdivisions  
28.5 6 to ~~9a~~ 9;

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

28.8 (4) any contingencies for approval.

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

28.11 (f) Individual disability waiver recipients, an interested party, or the license holder that  
28.12 would receive the rate exception increase may request that a lead agency submit an exception  
28.13 request. A lead agency that denies such a request shall notify the individual waiver recipient,  
28.14 interested party, or license holder of its decision and the reasons for denying the request in  
28.15 writing no later than 30 days after the request has been made and shall submit its denial to  
28.16 the commissioner in accordance with paragraph (b). The reasons for the denial must be  
28.17 based on the failure to meet the criteria in paragraph (c).

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

28.22 (h) The individual disability waiver recipient may appeal any denial of an exception  
28.23 request by either the lead agency or the commissioner, pursuant to sections 256.045 and  
28.24 256.0451. When the denial of an exception request results in the proposed demission of a  
28.25 waiver recipient from a residential or day habilitation program, the commissioner shall issue  
28.26 a temporary stay of demission, when requested by the disability waiver recipient, consistent  
28.27 with the provisions of section 256.045, subdivisions 4a and 6, paragraph (c). The temporary  
28.28 stay shall remain in effect until the lead agency can provide an informed choice of  
28.29 appropriate, alternative services to the disability waiver.

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

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

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

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

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

29.12 Sec. 24. Minnesota Statutes 2020, section 256B.493, subdivision 4, is amended to read:

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

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

29.17 (2) the proposed timetable for any proposed closure, including the proposed dates for  
29.18 notification to residents and the affected lead agencies, commencement of closure, and  
29.19 completion of closure;

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

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

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

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

29.31 (i) need for other types of services;

- 30.1 (ii) need for specialized services;
- 30.2 (iii) higher than average per capita use of foster care settings where the license holder  
30.3 does not reside; or
- 30.4 (iv) residents not living in the geographic area of their choice;
- 30.5 (2) demonstrate savings of medical assistance expenditures; ~~and~~
- 30.6 (3) demonstrate that alternative services are based on the recipient's choice of provider  
30.7 and are consistent with federal law, state law, and federally approved waiver plans;
- 30.8 (4) demonstrate alternative services based on the recipient's choices are available and  
30.9 secured at time of closure application; and
- 30.10 (5) provide proof of referral to the regional Center for Independent Living for resident  
30.11 transition support.

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

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

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

30.24 Sec. 25. Minnesota Statutes 2020, section 256B.493, subdivision 5, is amended to read:

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

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

30.30 (2) current and prospective residents, any legal representatives, and family members  
30.31 involved.

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

31.3 Sec. 26. Minnesota Statutes 2020, section 256B.493, is amended by adding a subdivision  
31.4 to read:

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

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

31.12 Sec. 27. Minnesota Statutes 2020, section 256B.493, is amended by adding a subdivision  
31.13 to read:

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

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

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

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

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

31.28 Sec. 28. Minnesota Statutes 2020, section 256B.493, subdivision 6, is amended to read:

31.29 Subd. 6. **Adjustment to rates.** (a) For purposes of this section, the commissioner shall  
31.30 establish enhanced medical assistance payment rates under sections 256B.092 and 256B.49

32.1 to facilitate an orderly transition for persons with disabilities from adult foster care or  
32.2 community residential settings to other community-based settings.

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

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

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

32.12 Sec. 30. Minnesota Statutes 2020, section 256B.5012, is amended by adding a subdivision  
32.13 to read:

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

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

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

32.22 Sec. 31. Minnesota Statutes 2020, section 256B.5012, is amended by adding a subdivision  
32.23 to read:

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

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

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



33.1 Sec. 32. Minnesota Statutes 2021 Supplement, section 256B.85, subdivision 7, is amended  
33.2 to read:

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

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

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

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

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

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

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

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

33.21 (6) services provided by a consultation services provider as defined under subdivision  
33.22 17, that is under contract with the department and enrolled as a Minnesota health care  
33.23 program provider;

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

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

33.30 ~~(i) provide any medical assistance home and community-based services in excess of 40~~  
33.31 ~~hours per seven-day period regardless of the number of parents providing services;~~

34.1 ~~combination of parents and spouses providing services, or number of children who receive~~  
 34.2 ~~medical assistance services; and~~

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

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

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

34.9 Sec. 33. Minnesota Statutes 2021 Supplement, section 256B.85, subdivision 7a, is amended  
 34.10 to read:

34.11 Subd. 7a. **Enhanced rate.** An enhanced rate of ~~107.5~~ 143 percent of the rate paid for  
 34.12 CFSS must be paid for services provided to persons who qualify for ten or more hours of  
 34.13 CFSS per day when provided by a support worker who meets the requirements of subdivision  
 34.14 16, paragraph (e). Any change in the eligibility criteria for the enhanced rate for CFSS as  
 34.15 described in this subdivision and referenced in subdivision 16, paragraph (e), does not  
 34.16 constitute a change in a term or condition for individual providers as defined in section  
 34.17 256B.0711, and is not subject to the state's obligation to meet and negotiate under chapter  
 34.18 179A.

34.19 Sec. 34. Minnesota Statutes 2020, section 256B.85, is amended by adding a subdivision  
 34.20 to read:

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

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

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

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

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

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

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

35.10 Sec. 35. Minnesota Statutes 2021 Supplement, section 256B.851, subdivision 5, is amended  
 35.11 to read:

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

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

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

35.16 (3) employee benefits factor, 12.04 percent;

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

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

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

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

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

35.22 (b) For purposes of implementation, the commissioner shall use the following  
 35.23 implementation components:

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

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

35.27 (3) qualified professional services and CFSS worker training and development: ~~75.45~~  
 35.28 83.5 percent.

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

36.4 Sec. 36. Minnesota Statutes 2020, section 256I.04, subdivision 3, is amended to read:

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

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

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

36.17 (3) notwithstanding the provisions of subdivision 2a, for up to 226 supportive housing  
 36.18 units in Anoka, Carver, Dakota, Hennepin, or Ramsey, Scott, or Washington County for  
 36.19 homeless adults with a disability, including but not limited to mental illness, a history of  
 36.20 substance abuse, or human immunodeficiency virus or acquired immunodeficiency syndrome.  
 36.21 For purposes of this ~~section~~ clause, "homeless adult" means a person who is (i) living on  
 36.22 the street or in a shelter or (ii) discharged from a regional treatment center, community  
 36.23 hospital, or residential treatment program and has no appropriate housing available and  
 36.24 lacks the resources and support necessary to access appropriate housing. ~~At least 70 percent~~  
 36.25 ~~of the supportive housing units must serve homeless adults with mental illness, substance~~  
 36.26 ~~abuse problems, or human immunodeficiency virus or acquired immunodeficiency syndrome~~  
 36.27 ~~who are about to be or, within the previous six months, have been discharged from a regional~~  
 36.28 ~~treatment center, or a state contracted psychiatric bed in a community hospital, or a residential~~  
 36.29 ~~mental health or chemical dependency treatment program.~~ If a person meets the requirements  
 36.30 of subdivision 1, paragraph (a) or (b), and receives a federal or state housing subsidy, the  
 36.31 housing support rate for that person is limited to the supplementary rate under section  
 36.32 256I.05, subdivision 1a, ~~and is determined by subtracting the amount of the person's~~  
 36.33 ~~countable income that exceeds the MSA equivalent rate from the housing support~~  
 36.34 ~~supplementary service rate.~~ A resident in a demonstration project site who no longer

37.1 participates in the demonstration program shall retain eligibility for a housing support  
37.2 payment in an amount determined under section 256I.06, subdivision 8, using the MSA  
37.3 equivalent rate. ~~Service funding under section 256I.05, subdivision 1a, will end June 30,~~  
37.4 ~~1997, if federal matching funds are available and the services can be provided through a~~  
37.5 ~~managed care entity. If federal matching funds are not available, then service funding will~~  
37.6 ~~continue under section 256I.05, subdivision 1a;~~

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

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

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

37.18 (7) for a housing support provider that operates two ten-bed facilities, one located in  
37.19 Hennepin County and one located in Ramsey County, that provide community support and  
37.20 24-hour-a-day supervision to serve the mental health needs of individuals who have  
37.21 chronically lived unsheltered; and

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

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

38.1 Sec. 37. Minnesota Statutes 2020, section 256I.05, is amended by adding a subdivision  
38.2 to read:

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

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

38.11 Sec. 38. Laws 2014, chapter 312, article 27, section 75, is amended to read:

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

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

38.18 (b) The rate changes described in this section must be provided to:

38.19 (1) home and community-based waived services for persons with developmental  
38.20 disabilities, including consumer-directed community supports, under Minnesota Statutes,  
38.21 section 256B.092;

38.22 (2) waived services under community alternatives for disabled individuals, including  
38.23 consumer-directed community supports, under Minnesota Statutes, section 256B.49;

38.24 (3) community alternative care waived services, including consumer-directed  
38.25 community supports, under Minnesota Statutes, section 256B.49;

38.26 (4) brain injury waived services, including consumer-directed community supports,  
38.27 under Minnesota Statutes, section 256B.49;

38.28 (5) home and community-based waived services for the elderly under Minnesota  
38.29 Statutes, section 256B.0915;

38.30 (6) nursing services and home health services under Minnesota Statutes, section  
38.31 256B.0625, subdivision 6a;

- 39.1 (7) personal care services and qualified professional supervision of personal care services  
39.2 under Minnesota Statutes, section 256B.0625, subdivisions 6a and 19a;
- 39.3 (8) private duty nursing services under Minnesota Statutes, section 256B.0625,  
39.4 subdivision 7;
- 39.5 (9) community first services and supports under Minnesota Statutes, section 256B.85;
- 39.6 (10) essential community supports under Minnesota Statutes, section 256B.0922;
- 39.7 (11) day training and habilitation services for adults with developmental disabilities  
39.8 under Minnesota Statutes, sections 252.41 to 252.46, ~~including the additional cost to counties~~  
39.9 ~~of the rate adjustments on day training and habilitation services, provided as a social service;~~
- 39.10 (12) alternative care services under Minnesota Statutes, section 256B.0913;
- 39.11 (13) living skills training programs for persons with intractable epilepsy who need  
39.12 assistance in the transition to independent living under Laws 1988, chapter 689;
- 39.13 (14) semi-independent living services (SILS) under Minnesota Statutes, section 252.275;
- 39.14 (15) consumer support grants under Minnesota Statutes, section 256.476;
- 39.15 (16) family support grants under Minnesota Statutes, section 252.32;
- 39.16 (17) housing access grants under Minnesota Statutes, section 256B.0658;
- 39.17 (18) self-advocacy grants under Laws 2009, chapter 101;
- 39.18 (19) technology grants under Laws 2009, chapter 79;
- 39.19 (20) aging grants under Minnesota Statutes, sections 256.975 to 256.977 and 256B.0917;
- 39.20 (21) deaf and hard-of-hearing grants, including community support services for deaf  
39.21 and hard-of-hearing adults with mental illness who use or wish to use sign language as their  
39.22 primary means of communication under Minnesota Statutes, section 256.01, subdivision 2;
- 39.23 (22) deaf and hard-of-hearing grants under Minnesota Statutes, sections 256C.233,  
39.24 256C.25, and 256C.261;
- 39.25 (23) Disability Linkage Line grants under Minnesota Statutes, section 256.01, subdivision  
39.26 24;
- 39.27 (24) transition initiative grants under Minnesota Statutes, section 256.478;
- 39.28 (25) employment support grants under Minnesota Statutes, section 256B.021, subdivision  
39.29 6; and

40.1 (26) grants provided to people who are eligible for the Housing Opportunities for Persons  
40.2 with AIDS program under Minnesota Statutes, section 256B.492.

40.3 (c) A managed care plan or county-based purchasing plan receiving state payments for  
40.4 the services grants and programs in paragraph (b) must include these increases in their  
40.5 payments to providers. To implement the rate increase in paragraph (a), capitation rates  
40.6 paid by the commissioner to managed care plans and county-based purchasing plans under  
40.7 Minnesota Statutes, section 256B.69, shall reflect a five percent increase for the services  
40.8 and programs specified in paragraph (b) for the period beginning July 1, 2014.

40.9 (d) Counties shall increase the budget for each recipient of consumer-directed community  
40.10 supports by the amount in paragraph (a) on July 1, 2014.

40.11 (e) To receive the rate increase described in this section, providers under paragraphs (a)  
40.12 and (b) must submit to the commissioner documentation that identifies a quality improvement  
40.13 project that the provider will implement by June 30, 2015. Documentation must be provided  
40.14 in a format specified by the commissioner. Projects must:

40.15 (1) improve the quality of life of home and community-based services recipients in a  
40.16 meaningful way;

40.17 (2) improve the quality of services in a measurable way; or

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

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

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

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

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

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

40.31 This requirement is subject to audit by the commissioner.

40.32 (h) Compensation-related costs include:



- 41.1 (1) wages and salaries;
- 41.2 (2) the employer's share of FICA taxes, Medicare taxes, state and federal unemployment  
41.3 taxes, workers' compensation, and mileage reimbursement;
- 41.4 (3) the employer's share of health and dental insurance, life insurance, disability insurance,  
41.5 long-term care insurance, uniform allowance, pensions, and contributions to employee  
41.6 retirement accounts; and
- 41.7 (4) other benefits provided and workforce needs, including the recruiting and training  
41.8 of employees as specified in the distribution plan required under paragraph (m).
- 41.9 (i) For public employees under a collective bargaining agreement, the increase for wages  
41.10 and benefits is available and pay rates must be increased only to the extent that the increases  
41.11 comply with laws governing public employees' collective bargaining. Money received by  
41.12 a provider for pay increases for public employees under paragraph (g) must be used only  
41.13 for pay increases implemented between July 1, 2014, and August 1, 2014.
- 41.14 (j) For a provider that has employees that are represented by an exclusive bargaining  
41.15 representative, the provider shall obtain a letter of acceptance of the distribution plan required  
41.16 under paragraph (m), in regard to the members of the bargaining unit, signed by the exclusive  
41.17 bargaining agent. Upon receipt of the letter of acceptance, the provider shall be deemed to  
41.18 have met all the requirements of this section in regard to the members of the bargaining  
41.19 unit. Upon request, the provider shall produce the letter of acceptance for the commissioner.
- 41.20 (k) The commissioner shall amend state grant contracts that include direct  
41.21 personnel-related grant expenditures to include the allocation for the portion of the contract  
41.22 related to employee compensation. Grant contracts for compensation-related services must  
41.23 be amended to pass through these adjustments by September 1, 2014, and must be retroactive  
41.24 to July 1, 2014.
- 41.25 (l) The Board on Aging and its area agencies on aging shall amend their grants that  
41.26 include direct personnel-related grant expenditures to include the rate adjustment for the  
41.27 portion of the grant related to employee compensation. Grants for compensation-related  
41.28 services must be amended to pass through these adjustments by September 1, 2014, and  
41.29 must be retroactive to July 1, 2014.
- 41.30 (m) A provider that receives a rate adjustment under paragraph (a) that is subject to  
41.31 paragraph (g) shall prepare, and upon request submit to the commissioner, a distribution  
41.32 plan that specifies the amount of money the provider expects to receive that is subject to  
41.33 the requirements of paragraph (g), including how that money will be distributed to increase

42.1 compensation for employees. The commissioner may recover funds from a provider that  
42.2 fails to comply with this requirement.

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

42.10 (o) For providers with rates established under Minnesota Statutes, section 256B.4914,  
42.11 and with a historical rate established under Minnesota Statutes, section 256B.4913,  
42.12 subdivision 4a, paragraph (b), that is greater than the rate established under Minnesota  
42.13 Statutes, section 256B.4914, the requirements in paragraph (g) must only apply to the portion  
42.14 of the rate increase that exceeds the difference between the rate established under Minnesota  
42.15 Statutes, section 256B.4914, and the banding value established under Minnesota Statutes,  
42.16 section 256B.4913, subdivision 4a, paragraph (b).

42.17 Sec. 39. Laws 2021, First Special Session chapter 7, article 17, section 14, is amended to  
42.18 read:

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

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

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

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

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

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

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

- 43.1 (4) the commissioner of employment and economic development or a designee;
- 43.2 (5) a representative of the Department of Employment and Economic Development's  
43.3 Vocational Rehabilitation Services Division appointed by the commissioner of employment  
43.4 and economic development;
- 43.5 (6) one member appointed by the Minnesota Disability Law Center;
- 43.6 (7) one member appointed by The Arc of Minnesota;
- 43.7 (8) ~~three~~ four members who are persons with disabilities appointed by the commissioner  
43.8 of human services, at least one of whom ~~must be~~ is neurodiverse, ~~and~~ at least one of whom  
43.9 ~~must have~~ has a significant physical disability, and at least one of whom at the time of the  
43.10 appointment is being paid a subminimum wage;
- 43.11 (9) two representatives of employers authorized to pay subminimum wage and one  
43.12 representative of an employer who successfully transitioned away from payment of  
43.13 subminimum wages to people with disabilities, appointed by the commissioner of human  
43.14 services;
- 43.15 (10) one member appointed by the Minnesota Organization for Habilitation and  
43.16 Rehabilitation;
- 43.17 (11) one member appointed by ARRM; ~~and~~
- 43.18 (12) one member appointed by the State Rehabilitation Council; and
- 43.19 (13) three members who are parents or guardians of persons with disabilities appointed  
43.20 by the commissioner of human services, at least one of whom is a parent or guardian of a  
43.21 person who is neurodiverse, at least one of whom is a parent or guardian of a person with  
43.22 a significant physical disability, and at least one of whom is a parent or guardian of a person  
43.23 being paid a subminimum wage as of the date of the appointment.
- 43.24 (b) To the extent possible, membership on the task force under paragraph (a) shall reflect  
43.25 geographic parity throughout the state and representation from Black, Indigenous, and  
43.26 communities of color.
- 43.27 Subd. 4. **Appointment deadline; first meeting; chair.** Appointing authorities must  
43.28 complete member selections by January 1, 2022. The commissioner of human services shall  
43.29 convene the first meeting of the task force by February 15, 2022. The task force shall select  
43.30 a chair from among its members at its first meeting.
- 43.31 Subd. 5. **Compensation.** Members shall be compensated and may be reimbursed for  
43.32 expenses as provided in Minnesota Statutes, section 15.059, subdivision 3.

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

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

44.5 (2) consult with and advise the commissioner of human services on statewide plans for  
 44.6 ~~limiting~~ reducing reliance on subminimum wages in medical assistance home and  
 44.7 community-based services waivers under Minnesota Statutes, sections 256B.092 and  
 44.8 256B.49;

44.9 (3) engage with employees with disabilities paid subminimum wages and conduct  
 44.10 community education on the payment of subminimum wages to people with disabilities in  
 44.11 Minnesota;

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

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

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

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

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

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

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

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

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

45.5 (1) providers of disability services under Minnesota Statutes, sections 256B.092 and  
45.6 256B.49, for developing and implementing a business plan to shift the providers' business  
45.7 models away from paying waiver participants subminimum wages;

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

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

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

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

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

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

45.29 Subd. 8. **Report.** By February 15, 2023, the task force shall submit to the chairs and  
45.30 ranking minority members of the committees and divisions in the senate and house of  
45.31 representatives with jurisdiction over employment and wages and over health and human  
45.32 services a report with recommendations to ~~eliminate by August 1, 2025, the payment of~~  
45.33 ~~subminimum wage~~ increase opportunities for people with disabilities to earn competitive

46.1 wages, and any changes to statutes, laws, or rules required to implement the recommendations  
46.2 of the task force. The task force must include in the report a recommendation concerning  
46.3 continuing the task force beyond its scheduled expiration.

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

46.6 Subd. 10. **Expiration.** The task force shall conclude their duties and expire on March  
46.7 31, 2024.

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

46.11 Sec. 40. Laws 2022, chapter 33, section 1, subdivision 5a, is amended to read:

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

46.14 (1) for supervisory staff, 100 percent of the median wage for community and social  
46.15 services specialist (SOC code 21-1099), with the exception of the supervisor of positive  
46.16 supports professional, positive supports analyst, and positive supports specialist, which is  
46.17 100 percent of the median wage for clinical counseling and school psychologist (SOC code  
46.18 19-3031);

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

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

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

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

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

46.31 (ii) 85 percent of the subtotal of 40 percent of the median wage for home health and  
46.32 personal care aide (SOC code 31-1120); 20 percent of the median wage for nursing assistant

47.1 (SOC code 31-1014); 20 percent of the median wage for psychiatric technician (SOC code  
47.2 29-2053); and 20 percent of the median wage for social and human services aide (SOC code  
47.3 21-1093);

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

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

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

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

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

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

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

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

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

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

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

48.7 (17) for night supervision staff, 40 percent of the median wage for home health and  
 48.8 personal care aide (SOC code 31-1120); 20 percent of the median wage for nursing assistant  
 48.9 (SOC code 31-1131); 20 percent of the median wage for psychiatric technician (SOC code  
 48.10 29-2053); and 20 percent of the median wage for social and human services aide (SOC code  
 48.11 21-1093); ~~and~~

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

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

48.18 Sec. 41. Laws 2022, chapter 33, section 1, subdivision 5b, is amended to read:

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

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

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

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

48.30 ~~(3)~~ (4) on ~~July 1, 2026~~ January 1, 2027, and every two years thereafter, by the percentage  
 48.31 change in the CPI-U from the date of the previous update to the data available ~~30~~ 12 months  
 48.32 and one day prior to the scheduled update.



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

49.4 Sec. 42. Laws 2022, chapter 33, section 1, subdivision 5c, is amended to read:

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

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

49.12 Sec. 43. Laws 2022, chapter 33, section 1, subdivision 5d, is amended to read:

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

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

49.20 Sec. 44. Laws 2022, chapter 33, section 1, is amended by adding a subdivision to read:

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

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

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

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

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

50.4 Sec. 45. Laws 2022, chapter 33, section 1, subdivision 10c, is amended to read:

50.5 Subd. 10c. **Reporting and analysis of competitive workforce factor.** (a) Beginning  
 50.6 February 1, ~~2021~~ 2024, and every two years thereafter, the commissioner shall report to the  
 50.7 chairs and ranking minority members of the legislative committees and divisions with  
 50.8 jurisdiction over health and human services policy and finance an analysis of the competitive  
 50.9 workforce factor.

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

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

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

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

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

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

50.25 Sec. 46. Laws 2022, chapter 40, section 6, is amended to read:

50.26 Sec. 6. **COMMISSIONER OF HUMAN SERVICES; TEMPORARY STAFFING**  
 50.27 **POOL; APPROPRIATION.**

50.28 (a) The commissioner of human services shall establish a temporary emergency staffing  
 50.29 pool for congregate settings and for providers or recipients of home- and community-based  
 50.30 services experiencing staffing crises. Vendor contracts may include retention bonuses,  
 50.31 sign-on bonuses, and payment for hours on call. The commissioner may pay for necessary

51.1 training, travel, and lodging expenses of the temporary staff. Contracts for temporary staffing  
 51.2 executed under this section: (1) should minimize the recruitment away from providers'  
 51.3 current workforces; and (2) may not be executed with an individual until at least 30 days  
 51.4 since the individual was last employed in Minnesota by one of the types of facilities,  
 51.5 providers, or individuals listed in paragraph (g).

51.6 (b) Temporary staff, at the request of the commissioner, may be deployed to providers  
 51.7 of home- and community-based services, individual recipients of home- and  
 51.8 community-based services, and long-term care facilities and other congregate care residential  
 51.9 facilities and programs experiencing an emergency staffing crisis on or after the effective  
 51.10 date of this section. Temporary staff must be provided at no cost to the provider, individual  
 51.11 recipient, facility, or program receiving the temporary staff.

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

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

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

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

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

51.29 (1) nursing facilities;

51.30 (2) assisted living facilities;

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

51.32 (4) adult foster care ~~or~~ , community residential settings, or integrated community supports  
 51.33 settings;

- 52.1 (5) licensed substance use disorder treatment facilities;
- 52.2 (6) unlicensed county-based substance use disorder treatment facilities;
- 52.3 (7) licensed facilities for adults with mental illness;
- 52.4 (8) licensed detoxification programs;
- 52.5 (9) licensed withdrawal management programs;
- 52.6 (10) licensed children's residential facilities;
- 52.7 (11) licensed child foster residence settings;
- 52.8 (12) unlicensed, Tribal-certified facilities that perform functions similar to the licensed
- 52.9 facilities listed in this paragraph;
- 52.10 (13) boarding care homes;
- 52.11 (14) board and lodging establishments serving people with disabilities or disabling
- 52.12 conditions;
- 52.13 (15) board and lodging establishments with special services;
- 52.14 (16) supervised living facilities;
- 52.15 (17) supportive housing;
- 52.16 (18) sober homes;
- 52.17 (19) community-based halfway houses for people exiting the correctional system;
- 52.18 (20) shelters serving people experiencing homelessness;
- 52.19 (21) drop-in centers for people experiencing homelessness;
- 52.20 (22) homeless outreach services for unsheltered individuals;
- 52.21 (23) shelters for people experiencing domestic violence; ~~and~~
- 52.22 (24) temporary isolation spaces for people who test positive for COVID-19;
- 52.23 (25) individuals who use consumer-directed community supports;
- 52.24 (26) individuals who use the personal care assistance choice program;
- 52.25 (27) personal care assistance provider agencies;
- 52.26 (28) individuals who use the community first services and supports budget model;
- 52.27 (29) agency-providers of community first services and supports; and
- 52.28 (30) providers of individualized home supports.

53.1 (h) Notwithstanding Minnesota Statutes, chapter 16C, the commissioner may maintain,  
 53.2 extend, or renew contracts for temporary staffing entered into on or after September 1, 2020.  
 53.3 The commissioner may also enter into new contracts with eligible entities for temporary  
 53.4 staff deployed in the temporary staffing pool. The commissioner may use up to 6.5 percent  
 53.5 of this funding for the commissioner's costs related to administration of this program.

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

53.8 **Sec. 47. PERSONAL CARE ASSISTANCE ENHANCED RATE FOR PERSONS**  
 53.9 **WHO USE CONSUMER-DIRECTED COMMUNITY SUPPORTS.**

53.10 The commissioner of human services shall increase the annual budgets for participants  
 53.11 who use consumer-directed community supports under Minnesota Statutes, sections  
 53.12 256B.0913, subdivision 5, clause (17); 256B.092, subdivision 1b, paragraph (a), clause (4);  
 53.13 256B.49, subdivision 16, paragraph (c); and chapter 256S, by 43 percent for participants  
 53.14 who are determined by assessment to be eligible for ten or more hours of personal care  
 53.15 assistance services or community first services and supports per day when the participant  
 53.16 uses direct support services provided by a worker employed by the participant who has  
 53.17 completed training identified in Minnesota Statutes, section 256B.0659, subdivision 11,  
 53.18 paragraph (d), or 256B.85, subdivision 16, paragraph (e).

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

53.22 **Sec. 48. RATE INCREASE FOR CERTAIN HOME CARE SERVICES.**

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

53.28 (b) Effective January 1, 2023, or upon federal approval, whichever is later, the  
 53.29 commissioner shall increase payment rates for respiratory therapy under Minnesota Rules,  
 53.30 part 9505.0295, subpart 2, item E, and for home health services and home care nursing  
 53.31 services under Minnesota Statutes, section 256B.0651, subdivision 2, clauses (1) to (3),  
 53.32 except home health aide visits, by 38.8 percent from the rates in effect on December 31,  
 53.33 2022. The commissioner must apply the annual rate increases under Minnesota Statutes,

54.1 sections 256B.0653, subdivision 8, and 256B.0654, subdivision 5, to the rates resulting  
54.2 from the application of the rate increase under this paragraph.

54.3 **Sec. 49. DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**  
54.4 **ADDITIONAL DWRS RATE INCREASES.**

54.5 (a) In addition to the rate increases described in the amendments contained in this act  
54.6 to Minnesota Statutes, section 256B.4914, the commissioner shall further adjust the rates  
54.7 as described in paragraphs (b) to (f) until the net increase in the rates established under  
54.8 Minnesota Statutes, section 256B.4914, as amended in this act, and under this section are  
54.9 equivalent to a three-year appropriation of \$253,001,000 for fiscal years 2023, 2024, and  
54.10 2025. The commissioner shall apply the rate changes in this section after applying other  
54.11 changes contained in this act. The commissioner shall apply the rate changes in this section  
54.12 in the order presented in the following paragraphs. If the three-year appropriation target is  
54.13 reached after applying the provisions of a paragraph, the commissioner shall not apply the  
54.14 provisions in the remaining paragraphs.

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

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

54.29 (d) Notwithstanding the provision in Minnesota Statutes, section 256B.4914, subdivision  
54.30 5f, paragraph (a), as added by amendment in this act, requiring a biennial update of the  
54.31 competitive workforce factor, on January 1, 2024, the commissioner shall update the  
54.32 competitive workforce factor. If the estimated cost of fully implementing the rate adjustment  
54.33 in this paragraph exceeds the three-year appropriation target, the commissioner shall cap  
54.34 the increase in the competitive workforce factor to reach the target.

55.1 (e) Notwithstanding the provision in Minnesota Statutes, section 256B.4914, subdivision  
 55.2 5, paragraph (b), as amended in this act, on January 1, 2024, the commissioner shall update  
 55.3 the base wage index in Minnesota Statutes, section 256B.4914, subdivision 5a, based on  
 55.4 the most recently available wage data by SOC from the Bureau of Labor Statistics. If the  
 55.5 estimated cost of fully implementing the rate adjustment in this paragraph exceeds the  
 55.6 three-year appropriation target, the commissioner shall proportionately reduce the estimated  
 55.7 change to component values to reach the target.

55.8 (f) Notwithstanding the provision in Minnesota Statutes, section 256B.4914, subdivision  
 55.9 5b, as amended in this act, on January 1, 2024, the commissioner shall update the client and  
 55.10 programming support, transportation, and program facility cost component values based  
 55.11 on the most recently available wage data by SOC from the Bureau of Labor Statistics. If  
 55.12 the estimated cost of fully implementing the rate adjustment in this paragraph exceeds the  
 55.13 three-year appropriation target, the commissioner shall proportionately reduce the estimated  
 55.14 change to component values to reach the target.

55.15 **Sec. 50. DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**  
 55.16 **APPLICATION OF ICF/DD RATE INCREASES.**

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

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

55.20 (2) apply any required rate increase as required under Minnesota Statutes, section  
 55.21 256B.5012, subdivision 20, to the results of clause (1).

55.22 **Sec. 51. DIRECTION TO COMMISSIONER OF HUMAN SERVICES; BUDGET**  
 55.23 **EXCEPTIONS FOR COMMUNITY RESIDENTIAL SETTINGS.**

55.24 The commissioner of human services must take steps to inform individuals, families,  
 55.25 and lead agencies of the amendments to Minnesota Statutes, section 256B.4911, subdivision  
 55.26 4, and widely disseminate easily understood instructions for quickly applying for a budget  
 55.27 exception under that section.

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

56.1 **Sec. 52. DIRECTION TO COMMISSIONER; DISABILITY WAIVER SHARED**  
 56.2 **SERVICES RATES.**

56.3 The commissioner of human services shall establish a rate system for shared homemaker  
 56.4 services and shared chore services provided under Minnesota Statutes, sections 256B.092  
 56.5 and 256B.49. For two persons sharing services, the rate paid to a provider must not exceed  
 56.6 1-1/2 times the rate paid for serving a single individual, and for three persons sharing  
 56.7 services, the rate paid to a provider must not exceed two times the rate paid for serving a  
 56.8 single individual. These rates apply only when all of the criteria for the shared service have  
 56.9 been met.

56.10 **Sec. 53. DIRECTION TO COMMISSIONER OF HUMAN SERVICES; SHARED**  
 56.11 **SERVICES.**

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

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

56.17 (2) permit shared services for some services for higher ratios, including individualized  
 56.18 home supports without training, individualized home supports with training, and  
 56.19 individualized home supports with family training for a ratio of one staff person to three  
 56.20 recipients;

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

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

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

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

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

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



- 57.1 (1) instructions for shared services support planning;  
 57.2 (2) person-centered approaches and informed choice in shared services support planning;  
 57.3 and  
 57.4 (3) required contents of shared services agreements.
- 57.5 (c) The commissioner shall seek and utilize stakeholder input for any proposed changes  
 57.6 to waiver plans and any shared services guidance.

57.7 Sec. 54. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**  
 57.8 **LIFE-SHARING SERVICES.**

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

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

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

- 57.21 (1) providers currently providing or interested in providing life-sharing services;  
 57.22 (2) people with disabilities accessing or interested in accessing life-sharing services;  
 57.23 (3) disability advocacy organizations; and  
 57.24 (4) lead agencies.

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

57.28 (c) The commissioner must provide a method for the commissioner and interested  
 57.29 stakeholders to cofacilitate public meetings. The first meeting must occur before January  
 57.30 31, 2023. The commissioner must host the cofacilitated meetings at least monthly through

58.1 December 31, 2023. All meetings must be accessible to all interested stakeholders, recorded,  
 58.2 and posted online within one week of the meeting date.

58.3 **Subd. 4. Required topics to be discussed during development of the**  
 58.4 **recommendations. The commissioner and the interested stakeholders must discuss the**  
 58.5 **following topics:**

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

58.7 (2) successful life-sharing models used in other states;

58.8 (3) services and supports that could be included in a life-sharing service;

58.9 (4) potential barriers to providing or accessing life-sharing services;

58.10 (5) solutions to remove identified barriers to providing or accessing life-sharing services;

58.11 (6) potential medical assistance payment methodologies for life-sharing services;

58.12 (7) expanding awareness of the life-sharing model; and

58.13 (8) draft language for legislation necessary to define and implement life-sharing services.

58.14 **Subd. 5. Report to the legislature. By December 31, 2023, the commissioner must**  
 58.15 **provide to the chairs and ranking minority members of the house of representatives and**  
 58.16 **senate committees and divisions with jurisdiction over direct care services a report**  
 58.17 **summarizing the discussions between the commissioner and the interested stakeholders and**  
 58.18 **the commissioner's recommendations. The report must also include any draft legislation**  
 58.19 **necessary to define and implement life-sharing services.**

58.20 **Sec. 55. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**  
 58.21 **REASSESSMENT FREQUENCY.**

58.22 By January 1, 2023, the commissioner of human services shall seek federal approval to  
 58.23 streamline medical assistance service eligibility determinations for people with disabilities  
 58.24 by using less-frequent disability service needs assessments or streamlined annual  
 58.25 reevaluations for people whose disability-related needs are not likely to change and  
 58.26 less-frequent or streamlined reassessment is chosen by the participant.

58.27 **Sec. 56. REPEALER.**

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

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

## 59.4 **ARTICLE 2**

### 59.5 **CONTINUING CARE FOR OLDER ADULTS**

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

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

59.12 **EFFECTIVE DATE.** This section is effective for the rate year beginning January 1,  
 59.13 2024, or upon federal approval, whichever occurs later. The commissioner of human services  
 59.14 shall notify the revisor of statutes when federal approval is obtained.

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

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

59.21 **EFFECTIVE DATE.** This section is effective for the rate year beginning January 1,  
 59.22 2024, or upon federal approval, whichever occurs later. The commissioner of human services  
 59.23 shall notify the revisor of statutes when federal approval is obtained.

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

59.25 Subd. 24. **Housekeeping costs.** "Housekeeping costs" means ~~the costs for the salaries~~  
 59.26 ~~and wages of the housekeeping supervisor, housekeepers, and other cleaning employees~~  
 59.27 ~~and associated fringe benefits and payroll taxes. It also includes~~ the cost of housekeeping  
 59.28 supplies, including, but not limited to, cleaning and lavatory supplies and contract services.

59.29 **EFFECTIVE DATE.** This section is effective for the rate year beginning January 1,  
 59.30 2024, or upon federal approval, whichever occurs later. The commissioner of human services  
 59.31 shall notify the revisor of statutes when federal approval is obtained.

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

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

60.6 **EFFECTIVE DATE.** This section is effective for the rate year beginning January 1,  
60.7 2024, or upon federal approval, whichever occurs later. The commissioner of human services  
60.8 shall notify the revisor of statutes when federal approval is obtained.

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

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

60.15 **EFFECTIVE DATE.** This section is effective for the rate year beginning January 1,  
60.16 2024, or upon federal approval, whichever occurs later. The commissioner of human services  
60.17 shall notify the revisor of statutes when federal approval is obtained.

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

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

60.23 **EFFECTIVE DATE.** This section is effective for the rate year beginning January 1,  
60.24 2024, or upon federal approval, whichever occurs later. The commissioner of human services  
60.25 shall notify the revisor of statutes when federal approval is obtained.

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

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

61.1 **EFFECTIVE DATE.** This section is effective for the rate year beginning January 1,  
61.2 2024, or upon federal approval, whichever occurs later. The commissioner of human services  
61.3 shall notify the revisor of statutes when federal approval is obtained.

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

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

61.11 **EFFECTIVE DATE.** This section is effective for the rate year beginning January 1,  
61.12 2024, or upon federal approval, whichever occurs later. The commissioner of human services  
61.13 shall notify the revisor of statutes when federal approval is obtained.

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

61.16 Subd. 29a. **Maintenance and plant operations labor costs.** "Maintenance and plant  
61.17 operations labor costs" means the costs for the salaries and wages of the maintenance  
61.18 supervisor, engineers, heating-plant employees, and other maintenance employees, and  
61.19 associated fringe benefits and payroll taxes.

61.20 **EFFECTIVE DATE.** This section is effective for the rate year beginning January 1,  
61.21 2024, or upon federal approval, whichever occurs later. The commissioner of human services  
61.22 shall notify the revisor of statutes when federal approval is obtained.

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

61.24 Subd. 34. **Other care-related costs.** "Other care-related costs" means the sum of activities  
61.25 costs, other direct care costs, raw food costs, dietary labor costs, housekeeping labor costs,  
61.26 laundry labor costs, maintenance and plant operations labor costs, therapy costs, and social  
61.27 services costs.

61.28 **EFFECTIVE DATE.** This section is effective for the rate year beginning January 1,  
61.29 2024, or upon federal approval, whichever occurs later. The commissioner of human services  
61.30 shall notify the revisor of statutes when federal approval is obtained.

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

62.2 Subd. 2. **Calculation of direct care cost per standardized day.** Each facility's direct  
62.3 care cost per standardized day is the product of the facility's direct care costs and the known  
62.4 cost change factor, divided by the sum of the facility's standardized days. A facility's direct  
62.5 care cost per standardized day is the facility's cost per day for direct care services associated  
62.6 with a case mix index of 1.00.

62.7 **EFFECTIVE DATE.** This section is effective for the rate year beginning January 1,  
62.8 2024, or upon federal approval, whichever occurs later. The commissioner of human services  
62.9 shall notify the revisor of statutes when federal approval is obtained.

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

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

62.14 **EFFECTIVE DATE.** This section is effective for the rate year beginning January 1,  
62.15 2024, or upon federal approval, whichever occurs later. The commissioner of human services  
62.16 shall notify the revisor of statutes when federal approval is obtained.

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

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

62.21 **EFFECTIVE DATE.** This section is effective for the rate year beginning January 1,  
62.22 2024, or upon federal approval, whichever occurs later. The commissioner of human services  
62.23 shall notify the revisor of statutes when federal approval is obtained.

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

62.25 **256R.25 EXTERNAL FIXED COSTS PAYMENT RATE.**

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

62.28 (b) For a facility licensed as a nursing home, the portion related to the provider surcharge  
62.29 under section 256.9657 is equal to \$8.86 per resident day. For a facility licensed as both a  
62.30 nursing home and a boarding care home, the portion related to the provider surcharge under

63.1 section 256.9657 is equal to \$8.86 per resident day multiplied by the result of its number  
63.2 of nursing home beds divided by its total number of licensed beds.

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

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

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

63.8 (f) The portion related to planned closure rate adjustments is as determined under section  
63.9 256R.40, subdivision 5, and Minnesota Statutes 2010, section 256B.436.

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

63.12 (h) The portion related to single-bed room incentives is as determined under section  
63.13 256R.41.

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

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

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

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

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

63.29 (n) The portion related to special dietary needs is the amount determined under section  
63.30 256R.51.

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

64.1 **EFFECTIVE DATE.** This section is effective for the rate year beginning January 1,  
 64.2 2024, or upon federal approval, whichever occurs later. The commissioner of human services  
 64.3 shall notify the revisor of statutes when federal approval is obtained.

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

64.5 **256S.16 AUTHORIZATION OF ELDERLY WAIVER SERVICES AND SERVICE**  
 64.6 **RATES.**

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

64.9 **Subd. 2. Shared services; rates.** The commissioner shall establish a rate system for  
 64.10 shared homemaker services and shared chore services, based on homemaker rates for a  
 64.11 single individual under section 256S.215, subdivisions 9 to 11, and the chore rate for a  
 64.12 single individual under section 256S.215, subdivision 7. For two persons sharing services,  
 64.13 the rate paid to a provider must not exceed 1-1/2 times the rate paid for serving a single  
 64.14 individual, and for three persons sharing services, the rate paid to a provider must not exceed  
 64.15 two times the rate paid for serving a single individual. These rates apply only when all of  
 64.16 the criteria for the shared service have been met.

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

64.18 **256S.205 CUSTOMIZED LIVING SERVICES; DISPROPORTIONATE SHARE**  
 64.19 **RATE ADJUSTMENTS.**

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

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

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

64.29 (d) "Disproportionate share facility" means ~~an assisted living~~ a facility designated by  
 64.30 the commissioner under subdivision 4.



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

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

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

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

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

65.16 **Subd. 3. Rate adjustment eligibility criteria.** Only facilities ~~with a census of at least~~  
 65.17 ~~80 percent elderly waiver participants~~ satisfying all of the following conditions on ~~October~~  
 65.18 September 1 of the application year are eligible for designation as a disproportionate share  
 65.19 facility:

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

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

65.22 **Subd. 4. Designation as a disproportionate share facility.** (a) By ~~November~~ October  
 65.23 15 of each application year, the commissioner must designate as a disproportionate share  
 65.24 facility a facility that complies with the application requirements of subdivision 2 and meets  
 65.25 the eligibility criteria of subdivision 3.

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

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

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

66.3 ~~(b)~~ (c) The commissioner must adjust the rate floor at least annually in the manner  
 66.4 described under section 256S.18, subdivisions 5 and 6.

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

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

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

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

66.15 **256S.2101 RATE SETTING; PHASE-IN.**

66.16 Subdivision 1. **Phase-in for disability waiver customized living rates.** All rates and  
 66.17 rate components for community access for disability inclusion customized living and brain  
 66.18 injury customized living under section 256B.4914 shall be the sum of ~~ten~~ 27.2 percent of  
 66.19 the rates calculated under sections 256S.211 to 256S.215 and ~~90~~ 72.8 percent of the rates  
 66.20 calculated using the rate methodology in effect as of June 30, 2017.

66.21 Subd. 2. **Phase-in for elderly waiver rates.** Except for home-delivered meals as  
 66.22 described in section 256S.215, subdivision 15, all rates and rate components for elderly  
 66.23 waiver, elderly waiver customized living, and elderly waiver foster care under this chapter;  
 66.24 alternative care under section 256B.0913; and essential community supports under section  
 66.25 256B.0922 shall be the sum of ~~48.8~~ 27.2 percent of the rates calculated under sections  
 66.26 256S.211 to 256S.215, and ~~84.2~~ 72.8 percent of the rates calculated using the rate  
 66.27 methodology in effect as of June 30, 2017. The rate for home-delivered meals shall be the  
 66.28 sum of the service rate in effect as of January 1, 2019, and the increases described in section  
 66.29 256S.215, subdivision 15.

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

67.1 **Sec. 18. NURSING FACILITY FUNDING.**

67.2 (a) Effective July 1, 2022, through December 31, 2024, the total payment rate for all  
67.3 facilities reimbursed under this section must be increased by \$28.65 per resident day.

67.4 (b) To be eligible to receive a payment under this section, a nursing facility must attest  
67.5 to the commissioner of human services that the additional revenue will be used exclusively  
67.6 to increase compensation-related costs for employees directly employed by the facility on  
67.7 or after July 1, 2022, excluding:

67.8 (1) owners of the building and operation;

67.9 (2) persons employed in the central office of an entity that has any ownership interest  
67.10 in the nursing facility or exercises control over the nursing facility;

67.11 (3) persons paid by the nursing facility under a management contract; and

67.12 (4) persons providing separately billable services.

67.13 (c) Contracted housekeeping, dietary, and laundry employees providing services on site  
67.14 at the nursing facility are eligible for compensation-related cost increases under this section,  
67.15 provided the agency that employs them submits to the nursing facility proof of the costs of  
67.16 the increases provided to those employees.

67.17 (d) For purposes of this section, compensation-related costs include:

67.18 (1) permanent new increases to wages and salaries implemented on or after July 1, 2022,  
67.19 and before September 1, 2022, for nursing facility employees;

67.20 (2) permanent new increases to wages and salaries implemented on or after July 1, 2022,  
67.21 and before September 1, 2022, for employees in the organization's shared services  
67.22 departments of hospital-attached nursing facilities for the nursing facility allocated share  
67.23 of wages; and

67.24 (3) the employer's share of FICA taxes, Medicare taxes, state and federal unemployment  
67.25 taxes, PERA, workers' compensation, and pension and employee retirement accounts directly  
67.26 associated with the wage and salary increases in clauses (1) and (2) incurred no later than  
67.27 December 31, 2024, and paid for no later than June 30, 2025.

67.28 (e) A facility that receives a rate increase under this section must complete a distribution  
67.29 plan in the form and manner determined by the commissioner. This plan must specify the  
67.30 total amount of money the facility is estimated to receive from this rate increase and how  
67.31 that money will be distributed to increase the allowable compensation-related costs described  
67.32 in paragraph (d) for employees described in paragraphs (b) and (c). This estimate must be

68.1 computed by multiplying \$28.65 by the sum of the medical assistance and private pay  
 68.2 resident days as defined in Minnesota Statutes, section 256R.02, subdivision 45, for the  
 68.3 period beginning October 1, 2020, through September 30, 2021, dividing this sum by 365  
 68.4 and multiplying the result by 915. A facility must submit its distribution plan to the  
 68.5 commissioner by October 1, 2022. The commissioner may review the distribution plan to  
 68.6 ensure that the payment rate adjustment per resident day is used in accordance with this  
 68.7 section. The commissioner may allow for a distribution plan amendment under exceptional  
 68.8 circumstances to be determined at the sole discretion of the commissioner.

68.9 (f) By September 1, 2022, a facility must post the distribution plan summary and leave  
 68.10 it posted for a period of at least six months in an area of the facility to which all employees  
 68.11 have access. The posted distribution plan summary must be in the form and manner  
 68.12 determined by the commissioner. The distribution plan summary must include instructions  
 68.13 regarding how to contact the commissioner or the commissioner's representative if an  
 68.14 employee believes the employee is covered by paragraph (b) or (c) and has not received the  
 68.15 compensation-related increases described in paragraph (d). The instruction to such employees  
 68.16 must include the e-mail address and telephone number that may be used by the employee  
 68.17 to contact the commissioner's representative. The posted distribution plan summary must  
 68.18 demonstrate how the increase in paragraph (a) received by the nursing facility from July 1,  
 68.19 2022, through December 1, 2024, will be used in full to pay the compensation-related costs  
 68.20 in paragraph (d) for employees described in paragraphs (b) and (c).

68.21 (g) If the nursing facility expends less on new compensated-related costs than the amount  
 68.22 that was made available by the rate increase in this section for that purpose, the amount of  
 68.23 this rate adjustment must be reduced to equal the amount utilized by the facility for purposes  
 68.24 authorized under this section. If the facility fails to post the distribution plan summary in  
 68.25 its facility as required, fails to submit its distribution plan to the commissioner by the due  
 68.26 date, or uses these funds for unauthorized purposes, these rate increases must be treated as  
 68.27 an overpayment and subsequently recovered.

68.28 (h) The commissioner shall not treat payments received under this section as an applicable  
 68.29 credit for purposes of setting total payment rates under Minnesota Statutes, chapter 256R.

68.30 **Sec. 19. DIRECTION TO COMMISSIONER OF HUMAN SERVICES; PARTIAL**  
 68.31 **YEAR IMPLEMENTATION OF DISPROPORTIONATE SHARE RATE**  
 68.32 **ADJUSTMENTS.**

68.33 Subdivision 1. **Definitions.** For the purposes of this section, the definitions in Minnesota  
 68.34 Statutes, section 256S.205, apply.

69.1 Subd. 2. **Partial year implementation.** (a) Notwithstanding the provisions of Minnesota  
69.2 Statutes, section 256S.205, subdivisions 2 to 5, regarding application dates, eligibility dates,  
69.3 designation dates, and payment adjustment dates, during the first partial year of  
69.4 implementation of the amendments in this act to Minnesota Statutes, section 256S.205, a  
69.5 facility may apply between July 1, 2022, and July 31, 2022, to be designated a  
69.6 disproportionate share facility on the basis of the conditions outlined in Minnesota Statutes,  
69.7 section 256S.205, subdivision 3, as of July 1, 2022. The commissioner shall designate  
69.8 disproportionate share facilities by August 15, 2022. Between October 1, 2022, and December  
69.9 31, 2022, the commissioner shall apply the rate floor under Minnesota Statutes, section  
69.10 256S.205, as amended in this act, to eligible customized living services provided in  
69.11 disproportionate share facilities between those dates.

69.12 Subd. 3. **Rate year 2023.** Beginning September 1, 2022, the timelines and dates described  
69.13 in Minnesota Statutes, section 256S.205, subdivisions 2 to 4, apply for the purposes of rate  
69.14 year 2023.

69.15 Subd. 4. **Treatment of prior rate adjustments.** (a) The commissioner shall apply rate  
69.16 adjustments required under Minnesota Statutes 2021 Supplement, section 256S.205, until  
69.17 September 30, 2022. Beginning October 1, 2022, the commissioner shall remove all rate  
69.18 adjustments required under Minnesota Statutes 2021 Supplement, section 256S.205.

69.19 (b) A disproportionate share facility receiving a rate adjustment under Minnesota Statutes  
69.20 2021 Supplement, section 256S.205, as of July 1, 2022, may apply for an adjustment under  
69.21 this section.

69.22 **EFFECTIVE DATE.** (a) Subdivisions 1 to 3 are effective July 1, 2022, or upon federal  
69.23 approval, whichever is later, and apply to services provided on or after October 1, 2022, or  
69.24 on or after the date upon which federal approval is obtained, whichever is later. The  
69.25 commissioner of human services shall notify the revisor of statutes when federal approval  
69.26 is obtained.

69.27 (b) Subdivision 4 is effective July 1, 2022.

69.28 Sec. 20. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; ELDERLY**  
69.29 **WAIVER BASE WAGE INDEX ADJUSTMENTS.**

69.30 On January 1, 2023, the commissioner shall update the base wage indices in Minnesota  
69.31 Statutes, section 256S.212, based on the most recently available Minneapolis-St.  
69.32 Paul-Bloomington, MN-WI MetroSA average wage data from the Bureau of Labor Statistics.

70.1 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,  
70.2 whichever occurs later. The commissioner of human services shall inform the revisor of  
70.3 statutes when federal approval is obtained.

### 70.4 **ARTICLE 3**

### 70.5 **HEALTH CARE**

70.6 Section 1. Minnesota Statutes 2021 Supplement, section 256B.0371, subdivision 4, is  
70.7 amended to read:

70.8 Subd. 4. **Dental utilization report.** (a) The commissioner shall submit an annual report  
70.9 beginning March 15, 2022, and ending March 15, 2026, to the chairs and ranking minority  
70.10 members of the legislative committees with jurisdiction over health and human services  
70.11 policy and finance that includes the percentage for adults and children one through 20 years  
70.12 of age for the most recent complete calendar year receiving at least one dental visit for both  
70.13 fee-for-service and the prepaid medical assistance program. The report must include:

70.14 (1) statewide utilization for both fee-for-service and for the prepaid medical assistance  
70.15 program;

70.16 (2) utilization by county;

70.17 (3) utilization by children receiving dental services through fee-for-service and through  
70.18 a managed care plan or county-based purchasing plan;

70.19 (4) utilization by adults receiving dental services through fee-for-service and through a  
70.20 managed care plan or county-based purchasing plan.

70.21 (b) The report must also include a description of any corrective action plans required to  
70.22 be submitted under subdivision 2.

70.23 (c) The initial report due on March 15, 2022, must include the utilization metrics described  
70.24 in paragraph (a) for each of the following calendar years: 2017, 2018, 2019, and 2020.

70.25 (d) In the annual report due on March 15, 2023, and in each report due thereafter, the  
70.26 commissioner shall include the following:

70.27 (1) the number of dentists enrolled with the commissioner as a medical assistance dental  
70.28 provider and the congressional district or districts in which the dentist provides services;

70.29 (2) the number of enrolled dentists who provided fee-for-service dental services to  
70.30 medical assistance or MinnesotaCare patients within the previous calendar year in the  
70.31 following increments: one to nine patients, ten to 100 patients, and over 100 patients;

71.1 (3) the number of enrolled dentists who provided dental services to medical assistance  
71.2 or MinnesotaCare patients through a managed care plan or county-based purchasing plan  
71.3 within the previous calendar year in the following increments: one to nine patients, ten to  
71.4 100 patients, and over 100 patients; and

71.5 (4) the number of dentists who provided dental services to a new patient who was enrolled  
71.6 in medical assistance or MinnesotaCare within the previous calendar year.

71.7 (e) The report due on March 15, 2023, must include the metrics described in paragraph  
71.8 (d) for each of the following years: 2017, 2018, 2019, 2020, and 2021.

71.9 Sec. 2. Minnesota Statutes 2020, section 256B.057, subdivision 9, is amended to read:

71.10 Subd. 9. **Employed persons with disabilities.** (a) Medical assistance may be paid for  
71.11 a person who is employed and who:

71.12 (1) but for excess earnings or assets, meets the definition of disabled under the  
71.13 Supplemental Security Income program;

71.14 (2) meets the asset limits in paragraph (d); and

71.15 (3) pays a premium and other obligations under paragraph (e).

71.16 (b) For purposes of eligibility, there is a \$65 earned income disregard. To be eligible  
71.17 for medical assistance under this subdivision, a person must have more than \$65 of earned  
71.18 income. Earned income must have Medicare, Social Security, and applicable state and  
71.19 federal taxes withheld. The person must document earned income tax withholding. Any  
71.20 spousal income or assets shall be disregarded for purposes of eligibility and premium  
71.21 determinations.

71.22 (c) After the month of enrollment, a person enrolled in medical assistance under this  
71.23 subdivision who:

71.24 (1) is temporarily unable to work and without receipt of earned income due to a medical  
71.25 condition, as verified by a physician, advanced practice registered nurse, or physician  
71.26 assistant; or

71.27 (2) loses employment for reasons not attributable to the enrollee, and is without receipt  
71.28 of earned income may retain eligibility for up to four consecutive months after the month  
71.29 of job loss. To receive a four-month extension, enrollees must verify the medical condition  
71.30 or provide notification of job loss. All other eligibility requirements must be met and the  
71.31 enrollee must pay all calculated premium costs for continued eligibility.

72.1 (d) For purposes of determining eligibility under this subdivision, a person's assets must  
72.2 not exceed \$20,000, excluding:

72.3 (1) all assets excluded under section 256B.056;

72.4 (2) retirement accounts, including individual accounts, 401(k) plans, 403(b) plans, Keogh  
72.5 plans, and pension plans;

72.6 (3) medical expense accounts set up through the person's employer; and

72.7 (4) spousal assets, including spouse's share of jointly held assets.

72.8 (e) All enrollees must pay a premium to be eligible for medical assistance under this  
72.9 subdivision, except as provided under clause (1), item (i), and clause (5).

72.10 (1) An enrollee must pay ~~the greater of a \$35 premium or the premium calculated based~~  
72.11 ~~on~~ by applying the following sliding premium fee scale to the person's gross earned and  
72.12 unearned income and the applicable family size using a sliding fee scale established by the  
72.13 commissioner, which begins at one percent of income at 100 percent of the federal poverty  
72.14 guidelines and increases to 7.5 percent of income for those with incomes at or above 300  
72.15 percent of the federal poverty guidelines.:

72.16 (i) for enrollees with income less than 200 percent of federal poverty guidelines, the  
72.17 premium shall be zero percent of income;

72.18 (ii) for enrollees with income from 200 to 250 percent of federal poverty guidelines, the  
72.19 sliding premium fee scale shall begin at zero percent of income and increase to 2.5 percent;

72.20 (iii) for enrollees with income from 250 to 300 percent of federal poverty guidelines,  
72.21 the sliding premium fee scale shall begin at 2.5 percent of income and increase to 4.5 percent;

72.22 (iv) for enrollees with income from 300 to 400 percent of federal poverty guidelines,  
72.23 the sliding premium fee scale shall begin at 4.5 percent of income and increase to six percent;

72.24 (v) for enrollees with income from 400 to 500 percent of federal poverty guidelines, the  
72.25 sliding premium fee scale shall begin at six percent of income and increase to 7.5 percent;  
72.26 and

72.27 (vi) for enrollees with income greater than 500 percent of federal poverty guidelines,  
72.28 the premium shall be 7.5 percent of income.

72.29 (2) Annual adjustments in the premium schedule based upon changes in the federal  
72.30 poverty guidelines shall be effective for premiums due in July of each year.



73.1 (3) All enrollees who receive unearned income must pay one-half of one percent of  
73.2 unearned income in addition to the premium amount, except as provided under clause (5).

73.3 (4) Increases in benefits under title II of the Social Security Act shall not be counted as  
73.4 income for purposes of this subdivision until July 1 of each year.

73.5 (5) Effective July 1, 2009, American Indians are exempt from paying premiums as  
73.6 required by section 5006 of the American Recovery and Reinvestment Act of 2009, Public  
73.7 Law 111-5. For purposes of this clause, an American Indian is any person who meets the  
73.8 definition of Indian according to Code of Federal Regulations, title 42, section 447.50.

73.9 (f) A person's eligibility and premium shall be determined by the local county agency.  
73.10 Premiums must be paid to the commissioner. All premiums are dedicated to the  
73.11 commissioner.

73.12 (g) Any required premium shall be determined at application and redetermined at the  
73.13 enrollee's six-month income review or when a change in income or household size is reported.  
73.14 Enrollees must report any change in income or household size within ten days of when the  
73.15 change occurs. A decreased premium resulting from a reported change in income or  
73.16 household size shall be effective the first day of the next available billing month after the  
73.17 change is reported. Except for changes occurring from annual cost-of-living increases, a  
73.18 change resulting in an increased premium shall not affect the premium amount until the  
73.19 next six-month review.

73.20 (h) Premium payment is due upon notification from the commissioner of the premium  
73.21 amount required. Premiums may be paid in installments at the discretion of the commissioner.

73.22 (i) Nonpayment of the premium shall result in denial or termination of medical assistance  
73.23 unless the person demonstrates good cause for nonpayment. "Good cause" means an excuse  
73.24 for the enrollee's failure to pay the required premium when due because the circumstances  
73.25 were beyond the enrollee's control or not reasonably foreseeable. The commissioner shall  
73.26 determine whether good cause exists based on the weight of the supporting evidence  
73.27 submitted by the enrollee to demonstrate good cause. Except when an installment agreement  
73.28 is accepted by the commissioner, all persons disenrolled for nonpayment of a premium must  
73.29 pay any past due premiums as well as current premiums due prior to being reenrolled.  
73.30 Nonpayment shall include payment with a returned, refused, or dishonored instrument. The  
73.31 commissioner may require a guaranteed form of payment as the only means to replace a  
73.32 returned, refused, or dishonored instrument.

73.33 (j) For enrollees whose income does not exceed 200 percent of the federal poverty  
73.34 guidelines and who are also enrolled in Medicare, the commissioner shall reimburse the

74.1 enrollee for Medicare Part B premiums under section 256B.0625, subdivision 15, paragraph  
74.2 (a).

74.3 Sec. 3. Minnesota Statutes 2020, section 256B.0625, is amended by adding a subdivision  
74.4 to read:

74.5 Subd. 13k. Vaccines and laboratory tests provided by pharmacists. (a) Medical  
74.6 assistance covers vaccines initiated, ordered, or administered by a licensed pharmacist,  
74.7 according to the requirements of section 151.01, subdivision 27, clause (6), at no less than  
74.8 the rate for which the same services are covered when provided by any other licensed  
74.9 practitioner.

74.10 (b) Medical assistance covers laboratory tests ordered and performed by a licensed  
74.11 pharmacist, according to the requirements of section 151.01, subdivision 27, clause (3), at  
74.12 no less than the rate for which the same services are covered when provided by any other  
74.13 licensed practitioner.

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

74.17 Sec. 4. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 17, is  
74.18 amended to read:

74.19 Subd. 17. **Transportation costs.** (a) "Nonemergency medical transportation service"  
74.20 means motor vehicle transportation provided by a public or private person that serves  
74.21 Minnesota health care program beneficiaries who do not require emergency ambulance  
74.22 service, as defined in section 144E.001, subdivision 3, to obtain covered medical services.

74.23 (b) Medical assistance covers medical transportation costs incurred solely for obtaining  
74.24 emergency medical care or transportation costs incurred by eligible persons in obtaining  
74.25 emergency or nonemergency medical care when paid directly to an ambulance company,  
74.26 nonemergency medical transportation company, or other recognized providers of  
74.27 transportation services. Medical transportation must be provided by:

74.28 (1) nonemergency medical transportation providers who meet the requirements of this  
74.29 subdivision;

74.30 (2) ambulances, as defined in section 144E.001, subdivision 2;

74.31 (3) taxicabs that meet the requirements of this subdivision;

75.1 (4) public transit, as defined in section 174.22, subdivision 7; or

75.2 (5) not-for-hire vehicles, including volunteer drivers, as defined in section 65B.472,  
75.3 subdivision 1, paragraph (h).

75.4 (c) Medical assistance covers nonemergency medical transportation provided by  
75.5 nonemergency medical transportation providers enrolled in the Minnesota health care  
75.6 programs. All nonemergency medical transportation providers must comply with the  
75.7 operating standards for special transportation service as defined in sections 174.29 to 174.30  
75.8 and Minnesota Rules, chapter 8840, and all drivers must be individually enrolled with the  
75.9 commissioner and reported on the claim as the individual who provided the service. All  
75.10 nonemergency medical transportation providers shall bill for nonemergency medical  
75.11 transportation services in accordance with Minnesota health care programs criteria. Publicly  
75.12 operated transit systems, volunteers, and not-for-hire vehicles are exempt from the  
75.13 requirements outlined in this paragraph.

75.14 (d) An organization may be terminated, denied, or suspended from enrollment if:

75.15 (1) the provider has not initiated background studies on the individuals specified in  
75.16 section 174.30, subdivision 10, paragraph (a), clauses (1) to (3); or

75.17 (2) the provider has initiated background studies on the individuals specified in section  
75.18 174.30, subdivision 10, paragraph (a), clauses (1) to (3), and:

75.19 (i) the commissioner has sent the provider a notice that the individual has been  
75.20 disqualified under section 245C.14; and

75.21 (ii) the individual has not received a disqualification set-aside specific to the special  
75.22 transportation services provider under sections 245C.22 and 245C.23.

75.23 (e) The administrative agency of nonemergency medical transportation must:

75.24 (1) adhere to the policies defined by the commissioner in consultation with the  
75.25 Nonemergency Medical Transportation Advisory Committee;

75.26 (2) pay nonemergency medical transportation providers for services provided to  
75.27 Minnesota health care programs beneficiaries to obtain covered medical services;

75.28 (3) provide data monthly to the commissioner on appeals, complaints, no-shows, canceled  
75.29 trips, and number of trips by mode; and

75.30 (4) by July 1, 2016, in accordance with subdivision 18e, utilize a web-based single  
75.31 administrative structure assessment tool that meets the technical requirements established

76.1 by the commissioner, reconciles trip information with claims being submitted by providers,  
76.2 and ensures prompt payment for nonemergency medical transportation services.

76.3 (f) Until the commissioner implements the single administrative structure and delivery  
76.4 system under subdivision 18e, clients shall obtain their level-of-service certificate from the  
76.5 commissioner or an entity approved by the commissioner that does not dispatch rides for  
76.6 clients using modes of transportation under paragraph (i), clauses (4), (5), (6), and (7).

76.7 (g) The commissioner may use an order by the recipient's attending physician, advanced  
76.8 practice registered nurse, or a medical or mental health professional to certify that the  
76.9 recipient requires nonemergency medical transportation services. Nonemergency medical  
76.10 transportation providers shall perform driver-assisted services for eligible individuals, when  
76.11 appropriate. Driver-assisted service includes passenger pickup at and return to the individual's  
76.12 residence or place of business, assistance with admittance of the individual to the medical  
76.13 facility, and assistance in passenger securement or in securing of wheelchairs, child seats,  
76.14 or stretchers in the vehicle.

76.15 Nonemergency medical transportation providers must take clients to the health care  
76.16 provider using the most direct route, and must not exceed 30 miles for a trip to a primary  
76.17 care provider or 60 miles for a trip to a specialty care provider, unless the client receives  
76.18 authorization from the local agency.

76.19 Nonemergency medical transportation providers may not bill for separate base rates for  
76.20 the continuation of a trip beyond the original destination. Nonemergency medical  
76.21 transportation providers must maintain trip logs, which include pickup and drop-off times,  
76.22 signed by the medical provider or client, whichever is deemed most appropriate, attesting  
76.23 to mileage traveled to obtain covered medical services. Clients requesting client mileage  
76.24 reimbursement must sign the trip log attesting mileage traveled to obtain covered medical  
76.25 services.

76.26 (h) The administrative agency shall use the level of service process established by the  
76.27 commissioner in consultation with the Nonemergency Medical Transportation Advisory  
76.28 Committee to determine the client's most appropriate mode of transportation. If public transit  
76.29 or a certified transportation provider is not available to provide the appropriate service mode  
76.30 for the client, the client may receive a onetime service upgrade.

76.31 (i) The covered modes of transportation are:

76.32 (1) client reimbursement, which includes client mileage reimbursement provided to  
76.33 clients who have their own transportation, or to family or an acquaintance who provides  
76.34 transportation to the client;

77.1 (2) volunteer transport, which includes transportation by volunteers using their own  
77.2 vehicle;

77.3 (3) unassisted transport, which includes transportation provided to a client by a taxicab  
77.4 or public transit. If a taxicab or public transit is not available, the client can receive  
77.5 transportation from another nonemergency medical transportation provider;

77.6 (4) assisted transport, which includes transport provided to clients who require assistance  
77.7 by a nonemergency medical transportation provider;

77.8 (5) lift-equipped/ramp transport, which includes transport provided to a client who is  
77.9 dependent on a device and requires a nonemergency medical transportation provider with  
77.10 a vehicle containing a lift or ramp;

77.11 (6) protected transport, which includes transport provided to a client who has received  
77.12 a prescreening that has deemed other forms of transportation inappropriate and who requires  
77.13 a provider: (i) with a protected vehicle that is not an ambulance or police car and has safety  
77.14 locks, a video recorder, and a transparent thermoplastic partition between the passenger and  
77.15 the vehicle driver; and (ii) who is certified as a protected transport provider; and

77.16 (7) stretcher transport, which includes transport for a client in a prone or supine position  
77.17 and requires a nonemergency medical transportation provider with a vehicle that can transport  
77.18 a client in a prone or supine position.

77.19 (j) The local agency shall be the single administrative agency and shall administer and  
77.20 reimburse for modes defined in paragraph (i) according to paragraphs (m) and (n) when the  
77.21 commissioner has developed, made available, and funded the web-based single administrative  
77.22 structure, assessment tool, and level of need assessment under subdivision 18e. The local  
77.23 agency's financial obligation is limited to funds provided by the state or federal government.

77.24 (k) The commissioner shall:

77.25 (1) in consultation with the Nonemergency Medical Transportation Advisory Committee,  
77.26 verify that the mode and use of nonemergency medical transportation is appropriate;

77.27 (2) verify that the client is going to an approved medical appointment; and

77.28 (3) investigate all complaints and appeals.

77.29 (l) The administrative agency shall pay for the services provided in this subdivision and  
77.30 seek reimbursement from the commissioner, if appropriate. As vendors of medical care,  
77.31 local agencies are subject to the provisions in section 256B.041, the sanctions and monetary  
77.32 recovery actions in section 256B.064, and Minnesota Rules, parts 9505.2160 to 9505.2245.

78.1 (m) Payments for nonemergency medical transportation must be paid based on the client's  
78.2 assessed mode under paragraph (h), not the type of vehicle used to provide the service. The  
78.3 medical assistance reimbursement rates for nonemergency medical transportation services  
78.4 that are payable by or on behalf of the commissioner for nonemergency medical  
78.5 transportation services are:

78.6 (1) \$0.22 per mile for client reimbursement;

78.7 (2) up to 100 percent of the Internal Revenue Service business deduction rate for volunteer  
78.8 transport;

78.9 (3) equivalent to the standard fare for unassisted transport when provided by public  
78.10 transit, and ~~\$11~~ \$12.93 for the base rate and ~~\$1.30~~ \$1.53 per mile when provided by a  
78.11 nonemergency medical transportation provider;

78.12 (4) ~~\$13~~ \$15.30 for the base rate and ~~\$1.30~~ \$1.53 per mile for assisted transport;

78.13 (5) ~~\$18~~ \$21.15 for the base rate and ~~\$1.55~~ \$1.82 per mile for lift-equipped/ramp transport;

78.14 (6) \$75 for the base rate and \$2.40 per mile for protected transport; and

78.15 (7) \$60 for the base rate and \$2.40 per mile for stretcher transport, and \$9 per trip for  
78.16 an additional attendant if deemed medically necessary.

78.17 (n) The base rate for nonemergency medical transportation services in areas defined  
78.18 under RUCA to be super rural is equal to 111.3 percent of the respective base rate in  
78.19 paragraph (m), clauses (1) to (7). The mileage rate for nonemergency medical transportation  
78.20 services in areas defined under RUCA to be rural or super rural areas is:

78.21 (1) for a trip equal to 17 miles or less, equal to 125 percent of the respective mileage  
78.22 rate in paragraph (m), clauses (1) to (7); and

78.23 (2) for a trip between 18 and 50 miles, equal to 112.5 percent of the respective mileage  
78.24 rate in paragraph (m), clauses (1) to (7).

78.25 (o) For purposes of reimbursement rates for nonemergency medical transportation  
78.26 services under paragraphs (m) and (n), the zip code of the recipient's place of residence  
78.27 shall determine whether the urban, rural, or super rural reimbursement rate applies.

78.28 (p) For purposes of this subdivision, "rural urban commuting area" or "RUCA" means  
78.29 a census-tract based classification system under which a geographical area is determined  
78.30 to be urban, rural, or super rural.

79.1 (q) The commissioner, when determining reimbursement rates for nonemergency medical  
79.2 transportation under paragraphs (m) and (n), shall exempt all modes of transportation listed  
79.3 under paragraph (i) from Minnesota Rules, part 9505.0445, item R, subitem (2).

79.4 (r) Effective for the first day of each calendar quarter in which the price of gasoline as  
79.5 posted publicly by the United States Energy Information Administration exceeds \$3.00 per  
79.6 gallon, the commissioner shall adjust the rate paid per mile in paragraph (m) by one percent  
79.7 up or down for every increase or decrease of ten cents for the price of gasoline. The increase  
79.8 or decrease must be calculated using a base gasoline price of \$3.00. The percentage increase  
79.9 or decrease must be calculated using the average of the most recently available price of all  
79.10 grades of gasoline for Minnesota as posted publicly by the United States Energy Information  
79.11 Administration.

79.12 Sec. 5. Minnesota Statutes 2020, section 256B.0625, subdivision 17a, is amended to read:

79.13 Subd. 17a. **Payment for ambulance services.** (a) Medical assistance covers ambulance  
79.14 services. Providers shall bill ambulance services according to Medicare criteria.  
79.15 Nonemergency ambulance services shall not be paid as emergencies. Effective for services  
79.16 rendered on or after July 1, 2001, medical assistance payments for ambulance services shall  
79.17 be paid at the Medicare reimbursement rate or at the medical assistance payment rate in  
79.18 effect on July 1, 2000, whichever is greater.

79.19 (b) Effective for services provided on or after July 1, 2016, medical assistance payment  
79.20 rates for ambulance services identified in this paragraph are increased by five percent.  
79.21 Capitation payments made to managed care plans and county-based purchasing plans for  
79.22 ambulance services provided on or after January 1, 2017, shall be increased to reflect this  
79.23 rate increase. The increased rate described in this paragraph applies to ambulance service  
79.24 providers whose base of operations as defined in section 144E.10 is located:

79.25 (1) outside the metropolitan counties listed in section 473.121, subdivision 4, and outside  
79.26 the cities of Duluth, Mankato, Moorhead, St. Cloud, and Rochester; or

79.27 (2) within a municipality with a population of less than 1,000.

79.28 (c) Effective for the first day of each calendar quarter in which the price of gasoline as  
79.29 posted publicly by the United Sates Energy Information Administration exceeds \$3.00 per  
79.30 gallon, the commissioner shall adjust the rate paid per mile in paragraphs (a) and (b) by one  
79.31 percent up or down for every increase or decrease of ten cents for the price of gasoline. The  
79.32 increase or decrease must be calculated using a base gasoline price of \$3.00. The percentage  
79.33 increase or decrease must be calculated using the average of the most recently available

80.1 price of all grades of gasoline for Minnesota as posted publicly by the United States Energy  
80.2 Information Administration.

80.3 Sec. 6. Minnesota Statutes 2021 Supplement, section 256B.69, subdivision 9f, is amended  
80.4 to read:

80.5 Subd. 9f. **Annual report on provider reimbursement rates.** (a) The commissioner,  
80.6 by December 15 of each year, ~~beginning December 15, 2021,~~ shall submit to the chairs and  
80.7 ranking minority members of the legislative committees with jurisdiction over health care  
80.8 policy and finance a report on managed care and county-based purchasing plan provider  
80.9 reimbursement rates.

80.10 (b) The report must include, for each managed care and county-based purchasing plan,  
80.11 the mean and median provider reimbursement rates by county for the calendar year preceding  
80.12 the reporting year, for the five most common billing codes statewide across all plans, in  
80.13 each of the following provider service categories if within the county there are more than  
80.14 three medical assistance enrolled providers providing the specific service within the specific  
80.15 category:

80.16 (1) physician prenatal services;

80.17 (2) physician preventive services;

80.18 (3) physician services other than prenatal or preventive;

80.19 (4) dental services;

80.20 (5) inpatient hospital services;

80.21 (6) outpatient hospital services; ~~and~~

80.22 (7) mental health services; and

80.23 (8) substance use disorder services.

80.24 (c) The commissioner shall also include in the report:

80.25 (1) the mean and median reimbursement rates across all plans by county for the calendar  
80.26 year preceding the reporting year for the billing codes and provider service categories  
80.27 described in paragraph (b); and

80.28 (2) the mean and median fee-for-service reimbursement rates by county for the calendar  
80.29 year preceding the reporting year for the billing codes and provider service categories  
80.30 described in paragraph (b).



81.1 **Sec. 7. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**  
 81.2 **ENTERAL NUTRITION AND SUPPLIES.**

81.3 Notwithstanding Minnesota Statutes, section 256B.766, paragraph (i), but subject to  
 81.4 Minnesota Statutes, section 256B.766, paragraph (l), effective for dates of service on or  
 81.5 after the effective date of this section through June 30, 2023, the commissioner of human  
 81.6 services shall not adjust rates paid for enteral nutrition and supplies.

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

81.8 **Sec. 8. TEMPORARY TELEPHONE-ONLY TELEHEALTH AUTHORIZATION.**

81.9 Beginning July 1, 2021, and until the COVID-19 federal public health emergency ends  
 81.10 or July 1, 2023, whichever is earlier, telehealth visits, as described in Minnesota Statutes,  
 81.11 section 256B.0625, subdivision 3b, provided through telephone may satisfy the face-to-face  
 81.12 requirements for reimbursement under the payment methods that apply to a federally qualified  
 81.13 health center, rural health clinic, Indian health service, 638 Tribal clinic, and certified  
 81.14 community behavioral health clinic, if the service would have otherwise qualified for  
 81.15 payment if performed in person.

81.16 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2021, and  
 81.17 expires when the COVID-19 federal public health emergency ends or July 1, 2023, whichever  
 81.18 is earlier. The commissioner of human services shall notify the revisor of statutes when this  
 81.19 section expires.

81.20 **ARTICLE 4**

81.21 **BEHAVIORAL HEALTH**

81.22 Section 1. Minnesota Statutes 2020, section 13.46, subdivision 7, is amended to read:

81.23 Subd. 7. **Mental health data.** (a) Mental health data are private data on individuals and  
 81.24 shall not be disclosed, except:

81.25 (1) pursuant to section 13.05, as determined by the responsible authority for the  
 81.26 community mental health center, mental health division, or provider;

81.27 (2) pursuant to court order;

81.28 (3) pursuant to a statute specifically authorizing access to or disclosure of mental health  
 81.29 data or as otherwise provided by this subdivision;

82.1 (4) to personnel of the welfare system working in the same program or providing services  
82.2 to the same individual or family to the extent necessary to coordinate services, provided  
82.3 that a health record may be disclosed only as provided under section 144.293;

82.4 (5) to a health care provider governed by sections 144.291 to 144.298, to the extent  
82.5 necessary to coordinate services; or

82.6 (6) with the consent of the client or patient.

82.7 (b) An agency of the welfare system may not require an individual to consent to the  
82.8 release of mental health data as a condition for receiving services or for reimbursing a  
82.9 community mental health center, mental health division of a county, or provider under  
82.10 contract to deliver mental health services.

82.11 (c) Notwithstanding section 245.69, subdivision 2, paragraph (f), or any other law to the  
82.12 contrary, ~~the responsible authority for~~ a community mental health center, mental health  
82.13 division of a county, or a mental health provider must disclose mental health data to a law  
82.14 enforcement agency if the law enforcement agency provides the name of a client or patient  
82.15 and communicates that the:

82.16 (1) client or patient is currently involved in ~~an emergency interaction with~~ a mental  
82.17 health crisis as defined in section 256B.0624, subdivision 2, paragraph (j), to which the law  
82.18 enforcement agency has responded; and

82.19 (2) data is necessary to protect the health or safety of the client or patient or of another  
82.20 person.

82.21 The scope of disclosure under this paragraph is limited to the minimum necessary for  
82.22 law enforcement to safely respond to the emergency mental health crisis. Disclosure under  
82.23 this paragraph may include, ~~but is not limited to~~, the name and telephone number of the  
82.24 psychiatrist, psychologist, therapist, mental health professional, practitioner, or case manager  
82.25 of the client or patient, if known; and strategies to address the mental health crisis. A law  
82.26 enforcement agency that obtains mental health data under this paragraph shall maintain a  
82.27 record of the requestor, the provider of the information data, and the client or patient name.  
82.28 Mental health data obtained by a law enforcement agency under this paragraph are private  
82.29 data on individuals and must not be used by the law enforcement agency for any other  
82.30 purpose. A law enforcement agency that obtains mental health data under this paragraph  
82.31 shall inform the subject of the data that mental health data was obtained.

82.32 (d) In the event of a request under paragraph (a), clause (6), a community mental health  
82.33 center, county mental health division, or provider must release mental health data to Criminal

83.1 Mental Health Court personnel in advance of receiving a copy of a consent if the Criminal

83.2 Mental Health Court personnel communicate that the:

83.3 (1) client or patient is a defendant in a criminal case pending in the district court;

83.4 (2) data being requested is limited to information that is necessary to assess whether the  
83.5 defendant is eligible for participation in the Criminal Mental Health Court; and

83.6 (3) client or patient has consented to the release of the mental health data and a copy of  
83.7 the consent will be provided to the community mental health center, county mental health  
83.8 division, or provider within 72 hours of the release of the data.

83.9 For purposes of this paragraph, "Criminal Mental Health Court" refers to a specialty  
83.10 criminal calendar of the Hennepin County District Court for defendants with mental illness  
83.11 and brain injury where a primary goal of the calendar is to assess the treatment needs of the  
83.12 defendants and to incorporate those treatment needs into voluntary case disposition plans.  
83.13 The data released pursuant to this paragraph may be used for the sole purpose of determining  
83.14 whether the person is eligible for participation in mental health court. This paragraph does  
83.15 not in any way limit or otherwise extend the rights of the court to obtain the release of mental  
83.16 health data pursuant to court order or any other means allowed by law.

83.17 Sec. 2. Minnesota Statutes 2020, section 62N.25, subdivision 5, is amended to read:

83.18 Subd. 5. **Benefits.** Community integrated service networks must offer the health  
83.19 maintenance organization benefit set, as defined in chapter 62D, and other laws applicable  
83.20 to entities regulated under chapter 62D. Community networks and chemical dependency  
83.21 facilities under contract with a community network shall use the assessment criteria in  
83.22 ~~Minnesota Rules, parts 9530.6600 to 9530.6655,~~ section 245G.05 when assessing enrollees  
83.23 for chemical dependency treatment.

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

83.25 Sec. 3. Minnesota Statutes 2020, section 62Q.1055, is amended to read:

83.26 **62Q.1055 CHEMICAL DEPENDENCY.**

83.27 All health plan companies shall use the assessment criteria in ~~Minnesota Rules, parts~~  
83.28 ~~9530.6600 to 9530.6655,~~ section 245G.05 when assessing and ~~placing~~ treating enrollees  
83.29 for chemical dependency treatment.

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

84.1 Sec. 4. Minnesota Statutes 2020, section 62Q.47, is amended to read:

84.2 **62Q.47 ALCOHOLISM, MENTAL HEALTH, AND CHEMICAL DEPENDENCY**  
84.3 **SERVICES.**

84.4 (a) All health plans, as defined in section 62Q.01, that provide coverage for alcoholism,  
84.5 mental health, or chemical dependency services, must comply with the requirements of this  
84.6 section.

84.7 (b) Cost-sharing requirements and benefit or service limitations for outpatient mental  
84.8 health and outpatient chemical dependency and alcoholism services, except for persons  
84.9 ~~placed in seeking~~ chemical dependency services under ~~Minnesota Rules, parts 9530.6600~~  
84.10 ~~to 9530.6655~~ section 245G.05, must not place a greater financial burden on the insured or  
84.11 enrollee, or be more restrictive than those requirements and limitations for outpatient medical  
84.12 services.

84.13 (c) Cost-sharing requirements and benefit or service limitations for inpatient hospital  
84.14 mental health and inpatient hospital and residential chemical dependency and alcoholism  
84.15 services, except for persons ~~placed in seeking~~ chemical dependency services under ~~Minnesota~~  
84.16 ~~Rules, parts 9530.6600 to 9530.6655~~ section 245G.05, must not place a greater financial  
84.17 burden on the insured or enrollee, or be more restrictive than those requirements and  
84.18 limitations for inpatient hospital medical services.

84.19 (d) A health plan company must not impose an NQTL with respect to mental health and  
84.20 substance use disorders in any classification of benefits unless, under the terms of the health  
84.21 plan as written and in operation, any processes, strategies, evidentiary standards, or other  
84.22 factors used in applying the NQTL to mental health and substance use disorders in the  
84.23 classification are comparable to, and are applied no more stringently than, the processes,  
84.24 strategies, evidentiary standards, or other factors used in applying the NQTL with respect  
84.25 to medical and surgical benefits in the same classification.

84.26 (e) All health plans must meet the requirements of the federal Mental Health Parity Act  
84.27 of 1996, Public Law 104-204; Paul Wellstone and Pete Domenici Mental Health Parity and  
84.28 Addiction Equity Act of 2008; the Affordable Care Act; and any amendments to, and federal  
84.29 guidance or regulations issued under, those acts.

84.30 (f) The commissioner may require information from health plan companies to confirm  
84.31 that mental health parity is being implemented by the health plan company. Information  
84.32 required may include comparisons between mental health and substance use disorder  
84.33 treatment and other medical conditions, including a comparison of prior authorization

85.1 requirements, drug formulary design, claim denials, rehabilitation services, and other  
85.2 information the commissioner deems appropriate.

85.3 (g) Regardless of the health care provider's professional license, if the service provided  
85.4 is consistent with the provider's scope of practice and the health plan company's credentialing  
85.5 and contracting provisions, mental health therapy visits and medication maintenance visits  
85.6 shall be considered primary care visits for the purpose of applying any enrollee cost-sharing  
85.7 requirements imposed under the enrollee's health plan.

85.8 (h) By June 1 of each year, beginning June 1, 2021, the commissioner of commerce, in  
85.9 consultation with the commissioner of health, shall submit a report on compliance and  
85.10 oversight to the chairs and ranking minority members of the legislative committees with  
85.11 jurisdiction over health and commerce. The report must:

85.12 (1) describe the commissioner's process for reviewing health plan company compliance  
85.13 with United States Code, title 42, section 18031(j), any federal regulations or guidance  
85.14 relating to compliance and oversight, and compliance with this section and section 62Q.53;

85.15 (2) identify any enforcement actions taken by either commissioner during the preceding  
85.16 12-month period regarding compliance with parity for mental health and substance use  
85.17 disorders benefits under state and federal law, summarizing the results of any market conduct  
85.18 examinations. The summary must include: (i) the number of formal enforcement actions  
85.19 taken; (ii) the benefit classifications examined in each enforcement action; and (iii) the  
85.20 subject matter of each enforcement action, including quantitative and nonquantitative  
85.21 treatment limitations;

85.22 (3) detail any corrective action taken by either commissioner to ensure health plan  
85.23 company compliance with this section, section 62Q.53, and United States Code, title 42,  
85.24 section 18031(j); and

85.25 (4) describe the information provided by either commissioner to the public about  
85.26 alcoholism, mental health, or chemical dependency parity protections under state and federal  
85.27 law.

85.28 The report must be written in nontechnical, readily understandable language and must be  
85.29 made available to the public by, among other means as the commissioners find appropriate,  
85.30 posting the report on department websites. Individually identifiable information must be  
85.31 excluded from the report, consistent with state and federal privacy protections.

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

86.1 Sec. 5. Minnesota Statutes 2020, section 144.294, subdivision 2, is amended to read:

86.2 Subd. 2. **Disclosure to law enforcement agency.** Notwithstanding section 144.293,  
86.3 subdivisions 2 and 4, a provider must disclose health records relating to a patient's mental  
86.4 health to a law enforcement agency if the law enforcement agency provides the name of  
86.5 the patient and communicates that the:

86.6 (1) patient is currently involved in ~~an emergency interaction with~~ a mental health crisis  
86.7 as defined in section 256B.0624, subdivision 2, paragraph (j), to which the law enforcement  
86.8 agency has responded; and

86.9 (2) disclosure of the records is necessary to protect the health or safety of the patient or  
86.10 of another person.

86.11 The scope of disclosure under this subdivision is limited to the minimum necessary for  
86.12 law enforcement to safely respond to the emergency mental health crisis. The disclosure  
86.13 may include the name and telephone number of the psychiatrist, psychologist, therapist,  
86.14 mental health professional, practitioner, or case manager of the patient, if known; and  
86.15 strategies to address the mental health crisis. A law enforcement agency that obtains health  
86.16 records under this subdivision shall maintain a record of the requestor, the provider of the  
86.17 information, and the patient's name. Health records obtained by a law enforcement agency  
86.18 under this subdivision are private data on individuals as defined in section 13.02, subdivision  
86.19 12, and must not be used by law enforcement for any other purpose. A law enforcement  
86.20 agency that obtains health records under this subdivision shall inform the patient that health  
86.21 records were obtained.

86.22 Sec. 6. Minnesota Statutes 2020, section 169A.70, subdivision 3, is amended to read:

86.23 Subd. 3. **Assessment report.** (a) The assessment report must be on a form prescribed  
86.24 by the commissioner and shall contain an evaluation of the convicted defendant concerning  
86.25 the defendant's prior traffic and criminal record, characteristics and history of alcohol and  
86.26 chemical use problems, and amenability to rehabilitation through the alcohol safety program.  
86.27 The report is classified as private data on individuals as defined in section 13.02, subdivision  
86.28 12.

86.29 (b) The assessment report must include:

86.30 (1) a diagnosis of the nature of the offender's chemical and alcohol involvement;

86.31 (2) an assessment of the severity level of the involvement;

87.1 (3) a recommended level of care for the offender in accordance with the criteria contained  
 87.2 in ~~rules adopted by the commissioner of human services under section 254A.03, subdivision~~  
 87.3 ~~3 (chemical dependency treatment rules)~~ section 245G.05;

87.4 (4) an assessment of the offender's placement needs;

87.5 (5) recommendations for other appropriate remedial action or care, including aftercare  
 87.6 services in section 254B.01, subdivision 3, that may consist of educational programs,  
 87.7 one-on-one counseling, a program or type of treatment that addresses mental health concerns,  
 87.8 or a combination of them; and

87.9 (6) a specific explanation why no level of care or action was recommended, if applicable.

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

87.11 Sec. 7. Minnesota Statutes 2020, section 169A.70, subdivision 4, is amended to read:

87.12 Subd. 4. **Assessor standards; rules; assessment time limits.** A chemical use assessment  
 87.13 required by this section must be conducted by an assessor appointed by the court. The  
 87.14 assessor must meet the training and qualification requirements of ~~rules adopted by the~~  
 87.15 ~~commissioner of human services under section 254A.03, subdivision 3 (chemical dependency~~  
 87.16 ~~treatment rules)~~ section 245G.11, subdivisions 1 and 5. Notwithstanding section 13.82 (law  
 87.17 enforcement data), the assessor shall have access to any police reports, laboratory test results,  
 87.18 and other law enforcement data relating to the current offense or previous offenses that are  
 87.19 necessary to complete the evaluation. ~~An assessor providing an assessment under this section~~  
 87.20 ~~may not have any direct or shared financial interest or referral relationship resulting in~~  
 87.21 ~~shared financial gain with a treatment provider, except as authorized under section 254A.19,~~  
 87.22 ~~subdivision 3. If an independent assessor is not available, the court may use the services of~~  
 87.23 ~~an assessor authorized to perform assessments for the county social services agency under~~  
 87.24 ~~a variance granted under rules adopted by the commissioner of human services under section~~  
 87.25 ~~254A.03, subdivision 3.~~ An appointment for the defendant to undergo the assessment must  
 87.26 be made by the court, a court services probation officer, or the court administrator as soon  
 87.27 as possible but in no case more than one week after the defendant's court appearance. The  
 87.28 assessment must be completed no later than three weeks after the defendant's court  
 87.29 appearance. If the assessment is not performed within this time limit, the county where the  
 87.30 defendant is to be sentenced shall perform the assessment. The county of financial  
 87.31 responsibility must be determined under chapter 256G.

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

88.1 Sec. 8. Minnesota Statutes 2021 Supplement, section 245.4889, subdivision 1, is amended  
88.2 to read:

88.3 Subdivision 1. **Establishment and authority.** (a) The commissioner is authorized to  
88.4 make grants from available appropriations to assist:

88.5 (1) counties;

88.6 (2) Indian tribes;

88.7 (3) children's collaboratives under section 124D.23 or 245.493; or

88.8 (4) mental health service providers.

88.9 (b) The following services are eligible for grants under this section:

88.10 (1) services to children with emotional disturbances as defined in section 245.4871,  
88.11 subdivision 15, and their families;

88.12 (2) transition services under section 245.4875, subdivision 8, for young adults under  
88.13 age 21 and their families;

88.14 (3) respite care services for children with emotional disturbances or severe emotional  
88.15 disturbances who are at risk of out-of-home placement or already in out-of-home placement  
88.16 in family foster settings as defined in chapter 245A and at risk of change in out-of-home  
88.17 placement or placement in a residential facility or other higher level of care. Allowable  
88.18 activities and expenses for respite care services are defined under subdivision 4. A child is  
88.19 not required to have case management services to receive respite care services;

88.20 (4) children's mental health crisis services;

88.21 (5) mental health services for people from cultural and ethnic minorities, including  
88.22 supervision of clinical trainees who are Black, indigenous, or people of color;

88.23 (6) children's mental health screening and follow-up diagnostic assessment and treatment;

88.24 (7) services to promote and develop the capacity of providers to use evidence-based  
88.25 practices in providing children's mental health services;

88.26 (8) school-linked mental health services under section 245.4901;

88.27 (9) building evidence-based mental health intervention capacity for children birth to age  
88.28 five;

88.29 (10) suicide prevention and counseling services that use text messaging statewide;

88.30 (11) mental health first aid training;



89.1 (12) training for parents, collaborative partners, and mental health providers on the  
 89.2 impact of adverse childhood experiences and trauma and development of an interactive  
 89.3 website to share information and strategies to promote resilience and prevent trauma;

89.4 (13) transition age services to develop or expand mental health treatment and supports  
 89.5 for adolescents and young adults 26 years of age or younger;

89.6 (14) early childhood mental health consultation;

89.7 (15) evidence-based interventions for youth at risk of developing or experiencing a first  
 89.8 episode of psychosis, and a public awareness campaign on the signs and symptoms of  
 89.9 psychosis;

89.10 (16) psychiatric consultation for primary care practitioners; and

89.11 (17) providers to begin operations and meet program requirements when establishing a  
 89.12 new children's mental health program. These may be start-up grants.

89.13 (c) Services under paragraph (b) must be designed to help each child to function and  
 89.14 remain with the child's family in the community and delivered consistent with the child's  
 89.15 treatment plan. Transition services to eligible young adults under this paragraph must be  
 89.16 designed to foster independent living in the community.

89.17 (d) As a condition of receiving grant funds, a grantee shall obtain all available third-party  
 89.18 reimbursement sources, if applicable.

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

89.20 Sec. 9. Minnesota Statutes 2020, section 245.4889, is amended by adding a subdivision  
 89.21 to read:

89.22 **Subd. 4. Respite care services.** Respite care services under subdivision 1, paragraph  
 89.23 (b), clause (3), include hourly or overnight stays at a licensed foster home or with a qualified  
 89.24 and approved family member or friend and may occur at a child's or provider's home. Respite  
 89.25 care services may also include the following activities and expenses:

89.26 (1) recreational, sport, and nonsport extracurricular activities and programs for the child  
 89.27 including camps, clubs, lessons, group outings, sports, or other activities and programs;

89.28 (2) family activities, camps, and retreats that the family does together and provide a  
 89.29 break from the family's circumstance;

90.1 (3) cultural programs and activities for the child and family designed to address the  
 90.2 unique needs of individuals who share a common language, racial, ethnic, or social  
 90.3 background; and

90.4 (4) costs of transportation, food, supplies, and equipment directly associated with  
 90.5 approved respite care services and expenses necessary for the child and family to access  
 90.6 and participate in respite care services.

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

90.8 Sec. 10. Minnesota Statutes 2020, section 245F.03, is amended to read:

90.9 **245F.03 APPLICATION.**

90.10 (a) This chapter establishes minimum standards for withdrawal management programs  
 90.11 licensed by the commissioner that serve one or more unrelated persons.

90.12 (b) This chapter does not apply to a withdrawal management program licensed as a  
 90.13 hospital under sections 144.50 to 144.581. A withdrawal management program located in  
 90.14 a hospital licensed under sections 144.50 to 144.581 that chooses to be licensed under this  
 90.15 chapter is deemed to be in compliance with section 245F.13.

90.16 ~~(c) Minnesota Rules, parts 9530.6600 to 9530.6655, do not apply to withdrawal~~  
 90.17 ~~management programs licensed under this chapter.~~

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

90.19 Sec. 11. Minnesota Statutes 2020, section 245G.05, subdivision 2, is amended to read:

90.20 Subd. 2. **Assessment summary.** (a) An alcohol and drug counselor must complete an  
 90.21 assessment summary within three calendar days from the day of service initiation for a  
 90.22 residential program and within three calendar days on which a treatment session has been  
 90.23 provided from the day of service initiation for a client in a nonresidential program. The  
 90.24 comprehensive assessment summary is complete upon a qualified staff member's dated  
 90.25 signature. If the comprehensive assessment is used to authorize the treatment service, the  
 90.26 alcohol and drug counselor must prepare an assessment summary on the same date the  
 90.27 comprehensive assessment is completed. If the comprehensive assessment and assessment  
 90.28 summary are to authorize treatment services, the assessor must determine appropriate level  
 90.29 of care and services for the client using the ~~dimensions in Minnesota Rules, part 9530.6622~~  
 90.30 criteria established in section 254B.04, subdivision 4, and document the recommendations.

90.31 (b) An assessment summary must include:

91.1 (1) a risk description according to section 245G.05 for each dimension listed in paragraph  
91.2 (c);

91.3 (2) a narrative summary supporting the risk descriptions; and

91.4 (3) a determination of whether the client has a substance use disorder.

91.5 (c) An assessment summary must contain information relevant to treatment service  
91.6 planning and recorded in the dimensions in clauses (1) to (6). The license holder must  
91.7 consider:

91.8 (1) Dimension 1, acute intoxication/withdrawal potential; the client's ability to cope with  
91.9 withdrawal symptoms and current state of intoxication;

91.10 (2) Dimension 2, biomedical conditions and complications; the degree to which any  
91.11 physical disorder of the client would interfere with treatment for substance use, and the  
91.12 client's ability to tolerate any related discomfort. The license holder must determine the  
91.13 impact of continued substance use on the unborn child, if the client is pregnant;

91.14 (3) Dimension 3, emotional, behavioral, and cognitive conditions and complications;  
91.15 the degree to which any condition or complication is likely to interfere with treatment for  
91.16 substance use or with functioning in significant life areas and the likelihood of harm to self  
91.17 or others;

91.18 (4) Dimension 4, readiness for change; the support necessary to keep the client involved  
91.19 in treatment service;

91.20 (5) Dimension 5, relapse, continued use, and continued problem potential; the degree  
91.21 to which the client recognizes relapse issues and has the skills to prevent relapse of either  
91.22 substance use or mental health problems; and

91.23 (6) Dimension 6, recovery environment; whether the areas of the client's life are  
91.24 supportive of or antagonistic to treatment participation and recovery.

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

91.26 Sec. 12. Minnesota Statutes 2020, section 245G.22, subdivision 2, is amended to read:

91.27 Subd. 2. **Definitions.** (a) For purposes of this section, the terms defined in this subdivision  
91.28 have the meanings given them.

91.29 (b) "Diversion" means the use of a medication for the treatment of opioid addiction being  
91.30 diverted from intended use of the medication.

92.1 (c) "Guest dose" means administration of a medication used for the treatment of opioid  
 92.2 addiction to a person who is not a client of the program that is administering or dispensing  
 92.3 the medication.

92.4 (d) "Medical director" means a practitioner licensed to practice medicine in the  
 92.5 jurisdiction that the opioid treatment program is located who assumes responsibility for  
 92.6 administering all medical services performed by the program, either by performing the  
 92.7 services directly or by delegating specific responsibility to a practitioner of the opioid  
 92.8 treatment program.

92.9 (e) "Medication used for the treatment of opioid use disorder" means a medication  
 92.10 approved by the Food and Drug Administration for the treatment of opioid use disorder.

92.11 (f) "Minnesota health care programs" has the meaning given in section 256B.0636.

92.12 (g) "Opioid treatment program" has the meaning given in Code of Federal Regulations,  
 92.13 title 42, section 8.12, and includes programs licensed under this chapter.

92.14 ~~(h) "Placing authority" has the meaning given in Minnesota Rules, part 9530.6605,~~  
 92.15 ~~subpart 21a.~~

92.16 ~~(h)~~ (h) "Practitioner" means a staff member holding a current, unrestricted license to  
 92.17 practice medicine issued by the Board of Medical Practice or nursing issued by the Board  
 92.18 of Nursing and is currently registered with the Drug Enforcement Administration to order  
 92.19 or dispense controlled substances in Schedules II to V under the Controlled Substances Act,  
 92.20 United States Code, title 21, part B, section 821. Practitioner includes an advanced practice  
 92.21 registered nurse and physician assistant if the staff member receives a variance by the state  
 92.22 opioid treatment authority under section 254A.03 and the federal Substance Abuse and  
 92.23 Mental Health Services Administration.

92.24 ~~(i)~~ (i) "Unsupervised use" means the use of a medication for the treatment of opioid use  
 92.25 disorder dispensed for use by a client outside of the program setting.

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

92.27 Sec. 13. Minnesota Statutes 2021 Supplement, section 254A.03, subdivision 3, is amended  
 92.28 to read:

92.29 Subd. 3. **Rules for substance use disorder care.** ~~(a) The commissioner of human~~  
 92.30 ~~services shall establish by rule criteria to be used in determining the appropriate level of~~  
 92.31 ~~chemical dependency care for each recipient of public assistance seeking treatment for~~  
 92.32 ~~substance misuse or substance use disorder. Upon federal approval of a comprehensive~~

93.1 ~~assessment as a Medicaid benefit, or on July 1, 2018, whichever is later, and notwithstanding~~  
 93.2 ~~the criteria in Minnesota Rules, parts 9530.6600 to 9530.6655, An eligible vendor of~~  
 93.3 ~~comprehensive assessments under section 254B.05 may determine and approve the~~  
 93.4 ~~appropriate level of substance use disorder treatment for a recipient of public assistance.~~  
 93.5 ~~The process for determining an individual's financial eligibility for the behavioral health~~  
 93.6 ~~fund or determining an individual's enrollment in or eligibility for a publicly subsidized~~  
 93.7 ~~health plan is not affected by the individual's choice to access a comprehensive assessment~~  
 93.8 ~~for placement.~~

93.9 (b) The commissioner shall develop and implement a utilization review process for  
 93.10 publicly funded treatment placements to monitor and review the clinical appropriateness  
 93.11 and timeliness of all publicly funded placements in treatment.

93.12 (c) If a screen result is positive for alcohol or substance misuse, a brief screening for  
 93.13 alcohol or substance use disorder that is provided to a recipient of public assistance within  
 93.14 a primary care clinic, hospital, or other medical setting or school setting establishes medical  
 93.15 necessity and approval for an initial set of substance use disorder services identified in  
 93.16 section 254B.05, subdivision 5. The initial set of services approved for a recipient whose  
 93.17 screen result is positive may include any combination of up to four hours of individual or  
 93.18 group substance use disorder treatment, two hours of substance use disorder treatment  
 93.19 coordination, or two hours of substance use disorder peer support services provided by a  
 93.20 qualified individual according to chapter 245G. A recipient must obtain an assessment  
 93.21 pursuant to paragraph (a) to be approved for additional treatment services. ~~Minnesota Rules,~~  
 93.22 ~~parts 9530.6600 to 9530.6655, and A comprehensive assessment pursuant to section 245G.05~~  
 93.23 ~~are not applicable~~ is not required to receive the initial set of services allowed under this  
 93.24 subdivision. A positive screen result establishes eligibility for the initial set of services  
 93.25 allowed under this subdivision.

93.26 (d) ~~Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655, An individual~~  
 93.27 ~~may choose to obtain a comprehensive assessment as provided in section 245G.05.~~  
 93.28 ~~Individuals obtaining a comprehensive assessment may access any enrolled provider that~~  
 93.29 ~~is licensed to provide the level of service authorized pursuant to section 254A.19, subdivision~~  
 93.30 ~~3, paragraph (d). If the individual is enrolled in a prepaid health plan, the individual must~~  
 93.31 ~~comply with any provider network requirements or limitations. This paragraph expires July~~  
 93.32 ~~1, 2022.~~

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

94.1 Sec. 14. Minnesota Statutes 2020, section 254A.19, subdivision 1, is amended to read:

94.2 Subdivision 1. **Persons arrested outside of home county of residence.** When a chemical  
 94.3 use assessment is required ~~under Minnesota Rules, parts 9530.6600 to 9530.6655~~, for a  
 94.4 person who is arrested and taken into custody by a peace officer outside of the person's  
 94.5 county of residence, ~~the assessment must be completed by the person's county of residence~~  
 94.6 ~~no later than three weeks after the assessment is initially requested. If the assessment is not~~  
 94.7 ~~performed within this time limit, the county where the person is to be sentenced shall perform~~  
 94.8 ~~the assessment~~ county where the person is detained must facilitate access to an assessor  
 94.9 qualified under subdivision 3. The county of financial responsibility is determined under  
 94.10 chapter 256G.

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

94.12 Sec. 15. Minnesota Statutes 2020, section 254A.19, subdivision 3, is amended to read:

94.13 Subd. 3. **Financial conflicts of interest Comprehensive assessments.** (a) ~~Except as~~  
 94.14 ~~provided in paragraph (b), (c), or (d), an assessor conducting a chemical use assessment~~  
 94.15 ~~under Minnesota Rules, parts 9530.6600 to 9530.6655, may not have any direct or shared~~  
 94.16 ~~financial interest or referral relationship resulting in shared financial gain with a treatment~~  
 94.17 ~~provider.~~

94.18 ~~(b) A county may contract with an assessor having a conflict described in paragraph (a)~~  
 94.19 ~~if the county documents that:~~

94.20 ~~(1) the assessor is employed by a culturally specific service provider or a service provider~~  
 94.21 ~~with a program designed to treat individuals of a specific age, sex, or sexual preference;~~

94.22 ~~(2) the county does not employ a sufficient number of qualified assessors and the only~~  
 94.23 ~~qualified assessors available in the county have a direct or shared financial interest or a~~  
 94.24 ~~referral relationship resulting in shared financial gain with a treatment provider; or~~

94.25 ~~(3) the county social service agency has an existing relationship with an assessor or~~  
 94.26 ~~service provider and elects to enter into a contract with that assessor to provide both~~  
 94.27 ~~assessment and treatment under circumstances specified in the county's contract, provided~~  
 94.28 ~~the county retains responsibility for making placement decisions.~~

94.29 ~~(c) The county may contract with a hospital to conduct chemical assessments if the~~  
 94.30 ~~requirements in subdivision 1a are met.~~

94.31 ~~An assessor under this paragraph may not place clients in treatment. The assessor shall~~  
 94.32 ~~gather required information and provide it to the county along with any required~~

95.1 ~~documentation. The county shall make all placement decisions for clients assessed by~~  
 95.2 ~~assessors under this paragraph.~~

95.3 (d) An eligible vendor under section 254B.05 conducting a comprehensive assessment  
 95.4 for an individual seeking treatment shall approve the nature, intensity level, and duration  
 95.5 of treatment service if a need for services is indicated, but the individual assessed can access  
 95.6 any enrolled provider that is licensed to provide the level of service authorized, including  
 95.7 the provider or program that completed the assessment. If an individual is enrolled in a  
 95.8 prepaid health plan, the individual must comply with any provider network requirements  
 95.9 or limitations. An eligible vendor of a comprehensive assessment must provide information,  
 95.10 in a format provided by the commissioner, on medical assistance and the behavioral health  
 95.11 fund to individuals seeking an assessment.

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

95.13 Sec. 16. Minnesota Statutes 2021 Supplement, section 254A.19, subdivision 4, is amended  
 95.14 to read:

95.15 Subd. 4. **Civil commitments.** ~~A Rule 25 assessment, under Minnesota Rules, part~~  
 95.16 ~~9530.6615,~~ For the purposes of determining level of care, a comprehensive assessment does  
 95.17 not need to be completed for an individual being committed as a chemically dependent  
 95.18 person, as defined in section 253B.02, and for the duration of a civil commitment under  
 95.19 section 253B.065, 253B.09, or 253B.095 in order for a county to access the behavioral  
 95.20 health fund under section 254B.04. The county must determine if the individual meets the  
 95.21 financial eligibility requirements for the behavioral health fund under section 254B.04.  
 95.22 ~~Nothing in this subdivision prohibits placement in a treatment facility or treatment program~~  
 95.23 ~~governed under this chapter or Minnesota Rules, parts 9530.6600 to 9530.6655.~~

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

95.25 Sec. 17. Minnesota Statutes 2020, section 254A.19, is amended by adding a subdivision  
 95.26 to read:

95.27 Subd. 6. **Assessments for detoxification programs.** For detoxification programs licensed  
 95.28 under chapter 245A according to Minnesota Rules, parts 9530.6510 to 9530.6590, a  
 95.29 "chemical use assessment" means a comprehensive assessment and assessment summary  
 95.30 completed according to section 245G.05 and a "chemical dependency assessor" or "assessor"  
 95.31 means an individual who meets the qualifications of section 245G.11, subdivisions 1 and  
 95.32 5.

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

96.2 Sec. 18. Minnesota Statutes 2020, section 254A.19, is amended by adding a subdivision  
96.3 to read:

96.4 Subd. 7. **Assessments for children's residential facilities.** For children's residential  
96.5 facilities licensed under chapter 245A according to Minnesota Rules, parts 2960.0010 to  
96.6 2960.0220 and 2960.0430 to 2960.0500, a "chemical use assessment" means a comprehensive  
96.7 assessment and assessment summary completed according to section 245G.05 by an  
96.8 individual who meets the qualifications of section 245G.11, subdivisions 1 and 5.

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

96.10 Sec. 19. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision  
96.11 to read:

96.12 Subd. 2a. **Behavioral health fund.** "Behavioral health fund" means money allocated  
96.13 for payment of treatment services under this chapter.

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

96.15 Sec. 20. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision  
96.16 to read:

96.17 Subd. 2b. **Client.** "Client" means an individual who has requested substance use disorder  
96.18 services, or for whom substance use disorder services have been requested.

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

96.20 Sec. 21. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision  
96.21 to read:

96.22 Subd. 2c. **Co-payment.** "Co-payment" means the amount an insured person is obligated  
96.23 to pay before the person's third-party payment source is obligated to make a payment, or  
96.24 the amount an insured person is obligated to pay in addition to the amount the person's  
96.25 third-party payment source is obligated to pay.

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

96.27 Sec. 22. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision  
96.28 to read:

96.29 Subd. 4c. **Department.** "Department" means the Department of Human Services.



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

97.2 Sec. 23. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision  
97.3 to read:

97.4 Subd. 4d. **Drug and alcohol abuse normative evaluation system or DAANES.** "Drug  
97.5 and alcohol abuse normative evaluation system" or "DAANES" means the reporting system  
97.6 used to collect substance use disorder treatment data across all levels of care and providers.

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

97.8 Sec. 24. Minnesota Statutes 2020, section 254B.01, subdivision 5, is amended to read:

97.9 Subd. 5. **Local agency.** "Local agency" means the agency designated by a board of  
97.10 county commissioners, a local social services agency, or a human services board to make  
97.11 placements and submit state invoices according to Laws 1986, chapter 394, sections 8 to  
97.12 20 authorized under section 254B.03, subdivision 1, to determine financial eligibility for  
97.13 the behavioral health fund.

97.14 Sec. 25. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision  
97.15 to read:

97.16 Subd. 6a. **Minor child.** "Minor child" means an individual under the age of 18 years.

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

97.18 Sec. 26. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision  
97.19 to read:

97.20 Subd. 6b. **Policy holder.** "Policy holder" means a person who has a third-party payment  
97.21 policy under which a third-party payment source has an obligation to pay all or part of a  
97.22 client's treatment costs.

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

97.24 Sec. 27. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision  
97.25 to read:

97.26 Subd. 9. **Responsible relative.** "Responsible relative" means a person who is a member  
97.27 of the client's household and is a client's spouse or the parent of a minor child who is a  
97.28 client.

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

98.1 Sec. 28. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision  
98.2 to read:

98.3 Subd. 10. **Third-party payment source.** "Third-party payment source" means a person,  
98.4 entity, or public or private agency other than medical assistance or general assistance medical  
98.5 care that has a probable obligation to pay all or part of the costs of a client's substance use  
98.6 disorder treatment.

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

98.8 Sec. 29. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision  
98.9 to read:

98.10 Subd. 11. **Vendor.** "Vendor" means a provider of substance use disorder treatment  
98.11 services that meets the criteria established in section 254B.05 and that has applied to  
98.12 participate as a provider in the medical assistance program according to Minnesota Rules,  
98.13 part 9505.0195.

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

98.15 Sec. 30. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision  
98.16 to read:

98.17 Subd. 12. **American Society of Addiction Medicine criteria or ASAM**  
98.18 **criteria.** "American Society of Addiction Medicine criteria" or "ASAM criteria" means the  
98.19 clinical guidelines for purposes of the assessment, treatment, placement, and transfer or  
98.20 discharge of individuals with substance use disorders. The ASAM criteria are contained in  
98.21 the current edition of the ASAM Criteria: Treatment Criteria for Addictive,  
98.22 Substance-Related, and Co-Occurring Conditions.

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

98.24 Sec. 31. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision  
98.25 to read:

98.26 Subd. 13. **Skilled treatment services.** "Skilled treatment services" means the "treatment  
98.27 services" described by section 245G.07, subdivisions 1, paragraph (a), clauses (1) to (4);  
98.28 and 2, clauses (1) to (6). Skilled treatment services must be provided by qualified  
98.29 professionals as identified in section 245G.07, subdivision 3.

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

99.1 Sec. 32. Minnesota Statutes 2020, section 254B.03, subdivision 1, is amended to read:

99.2 Subdivision 1. **Local agency duties.** (a) Every local agency ~~shall~~ must determine financial  
 99.3 eligibility for substance use disorder services and provide chemical dependency substance  
 99.4 use disorder services to persons residing within its jurisdiction who meet criteria established  
 99.5 by the commissioner ~~for placement in a chemical dependency residential or nonresidential~~  
 99.6 ~~treatment service~~. Chemical dependency money must be administered by the local agencies  
 99.7 according to law and rules adopted by the commissioner under sections 14.001 to 14.69.

99.8 (b) In order to contain costs, the commissioner of human services shall select eligible  
 99.9 vendors of chemical dependency services who can provide economical and appropriate  
 99.10 treatment. Unless the local agency is a social services department directly administered by  
 99.11 a county or human services board, the local agency shall not be an eligible vendor under  
 99.12 section 254B.05. The commissioner may approve proposals from county boards to provide  
 99.13 services in an economical manner or to control utilization, with safeguards to ensure that  
 99.14 necessary services are provided. If a county implements a demonstration or experimental  
 99.15 medical services funding plan, the commissioner shall transfer the money as appropriate.

99.16 ~~(e) A culturally specific vendor that provides assessments under a variance under~~  
 99.17 ~~Minnesota Rules, part 9530.6610, shall be allowed to provide assessment services to persons~~  
 99.18 ~~not covered by the variance.~~

99.19 ~~(d) Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655, (c)~~ An individual  
 99.20 may choose to obtain a comprehensive assessment as provided in section 245G.05.  
 99.21 Individuals obtaining a comprehensive assessment may access any enrolled provider that  
 99.22 is licensed to provide the level of service authorized pursuant to section 254A.19, subdivision  
 99.23 3, ~~paragraph (d)~~. If the individual is enrolled in a prepaid health plan, the individual must  
 99.24 comply with any provider network requirements or limitations.

99.25 ~~(e)~~ (d) Beginning July 1, 2022, local agencies shall not make placement location  
 99.26 determinations.

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

99.28 Sec. 33. Minnesota Statutes 2021 Supplement, section 254B.03, subdivision 2, is amended  
 99.29 to read:

99.30 Subd. 2. **Behavioral health fund payment.** (a) Payment from the behavioral health  
 99.31 fund is limited to payments for services identified in section 254B.05, other than  
 99.32 detoxification licensed under Minnesota Rules, parts 9530.6510 to 9530.6590, and  
 99.33 detoxification provided in another state that would be required to be licensed as a chemical

100.1 dependency program if the program were in the state. Out of state vendors must also provide  
100.2 the commissioner with assurances that the program complies substantially with state licensing  
100.3 requirements and possesses all licenses and certifications required by the host state to provide  
100.4 chemical dependency treatment. Vendors receiving payments from the behavioral health  
100.5 fund must not require co-payment from a recipient of benefits for services provided under  
100.6 this subdivision. The vendor is prohibited from using the client's public benefits to offset  
100.7 the cost of services paid under this section. The vendor shall not require the client to use  
100.8 public benefits for room or board costs. This includes but is not limited to cash assistance  
100.9 benefits under chapters 119B, 256D, and 256J, or SNAP benefits. Retention of SNAP  
100.10 benefits is a right of a client receiving services through the behavioral health fund or through  
100.11 state contracted managed care entities. Payment from the behavioral health fund shall be  
100.12 made for necessary room and board costs provided by vendors meeting the criteria under  
100.13 section 254B.05, subdivision 1a, or in a community hospital licensed by the commissioner  
100.14 of health according to sections 144.50 to 144.56 to a client who is:

100.15 (1) determined to meet the criteria for placement in a residential chemical dependency  
100.16 treatment program according to rules adopted under section 254A.03, subdivision 3; and

100.17 (2) concurrently receiving a chemical dependency treatment service in a program licensed  
100.18 by the commissioner and reimbursed by the behavioral health fund.

100.19 ~~(b) A county may, from its own resources, provide chemical dependency services for~~  
100.20 ~~which state payments are not made. A county may elect to use the same invoice procedures~~  
100.21 ~~and obtain the same state payment services as are used for chemical dependency services~~  
100.22 ~~for which state payments are made under this section if county payments are made to the~~  
100.23 ~~state in advance of state payments to vendors. When a county uses the state system for~~  
100.24 ~~payment, the commissioner shall make monthly billings to the county using the most recent~~  
100.25 ~~available information to determine the anticipated services for which payments will be made~~  
100.26 ~~in the coming month. Adjustment of any overestimate or underestimate based on actual~~  
100.27 ~~expenditures shall be made by the state agency by adjusting the estimate for any succeeding~~  
100.28 ~~month.~~

100.29 ~~(e)~~ (b) The commissioner shall coordinate chemical dependency services and determine  
100.30 whether there is a need for any proposed expansion of chemical dependency treatment  
100.31 services. The commissioner shall deny vendor certification to any provider that has not  
100.32 received prior approval from the commissioner for the creation of new programs or the  
100.33 expansion of existing program capacity. The commissioner shall consider the provider's  
100.34 capacity to obtain clients from outside the state based on plans, agreements, and previous  
100.35 utilization history, when determining the need for new treatment services.

101.1 ~~(d)~~ (c) At least 60 days prior to submitting an application for new licensure under chapter  
 101.2 245G, the applicant must notify the county human services director in writing of the  
 101.3 applicant's intent to open a new treatment program. The written notification must include,  
 101.4 at a minimum:

101.5 (1) a description of the proposed treatment program; and

101.6 (2) a description of the target population to be served by the treatment program.

101.7 ~~(e)~~ (d) The county human services director may submit a written statement to the  
 101.8 commissioner, within 60 days of receiving notice from the applicant, regarding the county's  
 101.9 support of or opposition to the opening of the new treatment program. The written statement  
 101.10 must include documentation of the rationale for the county's determination. The commissioner  
 101.11 shall consider the county's written statement when determining whether there is a need for  
 101.12 the treatment program as required by paragraph ~~(e)~~ (b).

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

101.14 Sec. 34. Minnesota Statutes 2020, section 254B.03, subdivision 5, is amended to read:

101.15 Subd. 5. **Rules; appeal.** The commissioner shall adopt rules as necessary to implement  
 101.16 this chapter. ~~The commissioner shall establish an appeals process for use by recipients when~~  
 101.17 ~~services certified by the county are disputed. The commissioner shall adopt rules and~~  
 101.18 ~~standards for the appeal process to assure adequate redress for persons referred to~~  
 101.19 ~~inappropriate services.~~

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

101.21 Sec. 35. Minnesota Statutes 2021 Supplement, section 254B.04, subdivision 1, is amended  
 101.22 to read:

101.23 Subdivision 1. **Client eligibility.** (a) Persons eligible for benefits under Code of Federal  
 101.24 Regulations, title 25, part 20, who meet the income standards of section 256B.056,  
 101.25 subdivision 4, and are not enrolled in medical assistance, are entitled to behavioral health  
 101.26 fund services. State money appropriated for this paragraph must be placed in a separate  
 101.27 account established for this purpose.

101.28 (b) Persons with dependent children who are determined to be in need of chemical  
 101.29 dependency treatment pursuant to an assessment under section 260E.20, subdivision 1, or  
 101.30 a case plan under section 260C.201, subdivision 6, or 260C.212, shall be assisted by the  
 101.31 local agency to access needed treatment services. Treatment services must be appropriate  
 101.32 for the individual or family, which may include long-term care treatment or treatment in a

102.1 facility that allows the dependent children to stay in the treatment facility. The county shall  
102.2 pay for out-of-home placement costs, if applicable.

102.3 (c) Notwithstanding paragraph (a), persons enrolled in medical assistance are eligible  
102.4 for room and board services under section 254B.05, subdivision 5, paragraph (b), clause  
102.5 ~~(12)~~ (11).

102.6 (d) A client is eligible to have substance use disorder treatment paid for with funds from  
102.7 the behavioral health fund if:

102.8 (1) the client is eligible for MFIP as determined under chapter 256J;

102.9 (2) the client is eligible for medical assistance as determined under Minnesota Rules,  
102.10 parts 9505.0010 to 9505.0150;

102.11 (3) the client is eligible for general assistance, general assistance medical care, or work  
102.12 readiness as determined under Minnesota Rules, parts 9500.1200 to 9500.1272; or

102.13 (4) the client's income is within current household size and income guidelines for entitled  
102.14 persons, as defined in this subdivision and subdivision 7.

102.15 (e) Clients who meet the financial eligibility requirement in paragraph (a) and who have  
102.16 a third-party payment source are eligible for the behavioral health fund if the third-party  
102.17 payment source pays less than 100 percent of the cost of treatment services for eligible  
102.18 clients.

102.19 (f) A client is ineligible to have substance use disorder treatment services paid for by  
102.20 the behavioral health fund if the client:

102.21 (1) has an income that exceeds current household size and income guidelines for entitled  
102.22 persons, as defined in this subdivision and subdivision 7; or

102.23 (2) has an available third-party payment source that will pay the total cost of the client's  
102.24 treatment.

102.25 (g) A client who is disenrolled from a state prepaid health plan during a treatment episode  
102.26 is eligible for continued treatment service paid for by the behavioral health fund until the  
102.27 treatment episode is completed or the client is re-enrolled in a state prepaid health plan if  
102.28 the client:

102.29 (1) continues to be enrolled in MinnesotaCare, medical assistance, or general assistance  
102.30 medical care; or

102.31 (2) is eligible according to paragraphs (a) and (b) and is determined eligible by a local  
102.32 agency under this section.

103.1 (h) If a county commits a client under chapter 253B to a regional treatment center for  
 103.2 substance use disorder services and the client is ineligible for the behavioral health fund,  
 103.3 the county is responsible for payment to the regional treatment center according to section  
 103.4 254B.05, subdivision 4.

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

103.6 Sec. 36. Minnesota Statutes 2020, section 254B.04, subdivision 2a, is amended to read:

103.7 Subd. 2a. Eligibility for ~~treatment in residential settings~~ **room and board services**  
 103.8 **for persons in outpatient substance use disorder treatment.** Notwithstanding provisions  
 103.9 of Minnesota Rules, part 9530.6622, subparts 5 and 6, related to an assessor's discretion in  
 103.10 making placements to residential treatment settings, A person eligible for room and board  
 103.11 services under this section 254B.05, subdivision 5, paragraph (b), clause (12), must score  
 103.12 at level 4 on assessment dimensions related to readiness to change, relapse, continued use,  
 103.13 or recovery environment ~~in order~~ to be assigned to services with a room and board component  
 103.14 reimbursed under this section. Whether a treatment facility has been designated an institution  
 103.15 for mental diseases under United States Code, title 42, section 1396d, shall not be a factor  
 103.16 in making placements.

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

103.18 Sec. 37. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision  
 103.19 to read:

103.20 Subd. 4. **Assessment criteria and risk descriptions.** (a) The level of care determination  
 103.21 must follow criteria approved by the commissioner.

103.22 (b) Dimension 1: the vendor must use the criteria in Dimension 1 to determine a client's  
 103.23 acute intoxication and withdrawal potential.

103.24 (1) "0" The client displays full functioning with good ability to tolerate and cope with  
 103.25 withdrawal discomfort. The client displays no signs or symptoms of intoxication or  
 103.26 withdrawal or diminishing signs or symptoms.

103.27 (2) "1" The client can tolerate and cope with withdrawal discomfort. The client displays  
 103.28 mild to moderate intoxication or signs and symptoms interfering with daily functioning but  
 103.29 does not immediately endanger self or others. The client poses minimal risk of severe  
 103.30 withdrawal.

103.31 (3) "2" The client has some difficulty tolerating and coping with withdrawal discomfort.  
 103.32 The client's intoxication may be severe, but the client responds to support and treatment

104.1 such that the client does not immediately endanger self or others. The client displays moderate  
104.2 signs and symptoms with moderate risk of severe withdrawal.

104.3 (4) "3" The client tolerates and copes with withdrawal discomfort poorly. The client has  
104.4 severe intoxication, such that the client endangers self or others, or has intoxication that has  
104.5 not abated with less intensive services. The client displays severe signs and symptoms, risk  
104.6 of severe but manageable withdrawal, or worsening withdrawal despite detoxification at a  
104.7 less intensive level.

104.8 (5) "4" The client is incapacitated with severe signs and symptoms. The client displays  
104.9 severe withdrawal and is a danger to self or others.

104.10 (c) Dimension 2: the vendor must use the criteria in Dimension 2 to determine a client's  
104.11 biomedical conditions and complications.

104.12 (1) "0" The client displays full functioning with good ability to cope with physical  
104.13 discomfort.

104.14 (2) "1" The client tolerates and copes with physical discomfort and is able to get the  
104.15 services that the client needs.

104.16 (3) "2" The client has difficulty tolerating and coping with physical problems or has  
104.17 other biomedical problems that interfere with recovery and treatment. The client neglects  
104.18 or does not seek care for serious biomedical problems.

104.19 (4) "3" The client tolerates and copes poorly with physical problems or has poor general  
104.20 health. The client neglects the client's medical problems without active assistance.

104.21 (5) "4" The client is unable to participate in substance use disorder treatment and has  
104.22 severe medical problems, has a condition that requires immediate intervention, or is  
104.23 incapacitated.

104.24 (d) Dimension 3: the vendor must use the criteria in Dimension 3 to determine a client's  
104.25 emotional, behavioral, and cognitive conditions and complications.

104.26 (1) "0" The client has good impulse control and coping skills and presents no risk of  
104.27 harm to self or others. The client functions in all life areas and displays no emotional,  
104.28 behavioral, or cognitive problems or the problems are stable.

104.29 (2) "1" The client has impulse control and coping skills. The client presents a mild to  
104.30 moderate risk of harm to self or others or displays symptoms of emotional, behavioral, or  
104.31 cognitive problems. The client has a mental health diagnosis and is stable. The client  
104.32 functions adequately in significant life areas.



105.1 (3) "2" The client has difficulty with impulse control and lacks coping skills. The client  
105.2 has thoughts of suicide or harm to others without means; however, the thoughts may interfere  
105.3 with participation in some activities. The client has difficulty functioning in significant life  
105.4 areas. The client has moderate symptoms of emotional, behavioral, or cognitive problems.  
105.5 The client is able to participate in most treatment activities.

105.6 (4) "3" The client has a severe lack of impulse control and coping skills. The client also  
105.7 has frequent thoughts of suicide or harm to others, including a plan and the means to carry  
105.8 out the plan. In addition, the client is severely impaired in significant life areas and has  
105.9 severe symptoms of emotional, behavioral, or cognitive problems that interfere with the  
105.10 client's participation in treatment activities.

105.11 (5) "4" The client has severe emotional or behavioral symptoms that place the client or  
105.12 others at acute risk of harm. The client also has intrusive thoughts of harming self or others.  
105.13 The client is unable to participate in treatment activities.

105.14 (e) Dimension 4: the vendor must use the criteria in Dimension 4 to determine a client's  
105.15 readiness for change.

105.16 (1) "0" The client admits to problems and is cooperative, motivated, ready to change,  
105.17 committed to change, and engaged in treatment as a responsible participant.

105.18 (2) "1" The client is motivated with active reinforcement to explore treatment and  
105.19 strategies for change but ambivalent about the client's illness or need for change.

105.20 (3) "2" The client displays verbal compliance but lacks consistent behaviors, has low  
105.21 motivation for change, and is passively involved in treatment.

105.22 (4) "3" The client displays inconsistent compliance, has minimal awareness of either  
105.23 the client's addiction or mental disorder, and is minimally cooperative.

105.24 (5) "4" The client is:

105.25 (i) noncompliant with treatment and has no awareness of addiction or mental disorder  
105.26 and does not want or is unwilling to explore change or is in total denial of the client's illness  
105.27 and its implications; or

105.28 (ii) dangerously oppositional to the extent that the client is a threat of imminent harm  
105.29 to self and others.

105.30 (f) Dimension 5: the vendor must use the criteria in Dimension 5 to determine a client's  
105.31 relapse, continued substance use, and continued problem potential.

105.32 (1) "0" The client recognizes risk well and is able to manage potential problems.

106.1 (2) "1" The client recognizes relapse issues and prevention strategies, but displays some  
106.2 vulnerability for further substance use or mental health problems.

106.3 (3) "2" The client has minimal recognition and understanding of relapse and recidivism  
106.4 issues and displays moderate vulnerability for further substance use or mental health  
106.5 problems. The client has some coping skills inconsistently applied.

106.6 (4) "3" The client has poor recognition and understanding of relapse and recidivism  
106.7 issues and displays moderately high vulnerability for further substance use or mental health  
106.8 problems. The client has few coping skills and rarely applies coping skills.

106.9 (5) "4" The client has no coping skills to arrest mental health or addiction illnesses or  
106.10 to prevent relapse. The client has no recognition or understanding of relapse and recidivism  
106.11 issues and displays high vulnerability for further substance use or mental health problems.

106.12 (g) Dimension 6: the vendor must use the criteria in Dimension 6 to determine a client's  
106.13 recovery environment.

106.14 (1) "0" The client is engaged in structured, meaningful activity and has a supportive  
106.15 significant other, family, and living environment.

106.16 (2) "1" The client has passive social network support or the client's family and significant  
106.17 other are not interested in the client's recovery. The client is engaged in structured, meaningful  
106.18 activity.

106.19 (3) "2" The client is engaged in structured, meaningful activity, but the client's peers,  
106.20 family, significant other, and living environment are unsupportive, or there is criminal  
106.21 justice system involvement by the client or among the client's peers or significant other or  
106.22 in the client's living environment.

106.23 (4) "3" The client is not engaged in structured, meaningful activity and the client's peers,  
106.24 family, significant other, and living environment are unsupportive, or there is significant  
106.25 criminal justice system involvement.

106.26 (5) "4" The client has:

106.27 (i) a chronically antagonistic significant other, living environment, family, or peer group  
106.28 or long-term criminal justice system involvement that is harmful to the client's recovery or  
106.29 treatment progress; or

106.30 (ii) an actively antagonistic significant other, family, work, or living environment, with  
106.31 an immediate threat to the client's safety and well-being.

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

107.1 Sec. 38. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision  
107.2 to read:

107.3 Subd. 5. **Scope and applicability.** This section governs administration of the behavioral  
107.4 health fund, establishes the criteria to be applied by local agencies to determine a client's  
107.5 financial eligibility under the behavioral health fund, and determines a client's obligation  
107.6 to pay for substance use disorder treatment services.

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

107.8 Sec. 39. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision  
107.9 to read:

107.10 Subd. 6. **Local agency responsibility to provide services.** The local agency may employ  
107.11 individuals to conduct administrative activities and facilitate access to substance use disorder  
107.12 treatment services.

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

107.14 Sec. 40. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision  
107.15 to read:

107.16 Subd. 7. **Local agency to determine client financial eligibility.** (a) The local agency  
107.17 shall determine a client's financial eligibility for the behavioral health fund according to  
107.18 subdivision 1 with the income calculated prospectively for one year from the date of  
107.19 comprehensive assessment. The local agency shall pay for eligible clients according to  
107.20 chapter 256G. The local agency shall enter the financial eligibility span within ten calendar  
107.21 days of request. Client eligibility must be determined using forms prescribed by the  
107.22 commissioner. The local agency must determine a client's eligibility as follows:

107.23 (1) The local agency must determine the client's income. A client who is a minor child  
107.24 must not be deemed to have income available to pay for substance use disorder treatment,  
107.25 unless the minor child is responsible for payment under section 144.347 for substance use  
107.26 disorder treatment services sought under section 144.343, subdivision 1.

107.27 (2) The local agency must determine the client's household size according to the  
107.28 following:

107.29 (i) If the client is a minor child, the household size includes the following persons living  
107.30 in the same dwelling unit:

107.31 (A) the client;

- 108.1 (B) the client's birth or adoptive parents; and
- 108.2 (C) the client's siblings who are minors.
- 108.3 (ii) If the client is an adult, the household size includes the following persons living in
- 108.4 the same dwelling unit:
- 108.5 (A) the client;
- 108.6 (B) the client's spouse;
- 108.7 (C) the client's minor children; and
- 108.8 (D) the client's spouse's minor children.
- 108.9 (iii) Household size includes a person listed in items (i) and (ii) who is in out-of-home
- 108.10 placement if a person listed in item (i) or (ii) is contributing to the cost of care of the person
- 108.11 in out-of-home placement.
- 108.12 (3) The local agency must determine the client's current prepaid health plan enrollment
- 108.13 and the availability of a third-party payment source, including the availability of total or
- 108.14 partial payment and the amount of co-payment.
- 108.15 (4) The local agency must provide the required eligibility information to the commissioner
- 108.16 in the manner specified by the commissioner.
- 108.17 (5) The local agency must require the client and policyholder to conditionally assign to
- 108.18 the department the client's and policyholder's rights and the rights of minor children to
- 108.19 benefits or services provided to the client if the commissioner is required to collect from a
- 108.20 third-party payment source.
- 108.21 (b) The local agency must redetermine a client's eligibility for the behavioral health fund
- 108.22 every 12 months.
- 108.23 (c) A client, responsible relative, and policyholder must provide income or wage
- 108.24 verification and household size verification under paragraph (a), clause (3), and must make
- 108.25 an assignment of third-party payment rights under paragraph (a), clause (5). If a client,
- 108.26 responsible relative, or policyholder does not comply with this subdivision, the client is
- 108.27 ineligible for behavioral health fund payment for substance use disorder treatment, and the
- 108.28 client and responsible relative are obligated to pay the full cost of substance use disorder
- 108.29 treatment services provided to the client.
- 108.30 **EFFECTIVE DATE.** This section is effective July 1, 2022.

109.1 Sec. 41. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision  
109.2 to read:

109.3 Subd. 8. **Client fees.** A client whose household income is within current household size  
109.4 and income guidelines for entitled persons as defined in subdivision 1 must pay no fee.

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

109.6 Sec. 42. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision  
109.7 to read:

109.8 Subd. 9. **Vendor must participate in DAANES.** To be eligible for payment under the  
109.9 behavioral health fund, a vendor must participate in DAANES or submit to the commissioner  
109.10 the information required in DAANES in the format specified by the commissioner.

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

109.12 Sec. 43. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 4, is amended  
109.13 to read:

109.14 Subd. 4. **Regional treatment centers.** Regional treatment center chemical dependency  
109.15 treatment units are eligible vendors. The commissioner may expand the capacity of chemical  
109.16 dependency treatment units beyond the capacity funded by direct legislative appropriation  
109.17 to serve individuals who are referred for treatment by counties and whose treatment will be  
109.18 paid for by funding under this chapter or other funding sources. Notwithstanding the  
109.19 provisions of sections 254B.03 to ~~254B.04~~ 254B.04, payment for any person committed  
109.20 at county request to a regional treatment center under chapter 253B for chemical dependency  
109.21 treatment and determined to be ineligible under the behavioral health fund, shall become  
109.22 the responsibility of the county.

109.23 Sec. 44. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 5, is amended  
109.24 to read:

109.25 Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for substance  
109.26 use disorder services and service enhancements funded under this chapter.

109.27 (b) Eligible substance use disorder treatment services include:

109.28 ~~(1) outpatient treatment services that are licensed according to sections 245G.01 to~~  
109.29 ~~245G.17, or applicable tribal license;~~

109.30 (1) outpatient treatment services licensed under sections 245G.01 to 245G.17, or  
109.31 applicable Tribal license, including:

110.1 (i) ASAM 1.0 outpatient: zero to eight hours per week of skilled treatment services for  
110.2 adults and zero to five hours per week for adolescents. Peer recovery and treatment  
110.3 coordination may be provided beyond the skilled treatment service hours allowable per  
110.4 week; and

110.5 (ii) ASAM 2.1 intensive outpatient: nine or more hours per week of skilled treatment  
110.6 services for adults and six or more hours per week for adolescents in accordance with the  
110.7 limitations in paragraph (h). Peer recovery and treatment coordination may be provided  
110.8 beyond the skilled treatment service hours allowable per week;

110.9 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),  
110.10 and 245G.05;

110.11 (3) ~~care~~treatment coordination services provided according to section 245G.07,  
110.12 subdivision 1, paragraph (a), clause (5);

110.13 (4) peer recovery support services provided according to section 245G.07, subdivision  
110.14 2, clause (8);

110.15 (5) on July 1, 2019, or upon federal approval, whichever is later, withdrawal management  
110.16 services provided according to chapter 245F;

110.17 (6) medication-assisted therapy services that are licensed according to sections 245G.01  
110.18 to 245G.17 and 245G.22, or applicable tribal license;

110.19 ~~(7) medication-assisted therapy plus enhanced treatment services that meet the~~  
110.20 ~~requirements of clause (6) and provide nine hours of clinical services each week;~~

110.21 ~~(8)~~ (7) high, medium, and low intensity residential treatment services that are licensed  
110.22 according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license ~~which that~~  
110.23 provide, respectively, 30, 15, and five hours of clinical services each treatment week. For  
110.24 purposes of this section, residential treatment services provided by a program that meets  
110.25 the American Society of Addiction Medicine (ASAM) level 3.3 standards for care, must  
110.26 be considered high intensity, including when the program makes and appropriately documents  
110.27 clinically supported modifications to, or reductions in, the hours of services provided to  
110.28 better meet the needs of individuals with cognitive deficits;

110.29 ~~(9)~~ (8) hospital-based treatment services that are licensed according to sections 245G.01  
110.30 to 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to  
110.31 144.56;

110.32 ~~(10)~~ (9) adolescent treatment programs that are licensed as outpatient treatment programs  
110.33 according to sections 245G.01 to 245G.18 or as residential treatment programs according

111.1 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or  
 111.2 applicable tribal license;

111.3 ~~(11)~~ (10) high-intensity residential treatment services that are licensed according to  
 111.4 sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license, ~~which~~ that provide  
 111.5 30 hours of clinical services each week provided by a state-operated vendor or to clients  
 111.6 who have been civilly committed to the commissioner, present the most complex and difficult  
 111.7 care needs, and are a potential threat to the community; and

111.8 ~~(12)~~ (11) room and board facilities that meet the requirements of subdivision 1a.

111.9 (c) The commissioner shall establish higher rates for programs that meet the requirements  
 111.10 of paragraph (b) and one of the following additional requirements:

111.11 (1) programs that serve parents with their children if the program:

111.12 (i) provides on-site child care during the hours of treatment activity that:

111.13 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter  
 111.14 9503; or

111.15 (B) meets the licensure exclusion criteria of section 245A.03, subdivision 2, paragraph  
 111.16 (a), clause (6), and meets the requirements under section 245G.19, subdivision 4; or

111.17 (ii) arranges for off-site child care during hours of treatment activity at a facility that is  
 111.18 licensed under chapter 245A as:

111.19 (A) a child care center under Minnesota Rules, chapter 9503; or

111.20 (B) a family child care home under Minnesota Rules, chapter 9502;

111.21 (2) culturally specific or culturally responsive programs as defined in section 254B.01,  
 111.22 subdivision 4a;

111.23 (3) disability responsive programs as defined in section 254B.01, subdivision 4b;

111.24 (4) programs that offer medical services delivered by appropriately credentialed health  
 111.25 care staff in an amount equal to two hours per client per week if the medical needs of the  
 111.26 client and the nature and provision of any medical services provided are documented in the  
 111.27 client file; or

111.28 (5) programs that offer services to individuals with co-occurring mental health and  
 111.29 chemical dependency problems if:

111.30 (i) the program meets the co-occurring requirements in section 245G.20;

112.1 (ii) ~~25 percent of the program employs sufficient counseling staff, including at least one~~  
112.2 ~~full-time equivalent staff member, who are licensed mental health professionals, as defined~~  
112.3 ~~in section 245.462, subdivision 18, clauses (1) to (6) under section 245I.04, subdivision 2,~~  
112.4 or are students or licensing candidates under the supervision of a licensed alcohol and drug  
112.5 counselor supervisor and ~~licensed~~ licensed mental health professional under section 245I.04,  
112.6 subdivision 2, except that no more than 50 percent of the mental health staff may be students  
112.7 ~~or licensing candidates with time documented to be directly related to provisions of~~  
112.8 ~~co-occurring~~ to meet the need for client services;

112.9 (iii) clients scoring positive on a standardized mental health screen receive a mental  
112.10 health diagnostic assessment within ten days of admission;

112.11 (iv) the program has standards for multidisciplinary case review that include a monthly  
112.12 review for each client that, at a minimum, includes a licensed mental health professional  
112.13 and licensed alcohol and drug counselor, and their involvement in the review is documented;

112.14 (v) family education is offered that addresses mental health and substance abuse disorders  
112.15 and the interaction between the two; and

112.16 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder  
112.17 training annually.

112.18 (d) ~~In order to~~ To be eligible for a higher rate under paragraph (c), clause (1), a program  
112.19 that provides arrangements for off-site child care must maintain current documentation at  
112.20 the chemical dependency facility of the child care provider's current licensure to provide  
112.21 child care services. Programs that provide child care according to paragraph (c), clause (1),  
112.22 must be deemed in compliance with the licensing requirements in section 245G.19.

112.23 (e) Adolescent residential programs that meet the requirements of Minnesota Rules,  
112.24 parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements  
112.25 in paragraph (c), clause (4), items (i) to (iv).

112.26 (f) Subject to federal approval, substance use disorder services that are otherwise covered  
112.27 as direct face-to-face services may be provided via telehealth as defined in section 256B.0625,  
112.28 subdivision 3b. The use of telehealth to deliver services must be medically appropriate to  
112.29 the condition and needs of the person being served. Reimbursement shall be at the same  
112.30 rates and under the same conditions that would otherwise apply to direct face-to-face services.

112.31 (g) For the purpose of reimbursement under this section, substance use disorder treatment  
112.32 services provided in a group setting without a group participant maximum or maximum  
112.33 client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one.



113.1 At least one of the attending staff must meet the qualifications as established under this  
113.2 chapter for the type of treatment service provided. A recovery peer may not be included as  
113.3 part of the staff ratio.

113.4 (h) Payment for outpatient substance use disorder services that are licensed according  
113.5 to sections 245G.01 to 245G.17 is limited to six hours per day or 30 hours per week unless  
113.6 prior authorization of a greater number of hours is obtained from the commissioner.

113.7 (i) Programs using a qualified guest speaker must maintain documentation of the person's  
113.8 qualifications to present to clients on a topic the program has determined to be of value to  
113.9 its clients. The guest speaker must present less than half of any treatment group. A qualified  
113.10 counselor must be present during the delivery of content and must be responsible for  
113.11 documentation of the group.

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

113.15 Sec. 45. Minnesota Statutes 2020, section 256B.0757, subdivision 5, is amended to read:

113.16 Subd. 5. **Payments.** The commissioner shall make payments to each designated provider  
113.17 for the provision of behavioral health home services described in subdivision 3 to each  
113.18 eligible individual under subdivision 2 that selects the behavioral health home as a provider.

113.19 Sec. 46. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 1, is  
113.20 amended to read:

113.21 Subdivision 1. **Required covered service components.** (a) Subject to federal approval,  
113.22 medical assistance covers medically necessary intensive treatment services when the services  
113.23 are provided by a provider entity certified under and meeting the standards in this section.  
113.24 The provider entity must make reasonable and good faith efforts to report individual client  
113.25 outcomes to the commissioner, using instruments and protocols approved by the  
113.26 commissioner.

113.27 (b) Intensive treatment services to children with mental illness residing in foster family  
113.28 settings that comprise specific required service components provided in clauses (1) to (6)  
113.29 are reimbursed by medical assistance when they meet the following standards:

113.30 (1) psychotherapy provided by a mental health professional or a clinical trainee;

113.31 (2) crisis planning;

114.1 (3) individual, family, and group psychoeducation services provided by a mental health  
114.2 professional or a clinical trainee;

114.3 (4) clinical care consultation provided by a mental health professional or a clinical  
114.4 trainee;

114.5 (5) individual treatment plan development as defined in ~~Minnesota Rules, part 9505.0371,~~  
114.6 ~~subpart 7~~ section 245I.10, subdivisions 7 and 8; and

114.7 (6) service delivery payment requirements as provided under subdivision 4.

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

114.11 Sec. 47. Minnesota Statutes 2020, section 256D.09, subdivision 2a, is amended to read:

114.12 Subd. 2a. **Vendor payments for drug dependent persons.** If, at the time of application  
114.13 or at any other time, there is a reasonable basis for questioning whether a person applying  
114.14 for or receiving financial assistance is drug dependent, as defined in section 254A.02,  
114.15 subdivision 5, the person shall be referred for a chemical health assessment, and only  
114.16 emergency assistance payments or general assistance vendor payments may be provided  
114.17 until the assessment is complete and the results of the assessment made available to the  
114.18 county agency. A reasonable basis for referring an individual for an assessment exists when:

114.19 (1) the person has required detoxification two or more times in the past 12 months;

114.20 (2) the person appears intoxicated at the county agency as indicated by two or more of  
114.21 the following:

114.22 (i) the odor of alcohol;

114.23 (ii) slurred speech;

114.24 (iii) disconjugate gaze;

114.25 (iv) impaired balance;

114.26 (v) difficulty remaining awake;

114.27 (vi) consumption of alcohol;

114.28 (vii) responding to sights or sounds that are not actually present;

114.29 (viii) extreme restlessness, fast speech, or unusual belligerence;

115.1 (3) the person has been involuntarily committed for drug dependency at least once in  
115.2 the past 12 months; or

115.3 (4) the person has received treatment, including domiciliary care, for drug abuse or  
115.4 dependency at least twice in the past 12 months.

115.5 The assessment and determination of drug dependency, if any, must be made by an  
115.6 assessor qualified under ~~Minnesota Rules, part 9530.6615, subpart 2~~ section 245G.11,  
115.7 subdivisions 1 and 5, to perform an assessment of chemical use. The county shall only  
115.8 provide emergency general assistance or vendor payments to an otherwise eligible applicant  
115.9 or recipient who is determined to be drug dependent, except up to 15 percent of the grant  
115.10 amount the person would otherwise receive may be paid in cash. Notwithstanding subdivision  
115.11 1, the commissioner of human services shall also require county agencies to provide  
115.12 assistance only in the form of vendor payments to all eligible recipients who assert chemical  
115.13 dependency as a basis for eligibility under section 256D.05, subdivision 1, paragraph (a),  
115.14 clauses (1) and (5).

115.15 The determination of drug dependency shall be reviewed at least every 12 months. If  
115.16 the county determines a recipient is no longer drug dependent, the county may cease vendor  
115.17 payments and provide the recipient payments in cash.

115.18 Sec. 48. Minnesota Statutes 2021 Supplement, section 256L.03, subdivision 2, is amended  
115.19 to read:

115.20 Subd. 2. **Alcohol and drug dependency.** Beginning July 1, 1993, covered health services  
115.21 shall include individual outpatient treatment of alcohol or drug dependency by a qualified  
115.22 health professional or outpatient program.

115.23 Persons who may need chemical dependency services under the provisions of this chapter  
115.24 ~~shall be assessed by a local agency~~ must be offered access by a local agency to a  
115.25 comprehensive assessment as defined under section ~~254B.01~~ 245G.05, and under the  
115.26 assessment provisions of section 254A.03, subdivision 3. A local agency or managed care  
115.27 plan under contract with the Department of Human Services must ~~place~~ offer services to a  
115.28 person in need of chemical dependency services as ~~provided in Minnesota Rules, parts~~  
115.29 ~~9530.6600 to 9530.6655~~ based on the recommendations of section 245G.05. Persons who  
115.30 are recipients of medical benefits under the provisions of this chapter and who are financially  
115.31 eligible for behavioral health fund services provided under the provisions of chapter 254B  
115.32 shall receive chemical dependency treatment services under the provisions of chapter 254B  
115.33 only if:

116.1 (1) they have exhausted the chemical dependency benefits offered under this chapter;  
116.2 or

116.3 (2) an assessment indicates that they need a level of care not provided under the provisions  
116.4 of this chapter.

116.5 Recipients of covered health services under the children's health plan, as provided in  
116.6 Minnesota Statutes 1990, section 256.936, and as amended by Laws 1991, chapter 292,  
116.7 article 4, section 17, and recipients of covered health services enrolled in the children's  
116.8 health plan or the MinnesotaCare program after October 1, 1992, pursuant to Laws 1992,  
116.9 chapter 549, article 4, sections 5 and 17, are eligible to receive alcohol and drug dependency  
116.10 benefits under this subdivision.

116.11 Sec. 49. Minnesota Statutes 2020, section 256L.12, subdivision 8, is amended to read:

116.12 Subd. 8. **Chemical dependency assessments.** The managed care plan shall be responsible  
116.13 for assessing the need and ~~placement for~~ provision of chemical dependency services  
116.14 according to criteria set forth in ~~Minnesota Rules, parts 9530.6600 to 9530.6655~~ section  
116.15 245G.05.

116.16 Sec. 50. Minnesota Statutes 2020, section 260B.157, subdivision 1, is amended to read:

116.17 Subdivision 1. **Investigation.** Upon request of the court the local social services agency  
116.18 or probation officer shall investigate the personal and family history and environment of  
116.19 any minor coming within the jurisdiction of the court under section 260B.101 and shall  
116.20 report its findings to the court. The court may order any minor coming within its jurisdiction  
116.21 to be examined by a duly qualified physician, psychiatrist, or psychologist appointed by the  
116.22 court.

116.23 The court shall order a chemical use assessment conducted when a child is (1) found to  
116.24 be delinquent for violating a provision of chapter 152, or for committing a felony-level  
116.25 violation of a provision of chapter 609 if the probation officer determines that alcohol or  
116.26 drug use was a contributing factor in the commission of the offense, or (2) alleged to be  
116.27 delinquent for violating a provision of chapter 152, if the child is being held in custody  
116.28 under a detention order. The assessor's qualifications must comply with section 245G.11,  
116.29 subdivisions 1 and 5, and the assessment criteria ~~shall~~ must comply with ~~Minnesota Rules,~~  
116.30 ~~parts 9530.6600 to 9530.6655~~ section 245G.05. If funds under chapter 254B are to be used  
116.31 to pay for the recommended treatment, the assessment ~~and placement~~ must comply with all  
116.32 provisions of ~~Minnesota Rules, parts 9530.6600 to 9530.6655 and 9530.7000 to 9530.7030~~

117.1 sections 245G.05 and 254B.04. The commissioner of human services shall reimburse the  
117.2 court for the cost of the chemical use assessment, up to a maximum of \$100.

117.3 The court shall order a children's mental health screening conducted when a child is  
117.4 found to be delinquent. The screening shall be conducted with a screening instrument  
117.5 approved by the commissioner of human services and shall be conducted by a mental health  
117.6 practitioner as defined in section 245.4871, subdivision 26, or a probation officer who is  
117.7 trained in the use of the screening instrument. If the screening indicates a need for assessment,  
117.8 the local social services agency, in consultation with the child's family, shall have a diagnostic  
117.9 assessment conducted, including a functional assessment, as defined in section 245.4871.

117.10 With the consent of the commissioner of corrections and agreement of the county to pay  
117.11 the costs thereof, the court may, by order, place a minor coming within its jurisdiction in  
117.12 an institution maintained by the commissioner for the detention, diagnosis, custody and  
117.13 treatment of persons adjudicated to be delinquent, in order that the condition of the minor  
117.14 be given due consideration in the disposition of the case. Any funds received under the  
117.15 provisions of this subdivision shall not cancel until the end of the fiscal year immediately  
117.16 following the fiscal year in which the funds were received. The funds are available for use  
117.17 by the commissioner of corrections during that period and are hereby appropriated annually  
117.18 to the commissioner of corrections as reimbursement of the costs of providing these services  
117.19 to the juvenile courts.

117.20 Sec. 51. Minnesota Statutes 2020, section 260B.157, subdivision 3, is amended to read:

117.21 Subd. 3. **Juvenile treatment screening team.** (a) The local social services agency shall  
117.22 establish a juvenile treatment screening team to conduct screenings and prepare case plans  
117.23 under this subdivision. The team, which may be the team constituted under section 245.4885  
117.24 or 256B.092 or ~~Minnesota Rules, parts 9530.6600 to 9530.6655~~ chapter 254B, shall consist  
117.25 of social workers, juvenile justice professionals, and persons with expertise in the treatment  
117.26 of juveniles who are emotionally disabled, chemically dependent, or have a developmental  
117.27 disability. The team shall involve parents or guardians in the screening process as appropriate.  
117.28 The team may be the same team as defined in section 260C.157, subdivision 3.

117.29 (b) If the court, prior to, or as part of, a final disposition, proposes to place a child:

117.30 (1) for the primary purpose of treatment for an emotional disturbance, and residential  
117.31 placement is consistent with section 260.012, a developmental disability, or chemical  
117.32 dependency in a residential treatment facility out of state or in one which is within the state  
117.33 and licensed by the commissioner of human services under chapter 245A; or

118.1 (2) in any out-of-home setting potentially exceeding 30 days in duration, including a  
118.2 post-dispositional placement in a facility licensed by the commissioner of corrections or  
118.3 human services, the court shall notify the county welfare agency. The county's juvenile  
118.4 treatment screening team must either:

118.5 (i) screen and evaluate the child and file its recommendations with the court within 14  
118.6 days of receipt of the notice; or

118.7 (ii) elect not to screen a given case, and notify the court of that decision within three  
118.8 working days.

118.9 (c) If the screening team has elected to screen and evaluate the child, the child may not  
118.10 be placed for the primary purpose of treatment for an emotional disturbance, a developmental  
118.11 disability, or chemical dependency, in a residential treatment facility out of state nor in a  
118.12 residential treatment facility within the state that is licensed under chapter 245A, unless one  
118.13 of the following conditions applies:

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

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

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

118.26 Sec. 52. Minnesota Statutes 2021 Supplement, section 260C.157, subdivision 3, is amended  
118.27 to read:

118.28 Subd. 3. **Juvenile treatment screening team.** (a) The responsible social services agency  
118.29 shall establish a juvenile treatment screening team to conduct screenings under this chapter  
118.30 and chapter 260D, for a child to receive treatment for an emotional disturbance, a  
118.31 developmental disability, or related condition in a residential treatment facility licensed by  
118.32 the commissioner of human services under chapter 245A, or licensed or approved by a  
118.33 Tribe. A screening team is not required for a child to be in: (1) a residential facility

119.1 specializing in prenatal, postpartum, or parenting support; (2) a facility specializing in  
119.2 high-quality residential care and supportive services to children and youth who have been  
119.3 or are at risk of becoming victims of sex trafficking or commercial sexual exploitation; (3)  
119.4 supervised settings for youth who are 18 years of age or older and living independently; or  
119.5 (4) a licensed residential family-based treatment facility for substance abuse consistent with  
119.6 section 260C.190. Screenings are also not required when a child must be placed in a facility  
119.7 due to an emotional crisis or other mental health emergency.

119.8 (b) The responsible social services agency shall conduct screenings within 15 days of a  
119.9 request for a screening, unless the screening is for the purpose of residential treatment and  
119.10 the child is enrolled in a prepaid health program under section 256B.69, in which case the  
119.11 agency shall conduct the screening within ten working days of a request. The responsible  
119.12 social services agency shall convene the juvenile treatment screening team, which may be  
119.13 constituted under section 245.4885 ~~or~~, 254B.05, or 256B.092 ~~or Minnesota Rules, parts~~  
119.14 ~~9530.6600 to 9530.6655~~. The team shall consist of social workers; persons with expertise  
119.15 in the treatment of juveniles who are emotionally disturbed, chemically dependent, or have  
119.16 a developmental disability; and the child's parent, guardian, or permanent legal custodian.  
119.17 The team may include the child's relatives as defined in section 260C.007, subdivisions 26b  
119.18 and 27, the child's foster care provider, and professionals who are a resource to the child's  
119.19 family such as teachers, medical or mental health providers, and clergy, as appropriate,  
119.20 consistent with the family and permanency team as defined in section 260C.007, subdivision  
119.21 16a. Prior to forming the team, the responsible social services agency must consult with the  
119.22 child's parents, the child if the child is age 14 or older, and, if applicable, the child's Tribe  
119.23 to obtain recommendations regarding which individuals to include on the team and to ensure  
119.24 that the team is family-centered and will act in the child's best interests. If the child, child's  
119.25 parents, or legal guardians raise concerns about specific relatives or professionals, the team  
119.26 should not include those individuals. This provision does not apply to paragraph (c).

119.27 (c) If the agency provides notice to Tribes under section 260.761, and the child screened  
119.28 is an Indian child, the responsible social services agency must make a rigorous and concerted  
119.29 effort to include a designated representative of the Indian child's Tribe on the juvenile  
119.30 treatment screening team, unless the child's Tribal authority declines to appoint a  
119.31 representative. The Indian child's Tribe may delegate its authority to represent the child to  
119.32 any other federally recognized Indian Tribe, as defined in section 260.755, subdivision 12.  
119.33 The provisions of the Indian Child Welfare Act of 1978, United States Code, title 25, sections  
119.34 1901 to 1963, and the Minnesota Indian Family Preservation Act, sections 260.751 to  
119.35 260.835, apply to this section.

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

120.6 The court shall ascertain whether the child is an Indian child and shall notify the  
120.7 responsible social services agency and, if the child is an Indian child, shall notify the Indian  
120.8 child's Tribe as paragraph (c) requires.

120.9 (e) When the responsible social services agency is responsible for placing and caring  
120.10 for the child and the screening team recommends placing a child in a qualified residential  
120.11 treatment program as defined in section 260C.007, subdivision 26d, the agency must: (1)  
120.12 begin the assessment and processes required in section 260C.704 without delay; and (2)  
120.13 conduct a relative search according to section 260C.221 to assemble the child's family and  
120.14 permanency team under section 260C.706. Prior to notifying relatives regarding the family  
120.15 and permanency team, the responsible social services agency must consult with the child's  
120.16 parent or legal guardian, the child if the child is age 14 or older, and, if applicable, the child's  
120.17 Tribe to ensure that the agency is providing notice to individuals who will act in the child's  
120.18 best interests. The child and the child's parents may identify a culturally competent qualified  
120.19 individual to complete the child's assessment. The agency shall make efforts to refer the  
120.20 assessment to the identified qualified individual. The assessment may not be delayed for  
120.21 the purpose of having the assessment completed by a specific qualified individual.

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

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

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

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

120.29 (g) When the Indian child's Tribe or Tribal health care services provider or Indian Health  
120.30 Services provider proposes to place a child for the primary purpose of treatment for an  
120.31 emotional disturbance, a developmental disability, or co-occurring emotional disturbance  
120.32 and chemical dependency, the Indian child's Tribe or the Tribe delegated by the child's Tribe  
120.33 shall submit necessary documentation to the county juvenile treatment screening team,



121.1 which must invite the Indian child's Tribe to designate a representative to the screening  
121.2 team.

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

121.5 Sec. 53. Minnesota Statutes 2020, section 260E.20, subdivision 1, is amended to read:

121.6 Subdivision 1. **General duties.** (a) The local welfare agency shall offer services to  
121.7 prevent future maltreatment, safeguarding and enhancing the welfare of the maltreated child,  
121.8 and supporting and preserving family life whenever possible.

121.9 (b) If the report alleges a violation of a criminal statute involving maltreatment or child  
121.10 endangerment under section 609.378, the local law enforcement agency and local welfare  
121.11 agency shall coordinate the planning and execution of their respective investigation and  
121.12 assessment efforts to avoid a duplication of fact-finding efforts and multiple interviews.  
121.13 Each agency shall prepare a separate report of the results of the agency's investigation or  
121.14 assessment.

121.15 (c) In cases of alleged child maltreatment resulting in death, the local agency may rely  
121.16 on the fact-finding efforts of a law enforcement investigation to make a determination of  
121.17 whether or not maltreatment occurred.

121.18 (d) When necessary, the local welfare agency shall seek authority to remove the child  
121.19 from the custody of a parent, guardian, or adult with whom the child is living.

121.20 (e) In performing any of these duties, the local welfare agency shall maintain an  
121.21 appropriate record.

121.22 (f) In conducting a family assessment or investigation, the local welfare agency shall  
121.23 gather information on the existence of substance abuse and domestic violence.

121.24 (g) If the family assessment or investigation indicates there is a potential for abuse of  
121.25 alcohol or other drugs by the parent, guardian, or person responsible for the child's care,  
121.26 the local welfare agency ~~shall conduct a chemical use~~ must coordinate a comprehensive  
121.27 assessment pursuant to Minnesota Rules, part 9530.6615 section 245G.05.

121.28 (h) The agency may use either a family assessment or investigation to determine whether  
121.29 the child is safe when responding to a report resulting from birth match data under section  
121.30 260E.03, subdivision 23, paragraph (c). If the child subject of birth match data is determined  
121.31 to be safe, the agency shall consult with the county attorney to determine the appropriateness  
121.32 of filing a petition alleging the child is in need of protection or services under section

122.1 260C.007, subdivision 6, clause (16), in order to deliver needed services. If the child is  
122.2 determined not to be safe, the agency and the county attorney shall take appropriate action  
122.3 as required under section 260C.503, subdivision 2.

122.4 Sec. 54. Minnesota Statutes 2021 Supplement, section 297E.02, subdivision 3, is amended  
122.5 to read:

122.6 Subd. 3. **Collection; disposition.** (a) Taxes imposed by this section are due and payable  
122.7 to the commissioner when the gambling tax return is required to be filed. Distributors must  
122.8 file their monthly sales figures with the commissioner on a form prescribed by the  
122.9 commissioner. Returns covering the taxes imposed under this section must be filed with  
122.10 the commissioner on or before the 20th day of the month following the close of the previous  
122.11 calendar month. The commissioner shall prescribe the content, format, and manner of returns  
122.12 or other documents pursuant to section 270C.30. The proceeds, along with the revenue  
122.13 received from all license fees and other fees under sections 349.11 to 349.191, 349.211,  
122.14 and 349.213, must be paid to the commissioner of management and budget for deposit in  
122.15 the general fund.

122.16 (b) The sales tax imposed by chapter 297A on the sale of pull-tabs and tipboards by the  
122.17 distributor is imposed on the retail sales price. The retail sale of pull-tabs or tipboards by  
122.18 the organization is exempt from taxes imposed by chapter 297A and is exempt from all  
122.19 local taxes and license fees except a fee authorized under section 349.16, subdivision 8.

122.20 (c) One-half of one percent of the revenue deposited in the general fund under paragraph  
122.21 (a), is appropriated to the commissioner of human services for the compulsive gambling  
122.22 treatment program established under section 245.98. Money appropriated under this paragraph  
122.23 must not replace existing state funding for these programs.

122.24 (d) One-half of one percent of the revenue deposited in the general fund under paragraph  
122.25 (a), is appropriated to the commissioner of human services for a grant. By June 30 of each  
122.26 fiscal year, the commissioner of human services must transfer the amount deposited in the  
122.27 general fund under this paragraph to the special revenue fund. By October 15 of each fiscal  
122.28 year, the commissioner of human services must award a grant in an amount equal to the  
122.29 entire amount transferred to the special revenue fund under this paragraph for the prior fiscal  
122.30 year to the state affiliate recognized by the National Council on Problem Gambling to  
122.31 increase public awareness of problem gambling, education and training for individuals and  
122.32 organizations providing effective treatment services to problem gamblers and their families,  
122.33 and research relating to problem gambling. Money appropriated by this paragraph must  
122.34 supplement and must not replace existing state funding for these programs.

123.1 ~~(d)~~ (e) The commissioner of human services must provide to the state affiliate recognized  
 123.2 by the National Council on Problem Gambling a monthly statement of the amounts deposited  
 123.3 under ~~paragraph~~ paragraphs (c) and (d). Beginning January 1, 2022, the commissioner of  
 123.4 human services must provide to the chairs and ranking minority members of the legislative  
 123.5 committees with jurisdiction over treatment for problem gambling and to the state affiliate  
 123.6 recognized by the National Council on Problem Gambling an annual reconciliation of the  
 123.7 amounts deposited under paragraph (c). The annual reconciliation under this paragraph must  
 123.8 include the amount allocated to the commissioner of human services for the compulsive  
 123.9 gambling treatment program established under section 245.98, and the amount allocated to  
 123.10 the state affiliate recognized by the National Council on Problem Gambling.

123.11 Sec. 55. Minnesota Statutes 2020, section 297E.021, subdivision 3, is amended to read:

123.12 Subd. 3. **Available revenues.** For purposes of this section, "available revenues" equals  
 123.13 the amount determined under subdivision 2, plus up to \$20,000,000 each fiscal year from  
 123.14 the taxes imposed under section 290.06, subdivision 1:

123.15 (1) reduced by the following amounts paid for the fiscal year under:

123.16 (i) the appropriation to principal and interest on appropriation bonds under section  
 123.17 16A.965, subdivision 8;

123.18 (ii) the appropriation from the general fund to make operating expense payments under  
 123.19 section 473J.13, subdivision 2, paragraph (b);

123.20 (iii) the appropriation for contributions to the capital reserve fund under section 473J.13,  
 123.21 subdivision 4, paragraph (c);

123.22 (iv) the appropriations under Laws 2012, chapter 299, article 4, for administration and  
 123.23 any successor appropriation;

123.24 (v) the reduction in revenues resulting from the sales tax exemptions under section  
 123.25 297A.71, subdivision 43;

123.26 (vi) reimbursements authorized by section 473J.15, subdivision 2, paragraph (d);

123.27 (vii) the compulsive gambling appropriations under section 297E.02, subdivision 3,  
 123.28 ~~paragraph~~ paragraphs (c) and (d), and any successor appropriation; and

123.29 (viii) the appropriation for the city of St. Paul under section 16A.726, paragraph (c); and

123.30 (2) increased by the revenue deposited in the general fund under section 297A.994,  
 123.31 subdivision 4, clauses (1) to (3), for the fiscal year.

124.1 Sec. 56. Minnesota Statutes 2020, section 299A.299, subdivision 1, is amended to read:

124.2 Subdivision 1. **Establishment of team.** A county, a multicounty organization of counties  
 124.3 formed by an agreement under section 471.59, or a city with a population of no more than  
 124.4 50,000, may establish a multidisciplinary chemical abuse prevention team. The chemical  
 124.5 abuse prevention team may include, but not be limited to, representatives of health, mental  
 124.6 health, public health, law enforcement, educational, social service, court service, community  
 124.7 education, religious, and other appropriate agencies, and parent and youth groups. For  
 124.8 purposes of this section, "chemical abuse" has the meaning given in ~~Minnesota Rules, part~~  
 124.9 ~~9530.6605, subpart 6~~ section 254A.02, subdivision 6a. When possible the team must  
 124.10 coordinate its activities with existing local groups, organizations, and teams dealing with  
 124.11 the same issues the team is addressing.

124.12 Sec. 57. Minnesota Statutes 2020, section 626.5571, subdivision 1, is amended to read:

124.13 Subdivision 1. **Establishment of team.** A county may establish a multidisciplinary adult  
 124.14 protection team comprised of the director of the local welfare agency or designees, the  
 124.15 county attorney or designees, the county sheriff or designees, and representatives of health  
 124.16 care. In addition, representatives of mental health or other appropriate human service  
 124.17 agencies, community corrections agencies, representatives from local tribal governments,  
 124.18 local law enforcement agencies or designees thereof, and adult advocate groups may be  
 124.19 added to the adult protection team.

124.20 Sec. 58. **[626.8477] MENTAL HEALTH AND HEALTH RECORDS; WRITTEN**  
 124.21 **POLICY REQUIRED.**

124.22 The chief officer of every state and local law enforcement agency that seeks or uses  
 124.23 mental health data under section 13.46, subdivision 7, paragraph (c), or health records under  
 124.24 section 144.294, subdivision 2, must establish and enforce a written policy governing its  
 124.25 use. At a minimum, the written policy must incorporate the requirements of sections 13.46,  
 124.26 subdivision 7, paragraph (c), and 144.294, subdivision 2, and access procedures, retention  
 124.27 policies, and data security safeguards that, at a minimum, meet the requirements of chapter  
 124.28 13 and any other applicable law.

124.29 Sec. 59. **OLMSTED COUNTY RECOVERY COMMUNITY ORGANIZATION.**

124.30 The commissioner of human services shall establish a grant to a recovery community  
 124.31 organization in Olmsted County, located in the city of Rochester, Minnesota, that provides  
 124.32 services in an 11-county region, to provide services to individuals in substance use recovery.

125.1 **Sec. 60. RATE INCREASE FOR ADULT DAY TREATMENT SERVICES.**

125.2 Effective January 1, 2023, or 60 days following federal approval, whichever is later, the  
125.3 commissioner of human services shall increase the reimbursement rate under Minnesota  
125.4 Rules, part 9505.0372, subpart 8, for adult day treatment services covered under Minnesota  
125.5 Statutes, section 256B.0671, subdivision 3, by 50 percent from the rates in effect on  
125.6 December 31, 2022.

125.7 **Sec. 61. ROCHESTER NONPROFIT RECOVERY COMMUNITY**  
125.8 **ORGANIZATION.**

125.9 The commissioner shall establish a grant to a nonprofit recovery community organization  
125.10 located in Rochester, Minnesota, that provides pretreatment housing, post-treatment recovery  
125.11 housing, treatment coordination, and peer recovery support to individuals pursuing a life  
125.12 of recovery from substance use disorders, and that also offers a recovery coaching academy  
125.13 to individuals interested in becoming peer recovery specialists.

125.14 **Sec. 62. WELLNESS IN THE WOODS.**

125.15 The commissioner shall establish a grant to Wellness in the Woods to provide daily peer  
125.16 support and special sessions for individuals who are in substance use recovery, are  
125.17 transitioning out of incarceration, or have experienced trauma.

125.18 **Sec. 63. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**  
125.19 **BEHAVIORAL HEALTH FUND ALLOCATION.**

125.20 The commissioner of human services, in consultation with counties and Tribal Nations,  
125.21 must make recommendations on an updated allocation to local agencies from funds allocated  
125.22 under Minnesota Statutes, section 254B.02, subdivision 5. The commissioner must submit  
125.23 the recommendations to the chairs and ranking minority members of the legislative  
125.24 committees with jurisdiction over health and human services finance and policy by January  
125.25 1, 2024.

125.26 **Sec. 64. REVISOR INSTRUCTION.**

125.27 The revisor of statutes, in consultation with staff from the House Research Department;  
125.28 House Fiscal Analysis; the Office of Senate Counsel, Research and Fiscal Analysis; and  
125.29 the respective departments shall prepare legislation for introduction in the 2023 legislative  
125.30 session proposing the statutory changes needed to implement the transfers of duties required  
125.31 by this act.

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

126.2 Sec. 65. **REPEALER.**

126.3 (a) Minnesota Statutes 2020, sections 169A.70, subdivision 6; 245G.22, subdivision 19;  
126.4 254A.02, subdivision 8a; 254A.16, subdivision 6; 254A.19, subdivisions 1a and 2; 254B.04,  
126.5 subdivisions 2b and 2c; and 254B.041, subdivision 2, are repealed.

126.6 (b) Minnesota Statutes 2021 Supplement, section 254A.19, subdivision 5, is repealed.

## 126.7 **ARTICLE 5**

### 126.8 **CHILDREN AND FAMILY SERVICES**

126.9 Section 1. Minnesota Statutes 2020, section 256P.03, subdivision 2, is amended to read:

126.10 Subd. 2. **Earned income disregard.** The agency shall disregard the first \$65 of earned  
126.11 income plus ~~one-half~~ 60 percent of the remaining earned income per month.

126.12 Sec. 2. Laws 2021, First Special Session chapter 7, article 14, section 21, subdivision 4,  
126.13 is amended to read:

126.14 Subd. 4. **Grant awards.** (a) The commissioner shall award transition grants to all eligible  
126.15 programs on a noncompetitive basis through August 31, 2021.

126.16 (b) The commissioner shall award base grant amounts to all eligible programs on a  
126.17 noncompetitive basis beginning September 1, 2021, through June 30, 2023. The base grant  
126.18 amounts shall be:

126.19 (1) based on the full-time equivalent number of staff who regularly care for children in  
126.20 the program, including any employees, sole proprietors, or independent contractors. Effective  
126.21 July 1, 2022, one full-time equivalent is defined as an individual caring for children 32  
126.22 hours per week. An individual may count as more or less than one full-time equivalent, but  
126.23 no more than two;

126.24 (2) reduced between July 1, 2022, and June 30, 2023, with amounts for the final month  
126.25 being no more than 50 percent of the amounts awarded in September 2021; and

126.26 (3) enhanced in amounts determined by the commissioner for any providers receiving  
126.27 payments through the child care assistance program under sections 119B.03 and 119B.05  
126.28 or early learning scholarships under section 124D.165.

127.1 (c) The commissioner may provide grant amounts in addition to any base grants received  
 127.2 to eligible programs in extreme financial hardship until all money set aside for that purpose  
 127.3 is awarded.

127.4 (d) The commissioner may pay any grants awarded to eligible programs under this  
 127.5 section in the form and manner established by the commissioner, except that such payments  
 127.6 must occur on a monthly basis.

127.7 **Sec. 3. QUALITY PARENTING INITIATIVE.**

127.8 The commissioner shall establish a grant to Quality Parenting Initiative Minnesota to  
 127.9 implement Quality Parenting Initiative principles and practices and support children and  
 127.10 families experiencing foster care placements. Quality Parenting Initiative Minnesota shall  
 127.11 use grant funds to provide training and technical assistance to county and Tribal agencies,  
 127.12 community-based agencies, and other stakeholders on the following activities:

127.13 (1) conducting initial foster care phone calls under Minnesota Statutes, section 260C.219,  
 127.14 subdivision 6;

127.15 (2) supporting practices that create birth family to foster family partnerships; and

127.16 (3) informing child welfare practices by supporting youth leadership and the participation  
 127.17 of individuals with experience in the foster care system.

127.18

**ARTICLE 6**

127.19

**OPERATIONS AND LICENSING**

127.20 Section 1. Minnesota Statutes 2020, section 245A.11, subdivision 7, is amended to read:

127.21 **Subd. 7. Adult foster care; variance for alternate overnight supervision.** (a) The  
 127.22 commissioner may grant a variance under section 245A.04, subdivision 9, to rule parts  
 127.23 requiring a caregiver to be present in an adult foster care home during normal sleeping hours  
 127.24 to allow for alternative methods of overnight supervision. The commissioner may grant the  
 127.25 variance if the local county licensing agency recommends the variance and the county  
 127.26 recommendation includes documentation verifying that:

127.27 (1) the county has approved the license holder's plan for alternative methods of providing  
 127.28 overnight supervision and determined the plan protects the residents' health, safety, and  
 127.29 rights;

128.1 (2) the license holder has obtained written and signed informed consent from each  
 128.2 resident or each resident's legal representative documenting the resident's or legal  
 128.3 representative's agreement with the alternative method of overnight supervision; and

128.4 (3) the alternative method of providing overnight supervision, which may include the  
 128.5 use of technology, is specified for each resident in the resident's: (i) individualized plan of  
 128.6 care; (ii) individual service plan under section 256B.092, subdivision 1b, if required; or (iii)  
 128.7 individual resident placement agreement under Minnesota Rules, part 9555.5105, subpart  
 128.8 19, if required.

128.9 (b) To be eligible for a variance under paragraph (a), the adult foster care license holder  
 128.10 must not have had a conditional license issued under section 245A.06, or any other licensing  
 128.11 sanction issued under section 245A.07 during the prior 24 months based on failure to provide  
 128.12 adequate supervision, health care services, or resident safety in the adult foster care home.

128.13 (c) A license holder requesting a variance under this subdivision to utilize technology  
 128.14 as a component of a plan for alternative overnight supervision may request the commissioner's  
 128.15 review in the absence of a county recommendation. Upon receipt of such a request from a  
 128.16 license holder, the commissioner shall review the variance request with the county.

128.17 (d) ~~A variance granted by the commissioner according to this subdivision before January~~  
 128.18 ~~1, 2014, to a license holder for an adult foster care home must transfer with the license when~~  
 128.19 ~~the license converts to a community residential setting license under chapter 245D. The~~  
 128.20 ~~terms and conditions of the variance remain in effect as approved at the time the variance~~  
 128.21 ~~was granted. The variance requirements under this subdivision for alternate overnight~~  
 128.22 ~~supervision do not apply to community residential settings licensed under chapter 245D.~~

128.23 Sec. 2. Minnesota Statutes 2020, section 245A.11, subdivision 7a, is amended to read:

128.24 Subd. 7a. **Alternate overnight supervision technology; adult foster care and**  
 128.25 **community residential setting licenses.** (a) The commissioner may grant an applicant or  
 128.26 license holder an adult foster care ~~or community residential setting~~ license for a residence  
 128.27 that does not have a caregiver in the residence during normal sleeping hours as required  
 128.28 under Minnesota Rules, part 9555.5105, subpart 37, item B, or section 245D.02, subdivision  
 128.29 33b, but uses monitoring technology to alert the license holder when an incident occurs that  
 128.30 may jeopardize the health, safety, or rights of a foster care recipient. The applicant or license  
 128.31 holder must comply with all other requirements under Minnesota Rules, parts 9555.5105  
 128.32 to 9555.6265, ~~or applicable requirements under chapter 245D,~~ and the requirements under  
 128.33 this subdivision. The license printed by the commissioner must state in bold and large font:



- 129.1 (1) that the facility is under electronic monitoring; and
- 129.2 (2) the telephone number of the county's common entry point for making reports of  
129.3 suspected maltreatment of vulnerable adults under section 626.557, subdivision 9.
- 129.4 (b) Applications for a license under this section must be submitted directly to the  
129.5 Department of Human Services licensing division. The licensing division must immediately  
129.6 notify the county licensing agency. The licensing division must collaborate with the county  
129.7 licensing agency in the review of the application and the licensing of the program.
- 129.8 (c) Before a license is issued by the commissioner, and for the duration of the license,  
129.9 the applicant or license holder must establish, maintain, and document the implementation  
129.10 of written policies and procedures addressing the requirements in paragraphs (d) through  
129.11 (f).
- 129.12 (d) The applicant or license holder must have policies and procedures that:
- 129.13 (1) establish characteristics of target populations that will be admitted into the home,  
129.14 and characteristics of populations that will not be accepted into the home;
- 129.15 (2) explain the discharge process when a resident served by the program requires  
129.16 overnight supervision or other services that cannot be provided by the license holder due  
129.17 to the limited hours that the license holder is on site;
- 129.18 (3) describe the types of events to which the program will respond with a physical  
129.19 presence when those events occur in the home during time when staff are not on site, and  
129.20 how the license holder's response plan meets the requirements in paragraph (e), clause (1)  
129.21 or (2);
- 129.22 (4) establish a process for documenting a review of the implementation and effectiveness  
129.23 of the response protocol for the response required under paragraph (e), clause (1) or (2).  
129.24 The documentation must include:
- 129.25 (i) a description of the triggering incident;
- 129.26 (ii) the date and time of the triggering incident;
- 129.27 (iii) the time of the response or responses under paragraph (e), clause (1) or (2);
- 129.28 (iv) whether the response met the resident's needs;
- 129.29 (v) whether the existing policies and response protocols were followed; and
- 129.30 (vi) whether the existing policies and protocols are adequate or need modification.

130.1 When no physical presence response is completed for a three-month period, the license  
130.2 holder's written policies and procedures must require a physical presence response drill to  
130.3 be conducted for which the effectiveness of the response protocol under paragraph (e),  
130.4 clause (1) or (2), will be reviewed and documented as required under this clause; and

130.5 (5) establish that emergency and nonemergency phone numbers are posted in a prominent  
130.6 location in a common area of the home where they can be easily observed by a person  
130.7 responding to an incident who is not otherwise affiliated with the home.

130.8 (e) The license holder must document and include in the license application which  
130.9 response alternative under clause (1) or (2) is in place for responding to situations that  
130.10 present a serious risk to the health, safety, or rights of residents served by the program:

130.11 (1) response alternative (1) requires only the technology to provide an electronic  
130.12 notification or alert to the license holder that an event is underway that requires a response.  
130.13 Under this alternative, no more than ten minutes will pass before the license holder will be  
130.14 physically present on site to respond to the situation; or

130.15 (2) response alternative (2) requires the electronic notification and alert system under  
130.16 alternative (1), but more than ten minutes may pass before the license holder is present on  
130.17 site to respond to the situation. Under alternative (2), all of the following conditions are  
130.18 met:

130.19 (i) the license holder has a written description of the interactive technological applications  
130.20 that will assist the license holder in communicating with and assessing the needs related to  
130.21 the care, health, and safety of the foster care recipients. This interactive technology must  
130.22 permit the license holder to remotely assess the well being of the resident served by the  
130.23 program without requiring the initiation of the foster care recipient. Requiring the foster  
130.24 care recipient to initiate a telephone call does not meet this requirement;

130.25 (ii) the license holder documents how the remote license holder is qualified and capable  
130.26 of meeting the needs of the foster care recipients and assessing foster care recipients' needs  
130.27 under item (i) during the absence of the license holder on site;

130.28 (iii) the license holder maintains written procedures to dispatch emergency response  
130.29 personnel to the site in the event of an identified emergency; and

130.30 (iv) each resident's individualized plan of care, coordinated service and support plan  
130.31 under sections 256B.0913, subdivision 8; 256B.092, subdivision 1b; 256B.49, subdivision  
130.32 15; and 256S.10, if required, or individual resident placement agreement under Minnesota

131.1 Rules, part 9555.5105, subpart 19, if required, identifies the maximum response time, which  
131.2 may be greater than ten minutes, for the license holder to be on site for that resident.

131.3 (f) Each resident's placement agreement, individual service agreement, and plan must  
131.4 clearly state that the adult foster care ~~or community residential setting~~ license category is  
131.5 a program without the presence of a caregiver in the residence during normal sleeping hours;  
131.6 the protocols in place for responding to situations that present a serious risk to the health,  
131.7 safety, or rights of residents served by the program under paragraph (e), clause (1) or (2);  
131.8 and a signed informed consent from each resident served by the program or the person's  
131.9 legal representative documenting the person's or legal representative's agreement with  
131.10 placement in the program. If electronic monitoring technology is used in the home, the  
131.11 informed consent form must also explain the following:

131.12 (1) how any electronic monitoring is incorporated into the alternative supervision system;

131.13 (2) the backup system for any electronic monitoring in times of electrical outages or  
131.14 other equipment malfunctions;

131.15 (3) how the caregivers or direct support staff are trained on the use of the technology;

131.16 (4) the event types and license holder response times established under paragraph (e);

131.17 (5) how the license holder protects each resident's privacy related to electronic monitoring  
131.18 and related to any electronically recorded data generated by the monitoring system. A  
131.19 resident served by the program may not be removed from a program under this subdivision  
131.20 for failure to consent to electronic monitoring. The consent form must explain where and  
131.21 how the electronically recorded data is stored, with whom it will be shared, and how long  
131.22 it is retained; and

131.23 (6) the risks and benefits of the alternative overnight supervision system.

131.24 The written explanations under clauses (1) to (6) may be accomplished through  
131.25 cross-references to other policies and procedures as long as they are explained to the person  
131.26 giving consent, and the person giving consent is offered a copy.

131.27 (g) Nothing in this section requires the applicant or license holder to develop or maintain  
131.28 separate or duplicative policies, procedures, documentation, consent forms, or individual  
131.29 plans that may be required for other licensing standards, if the requirements of this section  
131.30 are incorporated into those documents.

131.31 (h) The commissioner may grant variances to the requirements of this section according  
131.32 to section 245A.04, subdivision 9.

132.1 (i) For the purposes of paragraphs (d) through (h), "license holder" has the meaning  
132.2 under section 245A.02, subdivision 9, and additionally includes all staff, volunteers, and  
132.3 contractors affiliated with the license holder.

132.4 (j) For the purposes of paragraph (e), the terms "assess" and "assessing" mean to remotely  
132.5 determine what action the license holder needs to take to protect the well-being of the foster  
132.6 care recipient.

132.7 (k) The commissioner shall evaluate license applications using the requirements in  
132.8 paragraphs (d) to (f). The commissioner shall provide detailed application forms, including  
132.9 a checklist of criteria needed for approval.

132.10 (l) To be eligible for a license under paragraph (a), the adult foster care ~~or community~~  
132.11 ~~residential setting~~ license holder must not have had a conditional license issued under section  
132.12 245A.06 or any licensing sanction under section 245A.07 during the prior 24 months based  
132.13 on failure to provide adequate supervision, health care services, or resident safety in the  
132.14 adult foster care home ~~or community residential setting~~.

132.15 (m) The commissioner shall review an application for an alternative overnight supervision  
132.16 license within 60 days of receipt of the application. When the commissioner receives an  
132.17 application that is incomplete because the applicant failed to submit required documents or  
132.18 that is substantially deficient because the documents submitted do not meet licensing  
132.19 requirements, the commissioner shall provide the applicant written notice that the application  
132.20 is incomplete or substantially deficient. In the written notice to the applicant, the  
132.21 commissioner shall identify documents that are missing or deficient and give the applicant  
132.22 45 days to resubmit a second application that is substantially complete. An applicant's failure  
132.23 to submit a substantially complete application after receiving notice from the commissioner  
132.24 is a basis for license denial under section 245A.05. The commissioner shall complete  
132.25 subsequent review within 30 days.

132.26 (n) Once the application is considered complete under paragraph (m), the commissioner  
132.27 will approve or deny an application for an alternative overnight supervision license within  
132.28 60 days.

132.29 (o) For the purposes of this subdivision, "supervision" means:

132.30 (1) oversight by a caregiver or direct support staff as specified in the individual resident's  
132.31 place agreement or coordinated service and support plan and awareness of the resident's  
132.32 needs and activities; and

133.1 (2) the presence of a caregiver or direct support staff in a residence during normal sleeping  
133.2 hours, unless a determination has been made and documented in the individual's coordinated  
133.3 service and support plan that the individual does not require the presence of a caregiver or  
133.4 direct support staff during normal sleeping hours.

133.5 Sec. 3. Minnesota Statutes 2020, section 245C.02, is amended by adding a subdivision to  
133.6 read:

133.7 Subd. 11f. **Health care worker platform.** "Health care worker platform" means any  
133.8 person, firm, corporation, partnership, or association that maintains a system or technology  
133.9 that provides a media or Internet platform for a health care worker to be listed and identified  
133.10 as available for hire as an independent contractor by health care facilities seeking health  
133.11 care workers.

133.12 Sec. 4. Minnesota Statutes 2020, section 245C.02, subdivision 17a, is amended to read:

133.13 Subd. 17a. **Roster.** (a) "Roster" means the electronic method used to identify the entity  
133.14 or entities required to conduct background studies under this chapter with which a background  
133.15 subject is affiliated. There are three types of rosters: active roster, inactive roster, and master  
133.16 roster.

133.17 (b) "Active roster" means the list of individuals specific to an entity who have been  
133.18 determined eligible under this chapter to provide services for the entity and who the entity  
133.19 has identified as affiliated. An individual shall remain on the entity's active roster and is  
133.20 considered affiliated until the commissioner determines the individual is ineligible or the  
133.21 entity removes the individual from the entity's active roster.

133.22 (c) "Inactive roster" means the list maintained by the commissioner of individuals who  
133.23 are eligible under this chapter to provide services and are not on an active roster. Individuals  
133.24 shall remain on the inactive roster for no more than 180 consecutive days, unless:

133.25 (1) the individual submits a written request to the commissioner requesting to remain  
133.26 on the inactive roster for a longer period of time;

133.27 (2) the individual self-initiated a background study, in which case the individual shall  
133.28 remain on the inactive roster for one year; or -

133.29 (3) a health care worker platform initiated a background study on behalf of an individual,  
133.30 in which case the individual shall remain on the inactive roster for one year.

133.31 Upon the commissioner's receipt of information that may cause an individual on the inactive  
133.32 roster to be disqualified under this chapter, the commissioner shall remove the individual

134.1 from the inactive roster, and if the individual again seeks a position requiring a background  
134.2 study, the individual shall be required to complete a new background study.

134.3 (d) "Master roster" means the list maintained by the commissioner of all individuals  
134.4 who, as a result of a background study under this chapter, and regardless of affiliation with  
134.5 an entity, are determined by the commissioner to be eligible to provide services for one or  
134.6 more entities. The master roster includes all background study subjects on rosters under  
134.7 paragraphs (b) and (c).

134.8 Sec. 5. Minnesota Statutes 2021 Supplement, section 245C.03, is amended by adding a  
134.9 subdivision to read:

134.10 Subd. 16. **Self-initiated background studies.** The commissioner shall conduct  
134.11 background studies according to this chapter when initiated by an individual who is not on  
134.12 the master roster. A subject under this subdivision who is not disqualified must be placed  
134.13 on the inactive roster.

134.14 Sec. 6. Minnesota Statutes 2021 Supplement, section 245C.03, is amended by adding a  
134.15 subdivision to read:

134.16 Subd. 17. **Health care worker platform.** The commissioner shall conduct background  
134.17 studies according to this chapter when initiated by a health care worker platform on behalf  
134.18 of an individual who is not on the master roster. A subject under this subdivision who is  
134.19 not disqualified must be placed on the inactive roster.

134.20 Sec. 7. Minnesota Statutes 2020, section 245C.04, subdivision 1, is amended to read:

134.21 Subdivision 1. **Licensed programs; other child care programs.** (a) The commissioner  
134.22 shall conduct a background study of an individual required to be studied under section  
134.23 245C.03, subdivision 1, at least upon application for initial license for all license types.

134.24 (b) The commissioner shall conduct a background study of an individual required to be  
134.25 studied under section 245C.03, subdivision 1, including a child care background study  
134.26 subject as defined in section 245C.02, subdivision 6a, in a family child care program, licensed  
134.27 child care center, certified license-exempt child care center, or legal nonlicensed child care  
134.28 provider, on a schedule determined by the commissioner. Except as provided in section  
134.29 245C.05, subdivision 5a, a child care background study must include submission of  
134.30 fingerprints for a national criminal history record check and a review of the information  
134.31 under section 245C.08. A background study for a child care program must be repeated  
134.32 within five years from the most recent study conducted under this paragraph.

135.1 (c) At reapplication for a family child care license:

135.2 (1) for a background study affiliated with a licensed family child care center or legal  
135.3 nonlicensed child care provider, the individual shall provide information required under  
135.4 section 245C.05, subdivision 1, paragraphs (a), (b), and (d), to the county agency, and be  
135.5 fingerprinted and photographed under section 245C.05, subdivision 5;

135.6 (2) the county agency shall verify the information received under clause (1) and forward  
135.7 the information to the commissioner to complete the background study; and

135.8 (3) the background study conducted by the commissioner under this paragraph must  
135.9 include a review of the information required under section 245C.08.

135.10 (d) The commissioner is not required to conduct a study of an individual at the time of  
135.11 reapplication for a license if the individual's background study was completed by the  
135.12 commissioner of human services and the following conditions are met:

135.13 (1) a study of the individual was conducted either at the time of initial licensure or when  
135.14 the individual became affiliated with the license holder;

135.15 (2) the individual has been continuously affiliated with the license holder since the last  
135.16 study was conducted; and

135.17 (3) the last study of the individual was conducted on or after October 1, 1995.

135.18 (e) The commissioner of human services shall conduct a background study of an  
135.19 individual specified under section 245C.03, subdivision 1, paragraph (a), clauses (2) to (6),  
135.20 who is newly affiliated with a child foster family setting license holder:

135.21 (1) the county or private agency shall collect and forward to the commissioner the  
135.22 information required under section 245C.05, subdivisions 1 and 5, when the child foster  
135.23 family setting applicant or license holder resides in the home where child foster care services  
135.24 are provided; and

135.25 (2) the background study conducted by the commissioner of human services under this  
135.26 paragraph must include a review of the information required under section 245C.08,  
135.27 subdivisions 1, 3, and 4.

135.28 (f) The commissioner shall conduct a background study of an individual specified under  
135.29 section 245C.03, subdivision 1, paragraph (a), clauses (2) to (6), who is newly affiliated  
135.30 with an adult foster care or family adult day services and with a family child care license  
135.31 holder or a legal nonlicensed child care provider authorized under chapter 119B and:

136.1 (1) except as provided in section 245C.05, subdivision 5a, the county shall collect and  
136.2 forward to the commissioner the information required under section 245C.05, subdivision  
136.3 1, paragraphs (a) and (b), and subdivision 5, paragraphs (a), (b), and (d), for background  
136.4 studies conducted by the commissioner for all family adult day services, for adult foster  
136.5 care when the adult foster care license holder resides in the adult foster care residence, and  
136.6 for family child care and legal nonlicensed child care authorized under chapter 119B;

136.7 (2) the license holder shall collect and forward to the commissioner the information  
136.8 required under section 245C.05, subdivisions 1, paragraphs (a) and (b); and 5, paragraphs  
136.9 (a) and (b), for background studies conducted by the commissioner for adult foster care  
136.10 when the license holder does not reside in the adult foster care residence; and

136.11 (3) the background study conducted by the commissioner under this paragraph must  
136.12 include a review of the information required under section 245C.08, subdivision 1, paragraph  
136.13 (a), and subdivisions 3 and 4.

136.14 (g) Applicants for licensure, license holders, and other entities as provided in this chapter  
136.15 must submit completed background study requests to the commissioner using the electronic  
136.16 system known as NETStudy before individuals specified in section 245C.03, subdivision  
136.17 1, begin positions allowing direct contact in any licensed program.

136.18 (h) For an individual who is not on the entity's active roster, the entity must initiate a  
136.19 new background study through NETStudy when:

136.20 (1) an individual returns to a position requiring a background study following an absence  
136.21 of 120 or more consecutive days; or

136.22 (2) a program that discontinued providing licensed direct contact services for 120 or  
136.23 more consecutive days begins to provide direct contact licensed services again.

136.24 The license holder shall maintain a copy of the notification provided to the commissioner  
136.25 under this paragraph in the program's files. If the individual's disqualification was previously  
136.26 set aside for the license holder's program and the new background study results in no new  
136.27 information that indicates the individual may pose a risk of harm to persons receiving  
136.28 services from the license holder, the previous set-aside shall remain in effect.

136.29 (i) For purposes of this section, a physician licensed under chapter 147 or advanced  
136.30 practice registered nurse licensed under chapter 148 is considered to be continuously affiliated  
136.31 upon the license holder's receipt from the commissioner of health or human services of the  
136.32 physician's or advanced practice registered nurse's background study results.



137.1 (j) For purposes of family child care, a substitute caregiver must receive repeat  
137.2 background studies at the time of each license renewal.

137.3 (k) A repeat background study at the time of license renewal is not required if the family  
137.4 child care substitute caregiver's background study was completed by the commissioner on  
137.5 or after October 1, 2017, and the substitute caregiver is on the license holder's active roster  
137.6 in NETStudy 2.0.

137.7 (l) Before and after school programs authorized under chapter 119B, are exempt from  
137.8 the background study requirements under section 123B.03, for an employee for whom a  
137.9 background study under this chapter has been completed.

137.10 (m) A licensed child care center, certified license-exempt child care center, licensed  
137.11 family child care program, or legal nonlicensed child care provider authorized under chapter  
137.12 119B is not required to submit a background study request for a private therapist for whom  
137.13 a licensed program maintains a completed background study in the program's personnel  
137.14 files.

137.15 (n) Upon request of the license holder, the commissioner of human services shall conduct  
137.16 a background study of an individual specified under section 245C.03, subdivision 1,  
137.17 paragraph (a), clauses (2) to (6), who is newly affiliated with a home and community-based  
137.18 service provider licensed certified to provide children's out-of-home respite under section  
137.19 245D.34. The license holder shall collect and forward to the commissioner all the information  
137.20 described under section 245C.05, subdivisions 1 and 5. The background study conducted  
137.21 by the commissioner of human services under this paragraph must include a review of all  
137.22 the information described under section 245C.08, subdivisions 1, 3, and 4.

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

137.26 Sec. 8. Minnesota Statutes 2020, section 245C.04, subdivision 4a, is amended to read:

137.27 Subd. 4a. **Agency background studies; electronic criminal case information updates;**  
137.28 **rosters; and criteria for eliminating repeat background studies.** (a) The commissioner  
137.29 shall develop and implement an electronic process as a part of NETStudy 2.0 for the regular  
137.30 transfer of new criminal case information that is added to the Minnesota court information  
137.31 system. The commissioner's system must include for review only information that relates  
137.32 to individuals who are on the master roster.

138.1 (b) The commissioner shall develop and implement an online system as a part of  
138.2 NETStudy 2.0 for agencies that initiate background studies under this chapter to access and  
138.3 maintain records of background studies initiated by that agency. The system must show all  
138.4 active background study subjects affiliated with that agency and the status of each individual's  
138.5 background study. Each agency that initiates background studies must use this system to  
138.6 notify the commissioner of discontinued affiliation for purposes of the processes required  
138.7 under paragraph (a).

138.8 (c) After an entity initiating a background study has paid the applicable fee for the study  
138.9 and has provided the individual with the privacy notice required under section 245C.05,  
138.10 subdivision 2c, NETStudy 2.0 shall immediately inform the entity whether the individual  
138.11 requires a background study or whether the individual is immediately eligible to provide  
138.12 services based on a previous background study. If the individual is immediately eligible,  
138.13 the entity initiating the background study shall be able to view the information previously  
138.14 supplied by the individual who is the subject of a background study as required under section  
138.15 245C.05, subdivision 1, including the individual's photograph taken at the time the  
138.16 individual's fingerprints were recorded. The commissioner shall not provide any entity  
138.17 initiating a subsequent background study with information regarding the other entities that  
138.18 initiated background studies on the subject.

138.19 (d) Verification that an individual is eligible to provide services based on a previous  
138.20 background study is dependent on the individual voluntarily providing the individual's  
138.21 Social Security number to the commissioner at the time each background study is initiated.  
138.22 When an individual does not provide the individual's Social Security number for the  
138.23 background study, that study is not transferable and a repeat background study on that  
138.24 individual is required if the individual seeks a position requiring a background study under  
138.25 this chapter with another entity.

138.26 (e) Notwithstanding paragraphs (b) and (c), the commissioner must not provide a health  
138.27 care worker platform that initiates a background study on an individual's behalf under section  
138.28 245C.03, subdivision 17, with access to any information regarding the subject other than  
138.29 whether the individual is immediately eligible to provide services.

138.30 Sec. 9. Minnesota Statutes 2020, section 245C.04, is amended by adding a subdivision to  
138.31 read:

138.32 Subd. 12. **Individuals.** An individual who initiates a background study under section  
138.33 245C.03, subdivision 16, must initiate the studies annually through NETStudy 2.0.

139.1 Sec. 10. Minnesota Statutes 2020, section 245C.04, is amended by adding a subdivision  
139.2 to read:

139.3 Subd. 13. **Health care worker platform.** A health care worker platform that initiates  
139.4 a background study on an individual's behalf under section 245C.03, subdivision 17, must  
139.5 initiate the studies annually through NETStudy 2.0.

139.6 Sec. 11. Minnesota Statutes 2021 Supplement, section 245C.05, subdivision 5, is amended  
139.7 to read:

139.8 Subd. 5. **Fingerprints and photograph.** (a) Notwithstanding paragraph (b), for  
139.9 background studies conducted by the commissioner for certified children's out-of-home  
139.10 respite, child foster care, children's residential facilities, adoptions, or a transfer of permanent  
139.11 legal and physical custody of a child, the subject of the background study, who is 18 years  
139.12 of age or older, shall provide the commissioner with a set of classifiable fingerprints obtained  
139.13 from an authorized agency for a national criminal history record check.

139.14 (b) For background studies initiated on or after the implementation of NETStudy 2.0,  
139.15 except as provided under subdivision 5a, every subject of a background study must provide  
139.16 the commissioner with a set of the background study subject's classifiable fingerprints and  
139.17 photograph. The photograph and fingerprints must be recorded at the same time by the  
139.18 authorized fingerprint collection vendor or vendors and sent to the commissioner through  
139.19 the commissioner's secure data system described in section 245C.32, subdivision 1a,  
139.20 paragraph (b).

139.21 (c) The fingerprints shall be submitted by the commissioner to the Bureau of Criminal  
139.22 Apprehension and, when specifically required by law, submitted to the Federal Bureau of  
139.23 Investigation for a national criminal history record check.

139.24 (d) The fingerprints must not be retained by the Department of Public Safety, Bureau  
139.25 of Criminal Apprehension, or the commissioner. The Federal Bureau of Investigation will  
139.26 not retain background study subjects' fingerprints.

139.27 (e) The authorized fingerprint collection vendor or vendors shall, for purposes of verifying  
139.28 the identity of the background study subject, be able to view the identifying information  
139.29 entered into NETStudy 2.0 by the entity that initiated the background study, but shall not  
139.30 retain the subject's fingerprints, photograph, or information from NETStudy 2.0. The  
139.31 authorized fingerprint collection vendor or vendors shall retain no more than the name and  
139.32 date and time the subject's fingerprints were recorded and sent, only as necessary for auditing  
139.33 and billing activities.

140.1 (f) For any background study conducted under this chapter, the subject shall provide the  
140.2 commissioner with a set of classifiable fingerprints when the commissioner has reasonable  
140.3 cause to require a national criminal history record check as defined in section 245C.02,  
140.4 subdivision 15a.

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

140.8 Sec. 12. Minnesota Statutes 2020, section 245C.10, is amended by adding a subdivision  
140.9 to read:

140.10 Subd. 22. **Individuals.** The commissioner shall recover the cost of the background  
140.11 studies initiated by individuals under section 245C.03, subdivision 16, through a fee of no  
140.12 more than \$42 per study charged to the individual. The fees collected under this subdivision  
140.13 are appropriated to the commissioner for the purpose of conducting background studies.

140.14 Sec. 13. Minnesota Statutes 2020, section 245C.10, is amended by adding a subdivision  
140.15 to read:

140.16 Subd. 23. **Health care worker platform.** The commissioner shall recover the cost of  
140.17 the background studies initiated by health care worker platforms under section 245C.03,  
140.18 subdivision 17, through a fee of no more than \$42 per study charged to the platform. The  
140.19 fees collected under this subdivision are appropriated to the commissioner for the purpose  
140.20 of conducting background studies.

140.21 Sec. 14. **[245D.34] CHILDREN'S OUT-OF-HOME RESPITE CERTIFICATION**  
140.22 **STANDARDS.**

140.23 Subdivision 1. **Certification.** (a) The commissioner of human services shall issue a  
140.24 children's out-of-home respite certification for services licensed under this chapter when a  
140.25 license holder is determined to have met the requirements under this section. This certification  
140.26 is voluntary for license holders. The certification shall be printed on the license and identified  
140.27 on the commissioner's public website.

140.28 (b) A license holder seeking certification under this section must request this certification  
140.29 on forms and in the manner prescribed by the commissioner.

140.30 (c) If a commissioner finds that a license holder has failed to comply with the certification  
140.31 requirements under this section, the commissioner may issue a correction order and an order

141.1 of conditional license in accordance with section 245A.06 or may issue a sanction in  
 141.2 accordance with section 245A.07, including and up to removal of the certification.

141.3 (d) A denial of the certification or the removal of the certification based on a  
 141.4 determination that the requirements of this section have not been met is not subject to appeal.  
 141.5 A license holder that has been denied a certification or that has had a certification removed  
 141.6 may again request certification when the license holder is in compliance with the  
 141.7 requirements of this section.

141.8 Subd. 2. **Certification requirements.** The requirements for certification under this  
 141.9 section are:

141.10 (1) the license holder maintains a current roster of staff who meet the background study  
 141.11 requirements under section 245C.04, subdivision 1, paragraph (n);

141.12 (2) the license holder assigns only individuals on the roster described in clause (1) to  
 141.13 provide out-of-home respite to a minor in an unlicensed service site;

141.14 (3) the case manager has verified, on the forms and in the manner prescribed by the  
 141.15 commissioner, and documented in the person's coordinated service and support plan that  
 141.16 any proposed unlicensed service site is appropriate to meet the person's unique assessed  
 141.17 needs; and

141.18 (4) when providing out-of-home respite to a minor at an unlicensed service site, the  
 141.19 service site the license holder uses is identified and approved by the case manager in the  
 141.20 person's coordinated service and support plan.

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

## 141.24 **ARTICLE 7**

### 141.25 **DEPARTMENT OF BEHAVIORAL HEALTH**

141.26 Section 1. Minnesota Statutes 2021 Supplement, section 15.01, is amended to read:

#### 141.27 **15.01 DEPARTMENTS OF THE STATE.**

141.28 The following agencies are designated as the departments of the state government: the  
 141.29 Department of Administration; the Department of Agriculture; the Department of Behavioral  
 141.30 Health; the Department of Commerce; the Department of Corrections; the Department of  
 141.31 Education; the Department of Employment and Economic Development; the Department  
 141.32 of Health; the Department of Human Rights; the Department of Information Technology

142.1 Services; the Department of Iron Range Resources and Rehabilitation; the Department of  
142.2 Labor and Industry; the Department of Management and Budget; the Department of Military  
142.3 Affairs; the Department of Natural Resources; the Department of Public Safety; the  
142.4 Department of Human Services; the Department of Revenue; the Department of  
142.5 Transportation; the Department of Veterans Affairs; and their successor departments.

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

142.7 Sec. 2. Minnesota Statutes 2021 Supplement, section 15.06, subdivision 1, is amended to  
142.8 read:

142.9 Subdivision 1. **Applicability.** This section applies to the following departments or  
142.10 agencies: the Departments of Administration, Agriculture, Behavioral Health, Commerce,  
142.11 Corrections, Education, Employment and Economic Development, Health, Human Rights,  
142.12 Labor and Industry, Management and Budget, Natural Resources, Public Safety, Human  
142.13 Services, Revenue, Transportation, and Veterans Affairs; the Housing Finance and Pollution  
142.14 Control Agencies; the Office of Commissioner of Iron Range Resources and Rehabilitation;  
142.15 the Department of Information Technology Services; the Bureau of Mediation Services;  
142.16 and their successor departments and agencies. The heads of the foregoing departments or  
142.17 agencies are "commissioners."

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

142.19 Sec. 3. Minnesota Statutes 2020, section 15A.0815, subdivision 2, is amended to read:

142.20 Subd. 2. **Group I salary limits.** The salary for a position listed in this subdivision shall  
142.21 not exceed 133 percent of the salary of the governor. This limit must be adjusted annually  
142.22 on January 1. The new limit must equal the limit for the prior year increased by the percentage  
142.23 increase, if any, in the Consumer Price Index for all urban consumers from October of the  
142.24 second prior year to October of the immediately prior year. The commissioner of management  
142.25 and budget must publish the limit on the department's website. This subdivision applies to  
142.26 the following positions:

142.27 Commissioner of administration;

142.28 Commissioner of agriculture;

142.29 Commissioner of behavioral health;

142.30 Commissioner of education;

142.31 Commissioner of commerce;

- 143.1 Commissioner of corrections;
- 143.2 Commissioner of health;
- 143.3 Commissioner, Minnesota Office of Higher Education;
- 143.4 Commissioner, Housing Finance Agency;
- 143.5 Commissioner of human rights;
- 143.6 Commissioner of human services;
- 143.7 Commissioner of labor and industry;
- 143.8 Commissioner of management and budget;
- 143.9 Commissioner of natural resources;
- 143.10 Commissioner, Pollution Control Agency;
- 143.11 Commissioner of public safety;
- 143.12 Commissioner of revenue;
- 143.13 Commissioner of employment and economic development;
- 143.14 Commissioner of transportation; and
- 143.15 Commissioner of veterans affairs.
- 143.16 **EFFECTIVE DATE.** This section is effective July 1, 2022.

143.17 Sec. 4. Minnesota Statutes 2021 Supplement, section 43A.08, subdivision 1a, is amended  
143.18 to read:

143.19 Subd. 1a. **Additional unclassified positions.** Appointing authorities for the following  
143.20 agencies may designate additional unclassified positions according to this subdivision: the  
143.21 Departments of Administration; Agriculture; Behavioral Health; Commerce; Corrections;  
143.22 Education; Employment and Economic Development; Explore Minnesota Tourism;  
143.23 Management and Budget; Health; Human Rights; Labor and Industry; Natural Resources;  
143.24 Public Safety; Human Services; Revenue; Transportation; and Veterans Affairs; the Housing  
143.25 Finance and Pollution Control Agencies; the State Lottery; the State Board of Investment;  
143.26 the Office of Administrative Hearings; the Department of Information Technology Services;  
143.27 the Offices of the Attorney General, Secretary of State, and State Auditor; the Minnesota  
143.28 State Colleges and Universities; the Minnesota Office of Higher Education; the Perpich  
143.29 Center for Arts Education; and the Minnesota Zoological Board.

144.1 A position designated by an appointing authority according to this subdivision must  
144.2 meet the following standards and criteria:

144.3 (1) the designation of the position would not be contrary to other law relating specifically  
144.4 to that agency;

144.5 (2) the person occupying the position would report directly to the agency head or deputy  
144.6 agency head and would be designated as part of the agency head's management team;

144.7 (3) the duties of the position would involve significant discretion and substantial  
144.8 involvement in the development, interpretation, and implementation of agency policy;

144.9 (4) the duties of the position would not require primarily personnel, accounting, or other  
144.10 technical expertise where continuity in the position would be important;

144.11 (5) there would be a need for the person occupying the position to be accountable to,  
144.12 loyal to, and compatible with, the governor and the agency head, the employing statutory  
144.13 board or commission, or the employing constitutional officer;

144.14 (6) the position would be at the level of division or bureau director or assistant to the  
144.15 agency head; and

144.16 (7) the commissioner has approved the designation as being consistent with the standards  
144.17 and criteria in this subdivision.

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

144.19 Sec. 5. **[256T.01] DEPARTMENT OF BEHAVIORAL HEALTH.**

144.20 The Department of Behavioral Health is created. The governor shall appoint the  
144.21 commissioner of behavioral health under section 15.06. The commissioner shall administer:

144.22 (1) the behavioral health services under the medical assistance program under chapters  
144.23 256 and 256B;

144.24 (2) the behavioral health services under the MinnesotaCare program under chapter 256L;

144.25 (3) mental health and chemical dependency services under chapters 245, 245G, 253C,  
144.26 254A, and 254B; and

144.27 (4) behavioral health quality, behavioral health analysis, behavioral health economics,  
144.28 and related data collection initiatives under chapters 62J, 62U, and 144.

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



145.1 Sec. 6. [256T.02] TRANSFER.

145.2 (a) Section 15.039 applies to the transfer under this chapter.

145.3 (b) The commissioner of administration, with the approval of the governor, may issue  
145.4 reorganization orders under section 16B.37 as necessary to carry out the transfer required  
145.5 by this chapter. The provision of section 16B.37, subdivision 1, stating that transfers under  
145.6 section 16B.37 may be made only to an agency that has been in existence for at least one  
145.7 year does not apply to transfers to an agency created by this chapter.

145.8 (c) The initial salary for the commissioner of behavioral health is the same as the salary  
145.9 for the commissioner of health. The salary may be changed in the manner specified in section  
145.10 15A.0815.

145.11 (d) For an employee affected by the transfer of duties required by this chapter, the  
145.12 seniority accrued by the employee at the employee's former agency transfers to the employee's  
145.13 new agency.

145.14 (e) The commissioner of management and budget must ensure that the aggregate cost  
145.15 for the commissioner of behavioral health is not more than the aggregate cost during the  
145.16 transition of creating the Department of Behavioral Health as it currently exists under the  
145.17 Department of Human Services and the Department of Health immediately before the  
145.18 effective date of this chapter, excluding any appropriation made during the 2022 legislative  
145.19 session.

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

145.21 Sec. 7. REVISOR INSTRUCTION.

145.22 The revisor of statutes, in consultation with staff from the House Research Department;  
145.23 House Fiscal Analysis; the Office of Senate Counsel, Research, and Fiscal Analysis; and  
145.24 the respective departments shall prepare legislation for introduction in the 2023 legislative  
145.25 session proposing the statutory changes needed to implement the transfers of duties required  
145.26 for the creation of the Department of Behavioral Health.

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

146.1 **ARTICLE 8**146.2 **COMMUNITY SUPPORTS AND BEHAVIORAL HEALTH POLICY**

146.3 Section 1. Minnesota Statutes 2021 Supplement, section 62A.673, subdivision 2, is  
146.4 amended to read:

146.5 Subd. 2. **Definitions.** (a) For purposes of this section, the terms defined in this subdivision  
146.6 have the meanings given.

146.7 (b) "Distant site" means a site at which a health care provider is located while providing  
146.8 health care services or consultations by means of telehealth.

146.9 (c) "Health care provider" means a health care professional who is licensed or registered  
146.10 by the state to perform health care services within the provider's scope of practice and in  
146.11 accordance with state law. A health care provider includes a mental health professional as  
146.12 defined under section ~~245.462, subdivision 18, or 245.4871, subdivision 27~~ 245I.04,  
146.13 subdivision 2; a mental health practitioner as defined under section ~~245.462, subdivision~~  
146.14 ~~17, or 245.4871, subdivision 26~~ 245I.04, subdivision 4; a clinical trainee under section  
146.15 245I.04, subdivision 6; a treatment coordinator under section 245G.11, subdivision 7; an  
146.16 alcohol and drug counselor under section 245G.11, subdivision 5; and a recovery peer under  
146.17 section 245G.11, subdivision 8.

146.18 (d) "Health carrier" has the meaning given in section 62A.011, subdivision 2.

146.19 (e) "Health plan" has the meaning given in section 62A.011, subdivision 3. Health plan  
146.20 includes dental plans as defined in section 62Q.76, subdivision 3, but does not include dental  
146.21 plans that provide indemnity-based benefits, regardless of expenses incurred, and are designed  
146.22 to pay benefits directly to the policy holder.

146.23 (f) "Originating site" means a site at which a patient is located at the time health care  
146.24 services are provided to the patient by means of telehealth. For purposes of store-and-forward  
146.25 technology, the originating site also means the location at which a health care provider  
146.26 transfers or transmits information to the distant site.

146.27 (g) "Store-and-forward technology" means the asynchronous electronic transfer or  
146.28 transmission of a patient's medical information or data from an originating site to a distant  
146.29 site for the purposes of diagnostic and therapeutic assistance in the care of a patient.

146.30 (h) "Telehealth" means the delivery of health care services or consultations through the  
146.31 use of real time two-way interactive audio and visual communications to provide or support  
146.32 health care delivery and facilitate the assessment, diagnosis, consultation, treatment,  
146.33 education, and care management of a patient's health care. Telehealth includes the application

147.1 of secure video conferencing, store-and-forward technology, and synchronous interactions  
147.2 between a patient located at an originating site and a health care provider located at a distant  
147.3 site. Until July 1, 2023, telehealth also includes audio-only communication between a health  
147.4 care provider and a patient in accordance with subdivision 6, paragraph (b). Telehealth does  
147.5 not include communication between health care providers that consists solely of a telephone  
147.6 conversation, e-mail, or facsimile transmission. Telehealth does not include communication  
147.7 between a health care provider and a patient that consists solely of an e-mail or facsimile  
147.8 transmission. Telehealth does not include telemonitoring services as defined in paragraph  
147.9 (i).

147.10 (i) "Telemonitoring services" means the remote monitoring of clinical data related to  
147.11 the enrollee's vital signs or biometric data by a monitoring device or equipment that transmits  
147.12 the data electronically to a health care provider for analysis. Telemonitoring is intended to  
147.13 collect an enrollee's health-related data for the purpose of assisting a health care provider  
147.14 in assessing and monitoring the enrollee's medical condition or status.

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

147.18 Sec. 2. Minnesota Statutes 2021 Supplement, section 148F.11, subdivision 1, is amended  
147.19 to read:

147.20 Subdivision 1. **Other professionals.** (a) Nothing in this chapter prevents members of  
147.21 other professions or occupations from performing functions for which they are qualified or  
147.22 licensed. This exception includes, but is not limited to: licensed physicians; registered nurses;  
147.23 licensed practical nurses; licensed psychologists and licensed psychological practitioners;  
147.24 members of the clergy provided such services are provided within the scope of regular  
147.25 ministries; American Indian medicine men and women; licensed attorneys; probation officers;  
147.26 licensed marriage and family therapists; licensed social workers; social workers employed  
147.27 by city, county, or state agencies; licensed professional counselors; licensed professional  
147.28 clinical counselors; licensed school counselors; registered occupational therapists or  
147.29 occupational therapy assistants; Upper Midwest Indian Council on Addictive Disorders  
147.30 (UMICAD) certified counselors when providing services to Native American people; city,  
147.31 county, or state employees when providing assessments or case management under Minnesota  
147.32 Rules, chapter 9530; and ~~individuals defined in section 256B.0623, subdivision 5, clauses~~  
147.33 ~~(1) to (6),~~ staff persons providing co-occurring substance use disorder treatment in adult

148.1 mental health rehabilitative programs certified or licensed by the Department of Human  
148.2 Services under section 245I.23, 256B.0622, or 256B.0623.

148.3 (b) Nothing in this chapter prohibits technicians and resident managers in programs  
148.4 licensed by the Department of Human Services from discharging their duties as provided  
148.5 in Minnesota Rules, chapter 9530.

148.6 (c) Any person who is exempt from licensure under this section must not use a title  
148.7 incorporating the words "alcohol and drug counselor" or "licensed alcohol and drug  
148.8 counselor" or otherwise hold himself or herself out to the public by any title or description  
148.9 stating or implying that he or she is engaged in the practice of alcohol and drug counseling,  
148.10 or that he or she is licensed to engage in the practice of alcohol and drug counseling, unless  
148.11 that person is also licensed as an alcohol and drug counselor. Persons engaged in the practice  
148.12 of alcohol and drug counseling are not exempt from the board's jurisdiction solely by the  
148.13 use of one of the titles in paragraph (a).

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

148.17 Sec. 3. Minnesota Statutes 2021 Supplement, section 245.467, subdivision 2, is amended  
148.18 to read:

148.19 Subd. 2. **Diagnostic assessment.** ~~Providers~~ A provider of services governed by this  
148.20 section must complete a diagnostic assessment of a client according to the standards of  
148.21 section 245I.10, ~~subdivisions 4 to 6.~~

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

148.25 Sec. 4. Minnesota Statutes 2021 Supplement, section 245.467, subdivision 3, is amended  
148.26 to read:

148.27 Subd. 3. **Individual treatment plans.** ~~Providers~~ A provider of services governed by  
148.28 this section must complete an individual treatment plan for a client according to the standards  
148.29 of section 245I.10, subdivisions 7 and 8.

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

149.1 Sec. 5. Minnesota Statutes 2021 Supplement, section 245.4871, subdivision 21, is amended  
149.2 to read:

149.3 Subd. 21. **Individual treatment plan.** (a) "Individual treatment plan" means the  
149.4 formulation of planned services that are responsive to the needs and goals of a client. An  
149.5 individual treatment plan must be completed according to section 245I.10, subdivisions 7  
149.6 and 8.

149.7 (b) A children's residential facility licensed under Minnesota Rules, chapter 2960, is  
149.8 exempt from the requirements of section 245I.10, subdivisions 7 and 8. Instead, the individual  
149.9 treatment plan must:

149.10 (1) include a written plan of intervention, treatment, and services for a child with an  
149.11 emotional disturbance that the service provider develops under the clinical supervision of  
149.12 a mental health professional on the basis of a diagnostic assessment;

149.13 (2) be developed in conjunction with the family unless clinically inappropriate; and

149.14 (3) identify goals and objectives of treatment, treatment strategy, a schedule for  
149.15 accomplishing treatment goals and objectives, and the individuals responsible for providing  
149.16 treatment to the child with an emotional disturbance.

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

149.20 Sec. 6. Minnesota Statutes 2021 Supplement, section 245.4876, subdivision 2, is amended  
149.21 to read:

149.22 Subd. 2. **Diagnostic assessment.** ~~Providers~~ A provider of services governed by this  
149.23 section ~~shall~~ must complete a diagnostic assessment of a client according to the standards  
149.24 of section 245I.10, ~~subdivisions 4 to 6.~~ Notwithstanding the required timelines for completing  
149.25 a diagnostic assessment in section 245I.10, a children's residential facility licensed under  
149.26 Minnesota Rules, chapter 2960, that provides mental health services to children must, within  
149.27 ten days of the client's admission: (1) complete the client's diagnostic assessment; or (2)  
149.28 review and update the client's diagnostic assessment with a summary of the child's current  
149.29 mental health status and service needs if a diagnostic assessment is available that was  
149.30 completed within 180 days preceding admission and the client's mental health status has  
149.31 not changed markedly since the diagnostic assessment.

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

150.4 Sec. 7. Minnesota Statutes 2021 Supplement, section 245.4876, subdivision 3, is amended  
150.5 to read:

150.6 Subd. 3. **Individual treatment plans.** ~~Providers~~ A provider of services governed by  
150.7 this section ~~shall~~ must complete an individual treatment plan for a client according to the  
150.8 standards of section 245I.10, subdivisions 7 and 8. A children's residential facility licensed  
150.9 according to Minnesota Rules, chapter 2960, is exempt from the requirements in section  
150.10 245I.10, subdivisions 7 and 8. Instead, the facility must involve the child and the child's  
150.11 family in all phases of developing and implementing the individual treatment plan to the  
150.12 extent appropriate and must review the individual treatment plan every 90 days after intake.

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

150.16 Sec. 8. Minnesota Statutes 2021 Supplement, section 245.735, subdivision 3, is amended  
150.17 to read:

150.18 Subd. 3. **Certified community behavioral health clinics.** (a) The commissioner shall  
150.19 establish a state certification process for certified community behavioral health clinics  
150.20 (CCBHCs) that satisfy all federal requirements necessary for CCBHCs certified under this  
150.21 section to be eligible for reimbursement under medical assistance, without service area  
150.22 limits based on geographic area or region. The commissioner shall consult with CCBHC  
150.23 stakeholders before establishing and implementing changes in the certification process and  
150.24 requirements. Entities that choose to be CCBHCs must:

150.25 (1) comply with state licensing requirements and other requirements issued by the  
150.26 commissioner;

150.27 (2) employ or contract for clinic staff who have backgrounds in diverse disciplines,  
150.28 including licensed mental health professionals and licensed alcohol and drug counselors,  
150.29 and staff who are culturally and linguistically trained to meet the needs of the population  
150.30 the clinic serves;

150.31 (3) ensure that clinic services are available and accessible to individuals and families of  
150.32 all ages and genders and that crisis management services are available 24 hours per day;

151.1 (4) establish fees for clinic services for individuals who are not enrolled in medical  
 151.2 assistance using a sliding fee scale that ensures that services to patients are not denied or  
 151.3 limited due to an individual's inability to pay for services;

151.4 (5) comply with quality assurance reporting requirements and other reporting  
 151.5 requirements, including any required reporting of encounter data, clinical outcomes data,  
 151.6 and quality data;

151.7 (6) provide crisis mental health and substance use services, withdrawal management  
 151.8 services, emergency crisis intervention services, and stabilization services through existing  
 151.9 mobile crisis services; screening, assessment, and diagnosis services, including risk  
 151.10 assessments and level of care determinations; person- and family-centered treatment planning;  
 151.11 outpatient mental health and substance use services; targeted case management; psychiatric  
 151.12 rehabilitation services; peer support and counselor services and family support services;  
 151.13 and intensive community-based mental health services, including mental health services  
 151.14 for members of the armed forces and veterans. CCBHCs must directly provide the majority  
 151.15 of these services to enrollees, but may coordinate some services with another entity through  
 151.16 a collaboration or agreement, pursuant to paragraph (b);

151.17 (7) provide coordination of care across settings and providers to ensure seamless  
 151.18 transitions for individuals being served across the full spectrum of health services, including  
 151.19 acute, chronic, and behavioral needs. Care coordination may be accomplished through  
 151.20 partnerships or formal contracts with:

151.21 (i) counties, health plans, pharmacists, pharmacies, rural health clinics, federally qualified  
 151.22 health centers, inpatient psychiatric facilities, substance use and detoxification facilities, or  
 151.23 community-based mental health providers; and

151.24 (ii) other community services, supports, and providers, including schools, child welfare  
 151.25 agencies, juvenile and criminal justice agencies, Indian health services clinics, tribally  
 151.26 licensed health care and mental health facilities, urban Indian health clinics, Department of  
 151.27 Veterans Affairs medical centers, outpatient clinics, drop-in centers, acute care hospitals,  
 151.28 and hospital outpatient clinics;

151.29 (8) be certified as a mental health clinics clinic under section ~~245.69, subdivision 2~~  
 151.30 245I.20;

151.31 (9) comply with standards established by the commissioner relating to CCBHC  
 151.32 screenings, assessments, and evaluations;

151.33 (10) be licensed to provide substance use disorder treatment under chapter 245G;

152.1 (11) be certified to provide children's therapeutic services and supports under section  
152.2 256B.0943;

152.3 (12) be certified to provide adult rehabilitative mental health services under section  
152.4 256B.0623;

152.5 (13) be enrolled to provide mental health crisis response services under ~~sections~~ section  
152.6 256B.0624 and ~~256B.0944~~;

152.7 (14) be enrolled to provide mental health targeted case management under section  
152.8 256B.0625, subdivision 20;

152.9 (15) comply with standards relating to mental health case management in Minnesota  
152.10 Rules, parts 9520.0900 to 9520.0926;

152.11 (16) provide services that comply with the evidence-based practices described in  
152.12 paragraph (e); and

152.13 (17) comply with standards relating to peer services under sections 256B.0615,  
152.14 256B.0616, and 245G.07, subdivision 1, paragraph (a), clause (5), as applicable when peer  
152.15 services are provided.

152.16 (b) If a certified CCBHC is unable to provide one or more of the services listed in  
152.17 paragraph (a), clauses (6) to (17), the CCBHC may contract with another entity that has the  
152.18 required authority to provide that service and that meets the following criteria as a designated  
152.19 collaborating organization:

152.20 (1) the entity has a formal agreement with the CCBHC to furnish one or more of the  
152.21 services under paragraph (a), clause (6);

152.22 (2) the entity provides assurances that it will provide services according to CCBHC  
152.23 service standards and provider requirements;

152.24 (3) the entity agrees that the CCBHC is responsible for coordinating care and has clinical  
152.25 and financial responsibility for the services that the entity provides under the agreement;  
152.26 and

152.27 (4) the entity meets any additional requirements issued by the commissioner.

152.28 (c) Notwithstanding any other law that requires a county contract or other form of county  
152.29 approval for certain services listed in paragraph (a), clause (6), a clinic that otherwise meets  
152.30 CCBHC requirements may receive the prospective payment under section 256B.0625,  
152.31 subdivision 5m, for those services without a county contract or county approval. As part of  
152.32 the certification process in paragraph (a), the commissioner shall require a letter of support



153.1 from the CCBHC's host county confirming that the CCBHC and the county or counties it  
153.2 serves have an ongoing relationship to facilitate access and continuity of care, especially  
153.3 for individuals who are uninsured or who may go on and off medical assistance.

153.4 (d) When the standards listed in paragraph (a) or other applicable standards conflict or  
153.5 address similar issues in duplicative or incompatible ways, the commissioner may grant  
153.6 variances to state requirements if the variances do not conflict with federal requirements  
153.7 for services reimbursed under medical assistance. If standards overlap, the commissioner  
153.8 may substitute all or a part of a licensure or certification that is substantially the same as  
153.9 another licensure or certification. The commissioner shall consult with stakeholders, as  
153.10 described in subdivision 4, before granting variances under this provision. For the CCBHC  
153.11 that is certified but not approved for prospective payment under section 256B.0625,  
153.12 subdivision 5m, the commissioner may grant a variance under this paragraph if the variance  
153.13 does not increase the state share of costs.

153.14 (e) The commissioner shall issue a list of required evidence-based practices to be  
153.15 delivered by CCBHCs, and may also provide a list of recommended evidence-based practices.  
153.16 The commissioner may update the list to reflect advances in outcomes research and medical  
153.17 services for persons living with mental illnesses or substance use disorders. The commissioner  
153.18 shall take into consideration the adequacy of evidence to support the efficacy of the practice,  
153.19 the quality of workforce available, and the current availability of the practice in the state.  
153.20 At least 30 days before issuing the initial list and any revisions, the commissioner shall  
153.21 provide stakeholders with an opportunity to comment.

153.22 (f) The commissioner shall recertify CCBHCs at least every three years. The  
153.23 commissioner shall establish a process for decertification and shall require corrective action,  
153.24 medical assistance repayment, or decertification of a CCBHC that no longer meets the  
153.25 requirements in this section or that fails to meet the standards provided by the commissioner  
153.26 in the application and certification process.

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

153.30 Sec. 9. Minnesota Statutes 2021 Supplement, section 245A.03, subdivision 7, is amended  
153.31 to read:

153.32 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license  
153.33 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult  
153.34 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter

154.1 for a physical location that will not be the primary residence of the license holder for the  
154.2 entire period of licensure. If a family child foster care home or family adult foster care home  
154.3 license is issued during this moratorium, and the license holder changes the license holder's  
154.4 primary residence away from the physical location of the foster care license, the  
154.5 commissioner shall revoke the license according to section 245A.07. The commissioner  
154.6 shall not issue an initial license for a community residential setting licensed under chapter  
154.7 245D. When approving an exception under this paragraph, the commissioner shall consider  
154.8 the resource need determination process in paragraph (h), the availability of foster care  
154.9 licensed beds in the geographic area in which the licensee seeks to operate, the results of a  
154.10 person's choices during their annual assessment and service plan review, and the  
154.11 recommendation of the local county board. The determination by the commissioner is final  
154.12 and not subject to appeal. Exceptions to the moratorium include:

154.13 (1) foster care settings where at least 80 percent of the residents are 55 years of age or  
154.14 older;

154.15 (2) foster care licenses replacing foster care licenses in existence on May 15, 2009, or  
154.16 community residential setting licenses replacing adult foster care licenses in existence on  
154.17 December 31, 2013, and determined to be needed by the commissioner under paragraph  
154.18 (b);

154.19 (3) new foster care licenses or community residential setting licenses determined to be  
154.20 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,  
154.21 or regional treatment center; restructuring of state-operated services that limits the capacity  
154.22 of state-operated facilities; or allowing movement to the community for people who no  
154.23 longer require the level of care provided in state-operated facilities as provided under section  
154.24 256B.092, subdivision 13, or 256B.49, subdivision 24;

154.25 (4) new foster care licenses or community residential setting licenses determined to be  
154.26 needed by the commissioner under paragraph (b) for persons requiring hospital level care;  
154.27 or

154.28 ~~(5) new foster care licenses or community residential setting licenses for people receiving~~  
154.29 ~~services under chapter 245D and residing in an unlicensed setting before May 1, 2017, and~~  
154.30 ~~for which a license is required. This exception does not apply to people living in their own~~  
154.31 ~~home. For purposes of this clause, there is a presumption that a foster care or community~~  
154.32 ~~residential setting license is required for services provided to three or more people in a~~  
154.33 ~~dwelling unit when the setting is controlled by the provider. A license holder subject to this~~  
154.34 ~~exception may rebut the presumption that a license is required by seeking a reconsideration~~

155.1 ~~of the commissioner's determination. The commissioner's disposition of a request for~~  
155.2 ~~reconsideration is final and not subject to appeal under chapter 14. The exception is available~~  
155.3 ~~until June 30, 2018. This exception is available when:~~

155.4 ~~(i) the person's case manager provided the person with information about the choice of~~  
155.5 ~~service, service provider, and location of service, including in the person's home, to help~~  
155.6 ~~the person make an informed choice; and~~

155.7 ~~(ii) the person's services provided in the licensed foster care or community residential~~  
155.8 ~~setting are less than or equal to the cost of the person's services delivered in the unlicensed~~  
155.9 ~~setting as determined by the lead agency; or~~

155.10 ~~(6) (5) new foster care licenses or community residential setting licenses for people~~  
155.11 ~~receiving customized living or 24-hour customized living services under the brain injury~~  
155.12 ~~or community access for disability inclusion waiver plans under section 256B.49 and residing~~  
155.13 ~~in the customized living setting before July 1, 2022, for which a license is required. A~~  
155.14 ~~customized living service provider subject to this exception may rebut the presumption that~~  
155.15 ~~a license is required by seeking a reconsideration of the commissioner's determination. The~~  
155.16 ~~commissioner's disposition of a request for reconsideration is final and not subject to appeal~~  
155.17 ~~under chapter 14. The exception is available until June 30, 2023. This exception is available~~  
155.18 ~~when:~~

155.19 ~~(i) the person's customized living services are provided in a customized living service~~  
155.20 ~~setting serving four or fewer people under the brain injury or community access for disability~~  
155.21 ~~inclusion waiver plans under section 256B.49 in a single-family home operational on or~~  
155.22 ~~before June 30, 2021. Operational is defined in section 256B.49, subdivision 28;~~

155.23 ~~(ii) the person's case manager provided the person with information about the choice of~~  
155.24 ~~service, service provider, and location of service, including in the person's home, to help~~  
155.25 ~~the person make an informed choice; and~~

155.26 ~~(iii) the person's services provided in the licensed foster care or community residential~~  
155.27 ~~setting are less than or equal to the cost of the person's services delivered in the customized~~  
155.28 ~~living setting as determined by the lead agency.~~

155.29 ~~(b) The commissioner shall determine the need for newly licensed foster care homes or~~  
155.30 ~~community residential settings as defined under this subdivision. As part of the determination,~~  
155.31 ~~the commissioner shall consider the availability of foster care capacity in the area in which~~  
155.32 ~~the licensee seeks to operate, and the recommendation of the local county board. The~~  
155.33 ~~determination by the commissioner must be final. A determination of need is not required~~  
155.34 ~~for a change in ownership at the same address.~~

156.1 (c) When an adult resident served by the program moves out of a foster home that is not  
156.2 the primary residence of the license holder according to section 256B.49, subdivision 15,  
156.3 paragraph (f), or the adult community residential setting, the county shall immediately  
156.4 inform the Department of Human Services Licensing Division. The department may decrease  
156.5 the statewide licensed capacity for adult foster care settings.

156.6 (d) Residential settings that would otherwise be subject to the decreased license capacity  
156.7 established in paragraph (c) shall be exempt if the license holder's beds are occupied by  
156.8 residents whose primary diagnosis is mental illness and the license holder is certified under  
156.9 the requirements in subdivision 6a or section 245D.33.

156.10 (e) A resource need determination process, managed at the state level, using the available  
156.11 reports required by section 144A.351, and other data and information shall be used to  
156.12 determine where the reduced capacity determined under section 256B.493 will be  
156.13 implemented. The commissioner shall consult with the stakeholders described in section  
156.14 144A.351, and employ a variety of methods to improve the state's capacity to meet the  
156.15 informed decisions of those people who want to move out of corporate foster care or  
156.16 community residential settings, long-term service needs within budgetary limits, including  
156.17 seeking proposals from service providers or lead agencies to change service type, capacity,  
156.18 or location to improve services, increase the independence of residents, and better meet  
156.19 needs identified by the long-term services and supports reports and statewide data and  
156.20 information.

156.21 (f) At the time of application and reapplication for licensure, the applicant and the license  
156.22 holder that are subject to the moratorium or an exclusion established in paragraph (a) are  
156.23 required to inform the commissioner whether the physical location where the foster care  
156.24 will be provided is or will be the primary residence of the license holder for the entire period  
156.25 of licensure. If the primary residence of the applicant or license holder changes, the applicant  
156.26 or license holder must notify the commissioner immediately. The commissioner shall print  
156.27 on the foster care license certificate whether or not the physical location is the primary  
156.28 residence of the license holder.

156.29 (g) License holders of foster care homes identified under paragraph (f) that are not the  
156.30 primary residence of the license holder and that also provide services in the foster care home  
156.31 that are covered by a federally approved home and community-based services waiver, as  
156.32 authorized under chapter 256S or section 256B.092 or 256B.49, must inform the human  
156.33 services licensing division that the license holder provides or intends to provide these  
156.34 waiver-funded services.

157.1 (h) The commissioner may adjust capacity to address needs identified in section  
157.2 144A.351. Under this authority, the commissioner may approve new licensed settings or  
157.3 delicense existing settings. Delicensing of settings will be accomplished through a process  
157.4 identified in section 256B.493. Annually, by August 1, the commissioner shall provide  
157.5 information and data on capacity of licensed long-term services and supports, actions taken  
157.6 under the subdivision to manage statewide long-term services and supports resources, and  
157.7 any recommendations for change to the legislative committees with jurisdiction over the  
157.8 health and human services budget.

157.9 (i) The commissioner must notify a license holder when its corporate foster care or  
157.10 community residential setting licensed beds are reduced under this section. The notice of  
157.11 reduction of licensed beds must be in writing and delivered to the license holder by certified  
157.12 mail or personal service. The notice must state why the licensed beds are reduced and must  
157.13 inform the license holder of its right to request reconsideration by the commissioner. The  
157.14 license holder's request for reconsideration must be in writing. If mailed, the request for  
157.15 reconsideration must be postmarked and sent to the commissioner within 20 calendar days  
157.16 after the license holder's receipt of the notice of reduction of licensed beds. If a request for  
157.17 reconsideration is made by personal service, it must be received by the commissioner within  
157.18 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

157.19 (j) The commissioner shall not issue an initial license for children's residential treatment  
157.20 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter  
157.21 for a program that Centers for Medicare and Medicaid Services would consider an institution  
157.22 for mental diseases. Facilities that serve only private pay clients are exempt from the  
157.23 moratorium described in this paragraph. The commissioner has the authority to manage  
157.24 existing statewide capacity for children's residential treatment services subject to the  
157.25 moratorium under this paragraph and may issue an initial license for such facilities if the  
157.26 initial license would not increase the statewide capacity for children's residential treatment  
157.27 services subject to the moratorium under this paragraph.

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

157.29 Sec. 10. Minnesota Statutes 2020, section 245A.11, subdivision 2, is amended to read:

157.30 Subd. 2. **Permitted single-family residential use.** (a) Residential programs with a  
157.31 licensed capacity of six or fewer persons shall be considered a permitted single-family  
157.32 residential use of property for the purposes of zoning and other land use regulations, except  
157.33 that a residential program whose primary purpose is to treat juveniles who have violated  
157.34 criminal statutes relating to sex offenses or have been adjudicated delinquent on the basis

158.1 of conduct in violation of criminal statutes relating to sex offenses shall not be considered  
 158.2 a permitted use. This exception shall not apply to residential programs licensed before July  
 158.3 1, 1995. Programs otherwise allowed under this subdivision shall not be prohibited by  
 158.4 operation of restrictive covenants or similar restrictions, regardless of when entered into,  
 158.5 which cannot be met because of the nature of the licensed program, including provisions  
 158.6 which require the home's occupants be related, and that the home must be occupied by the  
 158.7 owner, or similar provisions.

158.8 (b) Unless otherwise provided in any town, municipal, or county zoning regulation, a  
 158.9 licensed residential program in an intermediate care facility for persons with developmental  
 158.10 disabilities with a licensed capacity of seven to eight persons shall be considered a permitted  
 158.11 single-family residential use of property for the purposes of zoning and other land use  
 158.12 regulations. A town, municipal, or county zoning authority may require a conditional use  
 158.13 or special use permit to assure proper maintenance and operation of the residential program.  
 158.14 Conditions imposed on the residential program must not be more restrictive than those  
 158.15 imposed on other conditional uses or special uses of residential property in the same zones,  
 158.16 unless the additional conditions are necessary to protect the health and safety of the persons  
 158.17 being served by the program.

158.18 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner  
 158.19 of human services shall notify the revisor of statutes when federal approval is obtained.

158.20 Sec. 11. Minnesota Statutes 2020, section 245A.11, subdivision 2a, is amended to read:

158.21 Subd. 2a. **Adult foster care and community residential setting license capacity.** (a)  
 158.22 The commissioner shall issue adult foster care and community residential setting licenses  
 158.23 with a maximum licensed capacity of four beds, including nonstaff roomers and boarders,  
 158.24 except that the commissioner may issue a license with a capacity of five up to six beds,  
 158.25 including roomers and boarders, according to paragraphs (b) to ~~(g)~~ (f).

158.26 (b) The license holder may have a maximum license capacity of ~~five~~ six if all persons  
 158.27 in care are age 55 or over and do not have a serious and persistent mental illness or a  
 158.28 developmental disability.

158.29 (c) The commissioner may grant variances to paragraph (b) to allow a facility with a  
 158.30 licensed capacity of up to ~~five~~ six persons to admit an individual under the age of 55 if the  
 158.31 variance complies with section 245A.04, subdivision 9, and approval of the variance is  
 158.32 recommended by the county in which the licensed facility is located.

159.1 (d) The commissioner may grant variances to paragraph (a) to allow the use of an  
159.2 additional bed, up to five, for emergency crisis services for a person with serious and  
159.3 persistent mental illness or a developmental disability, regardless of age, if the variance  
159.4 complies with section 245A.04, subdivision 9, and approval of the variance is recommended  
159.5 by the county in which the licensed facility is located.

159.6 (e) The commissioner may grant a variance to paragraph (b) to allow for the use of an  
159.7 additional bed, up to ~~five~~ six, for respite services, as defined in section 245A.02, for persons  
159.8 with disabilities, regardless of age, if the variance complies with sections 245A.03,  
159.9 subdivision 7, and 245A.04, subdivision 9, and approval of the variance is recommended  
159.10 by the county in which the licensed facility is located. Respite care may be provided under  
159.11 the following conditions:

159.12 (1) staffing ratios cannot be reduced below the approved level for the individuals being  
159.13 served in the home on a permanent basis;

159.14 (2) no more than two different individuals can be accepted for respite services in any  
159.15 calendar month and the total respite days may not exceed 120 days per program in any  
159.16 calendar year;

159.17 (3) the person receiving respite services must have his or her own bedroom, which could  
159.18 be used for alternative purposes when not used as a respite bedroom, and cannot be the  
159.19 room of another person who lives in the facility; and

159.20 (4) individuals living in the facility must be notified when the variance is approved. The  
159.21 provider must give 60 days' notice in writing to the residents and their legal representatives  
159.22 prior to accepting the first respite placement. Notice must be given to residents at least two  
159.23 days prior to service initiation, or as soon as the license holder is able if they receive notice  
159.24 of the need for respite less than two days prior to initiation, each time a respite client will  
159.25 be served, unless the requirement for this notice is waived by the resident or legal guardian.

159.26 (f) The commissioner ~~may issue~~ shall increase the licensed capacity of an adult foster  
159.27 care or community residential setting license ~~with up to~~ a capacity of ~~five~~ six adults if the  
159.28 ~~fifth or sixth~~ bed does not increase the overall statewide capacity of licensed adult foster  
159.29 care or community residential setting beds in homes that are not the primary residence of  
159.30 the license holder, as identified in a plan submitted to the commissioner by the county, when  
159.31 the capacity is recommended by the county licensing agency of the county in which the  
159.32 facility is located and if the recommendation verifies that:

159.33 (1) the facility meets the physical environment requirements in the adult foster care  
159.34 licensing rule or the community residential settings requirements in chapter 245D;

160.1 (2) the five-bed or six-bed living arrangement is specified for each resident in the  
160.2 resident's:

160.3 (i) individualized plan of care;

160.4 (ii) individual service plan under section 256B.092, subdivision 1b, if required; or

160.5 (iii) individual resident placement agreement under Minnesota Rules, part 9555.5105,  
160.6 subpart 19, if required; and

160.7 (3) the license holder obtains written and signed informed consent from each resident  
160.8 or resident's legal representative documenting the resident's informed choice to remain  
160.9 living in the home and that the resident's refusal to consent would not have resulted in  
160.10 service termination; ~~and~~

160.11 ~~(4) the facility was licensed for adult foster care before March 1, 2016.~~

160.12 ~~(g) The commissioner shall not issue a new adult foster care license under paragraph (f)~~  
160.13 ~~after December 31, 2020.~~ The commissioner shall allow a facility with an adult foster care  
160.14 license issued under paragraph (f) before December 31, 2020, to continue with a an increased  
160.15 capacity of five adults if the license holder continues to comply with the requirements in  
160.16 this paragraph (f).

160.17 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner  
160.18 of human services shall notify the revisor of statutes when federal approval is obtained.

160.19 Sec. 12. Minnesota Statutes 2020, section 245A.11, is amended by adding a subdivision  
160.20 to read:

160.21 Subd. 2c. **Residential programs in intermediate care facilities; license**  
160.22 **capacity.** Notwithstanding subdivision 4 and section 252.28, subdivision 3, for a licensed  
160.23 residential program in an intermediate care facility for persons with developmental disabilities  
160.24 located in a single-family home and in a town, municipal, or county zoning authority that  
160.25 will permit a licensed capacity of seven or eight persons in a single-family home, the  
160.26 commissioner may increase the licensed capacity of the program to seven or eight if the  
160.27 seventh or eighth bed does not increase the overall statewide capacity in intermediate care  
160.28 facilities for persons with developmental disabilities. If the licensed capacity of a residential  
160.29 program in an intermediate care facility for persons with developmental disabilities is  
160.30 increased under this subdivision, the capacity of the license may remain at the increased  
160.31 number of persons.



161.1 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner  
 161.2 of human services shall notify the revisor of statutes when federal approval is obtained.

161.3 Sec. 13. Minnesota Statutes 2020, section 245A.19, is amended to read:

161.4 **245A.19 HIV TRAINING IN ~~CHEMICAL DEPENDENCY~~ SUBSTANCE USE**  
 161.5 **DISORDER TREATMENT PROGRAM.**

161.6 (a) Applicants and license holders for ~~chemical dependency~~ substance use disorder  
 161.7 residential and nonresidential programs must demonstrate compliance with HIV minimum  
 161.8 standards ~~prior to~~ before their application ~~being~~ is complete. The HIV minimum standards  
 161.9 contained in the HIV-1 Guidelines for ~~chemical dependency~~ substance use disorder treatment  
 161.10 and care programs in Minnesota are not subject to rulemaking.

161.11 (b) ~~Ninety days after April 29, 1992,~~ The applicant or license holder shall orient all  
 161.12 ~~chemical dependency~~ substance use disorder treatment staff and clients to the HIV minimum  
 161.13 standards. ~~Thereafter,~~ Orientation shall be provided to all staff and clients, within 72 hours  
 161.14 of employment or admission to the program. In-service training shall be provided to all staff  
 161.15 on at least an annual basis and the license holder shall maintain records of training and  
 161.16 attendance.

161.17 (c) The license holder shall maintain a list of referral sources for the purpose of making  
 161.18 necessary referrals of clients to HIV-related services. The list of referral services shall be  
 161.19 updated at least annually.

161.20 (d) Written policies and procedures, consistent with HIV minimum standards, shall be  
 161.21 developed and followed by the license holder. All policies and procedures concerning HIV  
 161.22 minimum standards shall be approved by the commissioner. The commissioner ~~shall provide~~  
 161.23 ~~training on HIV minimum standards to applicants~~ must outline the content required for the  
 161.24 annual staff training under paragraph (b).

161.25 (e) The commissioner may permit variances from the requirements in this section. License  
 161.26 holders seeking variances must follow the procedures in section 245A.04, subdivision 9.

161.27 Sec. 14. Minnesota Statutes 2020, section 245D.10, subdivision 3a, is amended to read:

161.28 Subd. 3a. **Service termination.** (a) The license holder must establish policies and  
 161.29 procedures for service termination that promote continuity of care and service coordination  
 161.30 with the person and the case manager and with other licensed caregivers, if any, who also  
 161.31 provide support to the person. The policy must include the requirements specified in  
 161.32 paragraphs (b) to (f).

162.1 (b) The license holder must permit each person to remain in the program or to continue  
162.2 receiving services and must not terminate services unless:

162.3 (1) the termination is necessary for the person's welfare and the ~~facility~~ provider cannot  
162.4 meet the person's needs;

162.5 (2) the safety of the person or others ~~in the program~~ is endangered and positive support  
162.6 strategies were attempted and have not achieved and effectively maintained safety for the  
162.7 person or others;

162.8 (3) the health of the person or others ~~in the program~~ would otherwise be endangered;

162.9 (4) the ~~program~~ provider has not been paid for services;

162.10 (5) the ~~program~~ provider ceases to operate;

162.11 (6) the person has been terminated by the lead agency from waiver eligibility; or

162.12 (7) for state-operated community-based services, the person no longer demonstrates  
162.13 complex behavioral needs that cannot be met by private community-based providers  
162.14 identified in section 252.50, subdivision 5, paragraph (a), clause (1).

162.15 (c) Prior to giving notice of service termination, the license holder must document actions  
162.16 taken to minimize or eliminate the need for termination. Action taken by the license holder  
162.17 must include, at a minimum:

162.18 (1) consultation with the person and the person's support team or expanded support team  
162.19 to identify and resolve issues leading to issuance of the termination notice;

162.20 (2) a request to the case manager for intervention services identified in section 245D.03,  
162.21 subdivision 1, paragraph (c), clause (1), or other professional consultation or intervention  
162.22 services to support the person in the program. This requirement does not apply to notices  
162.23 of service termination issued under paragraph (b), clauses (4) and (7); ~~and~~

162.24 (3) for state-operated community-based services terminating services under paragraph  
162.25 (b), clause (7), the state-operated community-based services must engage in consultation  
162.26 with the person and the person's support team or expanded support team to:

162.27 (i) identify that the person no longer demonstrates complex behavioral needs that cannot  
162.28 be met by private community-based providers identified in section 252.50, subdivision 5,  
162.29 paragraph (a), clause (1);

162.30 (ii) provide notice of intent to issue a termination of services to the lead agency when a  
162.31 finding has been made that a person no longer demonstrates complex behavioral needs that

163.1 cannot be met by private community-based providers identified in section 252.50, subdivision  
163.2 5, paragraph (a), clause (1);

163.3 (iii) assist the lead agency and case manager in developing a person-centered transition  
163.4 plan to a private community-based provider to ensure continuity of care; and

163.5 (iv) coordinate with the lead agency to ensure the private community-based service  
163.6 provider is able to meet the person's needs and criteria established in a person's  
163.7 person-centered transition plan; and

163.8 (4) providing the person, the person's legal representative, and the person's extended  
163.9 support team with:

163.10 (i) a statement that the person or the person's legal representative may contact the Office  
163.11 of Ombudsman for Mental Health and Developmental Disabilities or the Office of  
163.12 Ombudsman for Long-Term Care to request an advocate to assist regarding the termination;  
163.13 and

163.14 (ii) the telephone number, e-mail address, website address, mailing address, and street  
163.15 address for the state and applicable regional Office of Ombudsman for Long-Term Care  
163.16 and the Office of Ombudsman for Mental Health and Developmental Disabilities.

163.17 If, based on the best interests of the person, the circumstances at the time of the notice were  
163.18 such that the license holder was unable to take the action specified in clauses (1) and (2),  
163.19 the license holder must document the specific circumstances and the reason for being unable  
163.20 to do so.

163.21 (d) The notice of service termination must meet the following requirements:

163.22 (1) the license holder must notify the person or the person's legal representative and the  
163.23 case manager in writing of the intended service termination. If the service termination is  
163.24 from residential supports and services as defined in section 245D.03, subdivision 1, paragraph  
163.25 (c), clause (3), the license holder must also notify ~~the commissioner~~ in writing the  
163.26 commissioner, the Office of Ombudsman for Long-Term Care and the Office of Ombudsman  
163.27 for Mental Health and Developmental Disabilities; and

163.28 (2) the notice must include:

163.29 (i) the reason for the action;

163.30 (ii) ~~except for a service termination under paragraph (b), clause (5),~~ a summary of actions  
163.31 taken to minimize or eliminate the need for service termination or temporary service

164.1 suspension as required under paragraph (c), and why these measures failed to prevent the  
164.2 termination or suspension;

164.3 (iii) the person's right to appeal the termination of services under section 256.045,  
164.4 subdivision 3, paragraph (a); and

164.5 (iv) the person's right to seek a temporary order staying the termination of services  
164.6 according to the procedures in section 256.045, subdivision 4a or 6, paragraph (c).

164.7 (e) Notice of the proposed termination of service, including those situations that began  
164.8 with a temporary service suspension, must be given at least 90 days prior to termination of  
164.9 services under paragraph (b), clause (7), and 60 days prior to termination when a license  
164.10 holder is providing intensive supports and services identified in section 245D.03, subdivision  
164.11 1, paragraph (c), and. Notice of the proposed termination of service, including those situations  
164.12 that began with temporary service suspension, must be given at least 30 days prior to  
164.13 termination for all other services licensed under this chapter. This notice may be given in  
164.14 conjunction with a notice of temporary service suspension under subdivision 3.

164.15 (f) During the service termination notice period, the license holder must:

164.16 (1) work with the support team or expanded support team to develop reasonable  
164.17 alternatives to protect the person and others and to support continuity of care;

164.18 (2) provide information requested by the person or case manager; and

164.19 (3) maintain information about the service termination, including the written notice of  
164.20 intended service termination, in the service recipient record.

164.21 (g) For notices issued under paragraph (b), clause (7), the lead agency shall provide  
164.22 notice to the commissioner and state-operated services at least 30 days before the conclusion  
164.23 of the 90-day termination period, if an appropriate alternative provider cannot be secured.  
164.24 Upon receipt of this notice, the commissioner and state-operated services shall reassess  
164.25 whether a private community-based service can meet the person's needs. If the commissioner  
164.26 determines that a private provider can meet the person's needs, state-operated services shall,  
164.27 if necessary, extend notice of service termination until placement can be made. If the  
164.28 commissioner determines that a private provider cannot meet the person's needs,  
164.29 state-operated services shall rescind the notice of service termination and re-engage with  
164.30 the lead agency in service planning for the person.

164.31 (h) For notices issued under paragraph (b), if the lead agency has not finalized an  
164.32 alternative program or service that will meet the assessed needs of the individual receiving  
164.33 services 30 days before the effective date of the termination period for services under

165.1 paragraph (b), clause (7), or section 245D.03, subdivision 1, paragraph (c), the lead agency  
 165.2 shall provide written notice to the commissioner. Upon receipt of this notice, the  
 165.3 commissioner shall provide technical assistance as necessary to the lead agency until the  
 165.4 lead agency finalizes an alternative placement or service that will meet the assessed needs  
 165.5 of the individual. After assessing the circumstance, the commissioner is authorized to require  
 165.6 the license holder to continue services until the lead agency finalizes an alternative program  
 165.7 or service.

165.8 ~~(h)~~ (i) For state-operated community-based services, the license holder shall prioritize  
 165.9 the capacity created within the existing service site by the termination of services under  
 165.10 paragraph (b), clause (7), to serve persons described in section 252.50, subdivision 5,  
 165.11 paragraph (a), clause (1).

165.12 Sec. 15. Minnesota Statutes 2020, section 245D.12, is amended to read:

165.13 **245D.12 INTEGRATED COMMUNITY SUPPORTS; SETTING CAPACITY**  
 165.14 **REPORT.**

165.15 (a) The license holder providing integrated community support, as defined in section  
 165.16 245D.03, subdivision 1, paragraph (c), clause (8), must submit a setting capacity report to  
 165.17 the commissioner to ensure the identified location of service delivery meets the criteria of  
 165.18 the home and community-based service requirements as specified in section 256B.492.

165.19 (b) The license holder shall provide the setting capacity report on the forms and in the  
 165.20 manner prescribed by the commissioner. The report must include:

165.21 (1) the address of the multifamily housing building where the license holder delivers  
 165.22 integrated community supports and owns, leases, or has a direct or indirect financial  
 165.23 relationship with the property owner;

165.24 (2) the total number of living units in the multifamily housing building described in  
 165.25 clause (1) where integrated community supports are delivered;

165.26 (3) the total number of living units in the multifamily housing building described in  
 165.27 clause (1), including the living units identified in clause (2); ~~and~~

165.28 (4) the total number of people who could reside in the living units in the multifamily  
 165.29 housing building described in clause (2) and receive integrated community supports; and

165.30 ~~(4)~~ (5) the percentage of living units that are controlled by the license holder in the  
 165.31 multifamily housing building by dividing clause (2) by clause (3).

166.1 (c) Only one license holder may deliver integrated community supports at the address  
166.2 of the multifamily housing building.

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

166.4 Sec. 16. Minnesota Statutes 2020, section 245F.04, subdivision 1, is amended to read:

166.5 Subdivision 1. **General application and license requirements.** An applicant for licensure  
166.6 as a clinically managed withdrawal management program or medically monitored withdrawal  
166.7 management program must meet the following requirements, except where otherwise noted.  
166.8 All programs must comply with federal requirements and the general requirements in sections  
166.9 626.557 and 626.5572 and chapters 245A, 245C, and 260E. A withdrawal management  
166.10 program must be located in a hospital licensed under sections 144.50 to 144.581, or must  
166.11 be a supervised living facility with a class A or B license from the Department of Health  
166.12 under Minnesota Rules, parts 4665.0100 to 4665.9900.

166.13 Sec. 17. Minnesota Statutes 2020, section 245G.01, is amended by adding a subdivision  
166.14 to read:

166.15 **Subd. 13b. Guest speaker.** "Guest speaker" means an individual who works under the  
166.16 direct observation of the license holder to present to clients on topics in which the guest  
166.17 speaker has expertise and that the license holder has determined to be beneficial to a client's  
166.18 recovery. Tribally licensed programs have autonomy to identify the qualifications of their  
166.19 guest speakers.

166.20 Sec. 18. Minnesota Statutes 2020, section 245G.12, is amended to read:

166.21 **245G.12 PROVIDER POLICIES AND PROCEDURES.**

166.22 A license holder must develop a written policies and procedures manual, indexed  
166.23 according to section 245A.04, subdivision 14, paragraph (c), that provides staff members  
166.24 immediate access to all policies and procedures and provides a client and other authorized  
166.25 parties access to all policies and procedures. The manual must contain the following  
166.26 materials:

166.27 (1) assessment and treatment planning policies, including screening for mental health  
166.28 concerns and treatment objectives related to the client's identified mental health concerns  
166.29 in the client's treatment plan;

166.30 (2) policies and procedures regarding HIV according to section 245A.19;

167.1 (3) the license holder's methods and resources to provide information on tuberculosis  
167.2 and tuberculosis screening to each client and to report a known tuberculosis infection  
167.3 according to section 144.4804;

167.4 (4) personnel policies according to section 245G.13;

167.5 (5) policies and procedures that protect a client's rights according to section 245G.15;

167.6 (6) a medical services plan according to section 245G.08;

167.7 (7) emergency procedures according to section 245G.16;

167.8 (8) policies and procedures for maintaining client records according to section 245G.09;

167.9 (9) procedures for reporting the maltreatment of minors according to chapter 260E, and  
167.10 vulnerable adults according to sections 245A.65, 626.557, and 626.5572;

167.11 (10) a description of treatment services that: (i) includes the amount and type of services  
167.12 provided; (ii) identifies which services meet the definition of group counseling under section  
167.13 245G.01, subdivision 13a; ~~and~~ (iii) identifies which groups and topics on which a guest  
167.14 speaker could provide services under the direct observation of a licensed alcohol and drug  
167.15 counselor; and (iv) defines the program's treatment week;

167.16 (11) the methods used to achieve desired client outcomes;

167.17 (12) the hours of operation; and

167.18 (13) the target population served.

167.19 Sec. 19. Minnesota Statutes 2021 Supplement, section 245I.02, subdivision 19, is amended  
167.20 to read:

167.21 Subd. 19. **Level of care assessment.** "Level of care assessment" means the level of care  
167.22 decision support tool appropriate to the client's age. For a client five years of age or younger,  
167.23 a level of care assessment is the Early Childhood Service Intensity Instrument (ESCII). For  
167.24 a client six to 17 years of age, a level of care assessment is the Child and Adolescent Service  
167.25 Intensity Instrument (CASII). For a client 18 years of age or older, a level of care assessment  
167.26 is the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS)  
167.27 or another tool authorized by the commissioner.

168.1 Sec. 20. Minnesota Statutes 2021 Supplement, section 245I.02, subdivision 36, is amended  
168.2 to read:

168.3 Subd. 36. **Staff person.** "Staff person" means an individual who works under a license  
168.4 holder's direction or under a contract with a license holder. Staff person includes an intern,  
168.5 consultant, contractor, individual who works part-time, and an individual who does not  
168.6 provide direct contact services to clients but does have physical access to clients. Staff  
168.7 person includes a volunteer who provides treatment services to a client or a volunteer whom  
168.8 the license holder regards as a staff person for the purpose of meeting staffing or service  
168.9 delivery requirements. A staff person must be 18 years of age or older.

168.10 Sec. 21. Minnesota Statutes 2021 Supplement, section 245I.03, subdivision 9, is amended  
168.11 to read:

168.12 Subd. 9. **Volunteers.** A If a license holder uses volunteers, the license holder must have  
168.13 policies and procedures for using volunteers, including when a the license holder must  
168.14 submit a background study for a volunteer, and the specific tasks that a volunteer may  
168.15 perform.

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

168.19 Sec. 22. Minnesota Statutes 2021 Supplement, section 245I.04, subdivision 4, is amended  
168.20 to read:

168.21 Subd. 4. **Mental health practitioner qualifications.** (a) An individual who is qualified  
168.22 in at least one of the ways described in paragraph (b) to (d) may serve as a mental health  
168.23 practitioner.

168.24 (b) An individual is qualified as a mental health practitioner through relevant coursework  
168.25 if the individual completes at least 30 semester hours or 45 quarter hours in behavioral  
168.26 sciences or related fields and:

168.27 (1) has at least 2,000 hours of experience providing services to individuals with:

168.28 (i) a mental illness or a substance use disorder; or

168.29 (ii) a traumatic brain injury or a developmental disability, and completes the additional  
168.30 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct  
168.31 contact services to a client;



169.1 (2) is fluent in the non-English language of the ethnic group to which at least 50 percent  
169.2 of the individual's clients belong, and completes the additional training described in section  
169.3 245I.05, subdivision 3, paragraph (c), before providing direct contact services to a client;

169.4 (3) is working in a day treatment program under section 256B.0671, subdivision 3, or  
169.5 256B.0943; ~~or~~

169.6 (4) has completed a practicum or internship that (i) required direct interaction with adult  
169.7 clients or child clients, and (ii) was focused on behavioral sciences or related fields; or

169.8 (5) is in the process of completing a practicum or internship as part of a formal  
169.9 undergraduate or graduate training program in social work, psychology, or counseling.

169.10 (c) An individual is qualified as a mental health practitioner through work experience  
169.11 if the individual:

169.12 (1) has at least 4,000 hours of experience in the delivery of services to individuals with:

169.13 (i) a mental illness or a substance use disorder; or

169.14 (ii) a traumatic brain injury or a developmental disability, and completes the additional  
169.15 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct  
169.16 contact services to clients; or

169.17 (2) receives treatment supervision at least once per week until meeting the requirement  
169.18 in clause (1) of 4,000 hours of experience and has at least 2,000 hours of experience providing  
169.19 services to individuals with:

169.20 (i) a mental illness or a substance use disorder; or

169.21 (ii) a traumatic brain injury or a developmental disability, and completes the additional  
169.22 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct  
169.23 contact services to clients.

169.24 (d) An individual is qualified as a mental health practitioner if the individual has a  
169.25 master's or other graduate degree in behavioral sciences or related fields.

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

169.29 Sec. 23. Minnesota Statutes 2021 Supplement, section 245I.05, subdivision 3, is amended  
169.30 to read:

169.31 Subd. 3. **Initial training.** (a) A staff person must receive training about:

- 170.1 (1) vulnerable adult maltreatment under section 245A.65, subdivision 3; and
- 170.2 (2) the maltreatment of minor reporting requirements and definitions in chapter 260E
- 170.3 within 72 hours of first providing direct contact services to a client.
- 170.4 (b) Before providing direct contact services to a client, a staff person must receive training
- 170.5 about:
- 170.6 (1) client rights and protections under section 245I.12;
- 170.7 (2) the Minnesota Health Records Act, including client confidentiality, family engagement
- 170.8 under section 144.294, and client privacy;
- 170.9 (3) emergency procedures that the staff person must follow when responding to a fire,
- 170.10 inclement weather, a report of a missing person, and a behavioral or medical emergency;
- 170.11 (4) specific activities and job functions for which the staff person is responsible, including
- 170.12 the license holder's program policies and procedures applicable to the staff person's position;
- 170.13 (5) professional boundaries that the staff person must maintain; and
- 170.14 (6) specific needs of each client to whom the staff person will be providing direct contact
- 170.15 services, including each client's developmental status, cognitive functioning, and physical
- 170.16 and mental abilities.
- 170.17 (c) Before providing direct contact services to a client, a mental health rehabilitation
- 170.18 worker, mental health behavioral aide, or mental health practitioner ~~qualified under~~ required
- 170.19 to receive the training according to section 245I.04, subdivision 4, must receive 30 hours
- 170.20 of training about:
- 170.21 (1) mental illnesses;
- 170.22 (2) client recovery and resiliency;
- 170.23 (3) mental health de-escalation techniques;
- 170.24 (4) co-occurring mental illness and substance use disorders; and
- 170.25 (5) psychotropic medications and medication side effects.
- 170.26 (d) Within 90 days of first providing direct contact services to an adult client, a clinical
- 170.27 trainee, mental health practitioner, mental health certified peer specialist, or mental health
- 170.28 rehabilitation worker must receive training about:
- 170.29 (1) trauma-informed care and secondary trauma;

171.1 (2) person-centered individual treatment plans, including seeking partnerships with  
171.2 family and other natural supports;

171.3 (3) co-occurring substance use disorders; and

171.4 (4) culturally responsive treatment practices.

171.5 (e) Within 90 days of first providing direct contact services to a child client, a clinical  
171.6 trainee, mental health practitioner, mental health certified family peer specialist, mental  
171.7 health certified peer specialist, or mental health behavioral aide must receive training about  
171.8 the topics in clauses (1) to (5). This training must address the developmental characteristics  
171.9 of each child served by the license holder and address the needs of each child in the context  
171.10 of the child's family, support system, and culture. Training topics must include:

171.11 (1) trauma-informed care and secondary trauma, including adverse childhood experiences  
171.12 (ACEs);

171.13 (2) family-centered treatment plan development, including seeking partnership with a  
171.14 child client's family and other natural supports;

171.15 (3) mental illness and co-occurring substance use disorders in family systems;

171.16 (4) culturally responsive treatment practices; and

171.17 (5) child development, including cognitive functioning, and physical and mental abilities.

171.18 (f) For a mental health behavioral aide, the training under paragraph (e) must include  
171.19 parent team training using a curriculum approved by the commissioner.

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

171.23 Sec. 24. Minnesota Statutes 2021 Supplement, section 245I.08, subdivision 4, is amended  
171.24 to read:

171.25 Subd. 4. **Progress notes.** A license holder must use a progress note to document each  
171.26 occurrence of a mental health service that a staff person provides to a client. A progress  
171.27 note must include the following:

171.28 (1) the type of service;

171.29 (2) the date of service;

171.30 (3) the start and stop time of the service unless the license holder is licensed as a  
171.31 residential program;

172.1 (4) the location of the service;

172.2 (5) the scope of the service, including: (i) the targeted goal and objective; (ii) the  
 172.3 intervention that the staff person provided to the client and the methods that the staff person  
 172.4 used; (iii) the client's response to the intervention; (iv) the staff person's plan to take future  
 172.5 actions, including changes in treatment that the staff person will implement if the intervention  
 172.6 was ineffective; and (v) the service modality;

172.7 (6) the signature, ~~printed name~~, and credentials of the staff person who provided the  
 172.8 service to the client;

172.9 (7) the mental health provider travel documentation required by section 256B.0625, if  
 172.10 applicable; and

172.11 (8) significant observations by the staff person, if applicable, including: (i) the client's  
 172.12 current risk factors; (ii) emergency interventions by staff persons; (iii) consultations with  
 172.13 or referrals to other professionals, family, or significant others; and (iv) changes in the  
 172.14 client's mental or physical symptoms.

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

172.18 Sec. 25. Minnesota Statutes 2021 Supplement, section 245I.09, subdivision 2, is amended  
 172.19 to read:

172.20 Subd. 2. **Record retention.** A license holder must retain client records of a discharged  
 172.21 client for a minimum of five years from the date of the client's discharge. A license holder  
 172.22 who ~~ceases to provide treatment services to a client~~ closes a program must retain ~~the a~~  
 172.23 client's records for a minimum of five years from the date that the license holder stopped  
 172.24 providing services to the client and must notify the commissioner of the location of the  
 172.25 client records and the name of the individual responsible for storing and maintaining the  
 172.26 client records.

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

173.1 Sec. 26. Minnesota Statutes 2021 Supplement, section 245I.10, subdivision 2, is amended  
173.2 to read:

173.3 Subd. 2. **Generally.** (a) A license holder must use a client's diagnostic assessment or  
173.4 crisis assessment to determine a client's eligibility for mental health services, except as  
173.5 provided in this section.

173.6 (b) Prior to completing a client's initial diagnostic assessment, a license holder may  
173.7 provide a client with the following services:

173.8 (1) an explanation of findings;

173.9 (2) neuropsychological testing, neuropsychological assessment, and psychological  
173.10 testing;

173.11 (3) any combination of psychotherapy sessions, family psychotherapy sessions, and  
173.12 family psychoeducation sessions not to exceed three sessions;

173.13 (4) crisis assessment services according to section 256B.0624; and

173.14 (5) ten days of intensive residential treatment services according to the assessment and  
173.15 treatment planning standards in section ~~245.23~~ 245I.23, subdivision 7.

173.16 (c) Based on the client's needs that a crisis assessment identifies under section 256B.0624,  
173.17 a license holder may provide a client with the following services:

173.18 (1) crisis intervention and stabilization services under section 245I.23 or 256B.0624;  
173.19 and

173.20 (2) any combination of psychotherapy sessions, group psychotherapy sessions, family  
173.21 psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions  
173.22 within a 12-month period without prior authorization.

173.23 (d) Based on the client's needs in the client's brief diagnostic assessment, a license holder  
173.24 may provide a client with any combination of psychotherapy sessions, group psychotherapy  
173.25 sessions, family psychotherapy sessions, and family psychoeducation sessions not to exceed  
173.26 ten sessions within a 12-month period without prior authorization for any new client or for  
173.27 an existing client who the license holder projects will need fewer than ten sessions during  
173.28 the next 12 months.

173.29 (e) Based on the client's needs that a hospital's medical history and presentation  
173.30 examination identifies, a license holder may provide a client with:

173.31 (1) any combination of psychotherapy sessions, group psychotherapy sessions, family  
173.32 psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions

174.1 within a 12-month period without prior authorization for any new client or for an existing  
174.2 client who the license holder projects will need fewer than ten sessions during the next 12  
174.3 months; and

174.4 (2) up to five days of day treatment services or partial hospitalization.

174.5 (f) A license holder must complete a new standard diagnostic assessment of a client:

174.6 (1) when the client requires services of a greater number or intensity than the services  
174.7 that paragraphs (b) to (e) describe;

174.8 (2) at least annually following the client's initial diagnostic assessment if the client needs  
174.9 additional mental health services and the client does not meet the criteria for a brief  
174.10 assessment;

174.11 (3) when the client's mental health condition has changed markedly since the client's  
174.12 most recent diagnostic assessment; or

174.13 (4) when the client's current mental health condition does not meet the criteria of the  
174.14 client's current diagnosis.

174.15 (g) For an existing client, the license holder must ensure that a new standard diagnostic  
174.16 assessment includes a written update containing all significant new or changed information  
174.17 about the client, and an update regarding what information has not significantly changed,  
174.18 including a discussion with the client about changes in the client's life situation, functioning,  
174.19 presenting problems, and progress with achieving treatment goals since the client's last  
174.20 diagnostic assessment was completed.

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

174.24 Sec. 27. Minnesota Statutes 2021 Supplement, section 245I.10, subdivision 6, is amended  
174.25 to read:

174.26 Subd. 6. **Standard diagnostic assessment; required elements.** (a) Only a mental health  
174.27 professional or a clinical trainee may complete a standard diagnostic assessment of a client.  
174.28 A standard diagnostic assessment of a client must include a face-to-face interview with a  
174.29 client and a written evaluation of the client. The assessor must complete a client's standard  
174.30 diagnostic assessment within the client's cultural context.

175.1 (b) When completing a standard diagnostic assessment of a client, the assessor must  
175.2 gather and document information about the client's current life situation, including the  
175.3 following information:

175.4 (1) the client's age;

175.5 (2) the client's current living situation, including the client's housing status and household  
175.6 members;

175.7 (3) the status of the client's basic needs;

175.8 (4) the client's education level and employment status;

175.9 (5) the client's current medications;

175.10 (6) any immediate risks to the client's health and safety;

175.11 (7) the client's perceptions of the client's condition;

175.12 (8) the client's description of the client's symptoms, including the reason for the client's  
175.13 referral;

175.14 (9) the client's history of mental health treatment; and

175.15 (10) cultural influences on the client.

175.16 (c) If the assessor cannot obtain the information that this ~~subdivision~~ paragraph requires  
175.17 without retraumatizing the client or harming the client's willingness to engage in treatment,  
175.18 the assessor must identify which topics will require further assessment during the course  
175.19 of the client's treatment. The assessor must gather and document information related to the  
175.20 following topics:

175.21 (1) the client's relationship with the client's family and other significant personal  
175.22 relationships, including the client's evaluation of the quality of each relationship;

175.23 (2) the client's strengths and resources, including the extent and quality of the client's  
175.24 social networks;

175.25 (3) important developmental incidents in the client's life;

175.26 (4) maltreatment, trauma, potential brain injuries, and abuse that the client has suffered;

175.27 (5) the client's history of or exposure to alcohol and drug usage and treatment; and

175.28 (6) the client's health history and the client's family health history, including the client's  
175.29 physical, chemical, and mental health history.

176.1 (d) When completing a standard diagnostic assessment of a client, an assessor must use  
176.2 a recognized diagnostic framework.

176.3 (1) When completing a standard diagnostic assessment of a client who is five years of  
176.4 age or younger, the assessor must use the current edition of the DC: 0-5 Diagnostic  
176.5 Classification of Mental Health and Development Disorders of Infancy and Early Childhood  
176.6 published by Zero to Three.

176.7 (2) When completing a standard diagnostic assessment of a client who is six years of  
176.8 age or older, the assessor must use the current edition of the Diagnostic and Statistical  
176.9 Manual of Mental Disorders published by the American Psychiatric Association.

176.10 (3) When completing a standard diagnostic assessment of a client who is five years of  
176.11 age or younger, an assessor must administer the Early Childhood Service Intensity Instrument  
176.12 (ECSII) to the client and include the results in the client's assessment.

176.13 (4) When completing a standard diagnostic assessment of a client who is six to 17 years  
176.14 of age, an assessor must administer the Child and Adolescent Service Intensity Instrument  
176.15 (CASII) to the client and include the results in the client's assessment.

176.16 (5) When completing a standard diagnostic assessment of a client who is 18 years of  
176.17 age or older, an assessor must use either (i) the CAGE-AID Questionnaire or (ii) the criteria  
176.18 in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders  
176.19 published by the American Psychiatric Association to screen and assess the client for a  
176.20 substance use disorder.

176.21 (e) When completing a standard diagnostic assessment of a client, the assessor must  
176.22 include and document the following components of the assessment:

176.23 (1) the client's mental status examination;

176.24 (2) the client's baseline measurements; symptoms; behavior; skills; abilities; resources;  
176.25 vulnerabilities; safety needs, including client information that supports the assessor's findings  
176.26 after applying a recognized diagnostic framework from paragraph (d); and any differential  
176.27 diagnosis of the client;

176.28 (3) an explanation of: (i) how the assessor diagnosed the client using the information  
176.29 from the client's interview, assessment, psychological testing, and collateral information  
176.30 about the client; (ii) the client's needs; (iii) the client's risk factors; (iv) the client's strengths;  
176.31 and (v) the client's responsivity factors.

176.32 (f) When completing a standard diagnostic assessment of a client, the assessor must  
176.33 consult the client and the client's family about which services that the client and the family



177.1 prefer to treat the client. The assessor must make referrals for the client as to services required  
177.2 by law.

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

177.6 Sec. 28. Minnesota Statutes 2021 Supplement, section 245I.20, subdivision 5, is amended  
177.7 to read:

177.8 Subd. 5. **Treatment supervision specified.** (a) A mental health professional must remain  
177.9 responsible for each client's case. The certification holder must document the name of the  
177.10 mental health professional responsible for each case and the dates that the mental health  
177.11 professional is responsible for the client's case from beginning date to end date. The  
177.12 certification holder must assign each client's case for assessment, diagnosis, and treatment  
177.13 services to a treatment team member who is competent in the assigned clinical service, the  
177.14 recommended treatment strategy, and in treating the client's characteristics.

177.15 (b) Treatment supervision of mental health practitioners and clinical trainees required  
177.16 by section 245I.06 must include case reviews as described in this paragraph. Every two  
177.17 months, a mental health professional must complete and document a case review of each  
177.18 client assigned to the mental health professional when the client is receiving clinical services  
177.19 from a mental health practitioner or clinical trainee. The case review must include a  
177.20 consultation process that thoroughly examines the client's condition and treatment, including:  
177.21 (1) a review of the client's reason for seeking treatment, diagnoses and assessments, and  
177.22 the individual treatment plan; (2) a review of the appropriateness, duration, and outcome  
177.23 of treatment provided to the client; and (3) treatment recommendations.

177.24 Sec. 29. Minnesota Statutes 2021 Supplement, section 245I.23, subdivision 22, is amended  
177.25 to read:

177.26 Subd. 22. **Additional policy and procedure requirements.** (a) In addition to the policies  
177.27 and procedures in section 245I.03, the license holder must establish, enforce, and maintain  
177.28 the policies and procedures in this subdivision.

177.29 (b) The license holder must have policies and procedures for receiving referrals and  
177.30 making admissions determinations about referred persons under subdivisions ~~14 to 16~~ 15  
177.31 to 17.

178.1 (c) The license holder must have policies and procedures for discharging clients under  
178.2 subdivision ~~17~~ 18. In the policies and procedures, the license holder must identify the staff  
178.3 persons who are authorized to discharge clients from the program.

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

178.7 Sec. 30. Minnesota Statutes 2020, section 256.01, is amended by adding a subdivision to  
178.8 read:

178.9 Subd. 12b. **Department of Human Services systemic critical incident review team.** (a)  
178.10 The commissioner may establish a Department of Human Services systemic critical incident  
178.11 review team to review critical incidents reported as required under section 626.557 for  
178.12 which the Department of Human Services is responsible under section 626.5572, subdivision  
178.13 13; chapter 245D; or Minnesota Rules, chapter 9544. When reviewing a critical incident,  
178.14 the systemic critical incident review team shall identify systemic influences to the incident  
178.15 rather than determining the culpability of any actors involved in the incident. The systemic  
178.16 critical incident review may assess the entire critical incident process from the point of an  
178.17 entity reporting the critical incident through the ongoing case management process.  
178.18 Department staff shall lead and conduct the reviews and may utilize county staff as reviewers.  
178.19 The systemic critical incident review process may include but is not limited to:

178.20 (1) data collection about the incident and actors involved. Data may include the critical  
178.21 incident report under review; previous incident reports pertaining to the person receiving  
178.22 services; the service provider's policies and procedures applicable to the incident; the  
178.23 coordinated service and support plan as defined in section 245D.02, subdivision 4b, for the  
178.24 person receiving services; or an interview of an actor involved in the critical incident or the  
178.25 review of the critical incident. Actors may include:

178.26 (i) staff of the provider agency;

178.27 (ii) lead agency staff administering home and community-based services delivered by  
178.28 the provider;

178.29 (iii) Department of Human Services staff with oversight of home and community-based  
178.30 services;

178.31 (iv) Department of Health staff with oversight of home and community-based services;

179.1 (v) members of the community including advocates, legal representatives, health care  
179.2 providers, pharmacy staff, or others with knowledge of the incident or the actors in the  
179.3 incident; and

179.4 (vi) staff from the office of the ombudsman for mental health and developmental  
179.5 disabilities;

179.6 (2) systemic mapping of the critical incident. The team conducting the systemic mapping  
179.7 of the incident may include any actors identified in clause (1), designated representatives  
179.8 of other provider agencies, regional teams, and representatives of the local regional quality  
179.9 council identified in section 256B.097; and

179.10 (3) analysis of the case for systemic influences.

179.11 Data collected by the critical incident review team shall be aggregated and provided to  
179.12 regional teams, participating regional quality councils, and the commissioner. The regional  
179.13 teams and quality councils shall analyze the data and make recommendations to the  
179.14 commissioner regarding systemic changes that would decrease the number and severity of  
179.15 critical incidents in the future or improve the quality of the home and community-based  
179.16 service system.

179.17 (b) Cases selected for the systemic critical incident review process shall be selected by  
179.18 a selection committee among the following critical incident categories:

179.19 (1) cases of caregiver neglect identified in section 626.5572, subdivision 17;

179.20 (2) cases involving financial exploitation identified in section 626.5572, subdivision 9;

179.21 (3) incidents identified in section 245D.02, subdivision 11;

179.22 (4) incidents identified in Minnesota Rules, part 9544.0110; and

179.23 (5) service terminations reported to the department in accordance with section 245D.10,  
179.24 subdivision 3a.

179.25 (c) The systemic critical incident review under this section shall not replace the process  
179.26 for screening or investigating cases of alleged maltreatment of an adult under section 626.557.  
179.27 The department may select cases for systemic critical incident review, under the jurisdiction  
179.28 of the commissioner, reported for suspected maltreatment and closed following initial or  
179.29 final disposition.

179.30 (d) The proceedings and records of the review team are confidential data on individuals  
179.31 or protected nonpublic data as defined in section 13.02, subdivisions 3 and 13. Data that  
179.32 document a person's opinions formed as a result of the review are not subject to discovery

180.1 or introduction into evidence in a civil or criminal action against a professional, the state,  
180.2 or a county agency arising out of the matters that the team is reviewing. Information,  
180.3 documents, and records otherwise available from other sources are not immune from  
180.4 discovery or use in a civil or criminal action solely because the information, documents,  
180.5 and records were assessed or presented during proceedings of the review team. A person  
180.6 who presented information before the systemic critical incident review team or who is a  
180.7 member of the team shall not be prevented from testifying about matters within the person's  
180.8 knowledge. In a civil or criminal proceeding, a person shall not be questioned about opinions  
180.9 formed by the person as a result of the review.

180.10 (e) By October 1 of each year, the commissioner shall prepare an annual public report  
180.11 containing the following information:

180.12 (1) the number of cases reviewed under each critical incident category identified in  
180.13 paragraph (b) and a geographical description of where cases under each category originated;

180.14 (2) an aggregate summary of the systemic themes from the critical incidents examined  
180.15 by the critical incident review team during the previous year;

180.16 (3) a synopsis of the conclusions, incident analyses, or exploratory activities taken in  
180.17 regard to the critical incidents examined by the critical incident review team; and

180.18 (4) recommendations made to the commissioner regarding systemic changes that could  
180.19 decrease the number and severity of critical incidents in the future or improve the quality  
180.20 of the home and community-based service system.

180.21 Sec. 31. Minnesota Statutes 2020, section 256.045, subdivision 3, is amended to read:

180.22 Subd. 3. **State agency hearings.** (a) State agency hearings are available for the following:

180.23 (1) any person applying for, receiving or having received public assistance, medical  
180.24 care, or a program of social services granted by the state agency or a county agency or the  
180.25 federal Food and Nutrition Act whose application for assistance is denied, not acted upon  
180.26 with reasonable promptness, or whose assistance is suspended, reduced, terminated, or  
180.27 claimed to have been incorrectly paid;

180.28 (2) any patient or relative aggrieved by an order of the commissioner under section  
180.29 252.27;

180.30 (3) a party aggrieved by a ruling of a prepaid health plan;

181.1 (4) except as provided under chapter 245C, any individual or facility determined by a  
181.2 lead investigative agency to have maltreated a vulnerable adult under section 626.557 after  
181.3 they have exercised their right to administrative reconsideration under section 626.557;

181.4 (5) any person whose claim for foster care payment according to a placement of the  
181.5 child resulting from a child protection assessment under chapter 260E is denied or not acted  
181.6 upon with reasonable promptness, regardless of funding source;

181.7 (6) any person to whom a right of appeal according to this section is given by other  
181.8 provision of law;

181.9 (7) an applicant aggrieved by an adverse decision to an application for a hardship waiver  
181.10 under section 256B.15;

181.11 (8) an applicant aggrieved by an adverse decision to an application or redetermination  
181.12 for a Medicare Part D prescription drug subsidy under section 256B.04, subdivision 4a;

181.13 (9) except as provided under chapter 245A, an individual or facility determined to have  
181.14 maltreated a minor under chapter 260E, after the individual or facility has exercised the  
181.15 right to administrative reconsideration under chapter 260E;

181.16 (10) except as provided under chapter 245C, an individual disqualified under sections  
181.17 245C.14 and 245C.15, following a reconsideration decision issued under section 245C.23,  
181.18 on the basis of serious or recurring maltreatment; a preponderance of the evidence that the  
181.19 individual has committed an act or acts that meet the definition of any of the crimes listed  
181.20 in section 245C.15, subdivisions 1 to 4; or for failing to make reports required under section  
181.21 260E.06, subdivision 1, or 626.557, subdivision 3. Hearings regarding a maltreatment  
181.22 determination under clause (4) or (9) and a disqualification under this clause in which the  
181.23 basis for a disqualification is serious or recurring maltreatment, shall be consolidated into  
181.24 a single fair hearing. In such cases, the scope of review by the human services judge shall  
181.25 include both the maltreatment determination and the disqualification. The failure to exercise  
181.26 the right to an administrative reconsideration shall not be a bar to a hearing under this section  
181.27 if federal law provides an individual the right to a hearing to dispute a finding of  
181.28 maltreatment;

181.29 (11) any person with an outstanding debt resulting from receipt of public assistance,  
181.30 medical care, or the federal Food and Nutrition Act who is contesting a setoff claim by the  
181.31 Department of Human Services or a county agency. The scope of the appeal is the validity  
181.32 of the claimant agency's intention to request a setoff of a refund under chapter 270A against  
181.33 the debt;

182.1 (12) a person issued a notice of service termination under section 245D.10, subdivision  
182.2 3a, ~~from~~ by a licensed provider of any residential supports and or services as defined listed  
182.3 in section 245D.03, subdivision 1, ~~paragraph~~ paragraphs (b) and (c), ~~clause (3),~~ that is not  
182.4 otherwise subject to appeal under subdivision 4a;

182.5 (13) an individual disability waiver recipient based on a denial of a request for a rate  
182.6 exception under section 256B.4914; or

182.7 (14) a person issued a notice of service termination under section 245A.11, subdivision  
182.8 11, that is not otherwise subject to appeal under subdivision 4a.

182.9 (b) The hearing for an individual or facility under paragraph (a), clause (4), (9), or (10),  
182.10 is the only administrative appeal to the final agency determination specifically, including  
182.11 a challenge to the accuracy and completeness of data under section 13.04. Hearings requested  
182.12 under paragraph (a), clause (4), apply only to incidents of maltreatment that occur on or  
182.13 after October 1, 1995. Hearings requested by nursing assistants in nursing homes alleged  
182.14 to have maltreated a resident prior to October 1, 1995, shall be held as a contested case  
182.15 proceeding under the provisions of chapter 14. Hearings requested under paragraph (a),  
182.16 clause (9), apply only to incidents of maltreatment that occur on or after July 1, 1997. A  
182.17 hearing for an individual or facility under paragraph (a), clauses (4), (9), and (10), is only  
182.18 available when there is no district court action pending. If such action is filed in district  
182.19 court while an administrative review is pending that arises out of some or all of the events  
182.20 or circumstances on which the appeal is based, the administrative review must be suspended  
182.21 until the judicial actions are completed. If the district court proceedings are completed,  
182.22 dismissed, or overturned, the matter may be considered in an administrative hearing.

182.23 (c) For purposes of this section, bargaining unit grievance procedures are not an  
182.24 administrative appeal.

182.25 (d) The scope of hearings involving claims to foster care payments under paragraph (a),  
182.26 clause (5), shall be limited to the issue of whether the county is legally responsible for a  
182.27 child's placement under court order or voluntary placement agreement and, if so, the correct  
182.28 amount of foster care payment to be made on the child's behalf and shall not include review  
182.29 of the propriety of the county's child protection determination or child placement decision.

182.30 (e) The scope of hearings under paragraph (a), clauses (12) and (14), shall be limited to  
182.31 whether the proposed termination of services is authorized under section 245D.10,  
182.32 subdivision 3a, paragraph (b), or 245A.11, subdivision 11, and whether the requirements  
182.33 of section 245D.10, subdivision 3a, paragraphs (c) to (e), or 245A.11, subdivision 2a,  
182.34 paragraphs (d) to (f), were met. If the appeal includes a request for a temporary stay of

183.1 termination of services, the scope of the hearing shall also include whether the case  
183.2 management provider has finalized arrangements for a residential facility, a program, or  
183.3 services that will meet the assessed needs of the recipient by the effective date of the service  
183.4 termination.

183.5 (f) A vendor of medical care as defined in section 256B.02, subdivision 7, or a vendor  
183.6 under contract with a county agency to provide social services is not a party and may not  
183.7 request a hearing under this section, except if assisting a recipient as provided in subdivision  
183.8 4.

183.9 (g) An applicant or recipient is not entitled to receive social services beyond the services  
183.10 prescribed under chapter 256M or other social services the person is eligible for under state  
183.11 law.

183.12 (h) The commissioner may summarily affirm the county or state agency's proposed  
183.13 action without a hearing when the sole issue is an automatic change due to a change in state  
183.14 or federal law.

183.15 (i) Unless federal or Minnesota law specifies a different time frame in which to file an  
183.16 appeal, an individual or organization specified in this section may contest the specified  
183.17 action, decision, or final disposition before the state agency by submitting a written request  
183.18 for a hearing to the state agency within 30 days after receiving written notice of the action,  
183.19 decision, or final disposition, or within 90 days of such written notice if the applicant,  
183.20 recipient, patient, or relative shows good cause, as defined in section 256.0451, subdivision  
183.21 13, why the request was not submitted within the 30-day time limit. The individual filing  
183.22 the appeal has the burden of proving good cause by a preponderance of the evidence.

183.23 Sec. 32. Minnesota Statutes 2021 Supplement, section 256B.0622, subdivision 2, is  
183.24 amended to read:

183.25 Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the  
183.26 meanings given them.

183.27 (b) "ACT team" means the group of interdisciplinary mental health staff who work as  
183.28 a team to provide assertive community treatment.

183.29 (c) "Assertive community treatment" means intensive nonresidential treatment and  
183.30 rehabilitative mental health services provided according to the assertive community treatment  
183.31 model. Assertive community treatment provides a single, fixed point of responsibility for  
183.32 treatment, rehabilitation, and support needs for clients. Services are offered 24 hours per  
183.33 day, seven days per week, in a community-based setting.

184.1 (d) "Individual treatment plan" means a plan described by section 245I.10, subdivisions  
184.2 7 and 8.

184.3 (e) "Crisis assessment and intervention" means ~~mental health~~ mobile crisis response  
184.4 services ~~as defined in~~ under section 256B.0624, ~~subdivision 2~~.

184.5 (f) "Individual treatment team" means a minimum of three members of the ACT team  
184.6 who are responsible for consistently carrying out most of a client's assertive community  
184.7 treatment services.

184.8 (g) "Primary team member" means the person who leads and coordinates the activities  
184.9 of the individual treatment team and is the individual treatment team member who has  
184.10 primary responsibility for establishing and maintaining a therapeutic relationship with the  
184.11 client on a continuing basis.

184.12 (h) "Certified rehabilitation specialist" means a staff person who is qualified according  
184.13 to section 245I.04, subdivision 8.

184.14 (i) "Clinical trainee" means a staff person who is qualified according to section 245I.04,  
184.15 subdivision 6.

184.16 (j) "Mental health certified peer specialist" means a staff person who is qualified  
184.17 according to section 245I.04, subdivision 10.

184.18 (k) "Mental health practitioner" means a staff person who is qualified according to section  
184.19 245I.04, subdivision 4.

184.20 (l) "Mental health professional" means a staff person who is qualified according to  
184.21 section 245I.04, subdivision 2.

184.22 (m) "Mental health rehabilitation worker" means a staff person who is qualified according  
184.23 to section 245I.04, subdivision 14.

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

184.27 Sec. 33. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 3b, is  
184.28 amended to read:

184.29 Subd. 3b. **Telehealth services.** (a) Medical assistance covers medically necessary services  
184.30 and consultations delivered by a health care provider through telehealth in the same manner  
184.31 as if the service or consultation was delivered through in-person contact. Services or  
184.32 consultations delivered through telehealth shall be paid at the full allowable rate.



185.1 (b) The commissioner may establish criteria that a health care provider must attest to in  
185.2 order to demonstrate the safety or efficacy of delivering a particular service through  
185.3 telehealth. The attestation may include that the health care provider:

185.4 (1) has identified the categories or types of services the health care provider will provide  
185.5 through telehealth;

185.6 (2) has written policies and procedures specific to services delivered through telehealth  
185.7 that are regularly reviewed and updated;

185.8 (3) has policies and procedures that adequately address patient safety before, during,  
185.9 and after the service is delivered through telehealth;

185.10 (4) has established protocols addressing how and when to discontinue telehealth services;  
185.11 and

185.12 (5) has an established quality assurance process related to delivering services through  
185.13 telehealth.

185.14 (c) As a condition of payment, a licensed health care provider must document each  
185.15 occurrence of a health service delivered through telehealth to a medical assistance enrollee.  
185.16 Health care service records for services delivered through telehealth must meet the  
185.17 requirements set forth in Minnesota Rules, part 9505.2175, subparts 1 and 2, and must  
185.18 document:

185.19 (1) the type of service delivered through telehealth;

185.20 (2) the time the service began and the time the service ended, including an a.m. and p.m.  
185.21 designation;

185.22 (3) the health care provider's basis for determining that telehealth is an appropriate and  
185.23 effective means for delivering the service to the enrollee;

185.24 (4) the mode of transmission used to deliver the service through telehealth and records  
185.25 evidencing that a particular mode of transmission was utilized;

185.26 (5) the location of the originating site and the distant site;

185.27 (6) if the claim for payment is based on a physician's consultation with another physician  
185.28 through telehealth, the written opinion from the consulting physician providing the telehealth  
185.29 consultation; and

185.30 (7) compliance with the criteria attested to by the health care provider in accordance  
185.31 with paragraph (b).

186.1 (d) Telehealth visits, as described in this subdivision provided through audio and visual  
186.2 communication, or accessible video-based platforms may be used to satisfy the face-to-face  
186.3 requirement for reimbursement under the payment methods that apply to a federally qualified  
186.4 health center, rural health clinic, Indian health service, 638 tribal clinic, and certified  
186.5 community behavioral health clinic, if the service would have otherwise qualified for  
186.6 payment if performed in person.

186.7 ~~(e) For mental health services or assessments delivered through telehealth that are based~~  
186.8 ~~on an individual treatment plan, the provider may document the client's verbal approval or~~  
186.9 ~~electronic written approval of the treatment plan or change in the treatment plan in lieu of~~  
186.10 ~~the client's signature in accordance with Minnesota Rules, part 9505.0371.~~

186.11 ~~(f)~~ (e) For purposes of this subdivision, unless otherwise covered under this chapter:

186.12 (1) "telehealth" means the delivery of health care services or consultations through the  
186.13 use of real-time two-way interactive audio and visual communication to provide or support  
186.14 health care delivery and facilitate the assessment, diagnosis, consultation, treatment,  
186.15 education, and care management of a patient's health care. Telehealth includes the application  
186.16 of secure video conferencing, store-and-forward technology, and synchronous interactions  
186.17 between a patient located at an originating site and a health care provider located at a distant  
186.18 site. Telehealth does not include communication between health care providers, or between  
186.19 a health care provider and a patient that consists solely of an audio-only communication,  
186.20 e-mail, or facsimile transmission or as specified by law;

186.21 (2) "health care provider" means a health care provider as defined under section 62A.673,  
186.22 a community paramedic as defined under section 144E.001, subdivision 5f, a community  
186.23 health worker who meets the criteria under subdivision 49, paragraph (a), a mental health  
186.24 certified peer specialist under section ~~256B.0615~~, subdivision 5 245I.04, subdivision 10, a  
186.25 mental health certified family peer specialist under section ~~256B.0616~~, subdivision 5 245I.04,  
186.26 subdivision 12, a mental health rehabilitation worker under section ~~256B.0623~~, subdivision  
186.27 5, paragraph (a), clause (4), and paragraph (b) 245I.04, subdivision 14, a mental health  
186.28 behavioral aide under section ~~256B.0943~~, subdivision 7, paragraph (b), clause (3) 245I.04,  
186.29 subdivision 16, a treatment coordinator under section 245G.11, subdivision 7, an alcohol  
186.30 and drug counselor under section 245G.11, subdivision 5, a recovery peer under section  
186.31 245G.11, subdivision 8; and

186.32 (3) "originating site," "distant site," and "store-and-forward technology" have the  
186.33 meanings given in section 62A.673, subdivision 2.

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

187.4 Sec. 34. Minnesota Statutes 2020, section 256B.0659, subdivision 19, is amended to read:

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

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

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

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

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

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

187.18 (6) engage in an annual ~~face-to-face~~ reassessment as required in subdivision 3a to  
187.19 determine continuing eligibility and service authorization; and

187.20 (7) use the same personal care assistance choice provider agency if shared personal  
187.21 assistance care is being used.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

188.22 Sec. 35. Minnesota Statutes 2021 Supplement, section 256B.0671, subdivision 6, is  
188.23 amended to read:

188.24 Subd. 6. **Dialectical behavior therapy.** (a) Subject to federal approval, medical assistance  
188.25 covers intensive mental health outpatient treatment for dialectical behavior therapy for  
188.26 adults. A dialectical behavior therapy provider must make reasonable and good faith efforts  
188.27 to report individual client outcomes to the commissioner using instruments and protocols  
188.28 that are approved by the commissioner.

188.29 (b) "Dialectical behavior therapy" means an evidence-based treatment approach that a  
188.30 mental health professional or clinical trainee provides to a client or a group of clients in an  
188.31 intensive outpatient treatment program using a combination of individualized rehabilitative  
188.32 and psychotherapeutic interventions. A dialectical behavior therapy program involves:

189.1 individual dialectical behavior therapy, group skills training, telephone coaching, and team  
189.2 consultation meetings.

189.3 (c) To be eligible for dialectical behavior therapy, a client must:

189.4 ~~(1) be 18 years of age or older;~~

189.5 ~~(2)~~ (1) have mental health needs that available community-based services cannot meet  
189.6 or that the client must receive concurrently with other community-based services;

189.7 ~~(3)~~ (2) have either:

189.8 (i) a diagnosis of borderline personality disorder; or

189.9 (ii) multiple mental health diagnoses, exhibit behaviors characterized by impulsivity or  
189.10 intentional self-harm, and be at significant risk of death, morbidity, disability, or severe  
189.11 dysfunction in multiple areas of the client's life;

189.12 ~~(4)~~ (3) be cognitively capable of participating in dialectical behavior therapy as an  
189.13 intensive therapy program and be able and willing to follow program policies and rules to  
189.14 ensure the safety of the client and others; and

189.15 ~~(5)~~ (4) be at significant risk of one or more of the following if the client does not receive  
189.16 dialectical behavior therapy:

189.17 (i) having a mental health crisis;

189.18 (ii) requiring a more restrictive setting such as hospitalization;

189.19 (iii) decompensating; or

189.20 (iv) engaging in intentional self-harm behavior.

189.21 (d) Individual dialectical behavior therapy combines individualized rehabilitative and  
189.22 psychotherapeutic interventions to treat a client's suicidal and other dysfunctional behaviors  
189.23 and to reinforce a client's use of adaptive skillful behaviors. A mental health professional  
189.24 or clinical trainee must provide individual dialectical behavior therapy to a client. A mental  
189.25 health professional or clinical trainee providing dialectical behavior therapy to a client must:

189.26 (1) identify, prioritize, and sequence the client's behavioral targets;

189.27 (2) treat the client's behavioral targets;

189.28 (3) assist the client in applying dialectical behavior therapy skills to the client's natural  
189.29 environment through telephone coaching outside of treatment sessions;

189.30 (4) measure the client's progress toward dialectical behavior therapy targets;

190.1 (5) help the client manage mental health crises and life-threatening behaviors; and

190.2 (6) help the client learn and apply effective behaviors when working with other treatment  
190.3 providers.

190.4 (e) Group skills training combines individualized psychotherapeutic and psychiatric  
190.5 rehabilitative interventions conducted in a group setting to reduce the client's suicidal and  
190.6 other dysfunctional coping behaviors and restore function. Group skills training must teach  
190.7 the client adaptive skills in the following areas: (1) mindfulness; (2) interpersonal  
190.8 effectiveness; (3) emotional regulation; and (4) distress tolerance.

190.9 (f) Group skills training must be provided by two mental health professionals or by a  
190.10 mental health professional co-facilitating with a clinical trainee or a mental health practitioner.  
190.11 Individual skills training must be provided by a mental health professional, a clinical trainee,  
190.12 or a mental health practitioner.

190.13 (g) Before a program provides dialectical behavior therapy to a client, the commissioner  
190.14 must certify the program as a dialectical behavior therapy provider. To qualify for  
190.15 certification as a dialectical behavior therapy provider, a provider must:

190.16 (1) allow the commissioner to inspect the provider's program;

190.17 (2) provide evidence to the commissioner that the program's policies, procedures, and  
190.18 practices meet the requirements of this subdivision and chapter 245I;

190.19 (3) be enrolled as a MHCP provider; and

190.20 (4) have a manual that outlines the program's policies, procedures, and practices that  
190.21 meet the requirements of this subdivision.

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

190.25 Sec. 36. Minnesota Statutes 2020, section 256B.0757, subdivision 1, is amended to read:

190.26 Subdivision 1. **Provision of coverage.** (a) The commissioner shall provide medical  
190.27 assistance coverage of behavioral health home services for eligible individuals with chronic  
190.28 conditions who select a designated provider as the individual's behavioral health home.

190.29 (b) The commissioner shall implement this section in compliance with the requirements  
190.30 of the state option to provide behavioral health homes for enrollees with chronic conditions,  
190.31 as provided under the Patient Protection and Affordable Care Act, Public Law 111-148,  
190.32 sections 2703 and 3502. Terms used in this section have the meaning provided in that act.

191.1 (c) The commissioner shall establish behavioral health homes to serve populations with  
191.2 serious mental illness who meet the eligibility requirements described under subdivision 2.  
191.3 The behavioral health home services provided by behavioral health homes shall focus on  
191.4 both the behavioral and the physical health of these populations.

191.5 Sec. 37. Minnesota Statutes 2020, section 256B.0757, subdivision 2, is amended to read:

191.6 Subd. 2. **Eligible individual.** (a) The commissioner may elect to develop behavioral  
191.7 health home models in accordance with United States Code, title 42, section 1396w-4.

191.8 (b) An individual is eligible for behavioral health home services under this section if  
191.9 the individual is eligible for medical assistance under this chapter and has a condition that  
191.10 meets the definition of mental illness as described in section 245.462, subdivision 20,  
191.11 paragraph (a), or emotional disturbance as defined in section 245.4871, subdivision 15,  
191.12 clause (2). The commissioner shall establish criteria for determining continued eligibility.

191.13 Sec. 38. Minnesota Statutes 2020, section 256B.0757, subdivision 3, is amended to read:

191.14 Subd. 3. **Behavioral health home services.** (a) Behavioral health home services means  
191.15 comprehensive and timely high-quality services that are provided by a behavioral health  
191.16 home. These services include:

191.17 (1) comprehensive care management;

191.18 (2) care coordination and health promotion;

191.19 (3) comprehensive transitional care, including appropriate follow-up, from inpatient to  
191.20 other settings;

191.21 (4) patient and family support, including authorized representatives;

191.22 (5) referral to community and social support services, if relevant; and

191.23 (6) use of health information technology to link services, as feasible and appropriate.

191.24 (b) The commissioner shall maximize the number and type of services included in this  
191.25 subdivision to the extent permissible under federal law, including physician, outpatient,  
191.26 mental health treatment, and rehabilitation services necessary for comprehensive transitional  
191.27 care following hospitalization.

191.28 Sec. 39. Minnesota Statutes 2020, section 256B.0757, subdivision 4, is amended to read:

191.29 Subd. 4. **Designated provider.** Behavioral health home services are voluntary and an  
191.30 eligible individual may choose any designated provider. The commissioner shall establish

192.1 designated providers to serve as behavioral health homes and provide the services described  
192.2 in subdivision 3 to individuals eligible under subdivision 2. The commissioner shall apply  
192.3 for grants as provided under section 3502 of the Patient Protection and Affordable Care Act  
192.4 to establish behavioral health homes and provide capitated payments to designated providers.  
192.5 For purposes of this section, "designated provider" means a provider, clinical practice or  
192.6 clinical group practice, rural clinic, community health center, community mental health  
192.7 center, or any other entity that is determined by the commissioner to be qualified to be a  
192.8 behavioral health home for eligible individuals. This determination must be based on  
192.9 documentation evidencing that the designated provider has the systems and infrastructure  
192.10 in place to provide behavioral health home services and satisfies the qualification standards  
192.11 established by the commissioner in consultation with stakeholders and approved by the  
192.12 Centers for Medicare and Medicaid Services.

192.13 Sec. 40. Minnesota Statutes 2020, section 256B.0757, subdivision 8, is amended to read:

192.14 Subd. 8. **Evaluation and continued development.** (a) For continued certification under  
192.15 this section, behavioral health homes must meet process, outcome, and quality standards  
192.16 developed and specified by the commissioner. The commissioner shall collect data from  
192.17 behavioral health homes as necessary to monitor compliance with certification standards.

192.18 (b) The commissioner may contract with a private entity to evaluate patient and family  
192.19 experiences, health care utilization, and costs.

192.20 (c) The commissioner shall utilize findings from the implementation of behavioral health  
192.21 homes to determine populations to serve under subsequent health home models for individuals  
192.22 with chronic conditions.

192.23 Sec. 41. Minnesota Statutes 2021 Supplement, section 256B.0911, subdivision 3a, is  
192.24 amended to read:

192.25 Subd. 3a. **Assessment and support planning.** (a) Persons requesting assessment, services  
192.26 planning, or other assistance intended to support community-based living, including persons  
192.27 who need assessment ~~in order~~ to determine waiver or alternative care program eligibility,  
192.28 must be visited by a long-term care consultation team within 20 calendar days after the date  
192.29 on which an assessment was requested or recommended. Upon statewide implementation  
192.30 of subdivisions 2b, 2c, and 5, this requirement also applies to an assessment of a person  
192.31 requesting personal care assistance services. The commissioner shall provide at least a  
192.32 90-day notice to lead agencies prior to the effective date of this requirement. Assessments  
192.33 must be conducted according to paragraphs (b) to (r).



193.1 (b) Upon implementation of subdivisions 2b, 2c, and 5, lead agencies shall use certified  
193.2 assessors to conduct the assessment. For a person with complex health care needs, a public  
193.3 health or registered nurse from the team must be consulted.

193.4 (c) The MnCHOICES assessment provided by the commissioner to lead agencies must  
193.5 be used to complete a comprehensive, conversation-based, person-centered assessment.  
193.6 The assessment must include the health, psychological, functional, environmental, and  
193.7 social needs of the individual necessary to develop a person-centered community support  
193.8 plan that meets the individual's needs and preferences.

193.9 (d) Except as provided in paragraph (r), the assessment must be conducted by a certified  
193.10 assessor in a face-to-face conversational interview with the person being assessed. The  
193.11 person's legal representative must provide input during the assessment process and may do  
193.12 so remotely if requested. At the request of the person, other individuals may participate in  
193.13 the assessment to provide information on the needs, strengths, and preferences of the person  
193.14 necessary to develop a community support plan that ensures the person's health and safety.  
193.15 Except for legal representatives or family members invited by the person, persons  
193.16 participating in the assessment may not be a provider of service or have any financial interest  
193.17 in the provision of services. For persons who are to be assessed for ~~elderly waiver~~ customized  
193.18 living services under chapter 256S or section 256B.49 or adult day services under chapter  
193.19 256S, with the permission of the person being assessed or the person's designated or legal  
193.20 representative, the client's current or proposed provider of services may submit a copy of  
193.21 the provider's nursing assessment or written report outlining its recommendations regarding  
193.22 the client's care needs. The person conducting the assessment must notify the provider of  
193.23 the date by which this information is to be submitted. This information shall be provided  
193.24 to the person conducting the assessment prior to the assessment. The certified assessor must  
193.25 consider the content of the submitted nursing assessment or report prior to finalizing the  
193.26 person's assessment or reassessment. For a person who is to be assessed for waiver services  
193.27 under section 256B.092 or 256B.49, with the permission of the person being assessed or  
193.28 the person's designated legal representative, the person's current provider of services may  
193.29 submit a written report outlining recommendations regarding the person's care needs the  
193.30 person completed in consultation with someone who is known to the person and has  
193.31 interaction with the person on a regular basis. The provider must submit the report at least  
193.32 60 days before the end of the person's current service agreement. The certified assessor  
193.33 must consider the content of the submitted report prior to finalizing the person's assessment  
193.34 or reassessment.

194.1 (e) The certified assessor and the individual responsible for developing the coordinated  
194.2 service and support plan must complete the community support plan and the coordinated  
194.3 service and support plan no more than 60 calendar days from the assessment visit. The  
194.4 person or the person's legal representative must be provided with a written community  
194.5 support plan within the timelines established by the commissioner, regardless of whether  
194.6 the person is eligible for Minnesota health care programs.

194.7 (f) For a person being assessed for elderly waiver services under chapter 256S or  
194.8 customized living services under section 256B.49, a provider who submitted information  
194.9 under paragraph (d) shall receive the final written community support plan when available  
194.10 and the Residential Services Workbook or customized living tool.

194.11 (g) The written community support plan must include:

194.12 (1) a summary of assessed needs as defined in paragraphs (c) and (d);

194.13 (2) the individual's options and choices to meet identified needs, including:

194.14 (i) all available options for case management services and providers;

194.15 (ii) all available options for employment services, settings, and providers;

194.16 (iii) all available options for living arrangements;

194.17 (iv) all available options for self-directed services and supports, including self-directed  
194.18 budget options; and

194.19 (v) service provided in a non-disability-specific setting;

194.20 (3) identification of health and safety risks and how those risks will be addressed,  
194.21 including personal risk management strategies;

194.22 (4) referral information; and

194.23 (5) informal caregiver supports, if applicable.

194.24 For a person determined eligible for state plan home care under subdivision 1a, paragraph  
194.25 (b), clause (1), the person or person's representative must also receive a copy of the home  
194.26 care service plan developed by the certified assessor.

194.27 (h) A person may request assistance in identifying community supports without  
194.28 participating in a complete assessment. Upon a request for assistance identifying community  
194.29 support, the person must be transferred or referred to long-term care options counseling  
194.30 services available under sections 256.975, subdivision 7, and 256.01, subdivision 24, for  
194.31 telephone assistance and follow up.

- 195.1 (i) The person has the right to make the final decision:
- 195.2 (1) between institutional placement and community placement after the recommendations  
195.3 have been provided, except as provided in section 256.975, subdivision 7a, paragraph (d);
- 195.4 (2) between community placement in a setting controlled by a provider and living  
195.5 independently in a setting not controlled by a provider;
- 195.6 (3) between day services and employment services; and
- 195.7 (4) regarding available options for self-directed services and supports, including  
195.8 self-directed funding options.
- 195.9 (j) The lead agency must give the person receiving long-term care consultation services  
195.10 or the person's legal representative, materials, and forms supplied by the commissioner  
195.11 containing the following information:
- 195.12 (1) written recommendations for community-based services and consumer-directed  
195.13 options;
- 195.14 (2) documentation that the most cost-effective alternatives available were offered to the  
195.15 individual. For purposes of this clause, "cost-effective" means community services and  
195.16 living arrangements that cost the same as or less than institutional care. For an individual  
195.17 found to meet eligibility criteria for home and community-based service programs under  
195.18 chapter 256S or section 256B.49, "cost-effectiveness" has the meaning found in the federally  
195.19 approved waiver plan for each program;
- 195.20 (3) the need for and purpose of preadmission screening conducted by long-term care  
195.21 options counselors according to section 256.975, subdivisions 7a to 7c, if the person selects  
195.22 nursing facility placement. If the individual selects nursing facility placement, the lead  
195.23 agency shall forward information needed to complete the level of care determinations and  
195.24 screening for developmental disability and mental illness collected during the assessment  
195.25 to the long-term care options counselor using forms provided by the commissioner;
- 195.26 (4) the role of long-term care consultation assessment and support planning in eligibility  
195.27 determination for waiver and alternative care programs, and state plan home care, case  
195.28 management, and other services as defined in subdivision 1a, paragraphs (a), clause (6),  
195.29 and (b);
- 195.30 (5) information about Minnesota health care programs;
- 195.31 (6) the person's freedom to accept or reject the recommendations of the team;

196.1 (7) the person's right to confidentiality under the Minnesota Government Data Practices  
196.2 Act, chapter 13;

196.3 (8) the certified assessor's decision regarding the person's need for institutional level of  
196.4 care as determined under criteria established in subdivision 4e and the certified assessor's  
196.5 decision regarding eligibility for all services and programs as defined in subdivision 1a,  
196.6 paragraphs (a), clause (6), and (b);

196.7 (9) the person's right to appeal the certified assessor's decision regarding eligibility for  
196.8 all services and programs as defined in subdivision 1a, paragraphs (a), clauses (6), (7), and  
196.9 (8), and (b), and incorporating the decision regarding the need for institutional level of care  
196.10 or the lead agency's final decisions regarding public programs eligibility according to section  
196.11 256.045, subdivision 3. The certified assessor must verbally communicate this appeal right  
196.12 to the person and must visually point out where in the document the right to appeal is stated;  
196.13 and

196.14 (10) documentation that available options for employment services, independent living,  
196.15 and self-directed services and supports were described to the individual.

196.16 (k) An assessment that is completed as part of an eligibility determination for multiple  
196.17 programs for the alternative care, elderly waiver, developmental disabilities, community  
196.18 access for disability inclusion, community alternative care, and brain injury waiver programs  
196.19 under chapter 256S and sections 256B.0913, 256B.092, and 256B.49 is valid to establish  
196.20 service eligibility for no more than 60 calendar days after the date of the assessment.

196.21 (l) The effective eligibility start date for programs in paragraph (k) can never be prior  
196.22 to the date of assessment. If an assessment was completed more than 60 days before the  
196.23 effective waiver or alternative care program eligibility start date, assessment and support  
196.24 plan information must be updated and documented in the department's Medicaid Management  
196.25 Information System (MMIS). Notwithstanding retroactive medical assistance coverage of  
196.26 state plan services, the effective date of eligibility for programs included in paragraph (k)  
196.27 cannot be prior to the date the most recent updated assessment is completed.

196.28 (m) If an eligibility update is completed within 90 days of the previous assessment and  
196.29 documented in the department's Medicaid Management Information System (MMIS), the  
196.30 effective date of eligibility for programs included in paragraph (k) is the date of the previous  
196.31 face-to-face assessment when all other eligibility requirements are met.

196.32 (n) If a person who receives home and community-based waiver services under section  
196.33 256B.0913, 256B.092, or 256B.49 or chapter 256S temporarily enters for 121 days or fewer  
196.34 a hospital, institution of mental disease, nursing facility, intensive residential treatment

197.1 services program, transitional care unit, or inpatient substance use disorder treatment setting,  
197.2 the person may return to the community with home and community-based waiver services  
197.3 under the same waiver, without requiring an assessment or reassessment under this section,  
197.4 unless the person's annual reassessment is otherwise due. Nothing in this paragraph shall  
197.5 change annual long-term care consultation reassessment requirements, payment for  
197.6 institutional or treatment services, medical assistance financial eligibility, or any other law.

197.7 (o) At the time of reassessment, the certified assessor shall assess each person receiving  
197.8 waiver residential supports and services currently residing in a community residential setting,  
197.9 licensed adult foster care home that is either not the primary residence of the license holder  
197.10 or in which the license holder is not the primary caregiver, family adult foster care residence,  
197.11 customized living setting, or supervised living facility to determine if that person would  
197.12 prefer to be served in a community-living setting as defined in section 256B.49, subdivision  
197.13 23, in a setting not controlled by a provider, or to receive integrated community supports  
197.14 as described in section 245D.03, subdivision 1, paragraph (c), clause (8). The certified  
197.15 assessor shall offer the person, through a person-centered planning process, the option to  
197.16 receive alternative housing and service options.

197.17 (p) At the time of reassessment, the certified assessor shall assess each person receiving  
197.18 waiver day services to determine if that person would prefer to receive employment services  
197.19 as described in section 245D.03, subdivision 1, paragraph (c), clauses (5) to (7). The certified  
197.20 assessor shall describe to the person through a person-centered planning process the option  
197.21 to receive employment services.

197.22 (q) At the time of reassessment, the certified assessor shall assess each person receiving  
197.23 non-self-directed waiver services to determine if that person would prefer an available  
197.24 service and setting option that would permit self-directed services and supports. The certified  
197.25 assessor shall describe to the person through a person-centered planning process the option  
197.26 to receive self-directed services and supports.

197.27 (r) All assessments performed according to this subdivision must be face-to-face unless  
197.28 the assessment is a reassessment meeting the requirements of this paragraph. Remote  
197.29 reassessments conducted by interactive video or telephone may substitute for face-to-face  
197.30 reassessments. For services provided by the developmental disabilities waiver under section  
197.31 256B.092, and the community access for disability inclusion, community alternative care,  
197.32 and brain injury waiver programs under section 256B.49, remote reassessments may be  
197.33 substituted for two consecutive reassessments if followed by a face-to-face reassessment.  
197.34 For services provided by alternative care under section 256B.0913, essential community  
197.35 supports under section 256B.0922, and the elderly waiver under chapter 256S, remote

198.1 reassessments may be substituted for one reassessment if followed by a face-to-face  
198.2 reassessment. A remote reassessment is permitted only if the person being reassessed, or  
198.3 the person's legal representative, ~~and the lead agency case manager both agree that there is~~  
198.4 ~~no change in the person's condition, there is no need for a change in service, and that a~~  
198.5 ~~remote reassessment is appropriate~~ makes an informed choice for a remote assessment. The  
198.6 person being reassessed, or the person's legal representative, has the right to refuse a remote  
198.7 reassessment at any time. During a remote reassessment, if the certified assessor determines  
198.8 a face-to-face reassessment is necessary in order to complete the assessment, the lead agency  
198.9 shall schedule a face-to-face reassessment. All other requirements of a face-to-face  
198.10 reassessment shall apply to a remote reassessment, including updates to a person's support  
198.11 plan.

198.12 Sec. 42. Minnesota Statutes 2021 Supplement, section 256B.0911, subdivision 3f, is  
198.13 amended to read:

198.14 Subd. 3f. **Long-term care reassessments and community support plan updates.** (a)  
198.15 Prior to a reassessment, the certified assessor must review the person's most recent  
198.16 assessment. Reassessments must be tailored using the professional judgment of the assessor  
198.17 to the person's known needs, strengths, preferences, and circumstances. Reassessments  
198.18 provide information to support the person's informed choice and opportunities to express  
198.19 choice regarding activities that contribute to quality of life, as well as information and  
198.20 opportunity to identify goals related to desired employment, community activities, and  
198.21 preferred living environment. Reassessments require a review of the most recent assessment,  
198.22 review of the current coordinated service and support plan's effectiveness, monitoring of  
198.23 services, and the development of an updated person-centered community support plan.  
198.24 Reassessments must verify continued eligibility, offer alternatives as warranted, and provide  
198.25 an opportunity for quality assurance of service delivery, including an opportunity to provide  
198.26 a confidential performance assessment of the person's case manager. Reassessments must  
198.27 be conducted annually or as required by federal and state laws and rules. For reassessments,  
198.28 the certified assessor and the individual responsible for developing the coordinated service  
198.29 and support plan must ensure the continuity of care for the person receiving services and  
198.30 complete the updated community support plan and the updated coordinated service and  
198.31 support plan no more than 60 days from the reassessment visit.

198.32 (b) The commissioner shall develop mechanisms for providers and case managers to  
198.33 share information with the assessor to facilitate a reassessment and support planning process  
198.34 tailored to the person's current needs and preferences.

199.1 Sec. 43. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 2, is  
199.2 amended to read:

199.3 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings  
199.4 given them.

199.5 (a) "Intensive nonresidential rehabilitative mental health services" means child  
199.6 rehabilitative mental health services as defined in section 256B.0943, except that these  
199.7 services are provided by a multidisciplinary staff using a total team approach consistent  
199.8 with assertive community treatment, as adapted for youth, and are directed to recipients  
199.9 who are eight years of age or older and under 26 years of age who require intensive services  
199.10 to prevent admission to an inpatient psychiatric hospital or placement in a residential  
199.11 treatment facility or who require intensive services to step down from inpatient or residential  
199.12 care to community-based care.

199.13 (b) "Co-occurring mental illness and substance use disorder" means a dual diagnosis of  
199.14 at least one form of mental illness and at least one substance use disorder. Substance use  
199.15 disorders include alcohol or drug abuse or dependence, excluding nicotine use.

199.16 (c) "Standard diagnostic assessment" means the assessment described in section 245I.10,  
199.17 subdivision 6.

199.18 (d) "Medication education services" means services provided individually or in groups,  
199.19 which focus on:

199.20 (1) educating the client and client's family or significant nonfamilial supporters about  
199.21 mental illness and symptoms;

199.22 (2) the role and effects of medications in treating symptoms of mental illness; and

199.23 (3) the side effects of medications.

199.24 Medication education is coordinated with medication management services and does not  
199.25 duplicate it. Medication education services are provided by physicians, pharmacists, or  
199.26 registered nurses with certification in psychiatric and mental health care.

199.27 (e) "Mental health professional" means a staff person who is qualified according to  
199.28 section 245I.04, subdivision 2.

199.29 (f) "Provider agency" means a for-profit or nonprofit organization established to  
199.30 administer an assertive community treatment for youth team.

199.31 (g) "Substance use disorders" means one or more of the disorders defined in the diagnostic  
199.32 and statistical manual of mental disorders, current edition.

200.1 (h) "Transition services" means:

200.2 (1) activities, materials, consultation, and coordination that ensures continuity of the  
200.3 client's care in advance of and in preparation for the client's move from one stage of care  
200.4 or life to another by maintaining contact with the client and assisting the client to establish  
200.5 provider relationships;

200.6 (2) providing the client with knowledge and skills needed posttransition;

200.7 (3) establishing communication between sending and receiving entities;

200.8 (4) supporting a client's request for service authorization and enrollment; and

200.9 (5) establishing and enforcing procedures and schedules.

200.10 ~~A youth's transition from the children's mental health system and services to the adult~~  
200.11 ~~mental health system and services and return to the client's home and entry or re-entry into~~  
200.12 ~~community-based mental health services following discharge from an out-of-home placement~~  
200.13 ~~or inpatient hospital stay.~~

200.14 (i) "Treatment team" means all staff who provide services to recipients under this section.

200.15 (j) "Family peer specialist" means a staff person who is qualified under section  
200.16 256B.0616.

200.17 Sec. 44. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 6, is  
200.18 amended to read:

200.19 Subd. 6. **Service standards.** The standards in this subdivision apply to intensive  
200.20 nonresidential rehabilitative mental health services.

200.21 (a) The treatment team must use team treatment, not an individual treatment model.

200.22 (b) Services must be available at times that meet client needs.

200.23 (c) Services must be age-appropriate and meet the specific needs of the client.

200.24 (d) The level of care assessment as defined in section 245I.02, subdivision 19, and  
200.25 functional assessment as defined in section 245I.02, subdivision 17, must be updated at  
200.26 least every ~~90 days~~ six months or prior to discharge from the service, whichever comes  
200.27 first.

200.28 (e) The treatment team must complete an individual treatment plan for each client,  
200.29 according to section 245I.10, subdivisions 7 and 8, and the individual treatment plan must:



201.1 (1) be completed in consultation with the client's current therapist and key providers and  
201.2 provide for ongoing consultation with the client's current therapist to ensure therapeutic  
201.3 continuity and to facilitate the client's return to the community. For clients under the age of  
201.4 18, the treatment team must consult with parents and guardians in developing the treatment  
201.5 plan;

201.6 (2) if a need for substance use disorder treatment is indicated by validated assessment:

201.7 (i) identify goals, objectives, and strategies of substance use disorder treatment;

201.8 (ii) develop a schedule for accomplishing substance use disorder treatment goals and  
201.9 objectives; and

201.10 (iii) identify the individuals responsible for providing substance use disorder treatment  
201.11 services and supports; and

201.12 (3) provide for the client's transition out of intensive nonresidential rehabilitative mental  
201.13 health services by defining the team's actions to assist the client and subsequent providers  
201.14 in the transition to less intensive or "stepped down" services; ~~and~~.

201.15 ~~(4) notwithstanding section 245I.10, subdivision 8, be reviewed at least every 90 days~~  
201.16 ~~and revised to document treatment progress or, if progress is not documented, to document~~  
201.17 ~~changes in treatment.~~

201.18 (f) The treatment team shall actively and assertively engage the client's family members  
201.19 and significant others by establishing communication and collaboration with the family and  
201.20 significant others and educating the family and significant others about the client's mental  
201.21 illness, symptom management, and the family's role in treatment, unless the team knows or  
201.22 has reason to suspect that the client has suffered or faces a threat of suffering any physical  
201.23 or mental injury, abuse, or neglect from a family member or significant other.

201.24 (g) For a client age 18 or older, the treatment team may disclose to a family member,  
201.25 other relative, or a close personal friend of the client, or other person identified by the client,  
201.26 the protected health information directly relevant to such person's involvement with the  
201.27 client's care, as provided in Code of Federal Regulations, title 45, part 164.502(b). If the  
201.28 client is present, the treatment team shall obtain the client's agreement, provide the client  
201.29 with an opportunity to object, or reasonably infer from the circumstances, based on the  
201.30 exercise of professional judgment, that the client does not object. If the client is not present  
201.31 or is unable, by incapacity or emergency circumstances, to agree or object, the treatment  
201.32 team may, in the exercise of professional judgment, determine whether the disclosure is in  
201.33 the best interests of the client and, if so, disclose only the protected health information that

202.1 is directly relevant to the family member's, relative's, friend's, or client-identified person's  
 202.2 involvement with the client's health care. The client may orally agree or object to the  
 202.3 disclosure and may prohibit or restrict disclosure to specific individuals.

202.4 (h) The treatment team shall provide interventions to promote positive interpersonal  
 202.5 relationships.

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

202.9 Sec. 45. Minnesota Statutes 2021 Supplement, section 256B.0949, subdivision 2, is  
 202.10 amended to read:

202.11 Subd. 2. **Definitions.** (a) The terms used in this section have the meanings given in this  
 202.12 subdivision.

202.13 (b) "Advanced certification" means a person who has completed advanced certification  
 202.14 in an approved modality under subdivision 13, paragraph (b).

202.15 ~~(b)~~ (c) "Agency" means the legal entity that is enrolled with Minnesota health care  
 202.16 programs as a medical assistance provider according to Minnesota Rules, part 9505.0195,  
 202.17 to provide EIDBI services and that has the legal responsibility to ensure that its employees  
 202.18 or contractors carry out the responsibilities defined in this section. Agency includes a licensed  
 202.19 individual professional who practices independently and acts as an agency.

202.20 ~~(c)~~ (d) "Autism spectrum disorder or a related condition" or "ASD or a related condition"  
 202.21 means either autism spectrum disorder (ASD) as defined in the current version of the  
 202.22 Diagnostic and Statistical Manual of Mental Disorders (DSM) or a condition that is found  
 202.23 to be closely related to ASD, as identified under the current version of the DSM, and meets  
 202.24 all of the following criteria:

202.25 (1) is severe and chronic;

202.26 (2) results in impairment of adaptive behavior and function similar to that of a person  
 202.27 with ASD;

202.28 (3) requires treatment or services similar to those required for a person with ASD; and

202.29 (4) results in substantial functional limitations in three core developmental deficits of  
 202.30 ASD: social or interpersonal interaction; functional communication, including nonverbal  
 202.31 or social communication; and restrictive or repetitive behaviors or hyperreactivity or

- 203.1 hyporeactivity to sensory input; and may include deficits or a high level of support in one  
203.2 or more of the following domains:
- 203.3 (i) behavioral challenges and self-regulation;
- 203.4 (ii) cognition;
- 203.5 (iii) learning and play;
- 203.6 (iv) self-care; or
- 203.7 (v) safety.
- 203.8 ~~(d)~~ (e) "Person" means a person under 21 years of age.
- 203.9 ~~(e)~~ (f) "Clinical supervision" means the overall responsibility for the control and direction  
203.10 of EIDBI service delivery, including individual treatment planning, staff supervision,  
203.11 individual treatment plan progress monitoring, and treatment review for each person. Clinical  
203.12 supervision is provided by a qualified supervising professional (QSP) who takes full  
203.13 professional responsibility for the service provided by each supervisee.
- 203.14 ~~(f)~~ (g) "Commissioner" means the commissioner of human services, unless otherwise  
203.15 specified.
- 203.16 ~~(g)~~ (h) "Comprehensive multidisciplinary evaluation" or "CMDE" means a comprehensive  
203.17 evaluation of a person to determine medical necessity for EIDBI services based on the  
203.18 requirements in subdivision 5.
- 203.19 ~~(h)~~ (i) "Department" means the Department of Human Services, unless otherwise  
203.20 specified.
- 203.21 ~~(i)~~ (j) "Early intensive developmental and behavioral intervention benefit" or "EIDBI  
203.22 benefit" means a variety of individualized, intensive treatment modalities approved and  
203.23 published by the commissioner that are based in behavioral and developmental science  
203.24 consistent with best practices on effectiveness.
- 203.25 ~~(j)~~ (k) "Generalizable goals" means results or gains that are observed during a variety  
203.26 of activities over time with different people, such as providers, family members, other adults,  
203.27 and people, and in different environments including, but not limited to, clinics, homes,  
203.28 schools, and the community.
- 203.29 ~~(k)~~ (l) "Incident" means when any of the following occur:
- 203.30 (1) an illness, accident, or injury that requires first aid treatment;
- 203.31 (2) a bump or blow to the head; or

204.1 (3) an unusual or unexpected event that jeopardizes the safety of a person or staff,  
204.2 including a person leaving the agency unattended.

204.3 ~~(h)~~ (m) "Individual treatment plan" or "ITP" means the person-centered, individualized  
204.4 written plan of care that integrates and coordinates person and family information from the  
204.5 CMDE for a person who meets medical necessity for the EIDBI benefit. An individual  
204.6 treatment plan must meet the standards in subdivision 6.

204.7 ~~(m)~~ (n) "Legal representative" means the parent of a child who is under 18 years of age,  
204.8 a court-appointed guardian, or other representative with legal authority to make decisions  
204.9 about service for a person. For the purpose of this subdivision, "other representative with  
204.10 legal authority to make decisions" includes a health care agent or an attorney-in-fact  
204.11 authorized through a health care directive or power of attorney.

204.12 ~~(n)~~ (o) "Mental health professional" means a staff person who is qualified according to  
204.13 section 245I.04, subdivision 2.

204.14 ~~(o)~~ (p) "Person-centered" means a service that both responds to the identified needs,  
204.15 interests, values, preferences, and desired outcomes of the person or the person's legal  
204.16 representative and respects the person's history, dignity, and cultural background and allows  
204.17 inclusion and participation in the person's community.

204.18 ~~(p)~~ (q) "Qualified EIDBI provider" means a person who is a QSP or a level I, level II,  
204.19 or level III treatment provider.

204.20 Sec. 46. Minnesota Statutes 2020, section 256B.0949, subdivision 8, is amended to read:

204.21 Subd. 8. **Refining the benefit with stakeholders.** Before making revisions to the EIDBI  
204.22 benefit or proposing statutory changes to this section, the commissioner must ~~refine the~~  
204.23 ~~details of the benefit in consultation~~ consult with stakeholders and consider recommendations  
204.24 from the Department of Human Services Early Intensive Developmental and Behavioral  
204.25 Intervention Advisory Council, the early intensive developmental and behavioral intervention  
204.26 learning collaborative, and the Departments of Health, Education, Employment and Economic  
204.27 Development, and Human Services. ~~The details must~~ Revisions and proposed statutory  
204.28 changes subject to this subdivision include, but are not limited to, the following components:

204.29 (1) a definition of the qualifications, standards, and roles of the treatment team, including  
204.30 recommendations after stakeholder consultation on whether board-certified behavior analysts  
204.31 and other professionals certified in other treatment approaches recognized by the department  
204.32 or trained in ASD or a related condition and child development should be added as

205.1 professionals qualified to provide EIDBI clinical supervision or other functions under  
205.2 medical assistance;

205.3 (2) refinement of uniform parameters for CMDE and ongoing ITP progress monitoring  
205.4 standards;

205.5 (3) the design of an effective and consistent process for assessing the person's and the  
205.6 person's legal representative's and the person's caregiver's preferences and options to  
205.7 participate in the person's early intervention treatment and efficacy of methods to involve  
205.8 and educate the person's legal representative and caregiver in the treatment of the person;

205.9 (4) formulation of a collaborative process in which professionals have opportunities to  
205.10 collectively inform provider standards and qualifications; standards for CMDE; medical  
205.11 necessity determination; efficacy of treatment apparatus, including modality, intensity,  
205.12 frequency, and duration; and ITP progress monitoring processes to support quality  
205.13 improvement of EIDBI services;

205.14 (5) coordination of this benefit and its interaction with other services provided by the  
205.15 Departments of Human Services, Health, Employment and Economic Development, and  
205.16 Education;

205.17 (6) evaluation, on an ongoing basis, of EIDBI services outcomes and efficacy of treatment  
205.18 modalities provided to people under this benefit; and

205.19 (7) as provided under subdivision 17, determination of the availability of qualified EIDBI  
205.20 providers with necessary expertise and training in ASD or a related condition throughout  
205.21 the state to assess whether there are sufficient professionals to provide timely access and  
205.22 prevent delay in the CMDE and treatment of a person with ASD or a related condition.

205.23 Sec. 47. Minnesota Statutes 2021 Supplement, section 256B.0949, subdivision 13, is  
205.24 amended to read:

205.25 Subd. 13. **Covered services.** (a) The services described in paragraphs (b) to (l) are  
205.26 eligible for reimbursement by medical assistance under this section. Services must be  
205.27 provided by a qualified EIDBI provider and supervised by a QSP. An EIDBI service must  
205.28 address the person's medically necessary treatment goals and must be targeted to develop,  
205.29 enhance, or maintain the individual developmental skills of a person with ASD or a related  
205.30 condition to improve functional communication, including nonverbal or social  
205.31 communication, social or interpersonal interaction, restrictive or repetitive behaviors,  
205.32 hyperreactivity or hyporeactivity to sensory input, behavioral challenges and self-regulation,  
205.33 cognition, learning and play, self-care, and safety.

206.1 (b) EIDBI treatment must be delivered consistent with the standards of an approved  
206.2 modality, as published by the commissioner. EIDBI modalities include:

206.3 (1) applied behavior analysis (ABA);

206.4 (2) developmental individual-difference relationship-based model (DIR/Floortime);

206.5 (3) early start Denver model (ESDM);

206.6 (4) PLAY project;

206.7 (5) relationship development intervention (RDI); or

206.8 (6) additional modalities not listed in clauses (1) to (5) upon approval by the  
206.9 commissioner.

206.10 (c) An EIDBI provider may use one or more of the EIDBI modalities in paragraph (b),  
206.11 clauses (1) to (5), as the primary modality for treatment as a covered service, or several  
206.12 EIDBI modalities in combination as the primary modality of treatment, as approved by the  
206.13 commissioner. An EIDBI provider that identifies and provides assurance of qualifications  
206.14 for a single specific treatment modality, including an EIDBI provider with advanced  
206.15 certification overseeing implementation, must document the required qualifications to meet  
206.16 fidelity to the specific model in a manner determined by the commissioner.

206.17 (d) Each qualified EIDBI provider must identify and provide assurance of qualifications  
206.18 for professional licensure certification, or training in evidence-based treatment methods,  
206.19 and must document the required qualifications outlined in subdivision 15 in a manner  
206.20 determined by the commissioner.

206.21 (e) CMDE is a comprehensive evaluation of the person's developmental status to  
206.22 determine medical necessity for EIDBI services and meets the requirements of subdivision  
206.23 5. The services must be provided by a qualified CMDE provider.

206.24 (f) EIDBI intervention observation and direction is the clinical direction and oversight  
206.25 of EIDBI services by the QSP, level I treatment provider, or level II treatment provider,  
206.26 including developmental and behavioral techniques, progress measurement, data collection,  
206.27 function of behaviors, and generalization of acquired skills for the direct benefit of a person.  
206.28 EIDBI intervention observation and direction informs any modification of the current  
206.29 treatment protocol to support the outcomes outlined in the ITP.

206.30 (g) Intervention is medically necessary direct treatment provided to a person with ASD  
206.31 or a related condition as outlined in their ITP. All intervention services must be provided  
206.32 under the direction of a QSP. Intervention may take place across multiple settings. The

207.1 frequency and intensity of intervention services are provided based on the number of  
207.2 treatment goals, person and family or caregiver preferences, and other factors. Intervention  
207.3 services may be provided individually or in a group. Intervention with a higher provider  
207.4 ratio may occur when deemed medically necessary through the person's ITP.

207.5 (1) Individual intervention is treatment by protocol administered by a single qualified  
207.6 EIDBI provider delivered to one person.

207.7 (2) Group intervention is treatment by protocol provided by one or more qualified EIDBI  
207.8 providers, delivered to at least two people who receive EIDBI services.

207.9 (3) Higher provider ratio intervention is treatment with protocol modification provided  
207.10 by two or more qualified EIDBI providers delivered to one person in an environment that  
207.11 meets the person's needs and under the direction of the QSP or level I provider.

207.12 (h) ITP development and ITP progress monitoring is development of the initial, annual,  
207.13 and progress monitoring of an ITP. ITP development and ITP progress monitoring documents  
207.14 provide oversight and ongoing evaluation of a person's treatment and progress on targeted  
207.15 goals and objectives and integrate and coordinate the person's and the person's legal  
207.16 representative's information from the CMDE and ITP progress monitoring. This service  
207.17 must be reviewed and completed by the QSP, and may include input from a level I provider  
207.18 or a level II provider.

207.19 (i) Family caregiver training and counseling is specialized training and education for a  
207.20 family or primary caregiver to understand the person's developmental status and help with  
207.21 the person's needs and development. This service must be provided by the QSP, level I  
207.22 provider, or level II provider.

207.23 (j) A coordinated care conference is a voluntary meeting with the person and the person's  
207.24 family to review the CMDE or ITP progress monitoring and to integrate and coordinate  
207.25 services across providers and service-delivery systems to develop the ITP. This service  
207.26 ~~must be provided by the QSP and~~ may include the CMDE provider ~~or, QSP,~~ a level I  
207.27 provider, or a level II provider.

207.28 (k) Travel time is allowable billing for traveling to and from the person's home, school,  
207.29 a community setting, or place of service outside of an EIDBI center, clinic, or office from  
207.30 a specified location to provide in-person EIDBI intervention, observation and direction, or  
207.31 family caregiver training and counseling. The person's ITP must specify the reasons the  
207.32 provider must travel to the person.

208.1 (l) Medical assistance covers medically necessary EIDBI services and consultations  
208.2 delivered ~~by a licensed health care provider~~ via telehealth, as defined under section  
208.3 256B.0625, subdivision 3b, in the same manner as if the service or consultation was delivered  
208.4 in person.

208.5 Sec. 48. Minnesota Statutes 2020, section 256B.49, subdivision 23, is amended to read:

208.6 Subd. 23. **Community-living settings.** (a) For the purposes of this chapter,  
208.7 "community-living settings" means a single-family home or multifamily dwelling unit where  
208.8 a service recipient or a service recipient's family owns or rents, and maintains control over  
208.9 the individual unit as demonstrated by a lease agreement. Community-living settings does  
208.10 not include a home or dwelling unit that the service provider owns, operates, or leases or  
208.11 in which the service provider has a direct or indirect financial interest.

208.12 (b) To ensure a service recipient or the service recipient's family maintains control over  
208.13 the home or dwelling unit, community-living settings are subject to the following  
208.14 requirements:

208.15 (1) service recipients must not be required to receive services or share services;

208.16 (2) service recipients must not be required to have a disability or specific diagnosis to  
208.17 live in the community-living setting;

208.18 (3) service recipients may hire service providers of their choice;

208.19 (4) service recipients may choose whether to share their household and with whom;

208.20 (5) the home or multifamily dwelling unit must include living, sleeping, bathing, and  
208.21 cooking areas;

208.22 (6) service recipients must have lockable access and egress;

208.23 (7) service recipients must be free to receive visitors and leave the settings at times and  
208.24 for durations of their own choosing;

208.25 (8) leases must comply with chapter 504B;

208.26 (9) landlords must not charge different rents to tenants who are receiving home and  
208.27 community-based services; and

208.28 (10) access to the greater community must be easily facilitated based on the service  
208.29 recipient's needs and preferences.

208.30 (c) Nothing in this section prohibits a service recipient from having another person or  
208.31 entity not affiliated with the service provider cosign a lease. Nothing in this section prohibits



209.1 a service recipient, during any period in which a service provider has cosigned the service  
209.2 recipient's lease, from modifying services with an existing cosigning service provider and,  
209.3 subject to the approval of the landlord, maintaining a lease cosigned by the service provider.  
209.4 Nothing in this section prohibits a service recipient, during any period in which a service  
209.5 provider has cosigned the service recipient's lease, from terminating services with the  
209.6 cosigning service provider, receiving services from a new service provider, and, subject to  
209.7 the approval of the landlord, maintaining a lease cosigned by the new service provider.

209.8 (d) A lease cosigned by a service provider meets the requirements of paragraph (a) if  
209.9 the service recipient and service provider develop and implement a transition plan which  
209.10 must provide that, within two years of cosigning the initial lease, the service provider shall  
209.11 transfer the lease to the service recipient and other cosigners, if any.

209.12 (e) In the event the landlord has not approved the transfer of the lease within two years  
209.13 of the service provider cosigning the initial lease, the service provider must submit a  
209.14 time-limited extension request to the commissioner of human services to continue the  
209.15 cosigned lease arrangement. The extension request must include:

209.16 (1) the reason the landlord denied the transfer;

209.17 (2) the plan to overcome the denial to transfer the lease;

209.18 (3) the length of time needed to successfully transfer the lease, not to exceed an additional  
209.19 two years;

209.20 (4) a description of the information provided to the person to help the person make an  
209.21 informed choice about entering into a time-limited cosigned lease extension with the service  
209.22 provider;

209.23 ~~(4)~~ (5) a description of how the transition plan was followed, what occurred that led to  
209.24 the landlord denying the transfer, and what changes in circumstances or condition, if any,  
209.25 the service recipient experienced; and

209.26 ~~(5)~~ (6) a revised transition plan to transfer the cosigned lease between the service provider  
209.27 and the service recipient to the service recipient.

209.28 The commissioner must approve an extension within sufficient time to ensure the continued  
209.29 occupancy by the service recipient.

209.30 (f) In the event the landlord has not approved the transfer of the lease within the timelines  
209.31 of an approved time-limited extension request, the service provider must submit another  
209.32 time-limited extension request to the commissioner of human services to continue the  
209.33 cosigned lease arrangement. A time-limited extension request submitted under this paragraph

210.1 must include the same information required for an initial time-limited extension request  
210.2 under paragraph (e). The commissioner must approve or deny an extension within 60 days.

210.3 (g) The commissioner may grant a service recipient no more than three additional  
210.4 time-limited extensions under paragraph (f).

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

210.8 Sec. 49. Minnesota Statutes 2021 Supplement, section 256B.49, subdivision 28, is amended  
210.9 to read:

210.10 Subd. 28. **Customized living moratorium for brain injury and community access**  
210.11 **for disability inclusion waivers.** (a) Notwithstanding section 245A.03, subdivision 2,  
210.12 paragraph (a), clause (23), to prevent new development of customized living settings that  
210.13 otherwise meet the residential program definition under section 245A.02, subdivision 14,  
210.14 the commissioner shall not enroll new customized living settings serving four or fewer  
210.15 people in a single-family home to deliver customized living services as defined under the  
210.16 brain injury or community access for disability inclusion waiver plans under this section.

210.17 (b) The commissioner may approve an exception to paragraph (a) when an existing  
210.18 customized living setting changes ownership at the same address or when the same owner  
210.19 relocates the residential program to a new customized living setting.

210.20 (c) Customized living settings operational on or before June 30, 2021, are considered  
210.21 existing customized living settings.

210.22 (d) For any new customized living settings serving four or fewer people in a single-family  
210.23 home to deliver customized living services as defined in paragraph (a) and that was not  
210.24 operational on or before June 30, 2021, the authorizing lead agency is financially responsible  
210.25 for all home and community-based service payments in the setting.

210.26 (e) For purposes of this subdivision, "operational" means customized living services are  
210.27 authorized and delivered to a person in the customized living setting.

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

210.29 Sec. 50. Minnesota Statutes 2020, section 256G.02, subdivision 6, is amended to read:

210.30 Subd. 6. **Excluded time.** "Excluded time" means:

211.1 (1) any period an applicant spends in a hospital, sanitarium, nursing home, shelter other  
 211.2 than an emergency shelter, halfway house, foster home, community residential setting  
 211.3 licensed under chapter 245D, semi-independent living domicile or services program,  
 211.4 residential facility offering care, board and lodging facility or other institution for the  
 211.5 hospitalization or care of human beings, as defined in section 144.50, 144A.01, or 245A.02,  
 211.6 subdivision 14; maternity home, battered women's shelter, or correctional facility; or any  
 211.7 facility based on an emergency hold under section 253B.05, subdivisions 1 and 2;

211.8 (2) any period an applicant spends on a placement basis in a training and habilitation  
 211.9 program, including: a rehabilitation facility or work or employment program as defined in  
 211.10 section 268A.01; semi-independent living services provided under section 252.275, and  
 211.11 chapter 245D; or day training and habilitation programs ~~and~~;

211.12 (3) any period an applicant is receiving assisted living services, integrated community  
 211.13 supports, or day support services; and

211.14 ~~(3)~~ (4) any placement for a person with an indeterminate commitment, including  
 211.15 independent living.

211.16 Sec. 51. Minnesota Statutes 2020, section 256K.26, subdivision 2, is amended to read:

211.17 Subd. 2. **Implementation.** The commissioner, in consultation with the commissioners  
 211.18 of the Department of Corrections and the Minnesota Housing Finance Agency, counties,  
 211.19 Tribes, providers and funders of supportive housing and services, shall develop application  
 211.20 requirements and make funds available according to this section, with the goal of providing  
 211.21 maximum flexibility in program design.

211.22 Sec. 52. Minnesota Statutes 2020, section 256K.26, subdivision 6, is amended to read:

211.23 Subd. 6. **Outcomes.** Projects will be selected to further the following outcomes:

211.24 (1) reduce the number of Minnesota individuals and families that experience long-term  
 211.25 homelessness;

211.26 (2) increase the number of housing opportunities with supportive services;

211.27 (3) develop integrated, cost-effective service models that address the multiple barriers  
 211.28 to obtaining housing stability faced by people experiencing long-term homelessness,  
 211.29 including abuse, neglect, chemical dependency, disability, chronic health problems, or other  
 211.30 factors including ethnicity and race that may result in poor outcomes or service disparities;

212.1 (4) encourage partnerships among counties, Tribes, community agencies, schools, and  
 212.2 other providers so that the service delivery system is seamless for people experiencing  
 212.3 long-term homelessness;

212.4 (5) increase employability, self-sufficiency, and other social outcomes for individuals  
 212.5 and families experiencing long-term homelessness; and

212.6 (6) reduce inappropriate use of emergency health care, shelter, ~~chemical dependency~~  
 212.7 substance use disorder treatment, foster care, child protection, corrections, and similar  
 212.8 services used by people experiencing long-term homelessness.

212.9 Sec. 53. Minnesota Statutes 2020, section 256K.26, subdivision 7, is amended to read:

212.10 Subd. 7. **Eligible services.** Services eligible for funding under this section are all services  
 212.11 needed to maintain households in permanent supportive housing, as determined by the  
 212.12 ~~county or counties~~ or Tribes administering the project or projects.

212.13 Sec. 54. Minnesota Statutes 2021 Supplement, section 256P.01, subdivision 6a, is amended  
 212.14 to read:

212.15 Subd. 6a. **Qualified professional.** (a) For illness, injury, or incapacity, a "qualified  
 212.16 professional" means a licensed physician, physician assistant, advanced practice registered  
 212.17 nurse, physical therapist, occupational therapist, or licensed chiropractor, according to their  
 212.18 scope of practice.

212.19 (b) For developmental disability, learning disability, and intelligence testing, a "qualified  
 212.20 professional" means a licensed physician, physician assistant, advanced practice registered  
 212.21 nurse, licensed independent clinical social worker, licensed psychologist, certified school  
 212.22 psychologist, or certified psychometrist working under the supervision of a licensed  
 212.23 psychologist.

212.24 (c) For mental health, a "qualified professional" means a licensed physician, advanced  
 212.25 practice registered nurse, or qualified mental health professional under section 245I.04,  
 212.26 subdivision 2.

212.27 (d) For substance use disorder, a "qualified professional" means a licensed physician, a  
 212.28 qualified mental health professional under section ~~245.462, subdivision 18, clauses (1) to~~  
 212.29 ~~(6)~~ 245I.04, subdivision 2, or an individual as defined in section 245G.11, subdivision 3,  
 212.30 4, or 5.

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

213.4 Sec. 55. Minnesota Statutes 2020, section 256Q.06, is amended by adding a subdivision  
 213.5 to read:

213.6 **Subd. 6. Account creation.** If an eligible individual is unable to establish the eligible  
 213.7 individual's own ABLE account, an ABLE account may be established on behalf of the  
 213.8 eligible individual by the eligible individual's agent under a power of attorney or, if none,  
 213.9 by the eligible individual's conservator or legal guardian, spouse, parent, sibling, or  
 213.10 grandparent or a representative payee appointed for the eligible individual by the Social  
 213.11 Security Administration, in that order.

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

213.13 Sec. 56. Laws 2020, First Special Session chapter 7, section 1, subdivision 1, as amended  
 213.14 by Laws 2021, First Special Session chapter 7, article 2, section 71, is amended to read:

213.15 Subdivision 1. **Waivers and modifications; federal funding extension.** When the  
 213.16 peacetime emergency declared by the governor in response to the COVID-19 outbreak  
 213.17 expires, is terminated, or is rescinded by the proper authority, the following waivers and  
 213.18 modifications to human services programs issued by the commissioner of human services  
 213.19 pursuant to Executive Orders 20-11 and 20-12 ~~that are required to comply with federal law~~  
 213.20 may remain in effect for the time period set out in applicable federal law or for the time  
 213.21 period set out in any applicable federally approved waiver or state plan amendment,  
 213.22 whichever is later:

213.23 (1) CV15: allowing telephone or video visits for waiver programs;

213.24 (2) CV17: preserving health care coverage for Medical Assistance and MinnesotaCare;

213.25 (3) CV18: implementation of federal changes to the Supplemental Nutrition Assistance  
 213.26 Program;

213.27 (4) CV20: eliminating cost-sharing for COVID-19 diagnosis and treatment;

213.28 (5) CV24: allowing telephone or video use for targeted case management visits;

213.29 (6) CV30: expanding telemedicine in health care, mental health, and substance use  
 213.30 disorder settings;

214.1 (7) CV37: implementation of federal changes to the Supplemental Nutrition Assistance  
214.2 Program;

214.3 (8) CV39: implementation of federal changes to the Supplemental Nutrition Assistance  
214.4 Program;

214.5 (9) CV42: implementation of federal changes to the Supplemental Nutrition Assistance  
214.6 Program;

214.7 (10) CV43: expanding remote home and community-based waiver services;

214.8 (11) CV44: allowing remote delivery of adult day services;

214.9 (12) CV59: modifying eligibility period for the federally funded Refugee Cash Assistance  
214.10 Program;

214.11 (13) CV60: modifying eligibility period for the federally funded Refugee Social Services  
214.12 Program; and

214.13 (14) CV109: providing 15 percent increase for Minnesota Food Assistance Program and  
214.14 Minnesota Family Investment Program maximum food benefits.

214.15 Sec. 57. Laws 2021, First Special Session chapter 7, article 11, section 38, is amended to  
214.16 read:

214.17 Sec. 38. **DIRECTION TO THE COMMISSIONER; SUBSTANCE USE DISORDER**  
214.18 **TREATMENT PAPERWORK REDUCTION.**

214.19 (a) The commissioner of human services, in consultation with counties, tribes, managed  
214.20 care organizations, substance use disorder treatment professional associations, and other  
214.21 relevant stakeholders, shall develop, assess, and recommend systems improvements to  
214.22 minimize regulatory paperwork and improve systems for substance use disorder programs  
214.23 licensed under Minnesota Statutes, chapter 245A, and regulated under Minnesota Statutes,  
214.24 chapters 245F and 245G, and Minnesota Rules, chapters 2960 and 9530. The commissioner  
214.25 of human services shall make available any resources needed from other divisions within  
214.26 the department to implement systems improvements.

214.27 (b) The commissioner of health shall make available needed information and resources  
214.28 from the Division of Health Policy.

214.29 (c) The Office of MN.IT Services shall provide advance consultation and implementation  
214.30 of the changes needed in data systems.

215.1 (d) The commissioner of human services shall contract with a vendor that has experience  
215.2 with developing statewide system changes for multiple states at the payer and provider  
215.3 levels. If the commissioner, after exercising reasonable diligence, is unable to secure a  
215.4 vendor with the requisite qualifications, the commissioner may select the best qualified  
215.5 vendor available. When developing recommendations, the commissioner shall consider  
215.6 input from all stakeholders. The commissioner's recommendations shall maximize benefits  
215.7 for clients and utility for providers, regulatory agencies, and payers.

215.8 (e) The commissioner of human services and the contracted vendor shall follow the  
215.9 recommendations from the report issued in response to Laws 2019, First Special Session  
215.10 chapter 9, article 6, section 76.

215.11 (f) ~~By December 15, 2022~~ Within two years of contracting with a qualified vendor  
215.12 according to paragraph (d), the commissioner of human services shall take steps to implement  
215.13 paperwork reductions and systems improvements within the commissioner's authority and  
215.14 submit to the chairs and ranking minority members of the legislative committees with  
215.15 jurisdiction over health and human services a report that includes recommendations for  
215.16 changes in statutes that would further enhance systems improvements to reduce paperwork.  
215.17 The report shall include a summary of the approaches developed and assessed by the  
215.18 commissioner of human services and stakeholders and the results of any assessments  
215.19 conducted.

215.20 **Sec. 58. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**  
215.21 **INFORMED CHOICE UPON CLOSURE.**

215.22 The commissioner of human services shall direct department staff, lead agency staff,  
215.23 and lead agency partners to ensure that solutions to workforce shortages in licensed home  
215.24 and community-based disability settings are consistent with the state's policy priority of  
215.25 informed choice and the integration mandate under the state's Olmstead Plan. Specifically,  
215.26 the commissioner shall direct department staff, lead agency staff, and lead agency partners  
215.27 to ensure that when a licensed setting cannot continue providing services as a result of  
215.28 staffing shortages, a person who had been receiving services in that setting is not discharged  
215.29 to a more restrictive setting than the person was in previously and the person receives an  
215.30 informed choice process about how and where the person will receive services following  
215.31 the suspension or closure of the program or setting in which the person had previously been  
215.32 receiving services.

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

216.1 Sec. 59. **REVISOR INSTRUCTION.**

216.2 The revisor of statutes shall change the term "chemical dependency" or similar terms to  
216.3 "substance use disorder" wherever the term appears in Minnesota Statutes. The revisor may  
216.4 make grammatical changes related to the term change.

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

216.6 **ARTICLE 9**

216.7 **CONTINUING CARE FOR OLDER ADULTS POLICY**

216.8 Section 1. Minnesota Statutes 2020, section 245A.14, subdivision 14, is amended to read:

216.9 Subd. 14. **Attendance records for publicly funded services.** (a) A child care center  
216.10 licensed under this chapter and according to Minnesota Rules, chapter 9503, must maintain  
216.11 documentation of actual attendance for each child receiving care for which the license holder  
216.12 is reimbursed by a governmental program. The records must be accessible to the  
216.13 commissioner during the program's hours of operation, they must be completed on the actual  
216.14 day of attendance, and they must include:

216.15 (1) the first and last name of the child;

216.16 (2) the time of day that the child was dropped off; and

216.17 (3) the time of day that the child was picked up.

216.18 (b) A family child care provider licensed under this chapter and according to Minnesota  
216.19 Rules, chapter 9502, must maintain documentation of actual attendance for each child  
216.20 receiving care for which the license holder is reimbursed for the care of that child by a  
216.21 governmental program. The records must be accessible to the commissioner during the  
216.22 program's hours of operation, they must be completed on the actual day of attendance, and  
216.23 they must include:

216.24 (1) the first and last name of the child;

216.25 (2) the time of day that the child was dropped off; and

216.26 (3) the time of day that the child was picked up.

216.27 (c) An adult day services program licensed under this chapter and according to Minnesota  
216.28 Rules, parts 9555.5105 to 9555.6265, must maintain documentation of actual attendance  
216.29 for each adult day service recipient for which the license holder is reimbursed by a  
216.30 governmental program. The records must be accessible to the commissioner during the



217.1 program's hours of operation, they must be completed on the actual day of attendance, and  
217.2 they must include:

217.3 (1) the first, middle, and last name of the recipient;

217.4 (2) the time of day that the recipient was dropped off; and

217.5 (3) the time of day that the recipient was picked up.

217.6 (d) ~~The commissioner shall not issue a correction for attendance record errors that occur~~  
217.7 ~~before August 1, 2013.~~ Adult day services programs licensed under this chapter that are  
217.8 designated for remote adult day services must maintain documentation of actual participation  
217.9 for each adult day service recipient for whom the license holder is reimbursed by a  
217.10 governmental program. The records must be accessible to the commissioner during the  
217.11 program's hours of operation, must be completed on the actual day service is provided, and  
217.12 must include the:

217.13 (1) first, middle, and last name of the recipient;

217.14 (2) time of day the remote services started;

217.15 (3) time of day that the remote services ended; and

217.16 (4) means by which the remote services were provided, through audio remote services  
217.17 or through audio and video remote services.

217.18 **EFFECTIVE DATE.** This section is effective January 1, 2023.

217.19 **Sec. 2. [245A.70] REMOTE ADULT DAY SERVICES.**

217.20 (a) For the purposes of sections 245A.70 to 245A.75, the following terms have the  
217.21 meanings given.

217.22 (b) "Adult day care" and "adult day services" have the meanings given in section 245A.02,  
217.23 subdivision 2a.

217.24 (c) "Remote adult day services" means an individualized and coordinated set of services  
217.25 provided via live two-way communication by an adult day care or adult day services center.

217.26 (d) "Live two-way communication" means real-time audio or audio and video  
217.27 transmission of information between a participant and an actively involved staff member.

218.1 Sec. 3. **[245A.71] APPLICABILITY AND SCOPE.**

218.2 Subdivision 1. **Licensing requirements.** Adult day care centers or adult day services  
218.3 centers that provide remote adult day services must be licensed under this chapter and  
218.4 comply with the requirements set forth in this section.

218.5 Subd. 2. **Standards for licensure.** License holders seeking to provide remote adult day  
218.6 services must submit a request in the manner prescribed by the commissioner. Remote adult  
218.7 day services must not be delivered until approved by the commissioner. The designation to  
218.8 provide remote services is voluntary for license holders. Upon approval, the designation of  
218.9 approval for remote adult day services shall be printed on the center's license, and identified  
218.10 on the commissioner's public website.

218.11 Subd. 3. **Federal requirements.** Adult day care centers or adult day services centers  
218.12 that provide remote adult day services to participants receiving alternative care under section  
218.13 256B.0913, essential community supports under section 256B.0922, or home and  
218.14 community-based services waivers under chapter 256S or section 256B.092 or 256B.49,  
218.15 must comply with federally approved waiver plans.

218.16 Subd. 4. **Service limitations.** Remote adult day services must be provided during the  
218.17 days and hours of in-person services specified on the license of the adult day care center.

218.18 Sec. 4. **[245A.72] RECORD REQUIREMENTS.**

218.19 Adult day centers and adult day services centers providing remote adult day services  
218.20 must comply with participant record requirements set forth in Minnesota Rules, part  
218.21 9555.9660. The center must document how remote services will help a participant reach  
218.22 the short- and long-term objectives in the participant's plan of care.

218.23 Sec. 5. **[245A.73] REMOTE ADULT DAY SERVICES STAFF.**

218.24 Subdivision 1. **Staff ratios.** (a) A staff person who provides remote adult day services  
218.25 without two-way interactive video must only provide services to one participant at a time.

218.26 (b) A staff person who provides remote adult day services through two-way interactive  
218.27 video must not provide services to more than eight participants at one time.

218.28 Subd. 2. **Staff training.** A center licensed under section 245A.71 must document training  
218.29 provided to each staff person regarding the provision of remote services in the staff person's  
218.30 record. The training must be provided prior to a staff person delivering remote adult day  
218.31 services without supervision. The training must include:

219.1 (1) how to use the equipment, technology, and devices required to provide remote adult  
219.2 day services via live two-way communication;

219.3 (2) orientation and training on each participant's plan of care as directly related to remote  
219.4 adult day services; and

219.5 (3) direct observation by a manager or supervisor of the staff person while providing  
219.6 supervised remote service delivery sufficient to assess staff competency.

219.7 **Sec. 6. [245A.74] INDIVIDUAL SERVICE PLANNING.**

219.8 Subdivision 1. **Eligibility.** (a) A person must be eligible for and receiving in-person  
219.9 adult day services to receive remote adult day services from the same provider. The same  
219.10 provider must deliver both in-person adult day services and remote adult day services to a  
219.11 participant.

219.12 (b) The license holder must update the participant's plan of care according to Minnesota  
219.13 Rules, part 9555.9700.

219.14 (c) For a participant who chooses to receive remote adult day services, the license holder  
219.15 must document in the participant's plan of care the participant's proposed schedule and  
219.16 frequency for receiving both in-person and remote services. The license holder must also  
219.17 document in the participant's plan of care that remote services:

219.18 (1) are chosen as a service delivery method by the participant or legal representative;

219.19 (2) will meet the participant's assessed needs;

219.20 (3) are provided within the scope of adult day services; and

219.21 (4) will help the participant achieve identified short- and long-term objectives specific  
219.22 to the provision of remote adult day services.

219.23 Subd. 2. **Participant daily service limitations.** In a 24-hour period, a participant may  
219.24 receive:

219.25 (1) a combination of in-person adult day services and remote adult day services on the  
219.26 same day but not at the same time;

219.27 (2) a combination of in-person and remote adult day services that does not exceed 12  
219.28 hours in total; and

219.29 (3) up to six hours of remote adult day services.

219.30 Subd. 3. **Minimum in-person requirement.** A participant who receives remote services  
219.31 must receive services in person as assigned in the participant's plan of care at least quarterly.

220.1 Sec. 7. [245A.75] SERVICE AND PROGRAM REQUIREMENTS.

220.2 Remote adult day services must be in the scope of adult day services provided in  
 220.3 Minnesota Rules, part 9555.9710, subparts 3 to 7.

220.4 EFFECTIVE DATE. This section is effective January 1, 2023.

220.5 **ARTICLE 10**

220.6 **CHILDREN AND FAMILY SERVICES POLICY**

220.7 Section 1. Minnesota Statutes 2020, section 256E.33, subdivision 1, is amended to read:

220.8 Subdivision 1. **Definitions.** (a) The definitions in this subdivision apply to this section.

220.9 (b) "Transitional housing" means housing designed for independent living and provided  
 220.10 to a homeless person or family at a rental rate of at least 25 percent of the family income  
 220.11 for a period of up to ~~24~~ 36 months. If a transitional housing program is associated with a  
 220.12 licensed facility or shelter, it must be located in a separate facility or a specified section of  
 220.13 the main facility where residents can be responsible for their own meals and other daily  
 220.14 needs.

220.15 (c) "Support services" means an assessment service that identifies the needs of individuals  
 220.16 for independent living and arranges or provides for the appropriate educational, social, legal,  
 220.17 advocacy, child care, employment, financial, health care, or information and referral services  
 220.18 to meet these needs.

220.19 Sec. 2. Minnesota Statutes 2020, section 256E.33, subdivision 2, is amended to read:

220.20 Subd. 2. **Establishment and administration.** A transitional housing program is  
 220.21 established to be administered by the commissioner. The commissioner may make grants  
 220.22 to eligible recipients or enter into agreements with community action agencies or other  
 220.23 public or private nonprofit agencies to make grants to eligible recipients to initiate, maintain,  
 220.24 or expand programs to provide transitional housing and support services for persons in need  
 220.25 of transitional housing, which may include up to six months of follow-up support services  
 220.26 for persons who complete transitional housing as they stabilize in permanent housing. The  
 220.27 commissioner must ensure that money appropriated to implement this section is distributed  
 220.28 as soon as practicable. The commissioner may make grants directly to eligible recipients.  
 220.29 The commissioner may extend use ~~up to ten percent of the appropriation available for~~ of  
 220.30 this program for persons needing assistance longer than ~~24~~ 36 months.

221.1 Sec. 3. Minnesota Statutes 2020, section 256E.35, subdivision 1, is amended to read:

221.2 Subdivision 1. **Establishment.** The Minnesota family assets for independence initiative  
221.3 is established to provide incentives for low-income families to accrue assets for education,  
221.4 housing, vehicles, emergencies, and economic development purposes.

221.5 Sec. 4. Minnesota Statutes 2020, section 256E.35, subdivision 2, is amended to read:

221.6 Subd. 2. **Definitions.** (a) The definitions in this subdivision apply to this section.

221.7 (b) "Eligible educational institution" means the following:

221.8 (1) an institution of higher education described in section 101 or 102 of the Higher  
221.9 Education Act of 1965; or

221.10 (2) an area vocational education school, as defined in subparagraph (C) or (D) of United  
221.11 States Code, title 20, chapter 44, section 2302 (3) (the Carl D. Perkins Vocational and  
221.12 Applied Technology Education Act), which is located within any state, as defined in United  
221.13 States Code, title 20, chapter 44, section 2302 (30). This clause is applicable only to the  
221.14 extent section 2302 is in effect on August 1, 2008.

221.15 (c) "Family asset account" means a savings account opened by a household participating  
221.16 in the Minnesota family assets for independence initiative.

221.17 (d) "Fiduciary organization" means:

221.18 (1) a community action agency that has obtained recognition under section 256E.31;

221.19 (2) a federal community development credit union ~~servicing the seven-county metropolitan~~  
221.20 ~~area; or~~

221.21 (3) a women-oriented economic development agency ~~servicing the seven-county~~  
221.22 ~~metropolitan area;~~

221.23 (4) a federally recognized Tribal nation; or

221.24 (5) a nonprofit organization, as defined under section 501(c)(3) of the Internal Revenue  
221.25 Code.

221.26 (e) "Financial coach" means a person who:

221.27 (1) has completed an intensive financial literacy training workshop that includes  
221.28 curriculum on budgeting to increase savings, debt reduction and asset building, building a  
221.29 good credit rating, and consumer protection;

222.1 (2) participates in ongoing statewide family assets for independence in Minnesota (FAIM)  
 222.2 network training meetings under FAIM program supervision; and

222.3 (3) provides financial coaching to program participants under subdivision 4a.

222.4 (f) "Financial institution" means a bank, bank and trust, savings bank, savings association,  
 222.5 or credit union, the deposits of which are insured by the Federal Deposit Insurance  
 222.6 Corporation or the National Credit Union Administration.

222.7 (g) "Household" means all individuals who share use of a dwelling unit as primary  
 222.8 quarters for living and eating separate from other individuals.

222.9 (h) "Permissible use" means:

222.10 (1) postsecondary educational expenses at an eligible educational institution as defined  
 222.11 in paragraph (b), including books, supplies, and equipment required for courses of instruction;

222.12 (2) acquisition costs of acquiring, constructing, or reconstructing a residence, including  
 222.13 any usual or reasonable settlement, financing, or other closing costs;

222.14 (3) business capitalization expenses for expenditures on capital, plant, equipment, working  
 222.15 capital, and inventory expenses of a legitimate business pursuant to a business plan approved  
 222.16 by the fiduciary organization;

222.17 (4) acquisition costs of a principal residence within the meaning of section 1034 of the  
 222.18 Internal Revenue Code of 1986 which do not exceed 100 percent of the average area purchase  
 222.19 price applicable to the residence determined according to section 143(e)(2) and (3) of the  
 222.20 Internal Revenue Code of 1986; ~~and~~

222.21 (5) acquisition costs of a personal vehicle only if approved by the fiduciary organization;

222.22 (6) contributions to an emergency savings account; and

222.23 (7) contributions to a Minnesota 529 savings plan.

222.24 Sec. 5. Minnesota Statutes 2020, section 256E.35, subdivision 4a, is amended to read:

222.25 Subd. 4a. **Financial coaching.** A financial coach shall provide the following to program  
 222.26 participants:

222.27 (1) financial education relating to budgeting, debt reduction, asset-specific training,  
 222.28 credit building, and financial stability activities;

222.29 (2) asset-specific training related to buying a home or vehicle, acquiring postsecondary  
 222.30 education, ~~or~~ starting or expanding a small business, saving for emergencies, or saving for  
 222.31 a child's education; and

223.1 (3) financial stability education and training to improve and sustain financial security.

223.2 Sec. 6. Minnesota Statutes 2020, section 256E.35, subdivision 6, is amended to read:

223.3 Subd. 6. **Withdrawal; matching; permissible uses.** (a) To receive a match, a  
 223.4 participating household must transfer funds withdrawn from a family asset account to its  
 223.5 matching fund custodial account held by the fiscal agent, according to the family asset  
 223.6 agreement. The fiscal agent must determine if the match request is for a permissible use  
 223.7 consistent with the household's family asset agreement.

223.8 (b) The fiscal agent must ensure the household's custodial account contains the applicable  
 223.9 matching funds to match the balance in the household's account, including interest, on at  
 223.10 least a quarterly basis and at the time of an approved withdrawal. Matches must be a  
 223.11 contribution of \$3 from state grant or TANF funds for every \$1 of funds withdrawn from  
 223.12 the family asset account not to exceed a \$6,000 lifetime limit.

223.13 (c) Notwithstanding paragraph (b), if funds are appropriated for the Federal Assets for  
 223.14 Independence Act of 1998, and a participating fiduciary organization is awarded a grant  
 223.15 under that act, participating households with that fiduciary organization must be provided  
 223.16 matches as follows:

223.17 (1) from state grant and TANF funds, a matching contribution of \$1.50 for every \$1 of  
 223.18 funds withdrawn from the family asset account not to exceed a ~~\$3,000~~ \$4,500 lifetime limit;  
 223.19 and

223.20 (2) from nonstate funds, a matching contribution of not less than \$1.50 for every \$1 of  
 223.21 funds withdrawn from the family asset account not to exceed a ~~\$3,000~~ \$4,500 lifetime limit.

223.22 (d) Upon receipt of transferred custodial account funds, the fiscal agent must make a  
 223.23 direct payment to the vendor of the goods or services for the permissible use.

223.24 Sec. 7. Minnesota Statutes 2020, section 256E.35, subdivision 7, is amended to read:

223.25 Subd. 7. **Program reporting.** The fiscal agent on behalf of each fiduciary organization  
 223.26 participating in a family assets for independence initiative must report quarterly to the  
 223.27 commissioner of human services identifying the participants with accounts, the number of  
 223.28 accounts, the amount of savings and matches for each participant's account, the uses of the  
 223.29 account, and the number of businesses, homes, vehicles, and educational services paid for  
 223.30 with money from the account, and the amount of contributions to Minnesota 529 savings  
 223.31 plans and emergency savings accounts, as well as other information that may be required

224.1 for the commissioner to administer the program and meet federal TANF reporting  
224.2 requirements.

224.3 Sec. 8. Minnesota Statutes 2020, section 256K.45, subdivision 6, is amended to read:

224.4 Subd. 6. **Funding.** Funds appropriated for this section may be expended on programs  
224.5 described under subdivisions 3 to 5 and 8, technical assistance, and capacity building to  
224.6 meet the greatest need on a statewide basis. The commissioner will provide outreach,  
224.7 technical assistance, and program development support to increase capacity to new and  
224.8 existing service providers to better meet needs statewide, particularly in areas where services  
224.9 for homeless youth have not been established, especially in greater Minnesota.

224.10 Sec. 9. Minnesota Statutes 2020, section 256K.45, is amended by adding a subdivision to  
224.11 read:

224.12 Subd. 7. **Awarding of grants.** (a) Grants awarded under this section shall not be used  
224.13 for any activity other than the authorized activities under this section, and the commissioner  
224.14 shall not create additional eligibility criteria or restrictions on the grant money.

224.15 (b) Grants shall be awarded under this section only after a review of the grant recipient's  
224.16 application materials, including past performance and utilization of grant money. The  
224.17 commissioner shall not reduce an existing grant award amount unless the commissioner  
224.18 first determines that the grant recipient has failed to meet performance measures or has used  
224.19 grant money improperly.

224.20 (c) For grants awarded pursuant to a two-year grant contract, the commissioner shall  
224.21 permit grant recipients to carry over any unexpended amount from the first contract year  
224.22 to the second contract year.

224.23 Sec. 10. Minnesota Statutes 2020, section 256K.45, is amended by adding a subdivision  
224.24 to read:

224.25 Subd. 8. **Provider repair or improvement grants.** (a) Providers that serve homeless  
224.26 youth under this section may apply for a grant of up to \$100,000 under this subdivision to  
224.27 make minor or mechanical repairs or improvements to a facility providing services to  
224.28 homeless youth or youth at risk of homelessness.

224.29 (b) Grant applications under this subdivision must include a description of the repairs  
224.30 or improvements and the estimated cost of the repairs or improvements.



225.1 (c) Grantees under this subdivision cannot receive grant funds under this subdivision  
225.2 for two consecutive years.

225.3 Sec. 11. Minnesota Statutes 2021 Supplement, section 256P.02, subdivision 1a, is amended  
225.4 to read:

225.5 Subd. 1a. **Exemption.** Participants who qualify for child care assistance programs under  
225.6 chapter 119B are exempt from this section, except that the personal property identified in  
225.7 subdivision 2 is counted toward the asset limit of the child care assistance program under  
225.8 chapter 119B. Vehicles under subdivision 3 and accounts under subdivision 4 are not counted  
225.9 toward the asset limit of the child care assistance program under chapter 119B.

225.10 Sec. 12. Minnesota Statutes 2021 Supplement, section 256P.02, subdivision 2, is amended  
225.11 to read:

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

225.15 (1) cash;

225.16 (2) bank accounts not excluded under subdivision 4;

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

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

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

225.20 Sec. 13. Minnesota Statutes 2020, section 256P.02, is amended by adding a subdivision  
225.21 to read:

225.22 Subd. 4. **Account exception.** Family asset accounts under section 256E.35 and individual  
225.23 development accounts authorized under the Assets for Independence Act, Title IV of the  
225.24 Community Opportunities, Accountability, and Training and Educational Services Human  
225.25 Services Reauthorization Act of 1998, Public Law 105-285, shall be excluded when  
225.26 determining the equity value of personal property.

225.27 Sec. 14. Minnesota Statutes 2020, section 256P.04, subdivision 11, is amended to read:

225.28 Subd. 11. **Participant's completion of household report form.** (a) When a participant  
225.29 is required to complete a household report form, the following paragraphs apply.

226.1 (b) If the agency receives an incomplete household report form, the agency must  
226.2 immediately ~~return the incomplete form and clearly state what the participant must do for~~  
226.3 ~~the form to be complete~~ contact the participant by phone or in writing to acquire the necessary  
226.4 information to complete the form.

226.5 (c) The automated eligibility system must send a notice of proposed termination of  
226.6 assistance to the participant if a complete household report form is not received by the  
226.7 agency. The automated notice must be mailed to the participant by approximately the 16th  
226.8 of the month. When a participant submits an incomplete form on or after the date a notice  
226.9 of proposed termination has been sent, the termination is valid unless the participant submits  
226.10 a complete form before the end of the month.

226.11 (d) The submission of a household report form is considered to have continued the  
226.12 participant's application for assistance if a complete household report form is received within  
226.13 a calendar month after the month in which the form was due. Assistance shall be paid for  
226.14 the period beginning with the first day of that calendar month.

226.15 (e) An agency must allow good cause exemptions for a participant required to complete  
226.16 a household report form when any of the following factors cause a participant to fail to  
226.17 submit a completed household report form before the end of the month in which the form  
226.18 is due:

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

226.20 (2) the agency does not help a participant complete the household report form when the  
226.21 participant asks for help;

226.22 (3) a participant does not receive a household report form due to a mistake on the part  
226.23 of the department or the agency or a reported change in address;

226.24 (4) a participant is ill or physically or mentally incapacitated; or

226.25 (5) some other circumstance occurs that a participant could not avoid with reasonable  
226.26 care which prevents the participant from providing a completed household report form  
226.27 before the end of the month in which the form is due.

226.28 Sec. 15. Minnesota Statutes 2021 Supplement, section 256P.06, subdivision 3, is amended  
226.29 to read:

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

226.32 (1) earned income; and

- 227.1 (2) unearned income, which includes:
- 227.2 (i) interest and dividends from investments and savings;
- 227.3 (ii) capital gains as defined by the Internal Revenue Service from any sale of real property;
- 227.4 (iii) proceeds from rent and contract for deed payments in excess of the principal and
- 227.5 interest portion owed on property;
- 227.6 (iv) income from trusts, excluding special needs and supplemental needs trusts;
- 227.7 (v) interest income from loans made by the participant or household;
- 227.8 (vi) cash prizes and winnings;
- 227.9 (vii) unemployment insurance income that is received by an adult member of the
- 227.10 assistance unit unless the individual receiving unemployment insurance income is:
- 227.11 (A) 18 years of age and enrolled in a secondary school; or
- 227.12 (B) 18 or 19 years of age, a caregiver, and is enrolled in school at least half-time;
- 227.13 (viii) retirement, survivors, and disability insurance payments;
- 227.14 (ix) nonrecurring income over \$60 per quarter unless the nonrecurring income is: (A)
- 227.15 from tax refunds, tax rebates, or tax credits; (B) a reimbursement, rebate, award, grant, or
- 227.16 refund of personal or real property or costs or losses incurred when these payments are
- 227.17 made by: a public agency; a court; solicitations through public appeal; a federal, state, or
- 227.18 local unit of government; or a disaster assistance organization; (C) provided as an in-kind
- 227.19 benefit; or (D) earmarked and used for the purpose for which it was intended, subject to
- 227.20 verification requirements under section 256P.04;
- 227.21 (x) retirement benefits;
- 227.22 (xi) cash assistance benefits, as defined by each program in chapters 119B, 256D, 256I,
- 227.23 and 256J;
- 227.24 (xii) Tribal per capita payments unless excluded by federal and state law;
- 227.25 ~~(xiii) income and payments from service and rehabilitation programs that meet or exceed~~
- 227.26 ~~the state's minimum wage rate;~~
- 227.27 ~~(xiv)~~ (xiii) income from members of the United States armed forces unless excluded
- 227.28 from income taxes according to federal or state law;
- 227.29 ~~(xv)~~ (xiv) all child support payments for programs under chapters 119B, 256D, and 256I;

228.1 ~~(xvi)~~ (xv) the amount of child support received that exceeds \$100 for assistance units  
228.2 with one child and \$200 for assistance units with two or more children for programs under  
228.3 chapter 256J;

228.4 ~~(xvii)~~ (xvi) spousal support; and

228.5 ~~(xviii)~~ (xvii) workers' compensation.

228.6 Sec. 16. Minnesota Statutes 2020, section 260.012, is amended to read:

228.7 **260.012 DUTY TO ENSURE PLACEMENT PREVENTION AND FAMILY**  
228.8 **REUNIFICATION; REASONABLE EFFORTS.**

228.9 (a) Once a child alleged to be in need of protection or services is under the court's  
228.10 jurisdiction, the court shall ensure that reasonable efforts, including culturally appropriate  
228.11 services and practices, by the social services agency are made to prevent placement or to  
228.12 eliminate the need for removal and to reunite the child with the child's family at the earliest  
228.13 possible time, and the court must ensure that the responsible social services agency makes  
228.14 reasonable efforts to finalize an alternative permanent plan for the child as provided in  
228.15 paragraph (e). In determining reasonable efforts to be made with respect to a child and in  
228.16 making those reasonable efforts, the child's best interests, health, and safety must be of  
228.17 paramount concern. Reasonable efforts to prevent placement and for rehabilitation and  
228.18 reunification are always required except upon a determination by the court that a petition  
228.19 has been filed stating a prima facie case that:

228.20 (1) the parent has subjected a child to egregious harm as defined in section 260C.007,  
228.21 subdivision 14;

228.22 (2) the parental rights of the parent to another child have been terminated involuntarily;

228.23 (3) the child is an abandoned infant under section 260C.301, subdivision 2, paragraph  
228.24 (a), clause (2);

228.25 (4) the parent's custodial rights to another child have been involuntarily transferred to a  
228.26 relative under Minnesota Statutes 2010, section 260C.201, subdivision 11, paragraph (d),  
228.27 clause (1), section 260C.515, subdivision 4, or a similar law of another jurisdiction;

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

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

229.1 (7) the provision of services or further services for the purpose of reunification is futile  
229.2 and therefore unreasonable under the circumstances.

229.3 (b) When the court makes one of the prima facie determinations under paragraph (a),  
229.4 either permanency pleadings under section 260C.505, or a termination of parental rights  
229.5 petition under sections 260C.141 and 260C.301 must be filed. A permanency hearing under  
229.6 sections 260C.503 to 260C.521 must be held within 30 days of this determination.

229.7 (c) In the case of an Indian child, in proceedings under sections 260B.178, 260C.178,  
229.8 260C.201, 260C.202, 260C.204, 260C.301, or 260C.503 to 260C.521, the juvenile court  
229.9 must make findings and conclusions consistent with the Indian Child Welfare Act of 1978,  
229.10 United States Code, title 25, section 1901 et seq., as to the provision of active efforts. In  
229.11 cases governed by the Indian Child Welfare Act of 1978, United States Code, title 25, section  
229.12 1901, the responsible social services agency must provide active efforts as required under  
229.13 United States Code, title 25, section 1911(d).

229.14 (d) "Reasonable efforts to prevent placement" means:

229.15 (1) the agency has made reasonable efforts to prevent the placement of the child in foster  
229.16 care by working with the family to develop and implement a safety plan that is individualized  
229.17 to the needs of the child and the child's family and may include support persons from the  
229.18 child's extended family, kin network, and community; or

229.19 (2) the agency has demonstrated to the court that, given the particular circumstances of  
229.20 the child and family at the time of the child's removal, there are no services or efforts  
229.21 available ~~which~~ that could allow the child to safely remain in the home.

229.22 (e) "Reasonable efforts to finalize a permanent plan for the child" means due diligence  
229.23 by the responsible social services agency to:

229.24 (1) reunify the child with the parent or guardian from whom the child was removed;

229.25 (2) assess a noncustodial parent's ability to provide day-to-day care for the child and,  
229.26 where appropriate, provide services necessary to enable the noncustodial parent to safely  
229.27 provide the care, as required by section 260C.219;

229.28 (3) conduct a relative search to identify and provide notice to adult relatives, and engage  
229.29 relatives in case planning and permanency planning, as required under section 260C.221;

229.30 (4) consider placing the child with relatives in the order specified in section 260C.212,  
229.31 subdivision 2, paragraph (a);

230.1 ~~(4)~~ (5) place siblings removed from their home in the same home for foster care or  
 230.2 adoption, or transfer permanent legal and physical custody to a relative. Visitation between  
 230.3 siblings who are not in the same foster care, adoption, or custodial placement or facility  
 230.4 shall be consistent with section 260C.212, subdivision 2; and

230.5 ~~(5)~~ (6) when the child cannot return to the parent or guardian from whom the child was  
 230.6 removed, to plan for and finalize a safe and legally permanent alternative home for the child,  
 230.7 and considers permanent alternative homes for the child inside or outside of the state,  
 230.8 preferably with a relative in the order specified in section 260C.212, subdivision 2, paragraph  
 230.9 (a), through adoption or transfer of permanent legal and physical custody of the child.

230.10 (f) Reasonable efforts are made upon the exercise of due diligence by the responsible  
 230.11 social services agency to use culturally appropriate and available services to meet the  
 230.12 individualized needs of the child and the child's family. Services may include those provided  
 230.13 by the responsible social services agency and other culturally appropriate services available  
 230.14 in the community. The responsible social services agency must select services for a child  
 230.15 and the child's family by collaborating with the child's family and, if appropriate, the child.  
 230.16 At each stage of the proceedings ~~where~~ when the court is required to review the  
 230.17 appropriateness of the responsible social services agency's reasonable efforts as described  
 230.18 in paragraphs (a), (d), and (e), the social services agency has the burden of demonstrating  
 230.19 that:

230.20 (1) ~~the agency~~ has made reasonable efforts to prevent placement of the child in foster  
 230.21 care, including that the agency considered or established a safety plan according to paragraph  
 230.22 (d), clause (1);

230.23 (2) ~~the agency~~ has made reasonable efforts to eliminate the need for removal of the  
 230.24 child from the child's home and to reunify the child with the child's family at the earliest  
 230.25 possible time;

230.26 (3) the agency has made reasonable efforts to finalize a permanent plan for the child  
 230.27 pursuant to paragraph (e);

230.28 ~~(3)~~ ~~the agency~~ (4) the agency has made reasonable efforts to finalize an alternative permanent  
 230.29 home for the child, and ~~considers~~ considered permanent alternative homes for the child  
 230.30 ~~inside or outside~~ in or out of the state, preferably with a relative in the order specified in  
 230.31 section 260C.212, subdivision 2, paragraph (a); or

230.32 ~~(4)~~ (5) reasonable efforts to prevent placement and to reunify the child with the parent  
 230.33 or guardian are not required. The agency may meet this burden by stating facts in a sworn  
 230.34 petition filed under section 260C.141, by filing an affidavit summarizing the agency's

231.1 reasonable efforts or facts that the agency believes demonstrate that there is no need for  
 231.2 reasonable efforts to reunify the parent and child, or through testimony or a certified report  
 231.3 required under juvenile court rules.

231.4 (g) Once the court determines that reasonable efforts for reunification are not required  
 231.5 because the court has made one of the prima facie determinations under paragraph (a), the  
 231.6 court may only require the agency to make reasonable efforts for reunification after a hearing  
 231.7 according to section 260C.163, ~~where~~ if the court finds that there is not clear and convincing  
 231.8 evidence of the facts upon which the court based ~~its~~ the court's prima facie determination.  
 231.9 ~~In this case when~~ If there is clear and convincing evidence that the child is in need of  
 231.10 protection or services, the court may find the child in need of protection or services and  
 231.11 order any of the dispositions available under section 260C.201, subdivision 1. Reunification  
 231.12 of a child with a parent is not required if the parent has been convicted of:

231.13 (1) a violation of, or an attempt or conspiracy to commit a violation of, sections 609.185  
 231.14 to 609.20; 609.222, subdivision 2; or 609.223 in regard to another child of the parent;

231.15 (2) a violation of section 609.222, subdivision 2; or 609.223, in regard to the child;

231.16 (3) a violation of, or an attempt or conspiracy to commit a violation of, United States  
 231.17 Code, title 18, section 1111(a) or 1112(a), in regard to another child of the parent;

231.18 (4) committing sexual abuse as defined in section 260E.03, against the child or another  
 231.19 child of the parent; or

231.20 (5) an offense that requires registration as a predatory offender under section 243.166,  
 231.21 subdivision 1b, paragraph (a) or (b).

231.22 (h) The juvenile court, in proceedings under sections 260B.178, 260C.178, 260C.201,  
 231.23 260C.202, 260C.204, 260C.301, or 260C.503 to 260C.521, shall make findings and  
 231.24 conclusions as to the provision of reasonable efforts. When determining whether reasonable  
 231.25 efforts have been made by the agency, the court shall consider whether services to the child  
 231.26 and family were:

231.27 (1) selected in collaboration with the child's family and, if appropriate, the child;

231.28 (2) tailored to the individualized needs of the child and child's family;

231.29 ~~(3)~~ (3) relevant to the safety and, protection, and well-being of the child;

231.30 ~~(2)~~ (4) adequate to meet the individualized needs of the child and family;

231.31 ~~(3)~~ (5) culturally appropriate;

231.32 ~~(4)~~ (6) available and accessible;

232.1 ~~(5)~~ (7) consistent and timely; and

232.2 ~~(6)~~ (8) realistic under the circumstances.

232.3 In the alternative, the court may determine that the provision of services or further services  
 232.4 for the purpose of rehabilitation is futile and therefore unreasonable under the circumstances  
 232.5 or that reasonable efforts are not required as provided in paragraph (a).

232.6 (i) This section does not prevent out-of-home placement for the treatment of a child with  
 232.7 a mental disability when it is determined to be medically necessary as a result of the child's  
 232.8 diagnostic assessment or the child's individual treatment plan indicates that appropriate and  
 232.9 necessary treatment cannot be effectively provided outside of a residential or inpatient  
 232.10 treatment program and the level or intensity of supervision and treatment cannot be  
 232.11 effectively and safely provided in the child's home or community and it is determined that  
 232.12 a residential treatment setting is the least restrictive setting that is appropriate to the needs  
 232.13 of the child.

232.14 (j) If continuation of reasonable efforts to prevent placement or reunify the child with  
 232.15 the parent or guardian from whom the child was removed is determined by the court to be  
 232.16 inconsistent with the permanent plan for the child or upon the court making one of the prima  
 232.17 facie determinations under paragraph (a), reasonable efforts must be made to place the child  
 232.18 in a timely manner in a safe and permanent home and to complete whatever steps are  
 232.19 necessary to legally finalize the permanent placement of the child.

232.20 (k) Reasonable efforts to place a child for adoption or in another permanent placement  
 232.21 may be made concurrently with reasonable efforts to prevent placement or to reunify the  
 232.22 child with the parent or guardian from whom the child was removed. When the responsible  
 232.23 social services agency decides to concurrently make reasonable efforts for both reunification  
 232.24 and permanent placement away from the parent under paragraph (a), the agency shall disclose  
 232.25 ~~its~~ the agency's decision and both plans for concurrent reasonable efforts to all parties and  
 232.26 the court. When the agency discloses ~~its~~ the agency's decision to proceed ~~on~~ with both plans  
 232.27 for reunification and permanent placement away from the parent, the court's review of the  
 232.28 agency's reasonable efforts shall include the agency's efforts under both plans.

232.29 Sec. 17. Minnesota Statutes 2020, section 260C.001, subdivision 3, is amended to read:

232.30 Subd. 3. **Permanency, termination of parental rights, and adoption.** The purpose of  
 232.31 the laws relating to permanency, termination of parental rights, and children who come  
 232.32 under the guardianship of the commissioner of human services is to ensure that:



233.1 (1) when required and appropriate, reasonable efforts have been made by the social  
 233.2 services agency to reunite the child with the child's parents in a home that is safe and  
 233.3 permanent;

233.4 (2) if placement with the parents is not reasonably foreseeable, to secure for the child a  
 233.5 safe and permanent placement according to the requirements of section 260C.212, subdivision  
 233.6 2, preferably ~~with adoptive parents~~ with a relative through an adoption or a transfer of  
 233.7 permanent legal and physical custody or, if that is not possible or in the best interests of the  
 233.8 child, ~~a fit and willing relative through transfer of permanent legal and physical custody to~~  
 233.9 ~~that relative~~ with a nonrelative caregiver through adoption; and

233.10 (3) when a child is under the guardianship of the commissioner of human services,  
 233.11 reasonable efforts are made to finalize an adoptive home for the child in a timely manner.

233.12 Nothing in this section requires reasonable efforts to prevent placement or to reunify  
 233.13 the child with the parent or guardian to be made in circumstances where the court has  
 233.14 determined that the child has been subjected to egregious harm, when the child is an  
 233.15 abandoned infant, the parent has involuntarily lost custody of another child through a  
 233.16 proceeding under section 260C.515, subdivision 4, or similar law of another state, the  
 233.17 parental rights of the parent to a sibling have been involuntarily terminated, or the court has  
 233.18 determined that reasonable efforts or further reasonable efforts to reunify the child with the  
 233.19 parent or guardian would be futile.

233.20 The paramount consideration in all proceedings for permanent placement of the child  
 233.21 under sections 260C.503 to 260C.521, or the termination of parental rights is the best interests  
 233.22 of the child. In proceedings involving an American Indian child, as defined in section  
 233.23 260.755, subdivision 8, the best interests of the child must be determined consistent with  
 233.24 the Indian Child Welfare Act of 1978, United States Code, title 25, section 1901, et seq.

233.25 Sec. 18. Minnesota Statutes 2020, section 260C.007, subdivision 27, is amended to read:

233.26 Subd. 27. **Relative.** "Relative" means a person related to the child by blood, marriage,  
 233.27 or adoption; the legal parent, guardian, or custodian of the child's siblings; or an individual  
 233.28 who is an important friend of the child or of the child's parent or custodian, including an  
 233.29 individual with whom the child has resided or had significant contact or who has a significant  
 233.30 relationship to the child or the child's parent or custodian.

234.1 Sec. 19. Minnesota Statutes 2020, section 260C.151, subdivision 6, is amended to read:

234.2 Subd. 6. **Immediate custody.** If the court makes individualized, explicit findings, based  
 234.3 on the notarized petition or sworn affidavit, that there are reasonable grounds to believe  
 234.4 that the child is in surroundings or conditions which ~~that~~ endanger the child's health, safety,  
 234.5 or welfare that require that responsibility for the child's care and custody be immediately  
 234.6 assumed by the responsible social services agency and that continuation of the child in the  
 234.7 custody of the parent or guardian is contrary to the child's welfare, the court may order that  
 234.8 the officer serving the summons take the child into immediate custody for placement of the  
 234.9 child in foster care, preferably with a relative. In ordering that responsibility for the care,  
 234.10 custody, and control of the child be assumed by the responsible social services agency, the  
 234.11 court is ordering emergency protective care as that term is defined in the juvenile court  
 234.12 rules.

234.13 Sec. 20. Minnesota Statutes 2020, section 260C.152, subdivision 5, is amended to read:

234.14 Subd. 5. **Notice to foster parents and preadoptive parents and relatives.** The foster  
 234.15 parents, if any, of a child and any preadoptive parent or relative providing care for the child  
 234.16 must be provided notice of and a right to be heard in any review or hearing to be held with  
 234.17 respect to the child. Any other relative may also request, and must be granted, a notice and  
 234.18 the opportunity right to be heard under this section. This subdivision does not require that  
 234.19 a foster parent, preadoptive parent, ~~or~~ relative providing care for the child, or any other  
 234.20 relative be made a party to a review or hearing solely on the basis of the notice and right to  
 234.21 be heard.

234.22 Sec. 21. Minnesota Statutes 2020, section 260C.175, subdivision 2, is amended to read:

234.23 Subd. 2. **Notice to parent or custodian and child; emergency placement with**  
 234.24 **relative.** ~~Whenever~~ (a) At the time that a peace officer takes a child into custody for relative  
 234.25 placement or shelter care or relative placement pursuant to subdivision 1, section 260C.151,  
 234.26 subdivision 5, or section 260C.154, the officer shall notify the child's parent or custodian  
 234.27 and the child, if the child is ten years of age or older, that under section 260C.181, subdivision  
 234.28 2, the parent or custodian or the child may request ~~that~~ to place the child ~~be placed~~ with a  
 234.29 relative ~~or a designated caregiver under chapter 257A~~ as defined in section 260C.007,  
 234.30 subdivision 27, instead of in a shelter care facility.

234.31 (b) When a child who is not alleged to be delinquent is taken into custody pursuant to  
 234.32 subdivision 1, clause (1) or (2), item (ii), and placement with an identified relative is

235.1 requested, the peace officer shall coordinate with the responsible social services agency to  
235.2 ensure the child's safety and well-being and comply with section 260C.181, subdivision 2.

235.3 (c) The officer also shall give the parent or custodian of the child a list of names,  
235.4 addresses, and telephone numbers of social services agencies that offer child welfare services.  
235.5 If the parent or custodian was not present when the child was removed from the residence,  
235.6 the list shall be left with an adult on the premises or left in a conspicuous place on the  
235.7 premises if no adult is present. If the officer has reason to believe the parent or custodian  
235.8 is not able to read and understand English, the officer must provide a list that is written in  
235.9 the language of the parent or custodian. The list shall be prepared by the commissioner of  
235.10 human services. The commissioner shall prepare lists for each county and provide each  
235.11 county with copies of the list without charge. The list shall be reviewed annually by the  
235.12 commissioner and updated if it is no longer accurate. Neither the commissioner nor any  
235.13 peace officer or the officer's employer shall be liable to any person for mistakes or omissions  
235.14 in the list. The list does not constitute a promise that any agency listed will ~~in fact~~ assist the  
235.15 parent or custodian.

235.16 Sec. 22. Minnesota Statutes 2020, section 260C.176, subdivision 2, is amended to read:

235.17 Subd. 2. **Reasons for detention.** (a) If the child is not released as provided in subdivision  
235.18 1, the person taking the child into custody shall notify the court as soon as possible of the  
235.19 detention of the child and the reasons for detention.

235.20 (b) No child taken into custody and placed in a relative's home or shelter care facility  
235.21 ~~or relative's home~~ by a peace officer pursuant to section 260C.175, subdivision 1, clause  
235.22 (1) or (2), item (ii), may be held in custody longer than 72 hours, excluding Saturdays,  
235.23 Sundays and holidays, unless a petition has been filed and the judge or referee determines  
235.24 pursuant to section 260C.178 that the child shall remain in custody or unless the court has  
235.25 made a finding of domestic abuse perpetrated by a minor after a hearing under Laws 1997,  
235.26 chapter 239, article 10, sections 2 to 26, in which case the court may extend the period of  
235.27 detention for an additional seven days, within which time the social services agency shall  
235.28 conduct an assessment and shall provide recommendations to the court regarding voluntary  
235.29 services or file a child in need of protection or services petition.

235.30 Sec. 23. Minnesota Statutes 2020, section 260C.178, subdivision 1, is amended to read:

235.31 Subdivision 1. **Hearing and release requirements.** (a) If a child was taken into custody  
235.32 under section 260C.175, subdivision 1, clause (1) or (2), item (ii), the court shall hold a  
235.33 hearing within 72 hours of the time that the child was taken into custody, excluding

236.1 Saturdays, Sundays, and holidays, to determine whether the child should continue to be in  
236.2 custody.

236.3 (b) Unless there is reason to believe that the child would endanger self or others or not  
236.4 return for a court hearing, or that the child's health or welfare would be immediately  
236.5 endangered, the child shall be released to the custody of a parent, guardian, custodian, or  
236.6 other suitable person, subject to reasonable conditions of release including, but not limited  
236.7 to, a requirement that the child undergo a chemical use assessment as provided in section  
236.8 260C.157, subdivision 1.

236.9 (c) If the court determines that there is reason to believe that the child would endanger  
236.10 self or others or not return for a court hearing, or that the child's health or welfare would be  
236.11 immediately endangered if returned to the care of the parent or guardian who has custody  
236.12 and from whom the child was removed, the court shall order the child:

236.13 (1) into the care of the child's noncustodial parent and order the noncustodial parent to  
236.14 comply with any conditions that the court determines appropriate to ensure the safety and  
236.15 care of the child, including requiring the noncustodial parent to cooperate with paternity  
236.16 establishment proceedings if the noncustodial parent has not been adjudicated the child's  
236.17 father; or

236.18 (2) into foster care as defined in section 260C.007, subdivision 18, under the legal  
236.19 responsibility of the responsible social services agency or responsible probation or corrections  
236.20 agency for the purposes of protective care as that term is used in the juvenile court rules or  
236.21 into the home of a noncustodial parent and order the noncustodial parent to comply with  
236.22 any conditions the court determines to be appropriate to the safety and care of the child,  
236.23 including cooperating with paternity establishment proceedings in the case of a man who  
236.24 has not been adjudicated the child's father. The court shall not give the responsible social  
236.25 services legal custody and order a trial home visit at any time prior to adjudication and  
236.26 disposition under section 260C.201, subdivision 1, paragraph (a), clause (3), but may order  
236.27 the child returned to the care of the parent or guardian who has custody and from whom the  
236.28 child was removed and order the parent or guardian to comply with any conditions the court  
236.29 determines to be appropriate to meet the safety, health, and welfare of the child.

236.30 (d) In determining whether the child's health or welfare would be immediately  
236.31 endangered, the court shall consider whether the child would reside with a perpetrator of  
236.32 domestic child abuse.

236.33 (e) The court, before determining whether a child should be placed in or continue in  
236.34 foster care under the protective care of the responsible agency, shall also make a

237.1 determination, consistent with section 260.012 as to whether reasonable efforts were made  
237.2 to prevent placement or whether reasonable efforts to prevent placement are not required.  
237.3 In the case of an Indian child, the court shall determine whether active efforts, according  
237.4 to section 260.762 and the Indian Child Welfare Act of 1978, United States Code, title 25,  
237.5 section 1912(d), were made to prevent placement. The court shall enter a finding that the  
237.6 responsible social services agency has made reasonable efforts to prevent placement when  
237.7 the agency establishes either:

237.8 (1) that ~~the agency~~ the agency has actually provided services or made efforts in an attempt to  
237.9 prevent the child's removal but that such services or efforts have not proven sufficient to  
237.10 permit the child to safely remain in the home; or

237.11 (2) that there are no services or other efforts that could be made at the time of the hearing  
237.12 that could safely permit the child to remain home or to return home. The court shall not  
237.13 make a reasonable efforts determination under this clause unless the court is satisfied that  
237.14 the agency has sufficiently demonstrated to the court that there were no services or other  
237.15 efforts that the agency was able to provide at the time of the hearing enabling the child to  
237.16 safely remain home or to safely return home. When reasonable efforts to prevent placement  
237.17 are required and there are services or other efforts that could be ordered ~~which~~ that would  
237.18 permit the child to safely return home, the court shall order the child returned to the care of  
237.19 the parent or guardian and the services or efforts put in place to ensure the child's safety.  
237.20 When the court makes a prima facie determination that one of the circumstances under  
237.21 paragraph (g) exists, the court shall determine that reasonable efforts to prevent placement  
237.22 and to return the child to the care of the parent or guardian are not required.

237.23 (f) If the court finds the social services agency's preventive or reunification efforts have  
237.24 not been reasonable but further preventive or reunification efforts could not permit the child  
237.25 to safely remain at home, the court may nevertheless authorize or continue the removal of  
237.26 the child.

237.27 ~~(g)~~ (g) The court may not order or continue the foster care placement of the child unless  
237.28 the court makes explicit, individualized findings that continued custody of the child by the  
237.29 parent or guardian would be contrary to the welfare of the child and that placement is in the  
237.30 best interest of the child.

237.31 ~~(g)~~ (h) At the emergency removal hearing, or at any time during the course of the  
237.32 proceeding, and upon notice and request of the county attorney, the court shall determine  
237.33 whether a petition has been filed stating a prima facie case that:

238.1 (1) the parent has subjected a child to egregious harm as defined in section 260C.007,  
238.2 subdivision 14;

238.3 (2) the parental rights of the parent to another child have been involuntarily terminated;

238.4 (3) the child is an abandoned infant under section 260C.301, subdivision 2, paragraph  
238.5 (a), clause (2);

238.6 (4) the parents' custodial rights to another child have been involuntarily transferred to a  
238.7 relative under Minnesota Statutes 2010, section 260C.201, subdivision 11, paragraph (e),  
238.8 clause (1); section 260C.515, subdivision 4; or a similar law of another jurisdiction;

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

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

238.13 (7) the provision of services or further services for the purpose of reunification is futile  
238.14 and therefore unreasonable.

238.15 ~~(h)~~ (i) When a petition to terminate parental rights is required under section 260C.301,  
238.16 subdivision 4, or 260C.503, subdivision 2, but the county attorney has determined not to  
238.17 proceed with a termination of parental rights petition, and has instead filed a petition to  
238.18 transfer permanent legal and physical custody to a relative under section 260C.507, the  
238.19 court shall schedule a permanency hearing within 30 days of the filing of the petition.

238.20 ~~(i)~~ (j) If the county attorney has filed a petition under section 260C.307, the court shall  
238.21 schedule a trial under section 260C.163 within 90 days of the filing of the petition except  
238.22 when the county attorney determines that the criminal case shall proceed to trial first under  
238.23 section 260C.503, subdivision 2, paragraph (c).

238.24 ~~(j)~~ (k) If the court determines the child should be ordered into foster care and the child's  
238.25 parent refuses to give information to the responsible social services agency regarding the  
238.26 child's father or relatives of the child, the court may order the parent to disclose the names,  
238.27 addresses, telephone numbers, and other identifying information to the responsible social  
238.28 services agency for the purpose of complying with sections 260C.150, 260C.151, 260C.212,  
238.29 260C.215, 260C.219, and 260C.221.

238.30 ~~(k)~~ (l) If a child ordered into foster care has siblings, whether full, half, or step, who are  
238.31 also ordered into foster care, the court shall inquire of the responsible social services agency  
238.32 of the efforts to place the children together as required by section 260C.212, subdivision 2,  
238.33 paragraph (d), if placement together is in each child's best interests, unless a child is in

239.1 placement for treatment or a child is placed with a previously noncustodial parent who is  
239.2 not a parent to all siblings. If the children are not placed together at the time of the hearing,  
239.3 the court shall inquire at each subsequent hearing of the agency's reasonable efforts to place  
239.4 the siblings together, as required under section 260.012. If any sibling is not placed with  
239.5 another sibling or siblings, the agency must develop a plan to facilitate visitation or ongoing  
239.6 contact among the siblings as required under section 260C.212, subdivision 1, unless it is  
239.7 contrary to the safety or well-being of any of the siblings to do so.

239.8 ~~(H)~~ (m) When the court has ordered the child into the care of a noncustodial parent or in  
239.9 foster care ~~or into the home of a noncustodial parent~~, the court may order a chemical  
239.10 dependency evaluation, mental health evaluation, medical examination, and parenting  
239.11 assessment for the parent as necessary to support the development of a plan for reunification  
239.12 required under subdivision 7 and section 260C.212, subdivision 1, or the child protective  
239.13 services plan under section 260E.26, and Minnesota Rules, part 9560.0228.

239.14 Sec. 24. Minnesota Statutes 2020, section 260C.181, subdivision 2, is amended to read:

239.15 Subd. 2. **Least restrictive setting.** Notwithstanding the provisions of subdivision 1, if  
239.16 the child had been taken into custody pursuant to section 260C.175, subdivision 1, clause  
239.17 (1) or (2), item (ii), and is not alleged to be delinquent, the child shall be detained in the  
239.18 least restrictive setting consistent with the child's health and welfare and in closest proximity  
239.19 to the child's family as possible. Placement may be with a child's relative, ~~a designated~~  
239.20 ~~caregiver under chapter 257A,~~ or, if no placement is available with a relative, in a shelter  
239.21 care facility. The placing officer shall comply with this section and shall document why a  
239.22 less restrictive setting will or will not be in the best interests of the child for placement  
239.23 purposes.

239.24 Sec. 25. Minnesota Statutes 2020, section 260C.193, subdivision 3, is amended to read:

239.25 Subd. 3. **Best interests of the child.** (a) The policy of the state is to ensure that the best  
239.26 interests of children in foster care, who experience a transfer of permanent legal and physical  
239.27 custody to a relative under section 260C.515, subdivision 4, or adoption under this chapter,  
239.28 are met by:

239.29 (1) considering placement of a child with relatives in the order specified in section  
239.30 260C.212, subdivision 2, paragraph (a); and

239.31 (2) requiring individualized determinations under section 260C.212, subdivision 2,  
239.32 paragraph (b), of the needs of the child and of how the selected home will serve the needs  
239.33 of the child.

240.1 (b) No later than three months after a child is ordered to be removed from the care of a  
240.2 parent in the hearing required under section 260C.202, the court shall review and enter  
240.3 findings regarding whether the responsible social services agency ~~made~~:

240.4 (1) ~~diligent efforts~~ exercised due diligence to identify ~~and~~ search for, notify, and engage  
240.5 relatives as required under section 260C.221; and

240.6 (2) made a placement consistent with section 260C.212, subdivision 2, that is based on  
240.7 an individualized determination as required under section 260C.212, subdivision 2, of the  
240.8 child's needs to select a home that meets the needs of the child.

240.9 (c) If the court finds that the agency has not ~~made efforts~~ exercised due diligence as  
240.10 required under section 260C.221, ~~and~~ the court shall order the agency to make reasonable  
240.11 efforts. If there is a relative who qualifies to be licensed to provide family foster care under  
240.12 chapter 245A, the court may order the child to be placed with the relative consistent with  
240.13 the child's best interests.

240.14 (d) If the agency's efforts under section 260C.221 are found by the court to be sufficient,  
240.15 the court shall order the agency to continue to appropriately engage relatives who responded  
240.16 to the notice under section 260C.221 in placement and case planning decisions and to  
240.17 appropriately engage relatives who subsequently come to the agency's attention. A court's  
240.18 finding that the agency has made reasonable efforts under this paragraph does not relieve  
240.19 the agency of the duty to continue notifying relatives who come to the agency's attention  
240.20 and engaging and considering relatives who respond to the notice under section 260C.221  
240.21 in child placement and case planning decisions.

240.22 (e) If the child's birth parent ~~or parents~~ explicitly ~~request~~ requests that a specific relative  
240.23 ~~or important friend~~ not be considered for placement of the child, the court shall honor that  
240.24 request if it is consistent with the best interests of the child and consistent with the  
240.25 requirements of section 260C.221. The court shall not waive relative search, notice, and  
240.26 consideration requirements, unless section 260C.139 applies. If the child's birth parent ~~or~~  
240.27 ~~parents express~~ expresses a preference for placing the child in a foster or adoptive home of  
240.28 the same or a similar religious background ~~to~~ as that of the birth parent or parents, the court  
240.29 shall order placement of the child with an individual who meets the birth parent's religious  
240.30 preference.

240.31 (f) Placement of a child ~~cannot~~ must not be delayed or denied based on race, color, or  
240.32 national origin of the foster parent or the child.

240.33 (g) Whenever possible, siblings requiring foster care placement ~~should~~ shall be placed  
240.34 together unless it is determined not to be in the best interests of one or more of the siblings



241.1 after weighing the benefits of separate placement against the benefits of sibling connections  
241.2 for each sibling. The agency shall consider section 260C.008 when making this determination.  
241.3 If siblings were not placed together according to section 260C.212, subdivision 2, paragraph  
241.4 (d), the responsible social services agency shall report to the court the efforts made to place  
241.5 the siblings together and why the efforts were not successful. If the court is not satisfied  
241.6 that the agency has made reasonable efforts to place siblings together, the court must order  
241.7 the agency to make further reasonable efforts. If siblings are not placed together, the court  
241.8 shall order the responsible social services agency to implement the plan for visitation among  
241.9 siblings required as part of the out-of-home placement plan under section 260C.212.

241.10 (h) This subdivision does not affect the Indian Child Welfare Act, United States Code,  
241.11 title 25, sections 1901 to 1923, and the Minnesota Indian Family Preservation Act, sections  
241.12 260.751 to 260.835.

241.13 Sec. 26. Minnesota Statutes 2020, section 260C.201, subdivision 1, is amended to read:

241.14 Subdivision 1. **Dispositions.** (a) If the court finds that the child is in need of protection  
241.15 or services or neglected and in foster care, ~~the court~~ the court shall enter an order making any of  
241.16 the following dispositions of the case:

241.17 (1) place the child under the protective supervision of the responsible social services  
241.18 agency or child-placing agency in the home of a parent of the child under conditions  
241.19 prescribed by the court directed to the correction of the child's need for protection or services:

241.20 (i) the court may order the child into the home of a parent who does not otherwise have  
241.21 legal custody of the child, however, an order under this section does not confer legal custody  
241.22 on that parent;

241.23 (ii) if the court orders the child into the home of a father who is not adjudicated, the  
241.24 father must cooperate with paternity establishment proceedings regarding the child in the  
241.25 appropriate jurisdiction as one of the conditions prescribed by the court for the child to  
241.26 continue in the father's home; and

241.27 (iii) the court may order the child into the home of a noncustodial parent with conditions  
241.28 and may also order both the noncustodial and the custodial parent to comply with the  
241.29 requirements of a case plan under subdivision 2; or

241.30 (2) transfer legal custody to one of the following:

241.31 (i) a child-placing agency; or

242.1 (ii) the responsible social services agency. In making a foster care placement ~~for~~ of a  
242.2 child whose custody has been transferred under this subdivision, the agency shall make an  
242.3 individualized determination of how the placement is in the child's best interests using the  
242.4 placement consideration order for relatives, and the best interest factors in section 260C.212,  
242.5 subdivision 2, ~~paragraph (b)~~, and may include a child colocated with a parent in a licensed  
242.6 residential family-based substance use disorder treatment program under section 260C.190;  
242.7 or

242.8 (3) order a trial home visit without modifying the transfer of legal custody to the  
242.9 responsible social services agency under clause (2). Trial home visit means the child is  
242.10 returned to the care of the parent or guardian from whom the child was removed for a period  
242.11 not to exceed six months. During the period of the trial home visit, the responsible social  
242.12 services agency:

242.13 (i) shall continue to have legal custody of the child, which means that the agency may  
242.14 see the child in the parent's home, at school, in a child care facility, or other setting as the  
242.15 agency deems necessary and appropriate;

242.16 (ii) shall continue to have the ability to access information under section 260C.208;

242.17 (iii) shall continue to provide appropriate services to both the parent and the child during  
242.18 the period of the trial home visit;

242.19 (iv) without previous court order or authorization, may terminate the trial home visit in  
242.20 order to protect the child's health, safety, or welfare and may remove the child to foster care;

242.21 (v) shall advise the court and parties within three days of the termination of the trial  
242.22 home visit when a visit is terminated by the responsible social services agency without a  
242.23 court order; and

242.24 (vi) shall prepare a report for the court when the trial home visit is terminated whether  
242.25 by the agency or court order ~~which~~ that describes the child's circumstances during the trial  
242.26 home visit and recommends appropriate orders, if any, for the court to enter to provide for  
242.27 the child's safety and stability. In the event a trial home visit is terminated by the agency  
242.28 by removing the child to foster care without prior court order or authorization, the court  
242.29 shall conduct a hearing within ten days of receiving notice of the termination of the trial  
242.30 home visit by the agency and shall order disposition under this subdivision or commence  
242.31 permanency proceedings under sections 260C.503 to 260C.515. The time period for the  
242.32 hearing may be extended by the court for good cause shown and if it is in the best interests  
242.33 of the child as long as the total time the child spends in foster care without a permanency  
242.34 hearing does not exceed 12 months;

243.1 (4) if the child has been adjudicated as a child in need of protection or services because  
243.2 the child is in need of special services or care to treat or ameliorate a physical or mental  
243.3 disability or emotional disturbance as defined in section 245.4871, subdivision 15, the court  
243.4 may order the child's parent, guardian, or custodian to provide it. The court may order the  
243.5 child's health plan company to provide mental health services to the child. Section 62Q.535  
243.6 applies to an order for mental health services directed to the child's health plan company.  
243.7 If the health plan, parent, guardian, or custodian fails or is unable to provide this treatment  
243.8 or care, the court may order it provided. Absent specific written findings by the court that  
243.9 the child's disability is the result of abuse or neglect by the child's parent or guardian, the  
243.10 court shall not transfer legal custody of the child for the purpose of obtaining special  
243.11 treatment or care solely because the parent is unable to provide the treatment or care. If the  
243.12 court's order for mental health treatment is based on a diagnosis made by a treatment  
243.13 professional, the court may order that the diagnosing professional not provide the treatment  
243.14 to the child if it finds that such an order is in the child's best interests; or

243.15 (5) if the court believes that the child has sufficient maturity and judgment and that it is  
243.16 in the best interests of the child, the court may order a child 16 years old or older to be  
243.17 allowed to live independently, either alone or with others as approved by the court under  
243.18 supervision the court considers appropriate, if the county board, after consultation with the  
243.19 court, has specifically authorized this dispositional alternative for a child.

243.20 (b) If the child was adjudicated in need of protection or services because the child is a  
243.21 runaway or habitual truant, the court may order any of the following dispositions in addition  
243.22 to or as alternatives to the dispositions authorized under paragraph (a):

243.23 (1) counsel the child or the child's parents, guardian, or custodian;

243.24 (2) place the child under the supervision of a probation officer or other suitable person  
243.25 in the child's own home under conditions prescribed by the court, including reasonable rules  
243.26 for the child's conduct and the conduct of the parents, guardian, or custodian, designed for  
243.27 the physical, mental, and moral well-being and behavior of the child;

243.28 (3) subject to the court's supervision, transfer legal custody of the child to one of the  
243.29 following:

243.30 (i) a reputable person of good moral character. No person may receive custody of two  
243.31 or more unrelated children unless licensed to operate a residential program under sections  
243.32 245A.01 to 245A.16; or

243.33 (ii) a county probation officer for placement in a group foster home established under  
243.34 the direction of the juvenile court and licensed pursuant to section 241.021;

244.1 (4) require the child to pay a fine of up to \$100. The court shall order payment of the  
244.2 fine in a manner that will not impose undue financial hardship upon the child;

244.3 (5) require the child to participate in a community service project;

244.4 (6) order the child to undergo a chemical dependency evaluation and, if warranted by  
244.5 the evaluation, order participation by the child in a drug awareness program or an inpatient  
244.6 or outpatient chemical dependency treatment program;

244.7 (7) if the court believes that it is in the best interests of the child or of public safety that  
244.8 the child's driver's license or instruction permit be canceled, the court may order the  
244.9 commissioner of public safety to cancel the child's license or permit for any period up to  
244.10 the child's 18th birthday. If the child does not have a driver's license or permit, the court  
244.11 may order a denial of driving privileges for any period up to the child's 18th birthday. The  
244.12 court shall forward an order issued under this clause to the commissioner, who shall cancel  
244.13 the license or permit or deny driving privileges without a hearing for the period specified  
244.14 by the court. At any time before the expiration of the period of cancellation or denial, the  
244.15 court may, for good cause, order the commissioner of public safety to allow the child to  
244.16 apply for a license or permit, and the commissioner shall so authorize;

244.17 (8) order that the child's parent or legal guardian deliver the child to school at the  
244.18 beginning of each school day for a period of time specified by the court; or

244.19 (9) require the child to perform any other activities or participate in any other treatment  
244.20 programs deemed appropriate by the court.

244.21 To the extent practicable, the court shall enter a disposition order the same day it makes  
244.22 a finding that a child is in need of protection or services or neglected and in foster care, but  
244.23 in no event more than 15 days after the finding unless the court finds that the best interests  
244.24 of the child will be served by granting a delay. If the child was under eight years of age at  
244.25 the time the petition was filed, the disposition order must be entered within ten days of the  
244.26 finding and the court may not grant a delay unless good cause is shown and the court finds  
244.27 the best interests of the child will be served by the delay.

244.28 (c) If a child who is 14 years of age or older is adjudicated in need of protection or  
244.29 services because the child is a habitual truant and truancy procedures involving the child  
244.30 were previously dealt with by a school attendance review board or county attorney mediation  
244.31 program under section 260A.06 or 260A.07, the court shall order a cancellation or denial  
244.32 of driving privileges under paragraph (b), clause (7), for any period up to the child's 18th  
244.33 birthday.

245.1 (d) In the case of a child adjudicated in need of protection or services because the child  
245.2 has committed domestic abuse and been ordered excluded from the child's parent's home,  
245.3 the court shall dismiss jurisdiction if the court, at any time, finds the parent is able or willing  
245.4 to provide an alternative safe living arrangement for the child, as defined in Laws 1997,  
245.5 chapter 239, article 10, section 2.

245.6 (e) When a parent has complied with a case plan ordered under subdivision 6 and the  
245.7 child is in the care of the parent, the court may order the responsible social services agency  
245.8 to monitor the parent's continued ability to maintain the child safely in the home under such  
245.9 terms and conditions as the court determines appropriate under the circumstances.

245.10 Sec. 27. Minnesota Statutes 2020, section 260C.201, subdivision 2, is amended to read:

245.11 Subd. 2. **Written findings.** (a) Any order for a disposition authorized under this section  
245.12 shall contain written findings of fact to support the disposition and case plan ordered and  
245.13 shall also set forth in writing the following information:

245.14 (1) why the best interests and safety of the child are served by the disposition and case  
245.15 plan ordered;

245.16 (2) what alternative dispositions or services under the case plan were considered by the  
245.17 court and why such dispositions or services were not appropriate in the instant case;

245.18 (3) when legal custody of the child is transferred, the appropriateness of the particular  
245.19 placement made or to be made by the placing agency using the relative and sibling placement  
245.20 considerations and best interest factors in section 260C.212, subdivision 2, ~~paragraph (b)~~,  
245.21 or the appropriateness of a child colocated with a parent in a licensed residential family-based  
245.22 substance use disorder treatment program under section 260C.190;

245.23 (4) whether reasonable efforts to finalize the permanent plan for the child consistent  
245.24 with section 260.012 were made including reasonable efforts:

245.25 (i) to prevent the child's placement and to reunify the child with the parent or guardian  
245.26 from whom the child was removed at the earliest time consistent with the child's safety.  
245.27 The court's findings must include a brief description of what preventive and reunification  
245.28 efforts were made and why further efforts could not have prevented or eliminated the  
245.29 necessity of removal or that reasonable efforts were not required under section 260.012 or  
245.30 260C.178, subdivision 1;

245.31 (ii) to identify and locate any noncustodial or nonresident parent of the child and to  
245.32 assess such parent's ability to provide day-to-day care of the child, and, where appropriate,  
245.33 provide services necessary to enable the noncustodial or nonresident parent to safely provide

246.1 day-to-day care of the child as required under section 260C.219, unless such services are  
246.2 not required under section 260.012 or 260C.178, subdivision 1; The court's findings must  
246.3 include a description of the agency's efforts to:

246.4 (A) identify and locate the child's noncustodial or nonresident parent;

246.5 (B) assess the noncustodial or nonresident parent's ability to provide day-to-day care of  
246.6 the child; and

246.7 (C) if appropriate, provide services necessary to enable the noncustodial or nonresident  
246.8 parent to safely provide the child's day-to-day care, including efforts to engage the  
246.9 noncustodial or nonresident parent in assuming care and responsibility of the child;

246.10 (iii) to make the diligent search for relatives and provide the notices required under  
246.11 section 260C.221; a finding made pursuant to a hearing under section 260C.202 that the  
246.12 agency has made diligent efforts to conduct a relative search and has appropriately engaged  
246.13 relatives who responded to the notice under section 260C.221 and other relatives, who came  
246.14 to the attention of the agency after notice under section 260C.221 was sent, in placement  
246.15 and case planning decisions fulfills the requirement of this item;

246.16 (iv) to identify and make a foster care placement of the child, considering the order in  
246.17 section 260C.212, subdivision 2, paragraph (a), in the home of an unlicensed relative,  
246.18 according to the requirements of section 245A.035, a licensed relative, or other licensed  
246.19 foster care provider, who will commit to being the permanent legal parent or custodian for  
246.20 the child in the event reunification cannot occur, but who will actively support the  
246.21 reunification plan for the child. If the court finds that the agency has not appropriately  
246.22 considered relatives for placement of the child, the court shall order the agency to comply  
246.23 with section 260C.212, subdivision 2, paragraph (a). The court may order the agency to  
246.24 continue considering relatives for placement of the child regardless of the child's current  
246.25 placement setting; and

246.26 (v) to place siblings together in the same home or to ensure visitation is occurring when  
246.27 siblings are separated in foster care placement and visitation is in the siblings' best interests  
246.28 under section 260C.212, subdivision 2, paragraph (d); and

246.29 (5) if the child has been adjudicated as a child in need of protection or services because  
246.30 the child is in need of special services or care to treat or ameliorate a mental disability or  
246.31 emotional disturbance as defined in section 245.4871, subdivision 15, the written findings  
246.32 shall also set forth:

246.33 (i) whether the child has mental health needs that must be addressed by the case plan;

247.1 (ii) what consideration was given to the diagnostic and functional assessments performed  
247.2 by the child's mental health professional and to health and mental health care professionals'  
247.3 treatment recommendations;

247.4 (iii) what consideration was given to the requests or preferences of the child's parent or  
247.5 guardian with regard to the child's interventions, services, or treatment; and

247.6 (iv) what consideration was given to the cultural appropriateness of the child's treatment  
247.7 or services.

247.8 (b) If the court finds that the social services agency's preventive or reunification efforts  
247.9 have not been reasonable but that further preventive or reunification efforts could not permit  
247.10 the child to safely remain at home, the court may nevertheless authorize or continue the  
247.11 removal of the child.

247.12 (c) If the child has been identified by the responsible social services agency as the subject  
247.13 of concurrent permanency planning, the court shall review the reasonable efforts of the  
247.14 agency to develop a permanency plan for the child that includes a primary plan ~~which~~ that  
247.15 is for reunification with the child's parent or guardian and a secondary plan ~~which~~ that is  
247.16 for an alternative, legally permanent home for the child in the event reunification cannot  
247.17 be achieved in a timely manner.

247.18 Sec. 28. Minnesota Statutes 2020, section 260C.202, is amended to read:

247.19 **260C.202 COURT REVIEW OF FOSTER CARE.**

247.20 (a) If the court orders a child placed in foster care, the court shall review the out-of-home  
247.21 placement plan and the child's placement at least every 90 days as required in juvenile court  
247.22 rules to determine whether continued out-of-home placement is necessary and appropriate  
247.23 or whether the child should be returned home. This review is not required if the court has  
247.24 returned the child home, ordered the child permanently placed away from the parent under  
247.25 sections 260C.503 to 260C.521, or terminated rights under section 260C.301. Court review  
247.26 for a child permanently placed away from a parent, including where the child is under  
247.27 guardianship of the commissioner, shall be governed by section 260C.607. When a child  
247.28 is placed in a qualified residential treatment program setting as defined in section 260C.007,  
247.29 subdivision 26d, the responsible social services agency must submit evidence to the court  
247.30 as specified in section 260C.712.

247.31 (b) No later than three months after the child's placement in foster care, the court shall  
247.32 review agency efforts to search for and notify relatives pursuant to section 260C.221, and  
247.33 order that the agency's efforts begin immediately, or continue, if the agency has failed to

248.1 perform, or has not adequately performed, the duties under that section. The court must  
248.2 order the agency to continue to appropriately engage relatives who responded to the notice  
248.3 under section 260C.221 in placement and case planning decisions and to consider relatives  
248.4 for foster care placement consistent with section 260C.221. Notwithstanding a court's finding  
248.5 that the agency has made reasonable efforts to search for and notify relatives under section  
248.6 260C.221, the court may order the agency to continue making reasonable efforts to search  
248.7 for, notify, engage ~~other,~~ and consider relatives who came to the agency's attention after  
248.8 sending the initial notice under section 260C.221 ~~was sent.~~

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

248.11 (d) When the court ~~orders transfer of~~ transfers the custody of a child to a responsible  
248.12 social services agency resulting in foster care or protective supervision with a noncustodial  
248.13 parent under subdivision 1, the court shall notify the parents of the provisions of sections  
248.14 260C.204 and 260C.503 to 260C.521, as required under juvenile court rules.

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

248.18 Sec. 29. Minnesota Statutes 2020, section 260C.203, is amended to read:

248.19 **260C.203 ADMINISTRATIVE OR COURT REVIEW OF PLACEMENTS.**

248.20 (a) Unless the court is conducting the reviews required under section 260C.202, there  
248.21 shall be an administrative review of the out-of-home placement plan of each child placed  
248.22 in foster care no later than 180 days after the initial placement of the child in foster care  
248.23 and at least every six months thereafter if the child is not returned to the home of the parent  
248.24 or parents within that time. The out-of-home placement plan must be monitored and updated  
248.25 by the responsible social services agency at each administrative review. The administrative  
248.26 review shall be conducted by the responsible social services agency using a panel of  
248.27 appropriate persons at least one of whom is not responsible for the case management of, or  
248.28 the delivery of services to, either the child or the parents who are the subject of the review.  
248.29 The administrative review shall be open to participation by the parent or guardian of the  
248.30 child and the child, as appropriate.

248.31 (b) As an alternative to the administrative review required in paragraph (a), the court  
248.32 may, as part of any hearing required under the Minnesota Rules of Juvenile Protection  
248.33 Procedure, conduct a hearing to monitor and update the out-of-home placement plan pursuant



249.1 to the procedure and standard in section 260C.201, subdivision 6, paragraph (d). The party  
249.2 requesting review of the out-of-home placement plan shall give parties to the proceeding  
249.3 notice of the request to review and update the out-of-home placement plan. A court review  
249.4 conducted pursuant to section 260C.141, subdivision 2; 260C.193; 260C.201, subdivision  
249.5 1; 260C.202; 260C.204; 260C.317; or 260D.06 shall satisfy the requirement for the review  
249.6 so long as the other requirements of this section are met.

249.7 (c) As appropriate to the stage of the proceedings and relevant court orders, the  
249.8 responsible social services agency or the court shall review:

249.9 (1) the safety, permanency needs, and well-being of the child;

249.10 (2) the continuing necessity for and appropriateness of the placement, including whether  
249.11 the placement is consistent with the child's best interests and other placement considerations,  
249.12 including relative and sibling placement considerations under section 260C.212, subdivision  
249.13 2;

249.14 (3) the extent of compliance with the out-of-home placement plan required under section  
249.15 260C.212, subdivisions 1 and 1a, including services and resources that the agency has  
249.16 provided to the child and child's parents, services and resources that other agencies and  
249.17 individuals have provided to the child and child's parents, and whether the out-of-home  
249.18 placement plan is individualized to the needs of the child and child's parents;

249.19 (4) the extent of progress that has been made toward alleviating or mitigating the causes  
249.20 necessitating placement in foster care;

249.21 (5) the projected date by which the child may be returned to and safely maintained in  
249.22 the home or placed permanently away from the care of the parent or parents or guardian;  
249.23 and

249.24 (6) the appropriateness of the services provided to the child.

249.25 (d) When a child is age 14 or older:

249.26 (1) in addition to any administrative review conducted by the responsible social services  
249.27 agency, at the in-court review required under section 260C.317, subdivision 3, clause (3),  
249.28 or 260C.515, subdivision 5 or 6, the court shall review the independent living plan required  
249.29 under section 260C.212, subdivision 1, paragraph (c), clause (12), and the provision of  
249.30 services to the child related to the well-being of the child as the child prepares to leave foster  
249.31 care. The review shall include the actual plans related to each item in the plan necessary to  
249.32 the child's future safety and well-being when the child is no longer in foster care; and

250.1 (2) consistent with the requirements of the independent living plan, the court shall review  
250.2 progress toward or accomplishment of the following goals:

250.3 (i) the child has obtained a high school diploma or its equivalent;

250.4 (ii) the child has completed a driver's education course or has demonstrated the ability  
250.5 to use public transportation in the child's community;

250.6 (iii) the child is employed or enrolled in postsecondary education;

250.7 (iv) the child has applied for and obtained postsecondary education financial aid for  
250.8 which the child is eligible;

250.9 (v) the child has health care coverage and health care providers to meet the child's  
250.10 physical and mental health needs;

250.11 (vi) the child has applied for and obtained disability income assistance for which the  
250.12 child is eligible;

250.13 (vii) the child has obtained affordable housing with necessary supports, which does not  
250.14 include a homeless shelter;

250.15 (viii) the child has saved sufficient funds to pay for the first month's rent and a damage  
250.16 deposit;

250.17 (ix) the child has an alternative affordable housing plan, which does not include a  
250.18 homeless shelter, if the original housing plan is unworkable;

250.19 (x) the child, if male, has registered for the Selective Service; and

250.20 (xi) the child has a permanent connection to a caring adult.

250.21 Sec. 30. Minnesota Statutes 2020, section 260C.204, is amended to read:

250.22 **260C.204 PERMANENCY PROGRESS REVIEW FOR CHILDREN IN FOSTER**  
250.23 **CARE FOR SIX MONTHS.**

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

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

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

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

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

251.9 (b) When a child is placed in a qualified residential treatment program setting as defined  
251.10 in section 260C.007, subdivision 26d, the responsible social services agency must submit  
251.11 evidence to the court as specified in section 260C.712.

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

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

251.16 (2) asked to be notified of court proceedings regarding the child as is permitted in section  
251.17 260C.152, subdivision 5.

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

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

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

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

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

252.1 (ii) to consider, identify, recruit, and support one or more permanency resources from  
252.2 the child's relatives and foster parent, consistent with section 260C.212, subdivision 2,  
252.3 paragraph (a), to be the legally permanent home in the event the child cannot be returned  
252.4 to the parent. Any relative or the child's foster parent may ask the court to order the agency  
252.5 to consider them for permanent placement of the child in the event the child cannot be  
252.6 returned to the parent. A relative or foster parent who wants to be considered under this  
252.7 item shall cooperate with the background study required under section 245C.08, if the  
252.8 individual has not already done so, and with the home study process required under chapter  
252.9 245A for providing child foster care and for adoption under section 259.41. The home study  
252.10 referred to in this item shall be a single-home study in the form required by the commissioner  
252.11 of human services or similar study required by the individual's state of residence when the  
252.12 subject of the study is not a resident of Minnesota. The court may order the responsible  
252.13 social services agency to make a referral under the Interstate Compact on the Placement of  
252.14 Children when necessary to obtain a home study for an individual who wants to be considered  
252.15 for transfer of permanent legal and physical custody or adoption of the child; and

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

252.17 (e) Following the review under this section:

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

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

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

253.1 Sec. 31. Minnesota Statutes 2021 Supplement, section 260C.212, subdivision 1, is amended  
253.2 to read:

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

253.7 (b) An out-of-home placement plan means a written document ~~which~~ individualized to  
253.8 the needs of the child and the child's parents or guardians that is prepared by the responsible  
253.9 social services agency jointly with ~~the parent or parents or guardian of the child~~ the child's  
253.10 parents or guardians and in consultation with the child's guardian ad litem; the child's tribe,  
253.11 if the child is an Indian child; the child's foster parent or representative of the foster care  
253.12 facility; and, ~~where~~ when appropriate, the child. When a child is age 14 or older, the child  
253.13 may include two other individuals on the team preparing the child's out-of-home placement  
253.14 plan. The child may select one member of the case planning team to be designated as the  
253.15 child's advisor and to advocate with respect to the application of the reasonable and prudent  
253.16 parenting standards. The responsible social services agency may reject an individual selected  
253.17 by the child if the agency has good cause to believe that the individual would not act in the  
253.18 best interest of the child. For a child in voluntary foster care for treatment under chapter  
253.19 260D, preparation of the out-of-home placement plan shall additionally include the child's  
253.20 mental health treatment provider. For a child 18 years of age or older, the responsible social  
253.21 services agency shall involve the child and the child's parents as appropriate. As appropriate,  
253.22 the plan shall be:

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

253.24 (2) ordered by the court, either as presented or modified after hearing, under section  
253.25 260C.178, subdivision 7, or 260C.201, subdivision 6; and

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

253.29 (c) The out-of-home placement plan shall be explained by the responsible social services  
253.30 agency to all persons involved in ~~its~~ the plan's implementation, including the child who has  
253.31 signed the plan, and shall set forth:

253.32 (1) a description of the foster care home or facility selected, including how the  
253.33 out-of-home placement plan is designed to achieve a safe placement for the child in the  
253.34 least restrictive, most family-like, setting available ~~which~~ that is in close proximity to the

254.1 home of the ~~parent or~~ child's parents or ~~guardian of the child~~ guardians when the case plan  
254.2 goal is reunification;<sup>2</sup> and how the placement is consistent with the best interests and special  
254.3 needs of the child according to the factors under subdivision 2, paragraph (b);

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

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

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

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

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

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

254.25 (6) when a child cannot return to or be in the care of either parent, documentation of  
254.26 steps to finalize adoption as the permanency plan for the child through reasonable efforts  
254.27 to place the child for adoption pursuant to section 260C.605. At a minimum, the  
254.28 documentation must include consideration of whether adoption is in the best interests of  
254.29 the child; and child-specific recruitment efforts such as a relative search, consideration of  
254.30 relatives for adoptive placement, and the use of state, regional, and national adoption  
254.31 exchanges to facilitate orderly and timely placements in and outside of the state. A copy of  
254.32 this documentation shall be provided to the court in the review required under section  
254.33 260C.317, subdivision 3, paragraph (b);

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

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

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

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

255.27 (9) the educational records of the child including the most recent information available  
255.28 regarding:

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

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

255.31 (iii) the child's school record;

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

- 256.1 (v) any other relevant educational information;
- 256.2 (10) the efforts by the responsible social services agency to ensure the oversight and  
256.3 continuity of health care services for the foster child, including:
- 256.4 (i) the plan to schedule the child's initial health screens;
- 256.5 (ii) how the child's known medical problems and identified needs from the screens,  
256.6 including any known communicable diseases, as defined in section 144.4172, subdivision  
256.7 2, shall be monitored and treated while the child is in foster care;
- 256.8 (iii) how the child's medical information shall be updated and shared, including the  
256.9 child's immunizations;
- 256.10 (iv) who is responsible to coordinate and respond to the child's health care needs,  
256.11 including the role of the parent, the agency, and the foster parent;
- 256.12 (v) who is responsible for oversight of the child's prescription medications;
- 256.13 (vi) how physicians or other appropriate medical and nonmedical professionals shall be  
256.14 consulted and involved in assessing the health and well-being of the child and determine  
256.15 the appropriate medical treatment for the child; and
- 256.16 (vii) the responsibility to ensure that the child has access to medical care through either  
256.17 medical insurance or medical assistance;
- 256.18 (11) the health records of the child including information available regarding:
- 256.19 (i) the names and addresses of the child's health care and dental care providers;
- 256.20 (ii) a record of the child's immunizations;
- 256.21 (iii) the child's known medical problems, including any known communicable diseases  
256.22 as defined in section 144.4172, subdivision 2;
- 256.23 (iv) the child's medications; and
- 256.24 (v) any other relevant health care information such as the child's eligibility for medical  
256.25 insurance or medical assistance;
- 256.26 (12) an independent living plan for a child 14 years of age or older, developed in  
256.27 consultation with the child. The child may select one member of the case planning team to  
256.28 be designated as the child's advisor and to advocate with respect to the application of the  
256.29 reasonable and prudent parenting standards in subdivision 14. The plan should include, but  
256.30 not be limited to, the following objectives:
- 256.31 (i) educational, vocational, or employment planning;



- 257.1 (ii) health care planning and medical coverage;
- 257.2 (iii) transportation including, where appropriate, assisting the child in obtaining a driver's  
257.3 license;
- 257.4 (iv) money management, including the responsibility of the responsible social services  
257.5 agency to ensure that the child annually receives, at no cost to the child, a consumer report  
257.6 as defined under section 13C.001 and assistance in interpreting and resolving any inaccuracies  
257.7 in the report;
- 257.8 (v) planning for housing;
- 257.9 (vi) social and recreational skills;
- 257.10 (vii) establishing and maintaining connections with the child's family and community;  
257.11 and
- 257.12 (viii) regular opportunities to engage in age-appropriate or developmentally appropriate  
257.13 activities typical for the child's age group, taking into consideration the capacities of the  
257.14 individual child;
- 257.15 (13) for a child in voluntary foster care for treatment under chapter 260D, diagnostic  
257.16 and assessment information, specific services relating to meeting the mental health care  
257.17 needs of the child, and treatment outcomes;
- 257.18 (14) for a child 14 years of age or older, a signed acknowledgment that describes the  
257.19 child's rights regarding education, health care, visitation, safety and protection from  
257.20 exploitation, and court participation; receipt of the documents identified in section 260C.452;  
257.21 and receipt of an annual credit report. The acknowledgment shall state that the rights were  
257.22 explained in an age-appropriate manner to the child; and
- 257.23 (15) for a child placed in a qualified residential treatment program, the plan must include  
257.24 the requirements in section 260C.708.
- 257.25 (d) The parent or parents or guardian and the child each shall have the right to legal  
257.26 counsel in the preparation of the case plan and shall be informed of the right at the time of  
257.27 placement of the child. The child shall also have the right to a guardian ad litem. If unable  
257.28 to employ counsel from their own resources, the court shall appoint counsel upon the request  
257.29 of the parent or parents or the child or the child's legal guardian. The parent or parents may  
257.30 also receive assistance from any person or social services agency in preparation of the case  
257.31 plan.

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

258.4 (f) Upon the child's discharge from foster care, the responsible social services agency  
258.5 must provide the child's parent, adoptive parent, or permanent legal and physical custodian,  
258.6 and the child, if the child is 14 years of age or older, with a current copy of the child's health  
258.7 and education record. If a child meets the conditions in subdivision 15, paragraph (b), the  
258.8 agency must also provide the child with the child's social and medical history. The responsible  
258.9 social services agency may give a copy of the child's health and education record and social  
258.10 and medical history to a child who is younger than 14 years of age, if it is appropriate and  
258.11 if subdivision 15, paragraph (b), applies.

258.12 Sec. 32. Minnesota Statutes 2021 Supplement, section 260C.212, subdivision 2, is amended  
258.13 to read:

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

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

258.23 (2) with an individual who is an important friend ~~with whom the child has resided or~~  
258.24 ~~had significant contact~~ of the child or the child's parent or custodian, including an individual  
258.25 with whom the child has resided or had significant contact or who has a significant  
258.26 relationship to the child or the child's parent or custodian.

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

258.29 (b) Among the factors the agency shall consider in determining the current and future  
258.30 needs of the child are the following:

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

258.32 (2) the medical needs of the child;

- 259.1 (3) the educational needs of the child;
- 259.2 (4) the developmental needs of the child;
- 259.3 (5) the child's history and past experience;
- 259.4 (6) the child's religious and cultural needs;
- 259.5 (7) the child's connection with a community, school, and faith community;
- 259.6 (8) the child's interests and talents;
- 259.7 (9) the child's ~~relationship to current caretakers,~~ current and long-term needs regarding
- 259.8 relationships with parents, siblings, and relatives, and other caretakers;
- 259.9 (10) the reasonable preference of the child, if the court, or the child-placing agency in
- 259.10 the case of a voluntary placement, deems the child to be of sufficient age to express
- 259.11 preferences; and
- 259.12 (11) for an Indian child, the best interests of an Indian child as defined in section 260.755,
- 259.13 subdivision 2a.
- 259.14 When placing a child in foster care or in a permanent placement based on an individualized
- 259.15 determination of the child's needs, the agency must not use one factor in this paragraph to
- 259.16 the exclusion of all others, and the agency shall consider that the factors in paragraph (b)
- 259.17 may be interrelated.
- 259.18 (c) Placement of a child cannot be delayed or denied based on race, color, or national
- 259.19 origin of the foster parent or the child.
- 259.20 (d) Siblings should be placed together for foster care and adoption at the earliest possible
- 259.21 time unless it is documented that a joint placement would be contrary to the safety or
- 259.22 well-being of any of the siblings or unless it is not possible after reasonable efforts by the
- 259.23 responsible social services agency. In cases where siblings cannot be placed together, the
- 259.24 agency is required to provide frequent visitation or other ongoing interaction between
- 259.25 siblings unless the agency documents that the interaction would be contrary to the safety
- 259.26 or well-being of any of the siblings.
- 259.27 (e) Except for emergency placement as provided for in section 245A.035, the following
- 259.28 requirements must be satisfied before the approval of a foster or adoptive placement in a
- 259.29 related or unrelated home: (1) a completed background study under section 245C.08; and
- 259.30 (2) a completed review of the written home study required under section 260C.215,
- 259.31 subdivision 4, clause (5), or 260C.611, to assess the capacity of the prospective foster or
- 259.32 adoptive parent to ensure the placement will meet the needs of the individual child.

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

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

260.10 Sec. 33. Minnesota Statutes 2020, section 260C.221, is amended to read:

260.11 **260C.221 RELATIVE SEARCH AND ENGAGEMENT; PLACEMENT**  
260.12 **CONSIDERATION.**

260.13 Subdivision 1. Relative search requirements. (a) The responsible social services agency  
260.14 shall exercise due diligence to identify and notify adult relatives of a child as well as current  
260.15 caregivers of the child's sibling, prior to placement or within 30 days after the child's removal  
260.16 from the parent, regardless of whether a child is placed in a relative's home, as required  
260.17 under subdivision 2. The county agency shall consider placement with a relative under this  
260.18 section without delay and whenever the child must move from or be returned to foster care.  
260.19 The relative search required by this section shall be comprehensive in scope. ~~After a finding~~  
260.20 ~~that the agency has made reasonable efforts to conduct the relative search under this~~  
260.21 ~~paragraph, the agency has the continuing responsibility to appropriately involve relatives,~~  
260.22 ~~who have responded to the notice required under this paragraph, in planning for the child~~  
260.23 ~~and to continue to consider relatives according to the requirements of section 260C.212,~~  
260.24 ~~subdivision 2. At any time during the course of juvenile protection proceedings, the court~~  
260.25 ~~may order the agency to reopen its search for relatives when it is in the child's best interest~~  
260.26 ~~to do so.~~

260.27 (b) The relative search required by this section shall include both maternal and paternal  
260.28 adult relatives of the child; all adult grandparents; all legal parents, guardians, or custodians  
260.29 of the child's siblings; and any other adult relatives suggested by the child's parents, subject  
260.30 to the exceptions due to family violence in subdivision 5, paragraph (e)(b). The search shall  
260.31 also include getting information from the child in an age-appropriate manner about who the  
260.32 child considers to be family members and important friends with whom the child has resided  
260.33 or had significant contact. The relative search required under this section must fulfill the  
260.34 agency's duties under the Indian Child Welfare Act regarding active efforts to prevent the

261.1 breakup of the Indian family under United States Code, title 25, section 1912(d), and to  
261.2 meet placement preferences under United States Code, title 25, section 1915.

261.3 (c) The responsible social services agency has a continuing responsibility to search for  
261.4 and identify relatives of a child and send the notice to relatives that is required under  
261.5 subdivision 2, unless the court has relieved the agency of this duty under subdivision 5,  
261.6 paragraph (e).

261.7 Subd. 2. **Relative notice requirements.** (a) The agency may provide oral or written  
261.8 notice to a child's relatives. In the child's case record, the agency must document providing  
261.9 the required notice to each of the child's relatives. The responsible social services agency  
261.10 must notify relatives ~~must be notified~~:

261.11 (1) of the need for a foster home for the child, the option to become a placement resource  
261.12 for the child, the order of placement that the agency will consider under section 260C.212,  
261.13 subdivision 2, paragraph (a), and the possibility of the need for a permanent placement for  
261.14 the child;

261.15 (2) of their responsibility to keep the responsible social services agency and the court  
261.16 informed of their current address in order to receive notice in the event that a permanent  
261.17 placement is sought for the child and to receive notice of the permanency progress review  
261.18 hearing under section 260C.204. A relative who fails to provide a current address to the  
261.19 responsible social services agency and the court forfeits the right to receive notice of the  
261.20 possibility of permanent placement and of the permanency progress review hearing under  
261.21 section 260C.204, until the relative provides a current address to the responsible social  
261.22 services agency and the court. A decision by a relative not to be identified as a potential  
261.23 permanent placement resource or participate in planning for the child ~~at the beginning of~~  
261.24 ~~the case~~ shall not affect whether the relative is considered for placement of, or as a  
261.25 permanency resource for, the child with that relative ~~later~~ at any time in the case, and shall  
261.26 not be the sole basis for the court to rule out the relative as the child's placement or  
261.27 permanency resource;

261.28 (3) that the relative may participate in the care and planning for the child, as specified  
261.29 in subdivision 3, including that the opportunity for such participation may be lost by failing  
261.30 to respond to the notice sent under this subdivision. ~~"Participate in the care and planning"~~  
261.31 ~~includes, but is not limited to, participation in case planning for the parent and child,~~  
261.32 ~~identifying the strengths and needs of the parent and child, supervising visits, providing~~  
261.33 ~~respite and vacation visits for the child, providing transportation to appointments, suggesting~~  
261.34 ~~other relatives who might be able to help support the case plan, and to the extent possible,~~

262.1 ~~helping to maintain the child's familiar and regular activities and contact with friends and~~  
262.2 ~~relatives;~~

262.3 (4) of the family foster care licensing and adoption home study requirements, including  
262.4 how to complete an application and how to request a variance from licensing standards that  
262.5 do not present a safety or health risk to the child in the home under section 245A.04 and  
262.6 supports that are available for relatives and children who reside in a family foster home;  
262.7 ~~and~~

262.8 (5) of the relatives' right to ask to be notified of any court proceedings regarding the  
262.9 child, to attend the hearings, and of a relative's right ~~or opportunity~~ to be heard by the court  
262.10 as required under section 260C.152, subdivision 5;

262.11 (6) that regardless of the relative's response to the notice sent under this subdivision, the  
262.12 agency is required to establish permanency for a child, including planning for alternative  
262.13 permanency options if the agency's reunification efforts fail or are not required; and

262.14 (7) that by responding to the notice, a relative may receive information about participating  
262.15 in a child's family and permanency team if the child is placed in a qualified residential  
262.16 treatment program as defined in section 260C.007, subdivision 26d.

262.17 (b) The responsible social services agency shall send the notice required under paragraph  
262.18 (a) to relatives who become known to the responsible social services agency, except for  
262.19 relatives that the agency does not contact due to safety reasons under subdivision 5, paragraph  
262.20 (b). The responsible social services agency shall continue to send notice to relatives  
262.21 notwithstanding a court's finding that the agency has made reasonable efforts to conduct a  
262.22 relative search.

262.23 (c) The responsible social services agency is not required to send the notice under  
262.24 paragraph (a) to relatives who become known to the agency after an adoption placement  
262.25 agreement has been fully executed under section 260C.613, subdivision 1. If such a relative  
262.26 wishes to be considered for adoptive placement of the child, the agency shall inform the  
262.27 relative of the relative's ability to file a motion for an order for adoptive placement under  
262.28 section 260C.607, subdivision 6.

262.29 Subd. 3. **Relative engagement requirements.** (a) A relative who responds to the notice  
262.30 under subdivision 2 has the opportunity to participate in care and planning for a child, which  
262.31 must not be limited based solely on the relative's prior inconsistent participation or  
262.32 nonparticipation in care and planning for the child. Care and planning for a child may include  
262.33 but is not limited to:

- 263.1 (1) participating in case planning for the child and child's parent, including identifying  
263.2 services and resources that meet the individualized needs of the child and child's parent. A  
263.3 relative's participation in case planning may be in person, via phone call, or by electronic  
263.4 means;
- 263.5 (2) identifying the strengths and needs of the child and child's parent;
- 263.6 (3) asking the responsible social services agency to consider the relative for placement  
263.7 of the child according to subdivision 4;
- 263.8 (4) acting as a support person for the child, the child's parents, and the child's current  
263.9 caregiver;
- 263.10 (5) supervising visits;
- 263.11 (6) providing respite care for the child and having vacation visits with the child;
- 263.12 (7) providing transportation;
- 263.13 (8) suggesting other relatives who may be able to participate in the case plan or that the  
263.14 agency may consider for placement of the child. The agency shall send a notice to each  
263.15 relative identified by other relatives according to subdivision 2, paragraph (b), unless a  
263.16 relative received this notice earlier in the case;
- 263.17 (9) helping to maintain the child's familiar and regular activities and contact with the  
263.18 child's friends and relatives, including providing supervision of the child at family gatherings  
263.19 and events; and
- 263.20 (10) participating in the child's family and permanency team if the child is placed in a  
263.21 qualified residential treatment program as defined in section 260C.007, subdivision 26d.
- 263.22 (b) The responsible social services agency shall make reasonable efforts to contact and  
263.23 engage relatives who respond to the notice required under this section. Upon a request by  
263.24 a relative or party to the proceeding, the court may conduct a review of the agency's  
263.25 reasonable efforts to contact and engage relatives who respond to the notice. If the court  
263.26 finds that the agency did not make reasonable efforts to contact and engage relatives who  
263.27 respond to the notice, the court may order the agency to make reasonable efforts to contact  
263.28 and engage relatives who respond to the notice in care and planning for the child.
- 263.29 Subd. 4. **Placement considerations.** (a) The responsible social services agency shall  
263.30 consider placing a child with a relative under this section without delay and when the child:
- 263.31 (1) enters foster care;
- 263.32 (2) must be moved from the child's current foster setting;

264.1 (3) must be permanently placed away from the child's parent; or

264.2 (4) returns to foster care after permanency has been achieved for the child.

264.3 (b) The agency shall consider placing a child with relatives:

264.4 (1) in the order specified in section 260C.212, subdivision 2, paragraph (a); and

264.5 (2) based on the child's best interests using the factors in section 260C.212, subdivision

264.6 2.

264.7 (c) The agency shall document how the agency considered relatives in the child's case

264.8 record.

264.9 (d) Any relative who requests to be a placement option for a child in foster care has the

264.10 right to be considered for placement of the child according to section 260C.212, subdivision

264.11 2, paragraph (a), unless the court finds that placing the child with a specific relative would

264.12 endanger the child, sibling, parent, guardian, or any other family member under subdivision

264.13 5, paragraph (b).

264.14 (e) When adoption is the responsible social services agency's permanency goal for the

264.15 child, the agency shall consider adoptive placement of the child with a relative in the order

264.16 specified under section 260C.212, subdivision 2, paragraph (a).

264.17 Subd. 5. Data disclosure; court review. (e) (a) A responsible social services agency

264.18 may disclose private data, as defined in section 13.02 and chapter 260E, to relatives of the

264.19 child for the purpose of locating and assessing a suitable placement and may use any

264.20 reasonable means of identifying and locating relatives including the Internet or other

264.21 electronic means of conducting a search. The agency shall disclose data that is necessary

264.22 to facilitate possible placement with relatives and to ensure that the relative is informed of

264.23 the needs of the child so the relative can participate in planning for the child and be supportive

264.24 of services to the child and family.

264.25 (b) If the child's parent refuses to give the responsible social services agency information

264.26 sufficient to identify the maternal and paternal relatives of the child, the agency shall ask

264.27 the juvenile court to order the parent to provide the necessary information and shall use

264.28 other resources to identify the child's maternal and paternal relatives. If a parent makes an

264.29 explicit request that a specific relative not be contacted or considered for placement due to

264.30 safety reasons, including past family or domestic violence, the agency shall bring the parent's

264.31 request to the attention of the court to determine whether the parent's request is consistent

264.32 with the best interests of the child and. The agency shall not contact the specific relative

264.33 when the juvenile court finds that contacting or placing the child with the specific relative



265.1 would endanger the parent, guardian, child, sibling, or any family member. Unless section  
 265.2 260C.139 applies to the child's case, a court shall not waive or relieve the responsible social  
 265.3 services agency of reasonable efforts to:

265.4 (1) conduct a relative search;

265.5 (2) notify relatives;

265.6 (3) contact and engage relatives in case planning; and

265.7 (4) consider relatives for placement of the child.

265.8 (c) Notwithstanding chapter 13, the agency shall disclose data to the court about particular  
 265.9 relatives that the agency has identified, contacted, or considered for the child's placement  
 265.10 for the court to review the agency's due diligence.

265.11 (d) At a regularly scheduled hearing not later than three months after the child's placement  
 265.12 in foster care and as required in ~~section~~ sections 260C.193 and 260C.202, the agency shall  
 265.13 report to the court:

265.14 (1) ~~its~~ the agency's efforts to identify maternal and paternal relatives of the child and to  
 265.15 engage the relatives in providing support for the child and family, and document that the  
 265.16 relatives have been provided the notice required under ~~paragraph (a)~~ subdivision 2; and

265.17 (2) ~~its~~ the agency's decision regarding placing the child with a relative as required under  
 265.18 section 260C.212, subdivision 2, ~~and to ask~~. If the responsible social services agency decides  
 265.19 that relative placement is not in the child's best interests at the time of the hearing, the agency  
 265.20 shall inform the court of the agency's decision, including:

265.21 (i) why the agency decided against relative placement of the child; and

265.22 (ii) the agency's efforts to engage relatives to visit or maintain contact with the child in  
 265.23 ~~order~~ as required under subdivision 3 to support family connections for the child, ~~when~~  
 265.24 ~~placement with a relative is not possible or appropriate.~~

265.25 ~~(e) Notwithstanding chapter 13, the agency shall disclose data about particular relatives~~  
 265.26 ~~identified, searched for, and contacted for the purposes of the court's review of the agency's~~  
 265.27 ~~due diligence.~~

265.28 ~~(f)~~ (e) When the court is satisfied that the agency has exercised due diligence to identify  
 265.29 relatives and provide the notice required in ~~paragraph (a)~~ subdivision 2, the court may find  
 265.30 that the agency made reasonable efforts ~~have been made~~ to conduct a relative search to  
 265.31 identify and provide notice to adult relatives as required under section 260.012, paragraph  
 265.32 (e), clause (3). A finding under this paragraph does not relieve the responsible social services

266.1 agency of the ongoing duty to contact, engage, and consider relatives under this section nor  
266.2 is it a basis for the court to rule out any relative from being a foster care or permanent  
266.3 placement option for the child. The agency has the continuing responsibility to:

266.4 (1) involve relatives who respond to the notice in planning for the child; and

266.5 (2) continue considering relatives for the child's placement while taking the child's short-  
266.6 and long-term permanency goals into consideration, according to the requirements of section  
266.7 260C.212, subdivision 2.

266.8 (f) At any time during the course of juvenile protection proceedings, the court may order  
266.9 the agency to reopen the search for relatives when it is in the child's best interests.

266.10 (g) If the court is not satisfied that the agency has exercised due diligence to identify  
266.11 relatives and provide the notice required in paragraph (a) subdivision 2, the court may order  
266.12 the agency to continue its search and notice efforts and to report back to the court.

266.13 ~~(g) When the placing agency determines that permanent placement proceedings are~~  
266.14 ~~necessary because there is a likelihood that the child will not return to a parent's care, the~~  
266.15 ~~agency must send the notice provided in paragraph (h), may ask the court to modify the~~  
266.16 ~~duty of the agency to send the notice required in paragraph (h), or may ask the court to~~  
266.17 ~~completely relieve the agency of the requirements of paragraph (h). The relative notification~~  
266.18 ~~requirements of paragraph (h) do not apply when the child is placed with an appropriate~~  
266.19 ~~relative or a foster home that has committed to adopting the child or taking permanent legal~~  
266.20 ~~and physical custody of the child and the agency approves of that foster home for permanent~~  
266.21 ~~placement of the child. The actions ordered by the court under this section must be consistent~~  
266.22 ~~with the best interests, safety, permanency, and welfare of the child.~~

266.23 ~~(h) Unless required under the Indian Child Welfare Act or relieved of this duty by the~~  
266.24 ~~court under paragraph (f),~~ When the agency determines that it is necessary to prepare for  
266.25 permanent placement determination proceedings, or in anticipation of filing a termination  
266.26 of parental rights petition, the agency shall send notice to the relatives who responded to a  
266.27 notice under this section sent at any time during the case, any adult with whom the child is  
266.28 currently residing, any adult with whom the child has resided for one year or longer in the  
266.29 past, and any adults who have maintained a relationship or exercised visitation with the  
266.30 child as identified in the agency case plan. The notice must state that a permanent home is  
266.31 sought for the child and that the individuals receiving the notice may indicate to the agency  
266.32 their interest in providing a permanent home. The notice must state that within 30 days of  
266.33 receipt of the notice an individual receiving the notice must indicate to the agency the  
266.34 individual's interest in providing a permanent home for the child or that the individual may

267.1 lose the opportunity to be considered for a permanent placement. A relative's failure to  
 267.2 respond or timely respond to the notice is not a basis for ruling out the relative from being  
 267.3 a permanent placement option for the child should the relative request to be considered for  
 267.4 permanent placement at a later date.

267.5 Sec. 34. Minnesota Statutes 2020, section 260C.513, is amended to read:

267.6 **260C.513 PERMANENCY DISPOSITIONS WHEN CHILD CANNOT RETURN**  
 267.7 **HOME.**

267.8 ~~(a) Termination of parental rights and adoption, or guardianship to the commissioner of~~  
 267.9 ~~human services through a consent to adopt, are preferred permanency options for a child~~  
 267.10 ~~who cannot return home. If the court finds that termination of parental rights and guardianship~~  
 267.11 ~~to the commissioner is not in the child's best interests, the court may transfer permanent~~  
 267.12 ~~legal and physical custody of the child to a relative when that order is in the child's best~~  
 267.13 ~~interests~~ In determining a permanency disposition under section 260C.515 for a child who  
 267.14 cannot return home, the court shall give preference to a permanency disposition that will  
 267.15 result in the child being placed in the permanent care of a relative through a termination of  
 267.16 parental rights and adoption, guardianship to the commissioner of human services through  
 267.17 a consent to adopt, or a transfer of permanent legal and physical custody, consistent with  
 267.18 the best interests of the child and section 260C.212, subdivision 2, paragraph (a). If a relative  
 267.19 is not available to accept placement or the court finds that a permanent placement with a  
 267.20 relative is not in the child's best interests, the court may consider a permanency disposition  
 267.21 that may result in the child being permanently placed in the care of a nonrelative caregiver,  
 267.22 including adoption.

267.23 (b) When the court has determined that permanent placement of the child away from  
 267.24 the parent is necessary, the court shall consider permanent alternative homes that are available  
 267.25 both inside and outside the state.

267.26 Sec. 35. Minnesota Statutes 2021 Supplement, section 260C.605, subdivision 1, is amended  
 267.27 to read:

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

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

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

268.4 (c) Reasonable efforts under paragraph (b) must begin as soon as possible when the  
268.5 child is in foster care under this chapter, but not later than the hearing required under section  
268.6 260C.204.

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

268.8 (1) considering the child's preference for an adoptive family;

268.9 ~~(1)~~ (2) using age-appropriate engagement strategies to plan for adoption with the child;

268.10 ~~(2)~~ (3) identifying an appropriate prospective adoptive parent for the child by updating  
268.11 the child's identified needs using the factors in section 260C.212, subdivision 2;

268.12 ~~(3)~~ (4) making an adoptive placement that meets the child's needs by:

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

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

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

268.18 (ii) an updated search is required whenever:

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

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

268.23 (C) the court determines that a relative search by the agency is in the best interests of  
268.24 the child;

268.25 (iii) engaging the child's relatives or current or former foster parent and the child's  
268.26 ~~relatives identified as an adoptive resource during the search conducted under section~~

268.27 ~~260C.221, parents~~ to commit to being the prospective adoptive parent of the child, and

268.28 considering the child's relatives for adoptive placement of the child in the order specified

268.29 under section 260C.212, subdivision 2, paragraph (a); or

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

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

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

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

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

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

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

269.13 ~~(4)~~ (5) updating and completing the social and medical history required under sections  
269.14 260C.212, subdivision 15, and 260C.609;

269.15 ~~(5)~~ (6) making, and keeping updated, appropriate referrals required by section 260.851,  
269.16 the Interstate Compact on the Placement of Children;

269.17 ~~(6)~~ (7) giving notice regarding the responsibilities of an adoptive parent to any prospective  
269.18 adoptive parent as required under section 259.35;

269.19 ~~(7)~~ (8) offering the adopting parent the opportunity to apply for or decline adoption  
269.20 assistance under chapter 256N;

269.21 ~~(8)~~ (9) certifying the child for adoption assistance, assessing the amount of adoption  
269.22 assistance, and ascertaining the status of the commissioner's decision on the level of payment  
269.23 if the adopting parent has applied for adoption assistance;

269.24 ~~(9)~~ (10) placing the child with siblings. If the child is not placed with siblings, the agency  
269.25 must document reasonable efforts to place the siblings together, as well as the reason for  
269.26 separation. The agency may not cease reasonable efforts to place siblings together for final  
269.27 adoption until the court finds further reasonable efforts would be futile or that placement  
269.28 together for purposes of adoption is not in the best interests of one of the siblings; and

269.29 ~~(10)~~ (11) working with the adopting parent to file a petition to adopt the child and with  
269.30 the court administrator to obtain a timely hearing to finalize the adoption.

- 270.1 Sec. 36. Minnesota Statutes 2020, section 260C.607, subdivision 2, is amended to read:
- 270.2 Subd. 2. **Notice.** Notice of review hearings shall be given by the court to:
- 270.3 (1) the responsible social services agency;
- 270.4 (2) the child, if the child is age ten and older;
- 270.5 (3) the child's guardian ad litem;
- 270.6 (4) counsel appointed for the child pursuant to section 260C.163, subdivision 3;
- 270.7 (5) relatives of the child who have kept the court informed of their whereabouts as
- 270.8 required in section 260C.221 and who have responded to the agency's notice under section
- 270.9 260C.221, ~~indicating a willingness to provide an adoptive home for the child~~ unless the
- 270.10 relative has been previously ruled out by the court as a suitable ~~foster parent or~~ permanency
- 270.11 resource for the child;
- 270.12 (6) the current foster or adopting parent of the child;
- 270.13 (7) any foster or adopting parents of siblings of the child; and
- 270.14 (8) the Indian child's tribe.
- 270.15 Sec. 37. Minnesota Statutes 2020, section 260C.607, subdivision 5, is amended to read:
- 270.16 Subd. 5. **Required placement by responsible social services agency.** (a) No petition
- 270.17 for adoption shall be filed for a child under the guardianship of the commissioner unless
- 270.18 the child sought to be adopted has been placed for adoption with the adopting parent by the
- 270.19 responsible social services agency as required under section 260C.613, subdivision 1. The
- 270.20 court may order the agency to make an adoptive placement using standards and procedures
- 270.21 under subdivision 6.
- 270.22 (b) Any relative or the child's foster parent who believes the responsible agency has not
- 270.23 reasonably considered the relative's or foster parent's request to be considered for adoptive
- 270.24 placement as required under section 260C.212, subdivision 2, and who wants to be considered
- 270.25 for adoptive placement of the child shall bring a request for consideration to the attention
- 270.26 of the court during a review required under this section. The child's guardian ad litem and
- 270.27 the child may also bring a request for a relative or the child's foster parent to be considered
- 270.28 for adoptive placement. After hearing from the agency, the court may order the agency to
- 270.29 take appropriate action regarding the relative's or foster parent's request for consideration
- 270.30 under section 260C.212, subdivision 2, paragraph (b).

271.1 Sec. 38. Minnesota Statutes 2021 Supplement, section 260C.607, subdivision 6, is amended  
271.2 to read:

271.3 Subd. 6. **Motion and hearing to order adoptive placement.** (a) At any time after the  
271.4 district court orders the child under the guardianship of the commissioner of human services,  
271.5 but not later than 30 days after receiving notice required under section 260C.613, subdivision  
271.6 1, paragraph (c), that the agency has made an adoptive placement, a relative or the child's  
271.7 foster parent may file a motion for an order for adoptive placement of a child who is under  
271.8 the guardianship of the commissioner if the relative or the child's foster parent:

271.9 (1) has an adoption home study under section 259.41 or 260C.611 approving the relative  
271.10 or foster parent for adoption ~~and has~~. If the relative or foster parent does not have an adoption  
271.11 home study, an affidavit attesting to efforts to complete an adoption home study may be  
271.12 filed with the motion. The affidavit must be signed by the relative or foster parent and the  
271.13 responsible social services agency or licensed child-placing agency completing the adoption  
271.14 home study. The relative or foster parent must also have been a resident of Minnesota for  
271.15 at least six months before filing the motion; the court may waive the residency requirement  
271.16 for the moving party if there is a reasonable basis to do so; or

271.17 (2) is not a resident of Minnesota, but has an approved adoption home study by an agency  
271.18 licensed or approved to complete an adoption home study in the state of the individual's  
271.19 residence and the study is filed with the motion for adoptive placement. If the relative or  
271.20 foster parent does not have an adoption home study in the relative or foster parent's state  
271.21 of residence, an affidavit attesting to efforts to complete an adoption home study may be  
271.22 filed with the motion instead. The affidavit must be signed by the relative or foster parent  
271.23 and the agency completing the adoption home study.

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

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

272.1 (d) At the evidentiary hearing, the responsible social services agency shall proceed first  
272.2 with evidence about the reason for not making the adoptive placement proposed by the  
272.3 moving party. When the agency presents evidence regarding the child's current relationship  
272.4 with the identified adoptive placement resource, the court must consider the agency's efforts  
272.5 to support the child's relationship with the moving party consistent with section 260C.221.  
272.6 The moving party then has the burden of proving by a preponderance of the evidence that  
272.7 the agency has been unreasonable in failing to make the adoptive placement.

272.8 (e) The court shall review and enter findings regarding whether the agency, in making  
272.9 an adoptive placement decision for the child:

272.10 (1) considered relatives for adoptive placement in the order specified under section  
272.11 260C.212, subdivision 2, paragraph (a); and

272.12 (2) assessed how the identified adoptive placement resource and the moving party are  
272.13 each able to meet the child's current and future needs, based on an individualized  
272.14 determination of the child's needs, as required under sections 260C.212, subdivision 2, and  
272.15 260C.613, subdivision 1, paragraph (b).

272.16 ~~(e)~~ (f) At the conclusion of the evidentiary hearing, if the court finds that the agency has  
272.17 been unreasonable in failing to make the adoptive placement and that the ~~relative or the~~  
272.18 ~~child's foster parent~~ moving party is the most suitable adoptive home to meet the child's  
272.19 needs using the factors in section 260C.212, subdivision 2, paragraph (b), the court may:

272.20 (1) order the responsible social services agency to make an adoptive placement in the  
272.21 home of the ~~relative or the child's foster parent.~~ moving party if the moving party has an  
272.22 approved adoption home study; or

272.23 (2) order the responsible social services agency to place the child in the home of the  
272.24 moving party upon approval of an adoption home study. The agency must promote and  
272.25 support the child's ongoing visitation and contact with the moving party until the child is  
272.26 placed in the moving party's home. The agency must provide an update to the court after  
272.27 90 days, including progress and any barriers encountered. If the moving party does not have  
272.28 an approved adoption home study within 180 days, the moving party and the agency must  
272.29 inform the court of any barriers to obtaining the approved adoption home study during a  
272.30 review hearing under this section. If the court finds that the moving party is unable to obtain  
272.31 an approved adoption home study, the court must dismiss the order for adoptive placement  
272.32 under this subdivision and order the agency to continue making reasonable efforts to finalize  
272.33 the adoption of the child as required under section 260C.605.



273.1 ~~(f)~~ (g) If, in order to ensure that a timely adoption may occur, the court orders the  
273.2 responsible social services agency to make an adoptive placement under this subdivision,  
273.3 the agency shall:

273.4 (1) make reasonable efforts to obtain a fully executed adoption placement agreement,  
273.5 including assisting the moving party with the adoption home study process;

273.6 (2) work with the moving party regarding eligibility for adoption assistance as required  
273.7 under chapter 256N; and

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

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

273.17 Sec. 39. Minnesota Statutes 2020, section 260C.613, subdivision 1, is amended to read:

273.18 Subdivision 1. **Adoptive placement decisions.** (a) The responsible social services agency  
273.19 has exclusive authority to make an adoptive placement of a child under the guardianship of  
273.20 the commissioner. The child shall be considered placed for adoption when the adopting  
273.21 parent, the agency, and the commissioner have fully executed an adoption placement  
273.22 agreement on the form prescribed by the commissioner.

273.23 (b) The responsible social services agency shall use an individualized determination of  
273.24 the child's current and future needs, pursuant to section 260C.212, subdivision 2, paragraph  
273.25 (b), to determine the most suitable adopting parent for the child in the child's best interests.  
273.26 The responsible social services agency must consider adoptive placement of the child with  
273.27 relatives in the order specified in section 260C.212, subdivision 2, paragraph (a).

273.28 (c) The responsible social services agency shall notify the court and parties entitled to  
273.29 notice under section 260C.607, subdivision 2, when there is a fully executed adoption  
273.30 placement agreement for the child.

273.31 (d) In the event an adoption placement agreement terminates, the responsible social  
273.32 services agency shall notify the court, the parties entitled to notice under section 260C.607,

274.1 subdivision 2, and the commissioner that the agreement and the adoptive placement have  
274.2 terminated.

274.3 Sec. 40. Minnesota Statutes 2020, section 260C.613, subdivision 5, is amended to read:

274.4 Subd. 5. **Required record keeping.** The responsible social services agency shall  
274.5 document, in the records required to be kept under section 259.79, the reasons for the  
274.6 adoptive placement decision regarding the child, including the individualized determination  
274.7 of the child's needs based on the factors in section 260C.212, subdivision 2, paragraph (b);  
274.8 the agency's consideration of relatives in the order specified in section 260C.212, subdivision  
274.9 2, paragraph (a); and the assessment of how the selected adoptive placement meets the  
274.10 identified needs of the child. The responsible social services agency shall retain in the  
274.11 records required to be kept under section 259.79, copies of all out-of-home placement plans  
274.12 made since the child was ordered under guardianship of the commissioner and all court  
274.13 orders from reviews conducted pursuant to section 260C.607.

274.14 Sec. 41. Minnesota Statutes 2021 Supplement, section 260E.20, subdivision 2, is amended  
274.15 to read:

274.16 Subd. 2. **Face-to-face contact.** (a) Upon receipt of a screened in report, the local welfare  
274.17 agency shall conduct a face-to-face contact with the child reported to be maltreated and  
274.18 with the child's primary caregiver sufficient to complete a safety assessment and ensure the  
274.19 immediate safety of the child. If the report alleges maltreatment that presents a significant  
274.20 safety concern, the local welfare agency or agency responsible for assessing or investigating  
274.21 the report is not required to provide notice before conducting the initial face-to-face contact  
274.22 with the child and the child's primary caregiver.

274.23 (b) The face-to-face contact with the child and primary caregiver shall occur immediately  
274.24 if sexual abuse or substantial child endangerment is alleged and within five calendar days  
274.25 for all other reports. If the alleged offender was not already interviewed as the primary  
274.26 caregiver, the local welfare agency shall also conduct a face-to-face interview with the  
274.27 alleged offender in the early stages of the assessment or investigation. Face-to-face contact  
274.28 with the child and primary caregiver in response to a report alleging sexual abuse or  
274.29 substantial child endangerment may be postponed for no more than five calendar days if  
274.30 the child is residing in a location that is confirmed to restrict contact with the alleged offender  
274.31 as established in guidelines issued by the commissioner, or if the local welfare agency is  
274.32 pursuing a court order for the child's caregiver to produce the child for questioning under  
274.33 section 260E.22, subdivision 5.

275.1 (c) At the initial contact with the alleged offender, the local welfare agency or the agency  
275.2 responsible for assessing or investigating the report must inform the alleged offender of the  
275.3 complaints or allegations made against the individual in a manner consistent with laws  
275.4 protecting the rights of the person who made the report. The interview with the alleged  
275.5 offender may be postponed if it would jeopardize an active law enforcement investigation.

275.6 (d) The local welfare agency or the agency responsible for assessing or investigating  
275.7 the report must provide the alleged offender with an opportunity to make a statement. The  
275.8 alleged offender may submit supporting documentation relevant to the assessment or  
275.9 investigation.

275.10 Sec. 42. Minnesota Statutes 2020, section 260E.22, subdivision 2, is amended to read:

275.11 Subd. 2. **Child interview procedure.** (a) The interview may take place at school or at  
275.12 any facility or other place where the alleged victim or other children might be found or the  
275.13 child may be transported to, and the interview may be conducted at a place appropriate for  
275.14 the interview of a child designated by the local welfare agency or law enforcement agency.

275.15 (b) Other than in exceptional circumstances, the interview ~~may~~ must take place outside  
275.16 the presence of the alleged offender or parent, legal custodian, guardian, or school official;  
275.17 and must take place prior to any interviews of the alleged offender or parent, legal custodian,  
275.18 guardian, or school official.

275.19 (c) For a family assessment, it is the preferred practice to request a parent or guardian's  
275.20 permission to interview the child before conducting the child interview, unless doing so  
275.21 would compromise the safety assessment.

275.22 Sec. 43. Minnesota Statutes 2020, section 260E.24, subdivision 2, is amended to read:

275.23 Subd. 2. **Determination after family assessment.** After conducting a family assessment,  
275.24 the local welfare agency shall determine whether child protective services are needed to  
275.25 address the safety of the child and other family members and the risk of subsequent  
275.26 maltreatment. The local welfare agency must document the information collected under  
275.27 section 260E.20, subdivision 3, related to the completed family assessment in the child's or  
275.28 family's case notes.

275.29 Sec. 44. Minnesota Statutes 2020, section 268.19, subdivision 1, is amended to read:

275.30 Subdivision 1. **Use of data.** (a) Except as provided by this section, data gathered from  
275.31 any person under the administration of the Minnesota Unemployment Insurance Law are  
275.32 private data on individuals or nonpublic data not on individuals as defined in section 13.02,

276.1 subdivisions 9 and 12, and may not be disclosed except according to a district court order  
276.2 or section 13.05. A subpoena is not considered a district court order. These data may be  
276.3 disseminated to and used by the following agencies without the consent of the subject of  
276.4 the data:

276.5 (1) state and federal agencies specifically authorized access to the data by state or federal  
276.6 law;

276.7 (2) any agency of any other state or any federal agency charged with the administration  
276.8 of an unemployment insurance program;

276.9 (3) any agency responsible for the maintenance of a system of public employment offices  
276.10 for the purpose of assisting individuals in obtaining employment;

276.11 (4) the public authority responsible for child support in Minnesota or any other state in  
276.12 accordance with section 256.978;

276.13 (5) human rights agencies within Minnesota that have enforcement powers;

276.14 (6) the Department of Revenue to the extent necessary for its duties under Minnesota  
276.15 laws;

276.16 (7) public and private agencies responsible for administering publicly financed assistance  
276.17 programs for the purpose of monitoring the eligibility of the program's recipients;

276.18 (8) the Department of Labor and Industry and the Commerce Fraud Bureau in the  
276.19 Department of Commerce for uses consistent with the administration of their duties under  
276.20 Minnesota law;

276.21 (9) the Department of Human Services and the Office of Inspector General and its agents  
276.22 within the Department of Human Services, including county fraud investigators, for  
276.23 investigations related to recipient or provider fraud and employees of providers when the  
276.24 provider is suspected of committing public assistance fraud;

276.25 (10) local and state welfare agencies for monitoring the eligibility of the data subject  
276.26 for assistance programs, or for any employment or training program administered by those  
276.27 agencies, whether alone, in combination with another welfare agency, or in conjunction  
276.28 with the department or to monitor and evaluate the statewide Minnesota family investment  
276.29 program and other cash assistance programs, the Supplemental Nutrition Assistance Program  
276.30 (SNAP), and the Supplemental Nutrition Assistance Program Employment and Training  
276.31 program by providing data on recipients and former recipients of Supplemental Nutrition  
276.32 Assistance Program (SNAP) benefits, cash assistance under chapter 256, 256D, 256J, or

277.1 256K, child care assistance under chapter 119B, or medical programs under chapter 256B  
277.2 or 256L or formerly codified under chapter 256D;

277.3 (11) local and state welfare agencies for the purpose of identifying employment, wages,  
277.4 and other information to assist in the collection of an overpayment debt in an assistance  
277.5 program;

277.6 (12) local, state, and federal law enforcement agencies for the purpose of ascertaining  
277.7 the last known address and employment location of an individual who is the subject of a  
277.8 criminal investigation;

277.9 (13) the United States Immigration and Customs Enforcement has access to data on  
277.10 specific individuals and specific employers provided the specific individual or specific  
277.11 employer is the subject of an investigation by that agency;

277.12 (14) the Department of Health for the purposes of epidemiologic investigations;

277.13 (15) the Department of Corrections for the purposes of case planning and internal research  
277.14 for preprobation, probation, and postprobation employment tracking of offenders sentenced  
277.15 to probation and preconfinement and postconfinement employment tracking of committed  
277.16 offenders;

277.17 (16) the state auditor to the extent necessary to conduct audits of job opportunity building  
277.18 zones as required under section 469.3201; and

277.19 (17) the Office of Higher Education for purposes of supporting program improvement,  
277.20 system evaluation, and research initiatives including the Statewide Longitudinal Education  
277.21 Data System.

277.22 (b) Data on individuals and employers that are collected, maintained, or used by the  
277.23 department in an investigation under section 268.182 are confidential as to data on individuals  
277.24 and protected nonpublic data not on individuals as defined in section 13.02, subdivisions 3  
277.25 and 13, and must not be disclosed except under statute or district court order or to a party  
277.26 named in a criminal proceeding, administrative or judicial, for preparation of a defense.

277.27 (c) Data gathered by the department in the administration of the Minnesota unemployment  
277.28 insurance program must not be made the subject or the basis for any suit in any civil  
277.29 proceedings, administrative or judicial, unless the action is initiated by the department.

277.30 Sec. 45. Laws 2021, First Special Session chapter 7, article 10, section 1, the effective  
277.31 date, is amended to read:

277.32 **EFFECTIVE DATE.** This section is effective June 1, ~~2022~~ 2023.

278.1 Sec. 46. Laws 2021, First Special Session chapter 7, article 10, section 3, is amended to  
278.2 read:

278.3 Sec. 3. **LEGISLATIVE TASK FORCE; CHILD PROTECTION.**

278.4 (a) A legislative task force is created to:

278.5 ~~(1) review the efforts being made to implement the recommendations of the Governor's~~  
278.6 ~~Task Force on the Protection of Children;~~

278.7 ~~(2) expand the efforts into related areas of the child welfare system;~~

278.8 ~~(3) work with the commissioner of human services and community partners to establish~~  
278.9 ~~and evaluate child protection grants to address disparities in child welfare pursuant to~~  
278.10 ~~Minnesota Statutes, section 256E.28;~~

278.11 ~~(4) review and recommend alternatives to law enforcement responding to a maltreatment~~  
278.12 ~~report by removing the child and evaluate situations in which it may be appropriate for a~~  
278.13 ~~social worker or other child protection worker to remove the child from the home;~~

278.14 ~~(5)~~ (1) evaluate current statutes governing mandatory reporters, consider the modification  
278.15 of mandatory reporting requirements for private or public youth recreation programs, and,  
278.16 if necessary, introduce legislation by February 15, ~~2022~~ 2023, to implement appropriate  
278.17 modifications; and

278.18 ~~(6) evaluate and consider the intersection of educational neglect and the child protection~~  
278.19 ~~system; and~~

278.20 ~~(7)~~ (2) identify additional areas within the child welfare system that need to be addressed  
278.21 by the legislature.

278.22 (b) Members of the legislative task force shall include:

278.23 (1) six members from the house of representatives appointed by the speaker of the house,  
278.24 including three from the majority party and three from the minority party; and

278.25 (2) six members from the senate, including three members appointed by the senate  
278.26 majority leader and three members appointed by the senate minority leader.

278.27 (c) Members of the task force shall serve a term that expires on December 31 of the  
278.28 ~~even-numbered~~ odd-numbered year following the year they are appointed. The speaker of  
278.29 the house and the majority leader of the senate shall each appoint a chair and vice-chair  
278.30 from the membership of the task force. The chair shall rotate after each meeting. The task  
278.31 force must meet at least quarterly.

279.1 (d) Initial appointments to the task force shall be made by July 15, ~~2021~~ 2022. The chair  
279.2 shall convene the first meeting of the task force by August 15, ~~2021~~ 2022.

279.3 (e) The task force may provide oversight and monitoring of:

279.4 (1) the efforts by the Department of Human Services, counties, and Tribes to implement  
279.5 laws related to child protection;

279.6 (2) efforts by the Department of Human Services, counties, and Tribes to implement the  
279.7 recommendations of the Governor's Task Force on the Protection of Children;

279.8 (3) efforts by agencies including but not limited to the Department of Education, the  
279.9 Housing Finance Agency, the Department of Corrections, and the Department of Public  
279.10 Safety, to work with the Department of Human Services to assure safety and well-being for  
279.11 children at risk of harm or children in the child welfare system; and

279.12 (4) efforts by the Department of Human Services, other agencies, counties, and Tribes  
279.13 to implement best practices to ensure every child is protected from maltreatment and neglect  
279.14 and to ensure every child has the opportunity for healthy development.

279.15 ~~(f) The task force, in cooperation with the commissioner of human services, shall issue~~  
279.16 ~~a report to the legislature and governor by February 1, 2024. The report must contain~~  
279.17 ~~information on the progress toward implementation of changes to the child protection system,~~  
279.18 ~~recommendations for additional legislative changes and procedures affecting child protection~~  
279.19 ~~and child welfare, and funding needs to implement recommended changes.~~

279.20 ~~(g)~~ (f) This section expires December 31, ~~2024~~ 2025.

279.21 Sec. 47. Laws 2021, First Special Session chapter 8, article 6, section 1, subdivision 7, is  
279.22 amended to read:

279.23 Subd. 7. **Report.** (a) No later than February 1, 2022, the task force shall submit an initial  
279.24 report to the chairs and ranking minority members of the house of representatives and senate  
279.25 committees and divisions with jurisdiction over housing and preventing homelessness on  
279.26 its findings and recommendations.

279.27 (b) No later than ~~August 31~~ December 15, 2022, the task force shall submit a final report  
279.28 to the chairs and ranking minority members of the house of representatives and senate  
279.29 committees and divisions with jurisdiction over housing and preventing homelessness on  
279.30 its findings and recommendations.

280.1 **ARTICLE 11**

280.2 **OPERATIONS AND LICENSING POLICY**

280.3 Section 1. Minnesota Statutes 2020, section 245G.06, is amended by adding a subdivision  
280.4 to read:

280.5 Subd. 2a. **Client record documentation requirements.** (a) The license holder must  
280.6 document in the client record any significant event that occurs at the program within 24  
280.7 hours of the event. A significant event is an event that impacts the client's treatment plan  
280.8 or the client's relationship with other clients, staff, or the client's family.

280.9 (b) A residential treatment program must document in the client record the following  
280.10 items within 24 hours that each occurs:

280.11 (1) medical and other appointments the client attended if known by the provider;

280.12 (2) concerns related to medications that are not documented in the medication  
280.13 administration record; and

280.14 (3) concerns related to attendance for treatment services, including the reason for any  
280.15 client absence from a treatment service.

280.16 Sec. 2. Minnesota Statutes 2020, section 245G.06, subdivision 3, is amended to read:

280.17 ~~Subd. 3. **Documentation of treatment services; Treatment plan review.** (a) A review~~  
280.18 ~~of all treatment services must be documented weekly and include a review of:~~

280.19 ~~(1) care coordination activities;~~

280.20 ~~(2) medical and other appointments the client attended;~~

280.21 ~~(3) issues related to medications that are not documented in the medication administration~~  
280.22 ~~record; and~~

280.23 ~~(4) issues related to attendance for treatment services, including the reason for any client~~  
280.24 ~~absence from a treatment service.~~

280.25 ~~(b) A note must be entered immediately following any significant event. A significant~~  
280.26 ~~event is an event that impacts the client's relationship with other clients, staff, the client's~~  
280.27 ~~family, or the client's treatment plan.~~

280.28 ~~(c) A treatment plan review must be entered in a client's file weekly or after each treatment~~  
280.29 ~~service, whichever is less frequent, by the staff member providing the service by an alcohol~~  
280.30 ~~and drug counselor at least every 28 calendar days; when there is a significant change in~~  
280.31 ~~the client's situation, functioning, or service methods; or at the request of the client. The~~



281.1 review must indicate the span of time covered by the review and each of the six dimensions  
281.2 listed in section 245G.05, subdivision 2, paragraph (c). The review must:

281.3 ~~(1) indicate the date, type, and amount of each treatment service provided and the client's~~  
281.4 ~~response to each service;~~

281.5 ~~(2)~~ address each goal in the treatment plan and whether the methods to address the goals  
281.6 are effective;

281.7 ~~(3)~~ (2) include monitoring of any physical and mental health problems;

281.8 ~~(4)~~ (3) document the participation of others;

281.9 ~~(5)~~ (4) document staff recommendations for changes in the methods identified in the  
281.10 treatment plan and whether the client agrees with the change; and

281.11 ~~(6)~~ (5) include a review and evaluation of the individual abuse prevention plan according  
281.12 to section 245A.65.

281.13 ~~(d)~~ (b) Each entry in a client's record must be accurate, legible, signed, and dated. A late  
281.14 entry must be clearly labeled "late entry." A correction to an entry must be made in a way  
281.15 in which the original entry can still be read.

281.16 **EFFECTIVE DATE.** This section is effective August 1, 2022.

281.17 Sec. 3. Laws 2021, First Special Session chapter 7, article 2, section 74, is amended by  
281.18 adding a subdivision to read:

281.19 Subd. 4a. **Furnishing and analyzing data.** In the event the Department of Human  
281.20 Services is unable to furnish or analyze the relevant data on the background studies,  
281.21 disqualifications, set-asides, and other relevant topics under this section, the department  
281.22 may use an outside organization to analyze and furnish the relevant data to the task force.

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

## 281.24 **ARTICLE 12**

### 281.25 **DIRECT CARE AND TREATMENT POLICY**

281.26 Section 1. Minnesota Statutes 2020, section 253B.18, subdivision 6, is amended to read:

281.27 Subd. 6. **Transfer.** (a) A patient who is a person who has a mental illness and is  
281.28 dangerous to the public shall not be transferred out of a secure treatment facility unless it  
281.29 appears to the satisfaction of the commissioner, after a hearing and favorable recommendation  
281.30 by a majority of the special review board, that the transfer is appropriate. Transfer may be

282.1 to another state-operated treatment program. In those instances where a commitment also  
282.2 exists to the Department of Corrections, transfer may be to a facility designated by the  
282.3 commissioner of corrections.

282.4 (b) The following factors must be considered in determining whether a transfer is  
282.5 appropriate:

282.6 (1) the person's clinical progress and present treatment needs;

282.7 (2) the need for security to accomplish continuing treatment;

282.8 (3) the need for continued institutionalization;

282.9 (4) which facility can best meet the person's needs; and

282.10 (5) whether transfer can be accomplished with a reasonable degree of safety for the  
282.11 public.

282.12 (c) If a committed person has been transferred out of a secure treatment facility pursuant  
282.13 to this subdivision, that committed person may voluntarily return to a secure treatment  
282.14 facility for a period of up to 60 days with the consent of the head of the treatment facility.

282.15 (d) If the committed person is not returned to the original, nonsecure transfer facility  
282.16 within 60 days of being readmitted to a secure treatment facility, the transfer is revoked and  
282.17 the committed person must remain in a secure treatment facility. The committed person  
282.18 must immediately be notified in writing of the revocation.

282.19 (e) Within 15 days of receiving notice of the revocation, the committed person may  
282.20 petition the special review board for a review of the revocation. The special review board  
282.21 shall review the circumstances of the revocation and shall recommend to the commissioner  
282.22 whether or not the revocation should be upheld. The special review board may also  
282.23 recommend a new transfer at the time of the revocation hearing.

282.24 (f) No action by the special review board is required if the transfer has not been revoked  
282.25 and the committed person is returned to the original, nonsecure transfer facility with no  
282.26 substantive change to the conditions of the transfer ordered under this subdivision.

282.27 (g) The head of the treatment facility may revoke a transfer made under this subdivision  
282.28 and require a committed person to return to a secure treatment facility if:

282.29 (1) remaining in a nonsecure setting does not provide a reasonable degree of safety to  
282.30 the committed person or others; or

282.31 (2) the committed person has regressed clinically and the facility to which the committed  
282.32 person was transferred does not meet the committed person's needs.

283.1 (h) Upon the revocation of the transfer, the committed person must be immediately  
 283.2 returned to a secure treatment facility. A report documenting the reasons for revocation  
 283.3 must be issued by the head of the treatment facility within seven days after the committed  
 283.4 person is returned to the secure treatment facility. Advance notice to the committed person  
 283.5 of the revocation is not required.

283.6 (i) The committed person must be provided a copy of the revocation report and informed,  
 283.7 orally and in writing, of the rights of a committed person under this section. The revocation  
 283.8 report must be served upon the committed person, the committed person's counsel, and the  
 283.9 designated agency. The report must outline the specific reasons for the revocation, including  
 283.10 but not limited to the specific facts upon which the revocation is based.

283.11 (j) If a committed person's transfer is revoked, the committed person may re-petition for  
 283.12 transfer according to subdivision 5.

283.13 (k) A committed person aggrieved by a transfer revocation decision may petition the  
 283.14 special review board within seven business days after receipt of the revocation report for a  
 283.15 review of the revocation. The matter must be scheduled within 30 days. The special review  
 283.16 board shall review the circumstances leading to the revocation and, after considering the  
 283.17 factors in paragraph (b), shall recommend to the commissioner whether or not the revocation  
 283.18 shall be upheld. The special review board may also recommend a new transfer out of a  
 283.19 secure treatment facility at the time of the revocation hearing.

283.20 Sec. 2. **REPEALER.**

283.21 Minnesota Statutes 2020, sections 246.0136; 252.025, subdivision 7; and 252.035, are  
 283.22 repealed.

283.23

## ARTICLE 13

283.24

### DEPARTMENT OF HEALTH

283.25 Section 1. Minnesota Statutes 2020, section 103I.005, subdivision 17a, is amended to  
 283.26 read:

283.27 Subd. 17a. ~~Temporary boring~~ **Submerged closed loop heat exchanger.** ~~"Temporary~~  
 283.28 ~~boring"~~ **"Submerged closed loop heat exchanger"** ~~means an excavation that is 15 feet or~~  
 283.29 ~~more in depth, is sealed within 72 hours of the time of construction, and is drilled, cored,~~  
 283.30 ~~washed, driven, dug, jetted, or otherwise constructed to~~ **a heating and cooling system that:**

283.31 ~~(1) conduct physical, chemical, or biological testing of groundwater, including~~  
 283.32 ~~groundwater quality monitoring~~ **is installed in a water supply well;**

284.1 ~~(2) monitor or measure physical, chemical, radiological, or biological parameters of~~  
 284.2 ~~earth materials or earth fluids, including hydraulic conductivity, bearing capacity, or~~  
 284.3 ~~resistance~~ utilizes the convective flow of groundwater as the primary medium of heat  
 284.4 exchange;

284.5 ~~(3) measure groundwater levels, including use of a piezometer~~ contains potable water  
 284.6 as the heat transfer fluid; and

284.7 ~~(4) determine groundwater flow direction or velocity~~ operates using nonconsumptive  
 284.8 recirculation.

284.9 A submerged closed loop heat exchanger also includes submersible pumps, a heat exchanger  
 284.10 device, piping, and other necessary appurtenances.

284.11 Sec. 2. Minnesota Statutes 2020, section 103I.005, is amended by adding a subdivision  
 284.12 to read:

284.13 Subd. 17b. **Temporary boring.** "Temporary boring" means an excavation that is 15  
 284.14 feet or more in depth, is sealed within 72 hours of the time of construction, and is drilled,  
 284.15 cored, washed, driven, dug, jetted, or otherwise constructed to:

284.16 (1) conduct physical, chemical, or biological testing of groundwater, including  
 284.17 groundwater quality monitoring;

284.18 (2) monitor or measure physical, chemical, radiological, or biological parameters of  
 284.19 earth materials or earth fluids, including hydraulic conductivity, bearing capacity, or  
 284.20 resistance;

284.21 (3) measure groundwater levels, including use of a piezometer; and

284.22 (4) determine groundwater flow direction or velocity.

284.23 Sec. 3. Minnesota Statutes 2020, section 103I.005, subdivision 20a, is amended to read:

284.24 Subd. 20a. **Water supply well.** "Water supply well" means a well that is not a dewatering  
 284.25 well or environmental well and includes wells used:

284.26 (1) for potable water supply;

284.27 (2) for irrigation;

284.28 (3) for agricultural, commercial, or industrial water supply;

284.29 (4) for heating or cooling; ~~and~~

284.30 (5) for containing a submerged closed loop heat exchanger; and

285.1 (6) for testing water yield for irrigation, commercial or industrial uses, residential supply,  
285.2 or public water supply.

285.3 Sec. 4. [103I.631] INSTALLATION OF A SUBMERGED CLOSED LOOP HEAT  
285.4 EXCHANGER.

285.5 Subdivision 1. **Installation.** Notwithstanding any other provision of law, the  
285.6 commissioner must allow the installation of a submerged closed loop heat exchanger in a  
285.7 water supply well. A project may consist of more than one water supply well on a particular  
285.8 site.

285.9 Subd. 2. **Setbacks.** Water supply wells used only for the nonpotable purpose of providing  
285.10 heating and cooling using a submerged closed loop heat exchanger are exempt from isolation  
285.11 distance requirements greater than ten feet.

285.12 Subd. 3. **Construction.** The screened interval of a water supply well constructed to  
285.13 contain a submerged closed loop heat exchanger completed within a single aquifer may be  
285.14 designed and constructed using any combination of screen, casing, leader, riser, sump, or  
285.15 other piping combinations, so long as the screen configuration does not interconnect aquifers.

285.16 Subd. 4. **Permits.** A submerged closed loop heat exchanger is not subject to the permit  
285.17 requirements in this chapter.

285.18 Subd. 5. **Variances.** A variance is not required to install or operate a submerged closed  
285.19 loop heat exchanger.

285.20 Sec. 5. Minnesota Statutes 2020, section 144.057, subdivision 1, is amended to read:

285.21 Subdivision 1. **Background studies required.** (a) Except as specified in paragraph (b),  
285.22 the commissioner of health shall contract with the commissioner of human services to  
285.23 conduct background studies of:

285.24 (1) individuals providing services that have direct contact, as defined under section  
285.25 245C.02, subdivision 11, with patients and residents in hospitals, boarding care homes,  
285.26 outpatient surgical centers licensed under sections 144.50 to 144.58; nursing homes and  
285.27 home care agencies licensed under chapter 144A; assisted living facilities and assisted living  
285.28 facilities with dementia care licensed under chapter 144G; and board and lodging  
285.29 establishments that are registered to provide supportive or health supervision services under  
285.30 section 157.17;

285.31 (2) individuals specified in section 245C.03, subdivision 1, who perform direct contact  
285.32 services in a nursing home or a home care agency licensed under chapter 144A; an assisted

286.1 living facility or assisted living facility with dementia care licensed under chapter 144G;  
286.2 or a boarding care home licensed under sections 144.50 to 144.58. If the individual under  
286.3 study resides outside Minnesota, the study must include a check for substantiated findings  
286.4 of maltreatment of adults and children in the individual's state of residence when the  
286.5 information is made available by that state, and must include a check of the National Crime  
286.6 Information Center database;

286.7 (3) all other employees in assisted living facilities or assisted living facilities with  
286.8 dementia care licensed under chapter 144G, nursing homes licensed under chapter 144A,  
286.9 and boarding care homes licensed under sections 144.50 to 144.58. A disqualification of  
286.10 an individual in this section shall disqualify the individual from positions allowing direct  
286.11 contact or access to patients or residents receiving services. "Access" means physical access  
286.12 to a client or the client's personal property without continuous, direct supervision as defined  
286.13 in section 245C.02, subdivision 8, when the employee's employment responsibilities do not  
286.14 include providing direct contact services;

286.15 (4) individuals employed by a supplemental nursing services agency, as defined under  
286.16 section 144A.70, who are providing services in health care facilities; ~~and~~

286.17 (5) controlling persons of a supplemental nursing services agency, as defined under  
286.18 section 144A.70; and

286.19 (6) license applicants, owners, managerial officials, and controlling individuals who are  
286.20 required under section 144A.476, subdivision 1, or 144G.13, subdivision 1 to undergo a  
286.21 background study under chapter 245C, regardless of the licensure status of the license  
286.22 applicant, owner, managerial official, or controlling individual.

286.23 (b) The commissioner of human services shall not conduct a background study on any  
286.24 individual identified in paragraph (a), clauses (1) to (5), if the individual has a valid license  
286.25 issued by a health-related licensing board as defined in section 214.01, subdivision 2, and  
286.26 has completed the criminal background check as required in section 214.075. An entity that  
286.27 employs individuals who meet the requirements of this paragraph must separate those  
286.28 individuals from the entity's roster for NETStudy 2.0.

286.29 (c) If a facility or program is licensed by the Department of Human Services and subject  
286.30 to the background study provisions of chapter 245C and is also licensed by the Department  
286.31 of Health, the Department of Human Services is solely responsible for the background  
286.32 studies of individuals in the jointly licensed programs.

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

287.1 Sec. 6. Minnesota Statutes 2020, section 144.1222, subdivision 2d, is amended to read:

287.2 Subd. 2d. **Hot tubs on rental ~~houseboats~~ property.** (a) A ~~hot water~~ spa pool intended  
287.3 for seated recreational use, including a hot tub or whirlpool, that is located on a houseboat  
287.4 that is rented to the public is not a public pool and is exempt from the requirements for  
287.5 public pools under this section and Minnesota Rules, chapter 4717.

287.6 (b) A spa pool intended for seated recreational use, including a hot tub or whirlpool,  
287.7 that is located on the property of a stand-alone single-unit rental property that is rented to  
287.8 the public by the property owner or through a resort and the spa pool is only intended to be  
287.9 used by the occupants of the rental property, is not a public pool and is exempt from the  
287.10 requirements for public pools under this section and Minnesota Rules, chapter 4717.

287.11 (c) A ~~hot water~~ spa pool under this subdivision must be conspicuously posted with the  
287.12 following notice to renters:

287.13 "NOTICE

287.14 This spa is exempt from state and local sanitary requirements that prevent disease  
287.15 transmission.

287.16 USE AT YOUR OWN RISK

287.17 This notice is required under Minnesota Statutes, section 144.1222, subdivision 2d."

287.18 Sec. 7. Minnesota Statutes 2021 Supplement, section 144.551, subdivision 1, is amended  
287.19 to read:

287.20 Subdivision 1. **Restricted construction or modification.** (a) The following construction  
287.21 or modification may not be commenced:

287.22 (1) any erection, building, alteration, reconstruction, modernization, improvement,  
287.23 extension, lease, or other acquisition by or on behalf of a hospital that increases the bed  
287.24 capacity of a hospital, relocates hospital beds from one physical facility, complex, or site  
287.25 to another, or otherwise results in an increase or redistribution of hospital beds within the  
287.26 state; and

287.27 (2) the establishment of a new hospital.

287.28 (b) This section does not apply to:

287.29 (1) construction or relocation within a county by a hospital, clinic, or other health care  
287.30 facility that is a national referral center engaged in substantial programs of patient care,

288.1 medical research, and medical education meeting state and national needs that receives more  
288.2 than 40 percent of its patients from outside the state of Minnesota;

288.3 (2) a project for construction or modification for which a health care facility held an  
288.4 approved certificate of need on May 1, 1984, regardless of the date of expiration of the  
288.5 certificate;

288.6 (3) a project for which a certificate of need was denied before July 1, 1990, if a timely  
288.7 appeal results in an order reversing the denial;

288.8 (4) a project exempted from certificate of need requirements by Laws 1981, chapter 200,  
288.9 section 2;

288.10 (5) a project involving consolidation of pediatric specialty hospital services within the  
288.11 Minneapolis-St. Paul metropolitan area that would not result in a net increase in the number  
288.12 of pediatric specialty hospital beds among the hospitals being consolidated;

288.13 (6) a project involving the temporary relocation of pediatric-orthopedic hospital beds to  
288.14 an existing licensed hospital that will allow for the reconstruction of a new philanthropic,  
288.15 pediatric-orthopedic hospital on an existing site and that will not result in a net increase in  
288.16 the number of hospital beds. Upon completion of the reconstruction, the licenses of both  
288.17 hospitals must be reinstated at the capacity that existed on each site before the relocation;

288.18 (7) the relocation or redistribution of hospital beds within a hospital building or  
288.19 identifiable complex of buildings provided the relocation or redistribution does not result  
288.20 in: (i) an increase in the overall bed capacity at that site; (ii) relocation of hospital beds from  
288.21 one physical site or complex to another; or (iii) redistribution of hospital beds within the  
288.22 state or a region of the state;

288.23 (8) relocation or redistribution of hospital beds within a hospital corporate system that  
288.24 involves the transfer of beds from a closed facility site or complex to an existing site or  
288.25 complex provided that: (i) no more than 50 percent of the capacity of the closed facility is  
288.26 transferred; (ii) the capacity of the site or complex to which the beds are transferred does  
288.27 not increase by more than 50 percent; (iii) the beds are not transferred outside of a federal  
288.28 health systems agency boundary in place on July 1, 1983; (iv) the relocation or redistribution  
288.29 does not involve the construction of a new hospital building; and (v) the transferred beds  
288.30 are used first to replace within the hospital corporate system the total number of beds  
288.31 previously used in the closed facility site or complex for mental health services and substance  
288.32 use disorder services. Only after the hospital corporate system has fulfilled the requirements  
288.33 of this item may the remainder of the available capacity of the closed facility site or complex  
288.34 be transferred for any other purpose;



289.1 (9) a construction project involving up to 35 new beds in a psychiatric hospital in Rice  
289.2 County that primarily serves adolescents and that receives more than 70 percent of its  
289.3 patients from outside the state of Minnesota;

289.4 (10) a project to replace a hospital or hospitals with a combined licensed capacity of  
289.5 130 beds or less if: (i) the new hospital site is located within five miles of the current site;  
289.6 and (ii) the total licensed capacity of the replacement hospital, either at the time of  
289.7 construction of the initial building or as the result of future expansion, will not exceed 70  
289.8 licensed hospital beds, or the combined licensed capacity of the hospitals, whichever is less;

289.9 (11) the relocation of licensed hospital beds from an existing state facility operated by  
289.10 the commissioner of human services to a new or existing facility, building, or complex  
289.11 operated by the commissioner of human services; from one regional treatment center site  
289.12 to another; or from one building or site to a new or existing building or site on the same  
289.13 campus;

289.14 (12) the construction or relocation of hospital beds operated by a hospital having a  
289.15 statutory obligation to provide hospital and medical services for the indigent that does not  
289.16 result in a net increase in the number of hospital beds, notwithstanding section 144.552, 27  
289.17 beds, of which 12 serve mental health needs, may be transferred from Hennepin County  
289.18 Medical Center to Regions Hospital under this clause;

289.19 (13) a construction project involving the addition of up to 31 new beds in an existing  
289.20 nonfederal hospital in Beltrami County;

289.21 (14) a construction project involving the addition of up to eight new beds in an existing  
289.22 nonfederal hospital in Otter Tail County with 100 licensed acute care beds;

289.23 (15) a construction project involving the addition of 20 new hospital beds in an existing  
289.24 hospital in Carver County serving the southwest suburban metropolitan area;

289.25 (16) a project for the construction or relocation of up to 20 hospital beds for the operation  
289.26 of up to two psychiatric facilities or units for children provided that the operation of the  
289.27 facilities or units have received the approval of the commissioner of human services;

289.28 (17) a project involving the addition of 14 new hospital beds to be used for rehabilitation  
289.29 services in an existing hospital in Itasca County;

289.30 (18) a project to add 20 licensed beds in existing space at a hospital in Hennepin County  
289.31 that closed 20 rehabilitation beds in 2002, provided that the beds are used only for  
289.32 rehabilitation in the hospital's current rehabilitation building. If the beds are used for another  
289.33 purpose or moved to another location, the hospital's licensed capacity is reduced by 20 beds;

290.1 (19) a critical access hospital established under section 144.1483, clause (9), and section  
290.2 1820 of the federal Social Security Act, United States Code, title 42, section 1395i-4, that  
290.3 delicensed beds since enactment of the Balanced Budget Act of 1997, Public Law 105-33,  
290.4 to the extent that the critical access hospital does not seek to exceed the maximum number  
290.5 of beds permitted such hospital under federal law;

290.6 (20) notwithstanding section 144.552, a project for the construction of a new hospital  
290.7 in the city of Maple Grove with a licensed capacity of up to 300 beds provided that:

290.8 (i) the project, including each hospital or health system that will own or control the entity  
290.9 that will hold the new hospital license, is approved by a resolution of the Maple Grove City  
290.10 Council as of March 1, 2006;

290.11 (ii) the entity that will hold the new hospital license will be owned or controlled by one  
290.12 or more not-for-profit hospitals or health systems that have previously submitted a plan or  
290.13 plans for a project in Maple Grove as required under section 144.552, and the plan or plans  
290.14 have been found to be in the public interest by the commissioner of health as of April 1,  
290.15 2005;

290.16 (iii) the new hospital's initial inpatient services must include, but are not limited to,  
290.17 medical and surgical services, obstetrical and gynecological services, intensive care services,  
290.18 orthopedic services, pediatric services, noninvasive cardiac diagnostics, behavioral health  
290.19 services, and emergency room services;

290.20 (iv) the new hospital:

290.21 (A) will have the ability to provide and staff sufficient new beds to meet the growing  
290.22 needs of the Maple Grove service area and the surrounding communities currently being  
290.23 served by the hospital or health system that will own or control the entity that will hold the  
290.24 new hospital license;

290.25 (B) will provide uncompensated care;

290.26 (C) will provide mental health services, including inpatient beds;

290.27 (D) will be a site for workforce development for a broad spectrum of health-care-related  
290.28 occupations and have a commitment to providing clinical training programs for physicians  
290.29 and other health care providers;

290.30 (E) will demonstrate a commitment to quality care and patient safety;

290.31 (F) will have an electronic medical records system, including physician order entry;

290.32 (G) will provide a broad range of senior services;

291.1 (H) will provide emergency medical services that will coordinate care with regional  
291.2 providers of trauma services and licensed emergency ambulance services in order to enhance  
291.3 the continuity of care for emergency medical patients; and

291.4 (I) will be completed by December 31, 2009, unless delayed by circumstances beyond  
291.5 the control of the entity holding the new hospital license; and

291.6 (v) as of 30 days following submission of a written plan, the commissioner of health  
291.7 has not determined that the hospitals or health systems that will own or control the entity  
291.8 that will hold the new hospital license are unable to meet the criteria of this clause;

291.9 (21) a project approved under section 144.553;

291.10 (22) a project for the construction of a hospital with up to 25 beds in Cass County within  
291.11 a 20-mile radius of the state Ah-Gwah-Ching facility, provided the hospital's license holder  
291.12 is approved by the Cass County Board;

291.13 (23) a project for an acute care hospital in Fergus Falls that will increase the bed capacity  
291.14 from 108 to 110 beds by increasing the rehabilitation bed capacity from 14 to 16 and closing  
291.15 a separately licensed 13-bed skilled nursing facility;

291.16 (24) notwithstanding section 144.552, a project for the construction and expansion of a  
291.17 specialty psychiatric hospital in Hennepin County for up to 50 beds, exclusively for patients  
291.18 who are under 21 years of age on the date of admission. The commissioner conducted a  
291.19 public interest review of the mental health needs of Minnesota and the Twin Cities  
291.20 metropolitan area in 2008. No further public interest review shall be conducted for the  
291.21 construction or expansion project under this clause;

291.22 (25) a project for a 16-bed psychiatric hospital in the city of Thief River Falls, if the  
291.23 commissioner finds the project is in the public interest after the public interest review  
291.24 conducted under section 144.552 is complete;

291.25 (26)(i) a project for a 20-bed psychiatric hospital, within an existing facility in the city  
291.26 of Maple Grove, exclusively for patients who are under 21 years of age on the date of  
291.27 admission, if the commissioner finds the project is in the public interest after the public  
291.28 interest review conducted under section 144.552 is complete;

291.29 (ii) this project shall serve patients in the continuing care benefit program under section  
291.30 256.9693. The project may also serve patients not in the continuing care benefit program;  
291.31 and

291.32 (iii) if the project ceases to participate in the continuing care benefit program, the  
291.33 commissioner must complete a subsequent public interest review under section 144.552. If

292.1 the project is found not to be in the public interest, the license must be terminated six months  
292.2 from the date of that finding. If the commissioner of human services terminates the contract  
292.3 without cause or reduces per diem payment rates for patients under the continuing care  
292.4 benefit program below the rates in effect for services provided on December 31, 2015, the  
292.5 project may cease to participate in the continuing care benefit program and continue to  
292.6 operate without a subsequent public interest review;

292.7 (27) a project involving the addition of 21 new beds in an existing psychiatric hospital  
292.8 in Hennepin County that is exclusively for patients who are under 21 years of age on the  
292.9 date of admission;

292.10 (28) a project to add 55 licensed beds in an existing safety net, level I trauma center  
292.11 hospital in Ramsey County as designated under section 383A.91, subdivision 5, of which  
292.12 15 beds are to be used for inpatient mental health and 40 are to be used for other services.  
292.13 In addition, five unlicensed observation mental health beds shall be added;

292.14 (29) upon submission of a plan to the commissioner for public interest review under  
292.15 section 144.552 and the addition of the 15 inpatient mental health beds specified in clause  
292.16 (28), to its bed capacity, a project to add 45 licensed beds in an existing safety net, level I  
292.17 trauma center hospital in Ramsey County as designated under section 383A.91, subdivision  
292.18 5. Five of the 45 additional beds authorized under this clause must be designated for use  
292.19 for inpatient mental health and must be added to the hospital's bed capacity before the  
292.20 remaining 40 beds are added. Notwithstanding section 144.552, the hospital may add licensed  
292.21 beds under this clause prior to completion of the public interest review, provided the hospital  
292.22 submits its plan by the 2021 deadline and adheres to the timelines for the public interest  
292.23 review described in section 144.552; ~~or~~

292.24 (30) upon submission of a plan to the commissioner for public interest review under  
292.25 section 144.552, a project to add up to 30 licensed beds in an existing psychiatric hospital  
292.26 in Hennepin County that exclusively provides care to patients who are under 21 years of  
292.27 age on the date of admission. Notwithstanding section 144.552, the psychiatric hospital  
292.28 may add licensed beds under this clause prior to completion of the public interest review,  
292.29 provided the hospital submits its plan by the 2021 deadline and adheres to the timelines for  
292.30 the public interest review described in section 144.552;

292.31 (31) any project to add licensed beds in a hospital that: (i) is designated as a critical  
292.32 access hospital under section 144.1483, clause (9), and United States Code, title 42, section  
292.33 1395i-4; (ii) has a licensed bed capacity of fewer than 25 beds; and (iii) has an attached  
292.34 nursing home, so long as the total number of licensed beds in the hospital after the bed

293.1 addition does not exceed 25 beds. Notwithstanding section 144.552, a public interest review  
293.2 is not required for a project authorized under this clause; or

293.3 (32) upon submission of a plan to the commissioner for public interest review under  
293.4 section 144.552, a project to add 22 licensed beds at a Minnesota freestanding children's  
293.5 hospital in St. Paul that is part of an independent pediatric health system with freestanding  
293.6 inpatient hospitals located in Minneapolis and St. Paul. The beds shall be utilized for pediatric  
293.7 inpatient behavioral health services. Notwithstanding section 144.552, the hospital may add  
293.8 licensed beds under this clause prior to completion of the public interest review, provided  
293.9 the hospital submits its plan by the 2022 deadline and adheres to the timelines for the public  
293.10 interest review described in section 144.552.

293.11 Sec. 8. Minnesota Statutes 2020, section 144A.75, subdivision 12, is amended to read:

293.12 Subd. 12. **Palliative care.** "Palliative care" means ~~the total active care of patients whose~~  
293.13 ~~disease is not responsive to curative treatment. Control of pain, of other symptoms, and of~~  
293.14 ~~psychological, social, and spiritual problems is paramount~~ specialized medical care for  
293.15 individuals living with a serious illness or life-limiting condition. This type of care is focused  
293.16 on reducing the pain, symptoms, and stress of a serious illness or condition. Palliative care  
293.17 is a team-based approach to care, providing essential support at any age or stage of a serious  
293.18 illness or condition, and is often provided together with curative treatment. The goal of  
293.19 palliative care is the achievement of the best quality of life for patients and their families  
293.20 to improve quality of life for both the patient and the patient's family or care partner.

293.21 Sec. 9. Minnesota Statutes 2020, section 144G.45, subdivision 7, is amended to read:

293.22 Subd. 7. **Variance or waiver.** (a) A facility may request that the commissioner grant a  
293.23 variance or waiver from the provisions of this section or section 144G.81, subdivision 5. A  
293.24 request for a waiver must be submitted to the commissioner in writing. Each request must  
293.25 contain:

293.26 (1) the specific requirement for which the variance or waiver is requested;

293.27 (2) the reasons for the request;

293.28 (3) the alternative measures that will be taken if a variance or waiver is granted;

293.29 (4) the length of time for which the variance or waiver is requested; and

293.30 (5) other relevant information deemed necessary by the commissioner to properly evaluate  
293.31 the request for the waiver.

294.1 (b) The decision to grant or deny a variance or waiver must be based on the  
294.2 commissioner's evaluation of the following criteria:

294.3 (1) whether the waiver will adversely affect the health, treatment, comfort, safety, or  
294.4 well-being of a resident;

294.5 (2) whether the alternative measures to be taken, if any, are equivalent to or superior to  
294.6 those permitted under section 144G.81, subdivision 5; ~~and~~

294.7 (3) whether compliance with the requirements would impose an undue burden on the  
294.8 facility; and

294.9 (4) notwithstanding clauses (1) to (3), when an existing building is proposed to be  
294.10 repurposed to meet a critical community need for additional assisted living facility capacity,  
294.11 whether the waiver will adequately protect the health and safety of the residents.

294.12 (c) The commissioner must notify the facility in writing of the decision. If a variance or  
294.13 waiver is granted, the notification must specify the period of time for which the variance  
294.14 or waiver is effective and the alternative measures or conditions, if any, to be met by the  
294.15 facility.

294.16 (d) Alternative measures or conditions attached to a variance or waiver have the force  
294.17 and effect of this chapter and are subject to the issuance of correction orders and fines in  
294.18 accordance with sections 144G.30, subdivision 7, and 144G.31. The amount of fines for a  
294.19 violation of this subdivision is that specified for the specific requirement for which the  
294.20 variance or waiver was requested.

294.21 (e) A request for renewal of a variance or waiver must be submitted in writing at least  
294.22 45 days before its expiration date. Renewal requests must contain the information specified  
294.23 in paragraph (b). A variance or waiver must be renewed by the commissioner if the facility  
294.24 continues to satisfy the criteria in paragraph (a) and demonstrates compliance with the  
294.25 alternative measures or conditions imposed at the time the original variance or waiver was  
294.26 granted.

294.27 (f) The commissioner must deny, revoke, or refuse to renew a variance or waiver if it  
294.28 is determined that the criteria in paragraph (a) are not met. The facility must be notified in  
294.29 writing of the reasons for the decision and informed of the right to appeal the decision.

294.30 (g) A facility may contest the denial, revocation, or refusal to renew a variance or waiver  
294.31 by requesting a contested case hearing under chapter 14. The facility must submit, within  
294.32 15 days of the receipt of the commissioner's decision, a written request for a hearing. The  
294.33 request for hearing must set forth in detail the reasons why the facility contends the decision

295.1 of the commissioner should be reversed or modified. At the hearing, the facility has the  
295.2 burden of proving by a preponderance of the evidence that the facility satisfied the criteria  
295.3 specified in paragraph (b), except in a proceeding challenging the revocation of a variance  
295.4 or waiver.

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

295.6 Sec. 10. **[145.267] FETAL ALCOHOL SPECTRUM DISORDERS PREVENTION**  
295.7 **GRANTS.**

295.8 (a) The commissioner of health shall award a grant to a statewide organization that  
295.9 focuses solely on prevention of and intervention with fetal alcohol spectrum disorders. The  
295.10 grant recipient must make subgrants to eligible regional collaboratives in rural and urban  
295.11 areas of the state for the purposes specified in paragraph (c).

295.12 (b) "Eligible regional collaboratives" means a partnership between at least one local  
295.13 government or Tribal government and at least one community-based organization and,  
295.14 where available, a family home visiting program. For purposes of this paragraph, a local  
295.15 government includes a county or a multicounty organization, a county-based purchasing  
295.16 entity, or a community health board.

295.17 (c) Eligible regional collaboratives must use subgrant funds to reduce the incidence of  
295.18 fetal alcohol spectrum disorders and other prenatal drug-related effects in children in  
295.19 Minnesota by identifying and serving pregnant women suspected of or known to use or  
295.20 abuse alcohol or other drugs. Eligible regional collaboratives must provide intensive services  
295.21 to chemically dependent women to increase positive birth outcomes.

295.22 (d) An eligible regional collaborative that receives a subgrant under this section must  
295.23 report to the grant recipient by January 15 of each year on the services and programs funded  
295.24 by the subgrant. The report must include measurable outcomes for the previous year,  
295.25 including the number of pregnant women served and the number of toxin-free babies born.  
295.26 The grant recipient must compile the information in the subgrant reports and submit a  
295.27 summary report to the commissioner of health by February 15 of each year.

295.28 **EFFECTIVE DATE.** This section is effective July 1, 2023.

295.29 Sec. 11. Minnesota Statutes 2020, section 145.4716, is amended by adding a subdivision  
295.30 to read:

295.31 Subd. 4. **Funding.** Funds appropriated for this section shall not be used for any activity  
295.32 other than the authorized activities under this section, and the commissioner shall not create

296.1 additional eligibility criteria or restrictions on the funds. The commissioner must prioritize  
296.2 providing trauma-informed, culturally inclusive services for sexually exploited youth or  
296.3 youth at risk of sexual exploitation under this section.

296.4 Sec. 12. Minnesota Statutes 2021 Supplement, section 245C.03, subdivision 5a, is amended  
296.5 to read:

296.6 Subd. 5a. **Facilities serving children or adults licensed or regulated by the**  
296.7 **Department of Health.** (a) Except as specified in paragraph (b), the commissioner shall  
296.8 conduct background studies of:

296.9 (1) individuals providing services who have direct contact, as defined under section  
296.10 245C.02, subdivision 11, with patients and residents in hospitals, boarding care homes,  
296.11 outpatient surgical centers licensed under sections 144.50 to 144.58; nursing homes and  
296.12 home care agencies licensed under chapter 144A; assisted living facilities and assisted living  
296.13 facilities with dementia care licensed under chapter 144G; and board and lodging  
296.14 establishments that are registered to provide supportive or health supervision services under  
296.15 section 157.17;

296.16 (2) individuals specified in subdivision 2 who provide direct contact services in a nursing  
296.17 home or a home care agency licensed under chapter 144A; an assisted living facility or  
296.18 assisted living facility with dementia care licensed under chapter 144G; or a boarding care  
296.19 home licensed under sections 144.50 to 144.58. If the individual undergoing a study resides  
296.20 outside of Minnesota, the study must include a check for substantiated findings of  
296.21 maltreatment of adults and children in the individual's state of residence when the state  
296.22 makes the information available;

296.23 (3) all other employees in assisted living facilities or assisted living facilities with  
296.24 dementia care licensed under chapter 144G, nursing homes licensed under chapter 144A,  
296.25 and boarding care homes licensed under sections 144.50 to 144.58. A disqualification of  
296.26 an individual in this section shall disqualify the individual from positions allowing direct  
296.27 contact with or access to patients or residents receiving services. "Access" means physical  
296.28 access to a client or the client's personal property without continuous, direct supervision as  
296.29 defined in section 245C.02, subdivision 8, when the employee's employment responsibilities  
296.30 do not include providing direct contact services;

296.31 (4) individuals employed by a supplemental nursing services agency, as defined under  
296.32 section 144A.70, who are providing services in health care facilities; ~~and~~



297.1 (5) controlling persons of a supplemental nursing services agency, as defined by section  
297.2 144A.70; and

297.3 (6) license applicants, owners, managerial officials, and controlling individuals who are  
297.4 required under section 144A.476, subdivision 1, or 144G.13, subdivision 1 to undergo a  
297.5 background study under this chapter, regardless of the licensure status of the license applicant,  
297.6 owner, managerial official, or controlling individual.

297.7 (b) The commissioner of human services shall not conduct a background study on any  
297.8 individual identified in paragraph (a), clauses (1) to (5), if the individual has a valid license  
297.9 issued by a health-related licensing board as defined in section 214.01, subdivision 2, and  
297.10 has completed the criminal background check as required in section 214.075. An entity that  
297.11 employs individuals who meet the requirements of this paragraph must separate those  
297.12 individuals from the entity's roster for NETStudy 2.0.

297.13 (c) If a facility or program is licensed by the Department of Human Services and the  
297.14 Department of Health and is subject to the background study provisions of this chapter, the  
297.15 Department of Human Services is solely responsible for the background studies of individuals  
297.16 in the jointly licensed program.

297.17 ~~(e)~~ (d) The commissioner of health shall review and make decisions regarding  
297.18 reconsideration requests, including whether to grant variances, according to the procedures  
297.19 and criteria in this chapter. The commissioner of health shall inform the requesting individual  
297.20 and the Department of Human Services of the commissioner of health's decision regarding  
297.21 the reconsideration. The commissioner of health's decision to grant or deny a reconsideration  
297.22 of a disqualification is a final administrative agency action.

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

297.24 Sec. 13. Minnesota Statutes 2020, section 245C.31, subdivision 1, is amended to read:

297.25 Subdivision 1. **Board determines disciplinary or corrective action.** (a) ~~When the~~  
297.26 ~~subject of a background study is regulated by a health-related licensing board as defined in~~  
297.27 ~~chapter 214, and the commissioner determines that the regulated individual is responsible~~  
297.28 ~~for substantiated maltreatment under section 626.557 or chapter 260E, instead of the~~  
297.29 ~~commissioner making a decision regarding disqualification, the board shall make a~~  
297.30 ~~determination whether to impose disciplinary or corrective action under chapter 214~~ The  
297.31 commissioner shall notify a health-related licensing board as defined in section 214.01,  
297.32 subdivision 2, if the commissioner determines that an individual who is licensed by the  
297.33 health-related licensing board and who is included on the board's roster list provided in

298.1 accordance with subdivision 3a is responsible for substantiated maltreatment under section  
 298.2 626.557 or chapter 260E, in accordance with subdivision 2. Upon receiving notification,  
 298.3 the health-related licensing board shall make a determination as to whether to impose  
 298.4 disciplinary or corrective action under chapter 214.

298.5 (b) This section does not apply to a background study of an individual regulated by a  
 298.6 health-related licensing board if the individual's study is related to child foster care, adult  
 298.7 foster care, or family child care licensure.

298.8 **EFFECTIVE DATE.** This section is effective February 1, 2023.

298.9 Sec. 14. Minnesota Statutes 2020, section 245C.31, subdivision 2, is amended to read:

298.10 Subd. 2. **Commissioner's notice to board.** (a) The commissioner shall notify ~~the~~ a  
 298.11 health-related licensing board:

298.12 (1) ~~upon completion of a background study that produces~~ of a record showing that the  
 298.13 individual licensed by the board was determined to have been responsible for substantiated  
 298.14 maltreatment;

298.15 (2) upon the commissioner's completion of an investigation that determined ~~the~~ an  
 298.16 individual licensed by the board was responsible for substantiated maltreatment; or

298.17 (3) upon receipt from another agency of a finding of substantiated maltreatment for  
 298.18 which ~~the~~ an individual licensed by the board was responsible.

298.19 (b) The commissioner's notice to the health-related licensing board shall indicate whether  
 298.20 the commissioner would have disqualified the individual for the substantiated maltreatment  
 298.21 if the individual were not regulated by the board.

298.22 ~~(c) The commissioner shall concurrently send the notice under this subdivision to the~~  
 298.23 ~~individual who is the subject of the background study.~~

298.24 Sec. 15. Minnesota Statutes 2020, section 245C.31, is amended by adding a subdivision  
 298.25 to read:

298.26 Subd. 3a. **Agreements with health-related licensing boards.** The commissioner and  
 298.27 each health-related licensing board shall enter into an agreement in order for each board to  
 298.28 provide the commissioner with a daily roster list of individuals who have a license issued  
 298.29 by the board in active status. The list must include for each licensed individual the individual's  
 298.30 name, aliases, date of birth, license number, the date the license was issued, status of the  
 298.31 license, and the last four digits of the individual's social security number.

299.1 **EFFECTIVE DATE.** This section is effective February 1, 2023.

299.2 Sec. 16. **DIRECTION TO COMMISSIONER OF HEALTH; J-1 VISA WAIVER**  
299.3 **PROGRAM RECOMMENDATION.**

299.4 (a) For purposes of this section:

299.5 (1) "Department of Health recommendation" means a recommendation from the state  
299.6 Department of Health that a foreign medical graduate should be considered for a J-1 visa  
299.7 waiver under the J-1 visa waiver program; and

299.8 (2) "J-1 visa waiver program" means a program administered by the United States  
299.9 Department of State under United States Code, title 8, section 1184(l), in which a waiver  
299.10 is sought for the requirement that a foreign medical graduate with a J-1 visa must return to  
299.11 the graduate's home country for two years at the conclusion of the graduate's medical study  
299.12 before applying for employment authorization in the United States.

299.13 (b) In administering the program to issue Department of Health recommendations for  
299.14 purposes of the J-1 visa waiver program, the commissioner of health shall allow an applicant  
299.15 to submit to the commissioner evidence that the foreign medical graduate for whom the  
299.16 waiver is sought is licensed to practice medicine in Minnesota in place of evidence that the  
299.17 foreign medical graduate has passed steps 1, 2, and 3 of the United States Medical Licensing  
299.18 Examination.

299.19 Sec. 17. **TEMPORARY ASSISTED LIVING STAFF TRAINING REQUIREMENTS.**

299.20 (a) Notwithstanding Minnesota Statutes, section 144G.60, subdivision 4, paragraphs (a)  
299.21 and (b), a person who registers, completes, and passes the American Health Care  
299.22 Association's eight-hour online temporary nurse aide training course may be employed by  
299.23 a licensed assisted living facility to provide assisted living services or perform delegated  
299.24 nursing tasks. Assisted living facilities must maintain documentation that a person employed  
299.25 under the authority of this section to provide assisted living services or perform delegated  
299.26 nursing tasks completed the required training program.

299.27 (b) Whenever providing assisted living services, a person employed under the authority  
299.28 of this section must be directly supervised by another employee who meets the requirements  
299.29 of Minnesota Statutes, section 144G.60, subdivision 4, paragraph (a). If, during employment,  
299.30 the person meets the requirements of Minnesota Statutes, section 144G.60, subdivision 4,  
299.31 paragraph (a), the supervision described in this paragraph is no longer required.

300.1 (c) Whenever performing delegated nursing tasks, a person employed under the authority  
 300.2 of this section must be directly supervised by another employee who meets the requirements  
 300.3 of Minnesota Statutes, section 144G.60, subdivision 4, paragraph (b). If, during employment,  
 300.4 the person meets the requirements of Minnesota Statutes, section 144G.60, subdivision 4,  
 300.5 paragraph (b), the supervision described in this paragraph is no longer required.

300.6 (d) This section expires four months after the expiration of the blanket federal waiver  
 300.7 of the nurse aides training and certification requirements under Code of Federal Regulations,  
 300.8 title 42, section 483.35(d), by the Centers for Medicare and Medicaid Services as authorized  
 300.9 by section 1135 of the Social Security Act.

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

300.11 Sec. 18. **REPEALER.**

300.12 Minnesota Statutes 2020, section 254A.21, is repealed, effective July 1, 2023.

## 300.13 **ARTICLE 14**

### 300.14 **HEALTH-RELATED LICENSING BOARDS AND SCOPE OF PRACTICE**

300.15 Section 1. Minnesota Statutes 2020, section 144.051, subdivision 6, is amended to read:

300.16 Subd. 6. **Release of private or confidential data.** For providers regulated pursuant to  
 300.17 sections 144A.43 to 144A.482, 148.5185, and chapter 144G, the department may release  
 300.18 private or confidential data, except Social Security numbers, to the appropriate state, federal,  
 300.19 or local agency and law enforcement office to enhance investigative or enforcement efforts  
 300.20 or further a public health protective process. Types of offices include Adult Protective  
 300.21 Services, Office of the Ombudsman for Long-Term Care and Office of the Ombudsman for  
 300.22 Mental Health and Developmental Disabilities, the health licensing boards, Department of  
 300.23 Human Services, county or city attorney's offices, police, and local or county public health  
 300.24 offices.

300.25 Sec. 2. Minnesota Statutes 2020, section 144E.01, subdivision 1, is amended to read:

300.26 Subdivision 1. **Membership.** (a) The Emergency Medical Services Regulatory Board  
 300.27 consists of the following members, all of whom must work in Minnesota, except for the  
 300.28 ~~person~~ persons listed in clause ~~(14)~~ (8):

300.29 (1) an emergency physician certified by the American Board of Emergency Physicians;

300.30 (2) a ~~representative of Minnesota hospitals~~ hospital administrator who does not have  
 300.31 direct oversight or management of a licensed ambulance service;

301.1 (3) a representative of ~~fire chiefs~~ a licensed ambulance service with a base of operation  
 301.2 located in a fire department;

301.3 (4) a ~~full-time firefighter who serves as an emergency medical responder on or within~~  
 301.4 ~~a nontransporting or nonregistered agency and who is a member of a professional firefighter's~~  
 301.5 ~~union~~ representative of a licensed ambulance service with a base of operation located in a  
 301.6 hospital;

301.7 (5) a ~~volunteer firefighter who serves as an emergency medical responder on or within~~  
 301.8 ~~a nontransporting or nonregistered agency~~ representative of a licensed ambulance service  
 301.9 owned by a municipality;

301.10 (6) ~~an~~ a volunteer ambulance attendant currently practicing on a licensed ambulance  
 301.11 service who is a paramedic ~~or~~ , an advanced emergency medical technician, or an emergency  
 301.12 medical technician;

301.13 (7) an ~~ambulance director for a licensed ambulance service~~ emergency medical technician  
 301.14 instructor who meets the requirements of section 144E.283 and is affiliated with an education  
 301.15 program approved by the board under section 144E.285;

301.16 (8) ~~a representative of sheriffs;~~

301.17 (9) ~~a member of a community health board to represent community health services;~~

301.18 (10) ~~two representatives of regional emergency medical services programs, one of whom~~  
 301.19 ~~must be from the metropolitan regional emergency medical services program;~~

301.20 (11) ~~a registered nurse currently practicing in a hospital emergency department;~~

301.21 (12) ~~a pediatrician, certified by the American Board of Pediatrics, with experience in~~  
 301.22 ~~emergency medical services;~~

301.23 (13) ~~a family practice physician who is currently involved in emergency medical services;~~

301.24 (14) ~~a~~ three public member members who resides in Minnesota; and

301.25 (15) (9) the commissioners of health and public safety or their designees.

301.26 (b) The governor shall appoint members under paragraph (a). Appointments under  
 301.27 paragraph (a), clauses (1) to ~~(9) and (11) to (13)~~ (8), are subject to the advice and consent  
 301.28 of the senate. In making appointments under paragraph (a), clauses (1) to ~~(9) and (11) to~~  
 301.29 ~~(13)~~ (8), the governor shall consider recommendations of the American College of Emergency  
 301.30 Physicians, the Minnesota Hospital Association, the Minnesota and State Fire Chief's  
 301.31 Association, the Minnesota Ambulance Association, the Minnesota Emergency Medical  
 301.32 Services Association, the Minnesota State Sheriff's Association, the Association of Minnesota

302.1 Counties, the Minnesota Nurses Association, and the Minnesota chapter of the Academy  
302.2 of Pediatrics.

302.3 (c) At least ~~seven~~ five members appointed under paragraph (a), clauses (1) to (8), must  
302.4 reside outside of the seven-county metropolitan area, as defined in section 473.121.

302.5 Sec. 3. Minnesota Statutes 2020, section 144E.01, subdivision 4, is amended to read:

302.6 Subd. 4. **Compensation; terms.** (a) Membership terms, compensation, and removal of  
302.7 members appointed under subdivision 1, are governed by section 15.0575.

302.8 (b) Notwithstanding section 15.0575, subdivision 2, the terms of members shall be three  
302.9 years.

302.10 (c) A member of the board may not serve more than two terms.

302.11 Sec. 4. Minnesota Statutes 2020, section 147.01, subdivision 7, is amended to read:

302.12 Subd. 7. **Physician application and license fees.** (a) The board may charge the following  
302.13 nonrefundable application and license fees processed pursuant to sections 147.02, 147.03,  
302.14 147.037, 147.0375, and 147.38:

302.15 (1) physician application fee, \$200;

302.16 (2) physician annual registration renewal fee, \$192;

302.17 (3) physician endorsement to other states, \$40;

302.18 (4) physician emeritus license, \$50;

302.19 ~~(5) physician temporary license, \$60;~~

302.20 ~~(6)~~ (5) physician late fee, \$60;

302.21 ~~(7)~~ (6) duplicate license fee, \$20;

302.22 ~~(8)~~ (7) certification letter fee, \$25;

302.23 ~~(9)~~ (8) education or training program approval fee, \$100;

302.24 ~~(10)~~ (9) report creation and generation fee, \$60 per hour;

302.25 ~~(11)~~ (10) examination administration fee (half day), \$50;

302.26 ~~(12)~~ (11) examination administration fee (full day), \$80;

303.1 ~~(13)~~ (12) fees developed by the Interstate Commission for determining physician  
303.2 qualification to register and participate in the interstate medical licensure compact, as  
303.3 established in rules authorized in and pursuant to section 147.38, not to exceed \$1,000; and  
303.4 ~~(14)~~ (13) verification fee, \$25.

303.5 (b) The board may prorate the initial annual license fee. All licensees are required to  
303.6 pay the full fee upon license renewal. The revenue generated from the fee must be deposited  
303.7 in an account in the state government special revenue fund.

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

303.9 Sec. 5. Minnesota Statutes 2020, section 147.03, subdivision 1, is amended to read:

303.10 Subdivision 1. **Endorsement; reciprocity.** (a) The board may issue a license to practice  
303.11 medicine to any person who satisfies the requirements in paragraphs (b) to (e).

303.12 (b) The applicant shall satisfy all the requirements established in section 147.02,  
303.13 subdivision 1, paragraphs (a), (b), (d), (e), and (f), or section 147.037, subdivision 1,  
303.14 paragraphs (a) to (e).

303.15 (c) The applicant shall:

303.16 (1) have passed an examination prepared and graded by the Federation of State Medical  
303.17 Boards, the National Board of Medical Examiners, or the United States Medical Licensing  
303.18 Examination (USMLE) program in accordance with section 147.02, subdivision 1, paragraph  
303.19 (c), clause (2); the National Board of Osteopathic Medical Examiners; or the Medical Council  
303.20 of Canada; and

303.21 (2) have a current license from the equivalent licensing agency in another state or Canada  
303.22 and, if the examination in clause (1) was passed more than ten years ago, either:

303.23 (i) pass the Special Purpose Examination of the Federation of State Medical Boards with  
303.24 a score of 75 or better within three attempts; or

303.25 (ii) have a current certification by a specialty board of the American Board of Medical  
303.26 Specialties, of the American Osteopathic Association, the Royal College of Physicians and  
303.27 Surgeons of Canada, or of the College of Family Physicians of Canada; or

303.28 (3) if the applicant fails to meet the requirement established in section 147.02, subdivision  
303.29 1, paragraph (c), clause (2), because the applicant failed to pass each of steps one, two, and  
303.30 three of the USMLE within the required three attempts, the applicant may be granted a  
303.31 license provided the applicant:

304.1 (i) has passed each of steps one, two, and three with passing scores as recommended by  
304.2 the USMLE program within no more than four attempts for any of the three steps;

304.3 (ii) is currently licensed in another state; and

304.4 (iii) has current certification by a specialty board of the American Board of Medical  
304.5 Specialties, the American Osteopathic Association Bureau of Professional Education, the  
304.6 Royal College of Physicians and Surgeons of Canada, or the College of Family Physicians  
304.7 of Canada.

304.8 (d) The applicant must not be under license suspension or revocation by the licensing  
304.9 board of the state or jurisdiction in which the conduct that caused the suspension or revocation  
304.10 occurred.

304.11 (e) The applicant must not have engaged in conduct warranting disciplinary action against  
304.12 a licensee, or have been subject to disciplinary action other than as specified in paragraph  
304.13 (d). If an applicant does not satisfy the requirements stated in this paragraph, the board may  
304.14 issue a license only on the applicant's showing that the public will be protected through  
304.15 issuance of a license with conditions or limitations the board considers appropriate.

304.16 (f) Upon the request of an applicant, the board may conduct the final interview of the  
304.17 applicant by teleconference.

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

304.19 Sec. 6. Minnesota Statutes 2020, section 147.03, subdivision 2, is amended to read:

304.20 Subd. 2. **Temporary permit.** (a) An applicant for licensure under this section may  
304.21 request the board issue a temporary permit in accordance with this subdivision. Upon receipt  
304.22 of the application for licensure, a request for a temporary permit, and a nonrefundable  
304.23 physician application fee specified under section 147.01, subdivision 7, the board may issue  
304.24 a temporary permit to practice medicine to as a physician eligible for licensure under this  
304.25 section only if the application for licensure is complete, all requirements in subdivision 1  
304.26 have been met, and a nonrefundable fee set by the board has been paid if the applicant is:

304.27 (1) currently licensed in good standing to practice medicine as a physician in another  
304.28 state, territory, or Canadian province; and

304.29 (2) not the subject of a pending investigation or disciplinary action in any state, territory,  
304.30 or Canadian province.



305.1 ~~The permit remains~~ (b) A temporary permit issued under this subdivision is nonrenewable  
305.2 and valid only until the meeting of the board at which a decision is made on the physician's  
305.3 application for licensure or for 90 days, whichever occurs first.

305.4 (c) The board may revoke a temporary permit issued under this subdivision if the  
305.5 physician is the subject of an investigation or disciplinary action or is disqualified for  
305.6 licensure for any other reason.

305.7 (d) Notwithstanding section 13.41, subdivision 2, the board may release information  
305.8 regarding action taken by the board pursuant to this subdivision.

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

305.10 Sec. 7. Minnesota Statutes 2020, section 147.037, is amended to read:

305.11 **147.037 LICENSING OF FOREIGN MEDICAL SCHOOL GRADUATES;**  
305.12 **~~TEMPORARY PERMIT.~~**

305.13 Subdivision 1. **Requirements.** The board shall issue a license to practice medicine to  
305.14 any person who satisfies the requirements in paragraphs (a) to (g).

305.15 (a) The applicant shall satisfy all the requirements established in section 147.02,  
305.16 subdivision 1, paragraphs (a), (e), (f), (g), and (h).

305.17 (b) The applicant shall present evidence satisfactory to the board that the applicant is a  
305.18 graduate of a medical or osteopathic school approved by the board as equivalent to accredited  
305.19 United States or Canadian schools based upon its faculty, curriculum, facilities, accreditation,  
305.20 or other relevant data. If the applicant is a graduate of a medical or osteopathic program  
305.21 that is not accredited by the Liaison Committee for Medical Education or the American  
305.22 Osteopathic Association, the applicant may use the Federation of State Medical Boards'  
305.23 Federation Credentials Verification Service (FCVS) or its successor. If the applicant uses  
305.24 this service as allowed under this paragraph, the physician application fee may be less than  
305.25 \$200 but must not exceed the cost of administering this paragraph.

305.26 (c) The applicant shall present evidence satisfactory to the board that the applicant has  
305.27 been awarded a certificate by the Educational Council for Foreign Medical Graduates, and  
305.28 the applicant has a working ability in the English language sufficient to communicate with  
305.29 patients and physicians and to engage in the practice of medicine.

305.30 (d) The applicant shall present evidence satisfactory to the board of the completion of  
305.31 one year of graduate, clinical medical training in a program accredited by a national  
305.32 accrediting organization approved by the board or other graduate training approved in

306.1 advance by the board as meeting standards similar to those of a national accrediting  
306.2 organization. This requirement does not apply:

306.3 (1) to an applicant who is admitted as a permanent immigrant to the United States on or  
306.4 before October 1, 1991, as a person of exceptional ability in the sciences according to Code  
306.5 of Federal Regulations, title 20, section 656.22(d); or

306.6 (2) to an applicant holding a valid license to practice medicine in another country and  
306.7 issued a permanent immigrant visa after October 1, 1991, as a person of extraordinary ability  
306.8 in the field of science or as an outstanding professor or researcher according to Code of  
306.9 Federal Regulations, title 8, section 204.5(h) and (i), or a temporary nonimmigrant visa as  
306.10 a person of extraordinary ability in the field of science according to Code of Federal  
306.11 Regulations, title 8, section 214.2(o),

306.12 provided that a person under clause (1) or (2) is admitted pursuant to rules of the United  
306.13 States Department of Labor.

306.14 (e) The applicant must:

306.15 (1) have passed an examination prepared and graded by the Federation of State Medical  
306.16 Boards, the United States Medical Licensing Examination program in accordance with  
306.17 section 147.02, subdivision 1, paragraph (c), clause (2), or the Medical Council of Canada;  
306.18 and

306.19 (2) if the examination in clause (1) was passed more than ten years ago, either:

306.20 (i) pass the Special Purpose Examination of the Federation of State Medical Boards with  
306.21 a score of 75 or better within three attempts; or

306.22 (ii) have a current certification by a specialty board of the American Board of Medical  
306.23 Specialties, of the American Osteopathic Association, of the Royal College of Physicians  
306.24 and Surgeons of Canada, or of the College of Family Physicians of Canada; or

306.25 (3) if the applicant fails to meet the requirement established in section 147.02, subdivision  
306.26 1, paragraph (c), clause (2), because the applicant failed to pass each of steps one, two, and  
306.27 three of the USMLE within the required three attempts, the applicant may be granted a  
306.28 license provided the applicant:

306.29 (i) has passed each of steps one, two, and three with passing scores as recommended by  
306.30 the USMLE program within no more than four attempts for any of the three steps;

306.31 (ii) is currently licensed in another state; and

307.1 (iii) has current certification by a specialty board of the American Board of Medical  
307.2 Specialties, the American Osteopathic Association, the Royal College of Physicians and  
307.3 Surgeons of Canada, or the College of Family Physicians of Canada.

307.4 (f) The applicant must not be under license suspension or revocation by the licensing  
307.5 board of the state or jurisdiction in which the conduct that caused the suspension or revocation  
307.6 occurred.

307.7 (g) The applicant must not have engaged in conduct warranting disciplinary action  
307.8 against a licensee, or have been subject to disciplinary action other than as specified in  
307.9 paragraph (f). If an applicant does not satisfy the requirements stated in this paragraph, the  
307.10 board may issue a license only on the applicant's showing that the public will be protected  
307.11 through issuance of a license with conditions or limitations the board considers appropriate.

307.12 ~~Subd. 1a. **Temporary permit.** The board may issue a temporary permit to practice  
307.13 medicine to a physician eligible for licensure under this section only if the application for  
307.14 licensure is complete, all requirements in subdivision 1 have been met, and a nonrefundable  
307.15 fee set by the board has been paid. The permit remains valid only until the meeting of the  
307.16 board at which a decision is made on the physician's application for licensure.~~

307.17 Subd. 2. **Medical school review.** The board may contract with any qualified person or  
307.18 organization for the performance of a review or investigation, including site visits if  
307.19 necessary, of any medical or osteopathic school prior to approving the school under section  
307.20 147.02, subdivision 1, paragraph (b), or subdivision 1, paragraph (b), of this section. To the  
307.21 extent possible, the board shall require the school being reviewed to pay the costs of the  
307.22 review or investigation.

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

307.24 Sec. 8. **[147A.025] TEMPORARY PERMIT.**

307.25 (a) An applicant for licensure under section 147A.02 may request the board issue a  
307.26 temporary permit in accordance with this section. Upon receipt of the application for  
307.27 licensure, a request for a temporary permit, and a nonrefundable physician assistant  
307.28 application fee as specified under section 147A.28, the board may issue a temporary permit  
307.29 to practice as a physician assistant if the applicant is:

307.30 (1) currently licensed in good standing to practice as a physician assistant in another  
307.31 state, territory, or Canadian province; and

307.32 (2) not subject to a pending investigation or disciplinary action in any state, territory, or  
307.33 Canadian province.

308.1 (b) A temporary permit issued under this section is nonrenewable and valid until a  
 308.2 decision is made on the physician assistant's application for licensure or for 90 days,  
 308.3 whichever occurs first.

308.4 (c) The board may revoke the temporary permit that has been issued under this section  
 308.5 if the applicant is the subject of an investigation or disciplinary action or is disqualified for  
 308.6 licensure for any other reason.

308.7 (d) Notwithstanding section 13.41, subdivision 2, the board may release information  
 308.8 regarding any action taken by the board pursuant to this section.

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

308.10 Sec. 9. Minnesota Statutes 2020, section 147A.28, is amended to read:

308.11 **147A.28 PHYSICIAN ASSISTANT APPLICATION AND LICENSE FEES.**

308.12 (a) The board may charge the following nonrefundable fees:

308.13 (1) physician assistant application fee, \$120;

308.14 ~~(2) physician assistant annual registration renewal fee (prescribing authority), \$135;~~

308.15 ~~(3)~~ (2) physician assistant annual ~~registration~~ license renewal fee ~~(no prescribing~~  
 308.16 ~~authority), \$115;~~

308.17 ~~(4) physician assistant temporary registration, \$115;~~

308.18 ~~(5) physician assistant temporary permit, \$60;~~

308.19 ~~(6)~~ (3) physician assistant locum tenens permit, \$25;

308.20 ~~(7)~~ (4) physician assistant late fee, \$50;

308.21 ~~(8)~~ (5) duplicate license fee, \$20;

308.22 ~~(9)~~ (6) certification letter fee, \$25;

308.23 ~~(10)~~ (7) education or training program approval fee, \$100;

308.24 ~~(11)~~ (8) report creation and generation fee, \$60 per hour; and

308.25 ~~(12)~~ (9) verification fee, \$25.

308.26 (b) The board may prorate the initial annual license fee. All licensees are required to  
 308.27 pay the full fee upon license renewal. The revenue generated from the fees must be deposited  
 308.28 in an account in the state government special revenue fund.

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

309.1 Sec. 10. Minnesota Statutes 2020, section 147C.15, subdivision 3, is amended to read:

309.2 Subd. 3. **Temporary permit.** (a) An applicant for licensure under this section may  
309.3 request the board issue a temporary permit in accordance with this subdivision. Upon receipt  
309.4 of the application for licensure, a request for a temporary permit, and a nonrefundable  
309.5 respiratory therapist application fee as specified under section 147C.40, subdivision 5, the  
309.6 board may issue a temporary permit to practice as a respiratory therapist to an applicant  
309.7 eligible for licensure under this section if the application for licensure is complete, all  
309.8 applicable requirements in this section have been met, and a nonrefundable fee set by the  
309.9 board has been paid applicant is:

309.10 (1) currently licensed to practice as a respiratory therapist in another state, territory, or  
309.11 Canadian province; and

309.12 (2) not subject to a pending investigation or disciplinary action in any state, territory, or  
309.13 Canadian province.

309.14 ~~The~~ (b) A temporary permit remains issued under this subdivision is nonrenewable and  
309.15 valid only until the meeting of the board at which a decision is made on the respiratory  
309.16 therapist's application for licensure or for 90 days, whichever occurs first.

309.17 (c) The board may revoke a temporary permit that has been issued under this subdivision  
309.18 if the applicant is the subject of an investigation or disciplinary action or is disqualified for  
309.19 licensure for any other reason.

309.20 (d) Notwithstanding section 13.41, subdivision 2, the board may release information  
309.21 regarding any action taken by a board pursuant to this section.

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

309.23 Sec. 11. Minnesota Statutes 2020, section 147C.40, subdivision 5, is amended to read:

309.24 Subd. 5. **Respiratory therapist application and license fees.** (a) The board may charge  
309.25 the following nonrefundable fees:

309.26 (1) respiratory therapist application fee, \$100;

309.27 (2) respiratory therapist annual registration renewal fee, \$90;

309.28 (3) respiratory therapist inactive status fee, \$50;

309.29 (4) respiratory therapist temporary registration fee, \$90;

309.30 ~~(5) respiratory therapist temporary permit, \$60;~~

309.31 ~~(6)~~ (5) respiratory therapist late fee, \$50;

- 310.1 ~~(7)~~ (6) duplicate license fee, \$20;
- 310.2 ~~(8)~~ (7) certification letter fee, \$25;
- 310.3 ~~(9)~~ (8) education or training program approval fee, \$100;
- 310.4 ~~(10)~~ (9) report creation and generation fee, \$60 per hour; and
- 310.5 ~~(11)~~ (10) verification fee, \$25.

310.6 (b) The board may prorate the initial annual license fee. All licensees are required to

310.7 pay the full fee upon license renewal. The revenue generated from the fees must be deposited

310.8 in an account in the state government special revenue fund.

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

310.10 Sec. 12. Minnesota Statutes 2020, section 148.212, subdivision 1, is amended to read:

310.11 Subdivision 1. **Issuance.** Upon receipt of the applicable licensure or reregistration fee

310.12 and permit fee, and in accordance with rules of the board, the board may issue a nonrenewable

310.13 temporary permit to practice professional or practical nursing to an applicant for licensure

310.14 or reregistration who is not the subject of a pending investigation or disciplinary action, nor

310.15 disqualified for any other reason, under the following circumstances:

310.16 (a) The applicant for licensure by endorsement under section 148.211, subdivision 2, is

310.17 currently licensed to practice professional or practical nursing in another state, territory, or

310.18 Canadian province. The permit is valid until the date of board action on the application or

310.19 for ~~60~~ 90 days, whichever comes first.

310.20 (b) The applicant for licensure by endorsement under section 148.211, subdivision 2,

310.21 or for reregistration under section 148.231, subdivision 5, is currently registered in a formal,

310.22 structured refresher course or its equivalent for nurses that includes clinical practice.

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

310.24 Sec. 13. **[148.2855] NURSE LICENSURE COMPACT.**

310.25 The Nurse Licensure Compact is enacted into law and entered into with all other

310.26 jurisdictions legally joining in it, in the form substantially as follows:

310.27 ARTICLE 1

310.28 DEFINITIONS

310.29 As used in this compact:

311.1 (a) "Adverse action" means any administrative, civil, equitable, or criminal action  
311.2 permitted by a state's law that is imposed by a licensing board or other authority against a  
311.3 nurse, including actions against an individual's license or multistate licensure privilege such  
311.4 as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee's  
311.5 practice, or any other encumbrance on licensure affecting a nurse's authorization to practice,  
311.6 including issuance of a cease and desist action.

311.7 (b) "Alternative program" means a nondisciplinary monitoring program approved by a  
311.8 licensing board.

311.9 (c) "Coordinated licensure information system" means an integrated process for collecting,  
311.10 storing, and sharing information on nurse licensure and enforcement activities related to  
311.11 nurse licensure laws that is administered by a nonprofit organization composed of and  
311.12 controlled by licensing boards.

311.13 (d) "Current significant investigative information" means:

311.14 (1) investigative information that a licensing board, after a preliminary inquiry that  
311.15 includes notification and an opportunity for the nurse to respond, if required by state law,  
311.16 has reason to believe is not groundless and, if proved true, would indicate more than a minor  
311.17 infraction; or

311.18 (2) investigative information that indicates that the nurse represents an immediate threat  
311.19 to public health and safety, regardless of whether the nurse has been notified and had an  
311.20 opportunity to respond.

311.21 (e) "Encumbrance" means a revocation or suspension of, or any limitation on, the full  
311.22 and unrestricted practice of nursing imposed by a licensing board.

311.23 (f) "Home state" means the party state that is the nurse's primary state of residence.

311.24 (g) "Licensing board" means a party state's regulatory body responsible for issuing nurse  
311.25 licenses.

311.26 (h) "Multistate license" means a license to practice as a registered or a licensed  
311.27 practical/vocational nurse (LPN/VN) issued by a home state licensing board that authorizes  
311.28 the licensed nurse to practice in all party states under a multistate licensure privilege.

311.29 (i) "Multistate licensure privilege" means a legal authorization associated with a multistate  
311.30 license permitting the practice of nursing as either a registered nurse (RN) or LPN/VN in  
311.31 a remote state.

312.1 (j) "Nurse" means an RN or LPN/VN, as those terms are defined by each party state's  
312.2 practice laws.

312.3 (k) "Party state" means any state that has adopted this compact.

312.4 (l) "Remote state" means a party state other than the home state.

312.5 (m) "Single-state license" means a nurse license issued by a party state that authorizes  
312.6 practice only within the issuing state and does not include a multistate licensure privilege  
312.7 to practice in any other party state.

312.8 (n) "State" means a state, territory, or possession of the United States and the District  
312.9 of Columbia.

312.10 (o) "State practice laws" means a party state's laws, rules, and regulations that govern  
312.11 the practice of nursing, define the scope of nursing practice, and create the methods and  
312.12 grounds for imposing discipline. State practice laws do not include requirements necessary  
312.13 to obtain and retain a license, except for qualifications or requirements of the home state.

## 312.14 ARTICLE 2

### 312.15 GENERAL PROVISIONS AND JURISDICTION

312.16 (a) A multistate license to practice registered or licensed practical/vocational nursing  
312.17 issued by a home state to a resident in that state will be recognized by each party state as  
312.18 authorizing a nurse to practice as an RN or LPN/VN under a multistate licensure privilege  
312.19 in each party state.

312.20 (b) A state must implement procedures for considering the criminal history records of  
312.21 applicants for initial multistate license or licensure by endorsement. The procedures shall  
312.22 include the submission of fingerprints or other biometric-based information by applicants  
312.23 for the purpose of obtaining an applicant's criminal history record information from the  
312.24 Federal Bureau of Investigation and the agency responsible for retaining that state's criminal  
312.25 records.

312.26 (c) Each party state shall require the following for an applicant to obtain or retain a  
312.27 multistate license in the home state:

312.28 (1) meets the home state's qualifications for licensure or renewal of licensure, as well  
312.29 as all other applicable state laws;

312.30 (2)(i) has graduated or is eligible to graduate from a licensing board-approved RN or  
312.31 LPN/VN prelicensure education program; or

312.32 (ii) has graduated from a foreign RN or LPN/VN prelicensure education program that:



- 313.1 (A) has been approved by the authorized accrediting body in the applicable country; and
- 313.2 (B) has been verified by an independent credentials review agency to be comparable to
- 313.3 a licensing board-approved prelicensure education program;
- 313.4 (3) has, if a graduate of a foreign prelicensure education program not taught in English
- 313.5 or if English is not the individual's native language, successfully passed an English
- 313.6 proficiency examination that includes the components of reading, speaking, writing, and
- 313.7 listening;
- 313.8 (4) has successfully passed an NCLEX-RN or NCLEX-PN Examination or recognized
- 313.9 predecessor, as applicable;
- 313.10 (5) is eligible for or holds an active, unencumbered license;
- 313.11 (6) has submitted, in connection with an application for initial licensure or licensure by
- 313.12 endorsement, fingerprints or other biometric data for the purpose of obtaining criminal
- 313.13 history record information from the Federal Bureau of Investigation and the agency
- 313.14 responsible for retaining that state's criminal records;
- 313.15 (7) has not been convicted or found guilty, or has entered into an agreed disposition, of
- 313.16 a felony offense under applicable state or federal criminal law;
- 313.17 (8) has not been convicted or found guilty, or has entered into an agreed disposition, of
- 313.18 a misdemeanor offense related to the practice of nursing as determined on a case-by-case
- 313.19 basis;
- 313.20 (9) is not currently enrolled in an alternative program;
- 313.21 (10) is subject to self-disclosure requirements regarding current participation in an
- 313.22 alternative program; and
- 313.23 (11) has a valid United States Social Security number.
- 313.24 (d) All party states shall be authorized, in accordance with existing state due process
- 313.25 law, to take adverse action against a nurse's multistate licensure privilege such as revocation,
- 313.26 suspension, probation, or any other action that affects a nurse's authorization to practice
- 313.27 under a multistate licensure privilege, including cease and desist actions. If a party state
- 313.28 takes such action, it shall promptly notify the administrator of the coordinated licensure
- 313.29 information system. The administrator of the coordinated licensure information system shall
- 313.30 promptly notify the home state of any such actions by remote states.
- 313.31 (e) A nurse practicing in a party state must comply with the state practice laws of the
- 313.32 state in which the client is located at the time service is provided. The practice of nursing

314.1 is not limited to patient care, but shall include all nursing practice as defined by the state  
314.2 practice laws of the party state in which the client is located. The practice of nursing in a  
314.3 party state under a multistate licensure privilege shall subject a nurse to the jurisdiction of  
314.4 the licensing board, the courts, and the laws of the party state in which the client is located  
314.5 at the time service is provided.

314.6 (f) Individuals not residing in a party state shall continue to be able to apply for a party  
314.7 state's single-state license as provided under the laws of each party state. However, the  
314.8 single-state license granted to these individuals will not be recognized as granting the  
314.9 privilege to practice nursing in any other party state. Nothing in this compact shall affect  
314.10 the requirements established by a party state for the issuance of a single-state license.

314.11 (g) Any nurse holding a home state multistate license, on the effective date of this  
314.12 compact, may retain and renew the multistate license issued by the nurse's then-current  
314.13 home state, provided that:

314.14 (1) a nurse, who changes primary state of residence after this compact's effective date,  
314.15 must meet all applicable paragraph (c) requirements to obtain a multistate license from a  
314.16 new home state; or

314.17 (2) a nurse who fails to satisfy the multistate licensure requirements in paragraph (c)  
314.18 due to a disqualifying event occurring after this compact's effective date shall be ineligible  
314.19 to retain or renew a multistate license, and the nurse's multistate license shall be revoked  
314.20 or deactivated in accordance with applicable rules adopted by the Interstate Commission  
314.21 of Nurse Licensure Compact Administrators ("Commission").

### 314.22 ARTICLE 3

#### 314.23 APPLICATIONS FOR LICENSURE IN A PARTY STATE

314.24 (a) Upon application for a multistate license, the licensing board in the issuing party  
314.25 state shall ascertain, through the coordinated licensure information system, whether the  
314.26 applicant has ever held or is the holder of a license issued by any other state, whether there  
314.27 are any encumbrances on any license or multistate licensure privilege held by the applicant,  
314.28 whether any adverse action has been taken against any license or multistate licensure privilege  
314.29 held by the applicant, and whether the applicant is currently participating in an alternative  
314.30 program.

314.31 (b) A nurse may hold a multistate license issued by the home state in only one party  
314.32 state at a time.

315.1 (c) If a nurse changes primary state of residence by moving between two party states,  
315.2 the nurse must apply for licensure in the new home state, and the multistate license issued  
315.3 by the prior home state will be deactivated in accordance with applicable rules adopted by  
315.4 the commission:

315.5 (1) the nurse may apply for licensure in advance of a change in primary state of residence;  
315.6 and

315.7 (2) a multistate license shall not be issued by the new home state until the nurse provides  
315.8 satisfactory evidence of a change in primary state of residence to the new home state and  
315.9 satisfies all applicable requirements to obtain a multistate license from the new home state.

315.10 (d) If a nurse changes primary state of residence by moving from a party state to a  
315.11 nonparty state, the multistate license issued by the prior home state will convert to a  
315.12 single-state license, valid only in the former home state.

#### 315.13 ARTICLE 4

#### 315.14 ADDITIONAL AUTHORITIES INVESTED IN PARTY STATE LICENSING BOARDS

315.15 (a) In addition to the other powers conferred by state law, a licensing board shall have  
315.16 the authority to:

315.17 (1) take adverse action against a nurse's multistate licensure privilege to practice within  
315.18 that party state:

315.19 (i) only the home state shall have the power to take adverse action against a nurse's  
315.20 license issued by the home state; and

315.21 (ii) for purposes of taking adverse action, the home state licensing board shall give the  
315.22 same priority and effect to reported conduct received from a remote state as it would if the  
315.23 conduct occurred within the home state. In so doing, the home state shall apply its own state  
315.24 laws to determine appropriate action;

315.25 (2) issue cease and desist orders or impose an encumbrance on a nurse's authority to  
315.26 practice within that party state;

315.27 (3) complete any pending investigations of a nurse who changes primary state of residence  
315.28 during the course of the investigations. The licensing board shall also have the authority to  
315.29 take appropriate action and shall promptly report the conclusions of the investigations to  
315.30 the administrator of the coordinated licensure information system. The administrator of the  
315.31 coordinated licensure information system shall promptly notify the new home state of any  
315.32 such actions;

316.1 (4) issue subpoenas for hearings and investigations that require the attendance and  
316.2 testimony of witnesses, as well as the production of evidence. Subpoenas issued by a licensing  
316.3 board in a party state for the attendance and testimony of witnesses or the production of  
316.4 evidence from another party state shall be enforced in the latter state by any court of  
316.5 competent jurisdiction according to the practice and procedure of that court applicable to  
316.6 subpoenas issued in proceedings pending before it. The issuing authority shall pay any  
316.7 witness fees, travel expenses, mileage, and other fees required by the service statutes of the  
316.8 state in which the witnesses or evidence are located;

316.9 (5) obtain and submit, for each nurse licensure applicant, fingerprint or other  
316.10 biometric-based information to the Federal Bureau of Investigation for criminal background  
316.11 checks, receive the results of the Federal Bureau of Investigation record search on criminal  
316.12 background checks, and use the results in making licensure decisions;

316.13 (6) if otherwise permitted by state law, recover from the affected nurse the costs of  
316.14 investigations and disposition of cases resulting from any adverse action taken against that  
316.15 nurse; and

316.16 (7) take adverse action based on the factual findings of the remote state, provided that  
316.17 the licensing board follows its own procedures for taking such adverse action.

316.18 (b) If adverse action is taken by the home state against a nurse's multistate license, the  
316.19 nurse's multistate licensure privilege to practice in all other party states shall be deactivated  
316.20 until all encumbrances have been removed from the multistate license. All home state  
316.21 disciplinary orders that impose adverse action against a nurse's multistate license shall  
316.22 include a statement that the nurse's multistate licensure privilege is deactivated in all party  
316.23 states during the pendency of the order.

316.24 (c) Nothing in this compact shall override a party state's decision that participation in  
316.25 an alternative program may be used in lieu of adverse action. The home state licensing board  
316.26 shall deactivate the multistate licensure privilege under the multistate license of any nurse  
316.27 for the duration of the nurse's participation in an alternative program.

## 316.28 ARTICLE 5

### 316.29 COORDINATED LICENSURE INFORMATION SYSTEM AND EXCHANGE OF 316.30 INFORMATION

316.31 (a) All party states shall participate in a coordinated licensure information system of  
316.32 RNs and LPNs. The system will include information on the licensure and disciplinary history

317.1 of each nurse, as submitted by party states, to assist in the coordination of nurse licensure  
317.2 and enforcement efforts.

317.3 (b) The commission, in consultation with the administrator of the coordinated licensure  
317.4 information system, shall formulate necessary and proper procedures for the identification,  
317.5 collection, and exchange of information under this compact.

317.6 (c) All licensing boards shall promptly report to the coordinated licensure information  
317.7 system any adverse action, any current significant investigative information, denials of  
317.8 applications, including the reasons for the denials, and nurse participation in alternative  
317.9 programs known to the licensing board, regardless of whether the participation is deemed  
317.10 nonpublic or confidential under state law.

317.11 (d) Current significant investigative information and participation in nonpublic or  
317.12 confidential alternative programs shall be transmitted through the coordinated licensure  
317.13 information system only to party state licensing boards.

317.14 (e) Notwithstanding any other provision of law, all party state licensing boards  
317.15 contributing information to the coordinated licensure information system may designate  
317.16 information that shall not be shared with nonparty states or disclosed to other entities or  
317.17 individuals without the express permission of the contributing state.

317.18 (f) Any personally identifiable information obtained from the coordinated licensure  
317.19 information system by a party state licensing board shall not be shared with nonparty states  
317.20 or disclosed to other entities or individuals except to the extent permitted by the laws of the  
317.21 party state contributing the information.

317.22 (g) Any information contributed to the coordinated licensure information system that is  
317.23 subsequently required to be expunged by the laws of the party state contributing that  
317.24 information shall also be expunged from the coordinated licensure information system.

317.25 (h) The compact administrator of each party state shall furnish a uniform data set to the  
317.26 compact administrator of each other party state, which shall include, at a minimum:

317.27 (1) identifying information;

317.28 (2) licensure data;

317.29 (3) information related to alternative program participation; and

317.30 (4) other information that may facilitate the administration of this compact, as determined  
317.31 by commission rules.

318.1 (i) The compact administrator of a party state shall provide all investigative documents  
318.2 and information requested by another party state.

318.3 ARTICLE 6

318.4 ESTABLISHMENT OF THE INTERSTATE COMMISSION OF NURSE LICENSURE

318.5 COMPACT ADMINISTRATORS

318.6 (a) The party states hereby create and establish a joint public entity known as the Interstate  
318.7 Commission of Nurse Licensure Compact Administrators:

318.8 (1) the commission is an instrumentality of the party states;

318.9 (2) venue is proper, and judicial proceedings by or against the commission shall be  
318.10 brought solely and exclusively in a court of competent jurisdiction where the principal office  
318.11 of the commission is located. The commission may waive venue and jurisdictional defenses  
318.12 to the extent it adopts or consents to participate in alternative dispute resolution proceedings;  
318.13 and

318.14 (3) nothing in this compact shall be construed to be a waiver of sovereign immunity.

318.15 (b) Membership, voting, and meetings:

318.16 (1) each party state shall have and be limited to one administrator. The head of the state  
318.17 licensing board or designee shall be the administrator of this compact for each party state.  
318.18 Any administrator may be removed or suspended from office as provided by the laws of  
318.19 the state from which the administrator is appointed. Any vacancy occurring in the commission  
318.20 shall be filled in accordance with the laws of the party state in which the vacancy exists;

318.21 (2) each administrator shall be entitled to one vote with regard to the promulgation of  
318.22 rules and creation of bylaws and shall otherwise have an opportunity to participate in the  
318.23 business and affairs of the commission. An administrator shall vote in person or by such  
318.24 other means as provided in the bylaws. The bylaws may provide for an administrator's  
318.25 participation in meetings by telephone or other means of communication;

318.26 (3) the commission shall meet at least once during each calendar year. Additional  
318.27 meetings shall be held as set forth in the bylaws or rules of the commission;

318.28 (4) all meetings shall be open to the public, and public notice of meetings shall be given  
318.29 in the same manner as required under the rulemaking provisions in article 7;

318.30 (5) the commission may convene in a closed, nonpublic meeting if the commission must  
318.31 discuss:

318.32 (i) noncompliance of a party state with its obligations under this compact;

319.1 (ii) the employment, compensation, discipline, or other personnel matters, practices, or  
319.2 procedures related to specific employees or other matters related to the commission's internal  
319.3 personnel practices and procedures;

319.4 (iii) current, threatened, or reasonably anticipated litigation;

319.5 (iv) negotiation of contracts for the purchase or sale of goods, services, or real estate;

319.6 (v) accusing any person of a crime or formally censuring any person;

319.7 (vi) disclosure of trade secrets or commercial or financial information that is privileged  
319.8 or confidential;

319.9 (vii) disclosure of information of a personal nature where disclosure would constitute a  
319.10 clearly unwarranted invasion of personal privacy;

319.11 (viii) disclosure of investigatory records compiled for law enforcement purposes;

319.12 (ix) disclosure of information related to any reports prepared by or on behalf of the  
319.13 commission for the purpose of investigation of compliance with this compact; or

319.14 (x) matters specifically exempted from disclosure by federal or state statute; and

319.15 (6) if a meeting or portion of a meeting is closed pursuant to this provision, the  
319.16 commission's legal counsel or designee shall certify that the meeting may be closed and  
319.17 shall reference each relevant exempting provision. The commission shall keep minutes that  
319.18 fully and clearly describe all matters discussed in a meeting and shall provide a full and  
319.19 accurate summary of actions taken and the reasons therefore, including a description of the  
319.20 views expressed. All documents considered in connection with an action shall be identified  
319.21 in the minutes. All minutes and documents of a closed meeting shall remain under seal,  
319.22 subject to release by a majority vote of the commission or order of a court of competent  
319.23 jurisdiction.

319.24 (c) The commission shall, by a majority vote of the administrators, prescribe bylaws or  
319.25 rules to govern its conduct as may be necessary or appropriate to carry out the purposes and  
319.26 exercise the powers of this compact, including but not limited to:

319.27 (1) establishing the fiscal year of the commission;

319.28 (2) providing reasonable standards and procedures:

319.29 (i) for the establishment and meetings of other committees; and

319.30 (ii) governing any general or specific delegation of any authority or function of the  
319.31 commission;

320.1 (3) providing reasonable procedures for calling and conducting meetings of the  
320.2 commission, ensuring reasonable advance notice of all meetings and providing an opportunity  
320.3 for attendance of the meetings by interested parties, with enumerated exceptions designed  
320.4 to protect the public's interest, the privacy of individuals, and proprietary information,  
320.5 including trade secrets. The commission may meet in closed session only after a majority  
320.6 of the administrators vote to close a meeting in whole or in part. As soon as practicable, the  
320.7 commission must make public a copy of the vote to close the meeting revealing the vote of  
320.8 each administrator, with no proxy votes allowed;

320.9 (4) establishing the titles, duties, and authority and reasonable procedures for the election  
320.10 of the officers of the commission;

320.11 (5) providing reasonable standards and procedures for the establishment of the personnel  
320.12 policies and programs of the commission. Notwithstanding any civil service or other similar  
320.13 laws of any party state, the bylaws shall exclusively govern the personnel policies and  
320.14 programs of the commission; and

320.15 (6) providing a mechanism for winding up the operations of the commission and the  
320.16 equitable disposition of any surplus funds that may exist after the termination of this compact  
320.17 after the payment or reserving of all of its debts and obligations.

320.18 (d) The commission shall publish its bylaws, rules, and any amendments in a convenient  
320.19 form on the website of the commission.

320.20 (e) The commission shall maintain its financial records in accordance with the bylaws.

320.21 (f) The commission shall meet and take actions consistent with the provisions of this  
320.22 compact and the bylaws.

320.23 (g) The commission shall have the following powers:

320.24 (1) to promulgate uniform rules to facilitate and coordinate implementation and  
320.25 administration of this compact. The rules shall have the force and effect of law and shall  
320.26 be binding in all party states;

320.27 (2) to bring and prosecute legal proceedings or actions in the name of the commission,  
320.28 provided that the standing of any licensing board to sue or be sued under applicable law  
320.29 shall not be affected;

320.30 (3) to purchase and maintain insurance and bonds;

320.31 (4) to borrow, accept, or contract for services of personnel, including but not limited to  
320.32 employees of a party state or nonprofit organizations;



321.1 (5) to cooperate with other organizations that administer state compacts related to the  
321.2 regulation of nursing, including but not limited to sharing administrative or staff expenses,  
321.3 office space, or other resources;

321.4 (6) to hire employees, elect or appoint officers, fix compensation, define duties, grant  
321.5 such individuals appropriate authority to carry out the purposes of this compact, and establish  
321.6 the commission's personnel policies and programs relating to conflicts of interest,  
321.7 qualifications of personnel, and other related personnel matters;

321.8 (7) to accept any and all appropriate donations, grants, and gifts of money, equipment,  
321.9 supplies, materials, and services, and to receive, utilize, and dispose of the same; provided  
321.10 that at all times the commission shall avoid any appearance of impropriety or conflict of  
321.11 interest;

321.12 (8) to lease, purchase, accept appropriate gifts or donations of, or otherwise to own,  
321.13 hold, improve, or use any property, whether real, personal, or mixed; provided that at all  
321.14 times the commission shall avoid any appearance of impropriety;

321.15 (9) to sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose  
321.16 of any property, whether real, personal, or mixed;

321.17 (10) to establish a budget and make expenditures;

321.18 (11) to borrow money;

321.19 (12) to appoint committees, including advisory committees comprised of administrators,  
321.20 state nursing regulators, state legislators or their representatives, and consumer  
321.21 representatives, and other such interested persons;

321.22 (13) to provide and receive information from, and to cooperate with, law enforcement  
321.23 agencies;

321.24 (14) to adopt and use an official seal; and

321.25 (15) to perform other functions as may be necessary or appropriate to achieve the purposes  
321.26 of this compact consistent with the state regulation of nurse licensure and practice.

321.27 (h) Financing of the commission:

321.28 (1) the commission shall pay or provide for the payment of the reasonable expenses of  
321.29 its establishment, organization, and ongoing activities;

321.30 (2) the commission may also levy on and collect an annual assessment from each party  
321.31 state to cover the cost of its operations, activities, and staff in its annual budget as approved  
321.32 each year. The aggregate annual assessment amount, if any, shall be allocated based on a

322.1 formula to be determined by the commission, which shall promulgate a rule that is binding  
322.2 upon all party states;

322.3 (3) the commission shall not incur obligations of any kind prior to securing the funds  
322.4 adequate to meet the same; nor shall the commission pledge the credit of any of the party  
322.5 states, except by and with the authority of the party state; and

322.6 (4) the commission shall keep accurate accounts of all receipts and disbursements. The  
322.7 receipts and disbursements of the commission shall be subject to the audit and accounting  
322.8 procedures established under its bylaws. However, all receipts and disbursements of funds  
322.9 handled by the commission shall be audited yearly by a certified or licensed public  
322.10 accountant, and the report of the audit shall be included in and become part of the annual  
322.11 report of the commission.

322.12 (i) Qualified immunity, defense, and indemnification:

322.13 (1) the administrators, officers, executive director, employees, and representatives of  
322.14 the commission shall be immune from suit and liability, either personally or in their official  
322.15 capacity, for any claim for damage to or loss of property or personal injury or other civil  
322.16 liability caused by or arising out of any actual or alleged act, error, or omission that occurred,  
322.17 or that the person against whom the claim is made had a reasonable basis for believing  
322.18 occurred, within the scope of commission employment, duties, or responsibilities; provided  
322.19 that nothing in this paragraph shall be construed to protect any such person from suit or  
322.20 liability for any damage, loss, injury, or liability caused by the intentional, willful, or wanton  
322.21 misconduct of that person;

322.22 (2) the commission shall defend any administrator, officer, executive director, employee,  
322.23 or representative of the commission in any civil action seeking to impose liability arising  
322.24 out of any actual or alleged act, error, or omission that occurred within the scope of  
322.25 commission employment, duties, or responsibilities, or that the person against whom the  
322.26 claim is made had a reasonable basis for believing occurred within the scope of commission  
322.27 employment, duties, or responsibilities; provided that nothing herein shall be construed to  
322.28 prohibit that person from retaining the person's counsel; and provided further that the actual  
322.29 or alleged act, error, or omission did not result from that person's intentional, willful, or  
322.30 wanton misconduct; and

322.31 (3) the commission shall indemnify and hold harmless any administrator, officer,  
322.32 executive director, employee, or representative of the commission for the amount of any  
322.33 settlement or judgment obtained against that person arising out of any actual or alleged act,  
322.34 error, or omission that occurred within the scope of commission employment, duties, or

323.1 responsibilities, or that the person had a reasonable basis for believing occurred within the  
323.2 scope of commission employment, duties, or responsibilities, provided that the actual or  
323.3 alleged act, error, or omission did not result from the intentional, willful, or wanton  
323.4 misconduct of that person.

323.5 ARTICLE 7

323.6 RULEMAKING

323.7 (a) The commission shall exercise its rulemaking powers pursuant to this article and the  
323.8 rules adopted thereunder. Rules and amendments shall become binding as of the date  
323.9 specified in each rule or amendment and shall have the same force and effect as provisions  
323.10 of this compact.

323.11 (b) Rules or amendments to the rules shall be adopted at a regular or special meeting of  
323.12 the commission.

323.13 (c) Prior to promulgation and adoption of a final rule or rules by the commission, and  
323.14 at least 60 days in advance of the meeting at which the rule will be considered and voted  
323.15 on, the commission shall file a notice of proposed rulemaking:

323.16 (1) on the website of the commission; and

323.17 (2) on the website of each licensing board or the publication in which the state would  
323.18 otherwise publish proposed rules.

323.19 (d) The notice of proposed rulemaking shall include:

323.20 (1) the proposed time, date, and location of the meeting in which the rule will be  
323.21 considered and voted on;

323.22 (2) the text of the proposed rule or amendment, and the reason for the proposed rule;

323.23 (3) a request for comments on the proposed rule from any interested person; and

323.24 (4) the manner in which interested persons may submit notice to the commission of their  
323.25 intention to attend the public hearing and any written comments.

323.26 (e) Prior to adoption of a proposed rule, the commission shall allow persons to submit  
323.27 written data, facts, opinions, and arguments that shall be made available to the public.

323.28 (f) The commission shall grant an opportunity for a public hearing before it adopts a  
323.29 rule or amendment.

323.30 (g) The commission shall publish the place, time, and date of the scheduled public  
323.31 hearing:

324.1 (1) hearings shall be conducted in a manner providing each person who wishes to  
324.2 comment a fair and reasonable opportunity to comment orally or in writing. All hearings  
324.3 will be recorded and a copy will be made available upon request; and

324.4 (2) nothing in this section shall be construed as requiring a separate hearing on each  
324.5 rule. Rules may be grouped for the convenience of the commission at hearings required by  
324.6 this section.

324.7 (h) If no person appears at the public hearing, the commission may proceed with  
324.8 promulgation of the proposed rule.

324.9 (i) Following the scheduled hearing date or by the close of business on the scheduled  
324.10 hearing date if the hearing was not held, the commission shall consider all written and oral  
324.11 comments received.

324.12 (j) The commission shall, by majority vote of all administrators, take final action on the  
324.13 proposed rule and shall determine the effective date of the rule, if any, based on the  
324.14 rulemaking record and the full text of the rule.

324.15 (k) Upon determination that an emergency exists, the commission may consider and  
324.16 adopt an emergency rule without prior notice or opportunity for comment or hearing,  
324.17 provided that the usual rulemaking procedures provided in this compact and in this section  
324.18 shall be retroactively applied to the rule as soon as reasonably possible, in no event later  
324.19 than 90 days after the effective date of the rule. For the purposes of this provision, an  
324.20 emergency rule is one that must be adopted immediately in order to:

324.21 (1) meet an imminent threat to public health, safety, or welfare;

324.22 (2) prevent a loss of commission or party state funds; or

324.23 (3) meet a deadline for the promulgation of an administrative rule that is required by  
324.24 federal law or rule.

324.25 (l) The commission may direct revisions to a previously adopted rule or amendment for  
324.26 purposes of correcting typographical errors, errors in format, errors in consistency, or  
324.27 grammatical errors. Public notice of any revisions shall be posted on the website of the  
324.28 commission. The revision shall be subject to challenge by any person for a period of 30  
324.29 days after posting. The revision may be challenged only on grounds that the revision results  
324.30 in a material change to a rule. A challenge shall be made in writing and delivered to the  
324.31 commission before the end of the notice period. If no challenge is made, the revision will  
324.32 take effect without further action. If the revision is challenged, the revision shall not take  
324.33 effect without the approval of the commission.

325.1 ARTICLE 8

325.2 OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

325.3 (a) Oversight:

325.4 (1) each party state shall enforce this compact and take all actions necessary and  
325.5 appropriate to effectuate this compact's purposes and intent; and

325.6 (2) the commission shall be entitled to receive service of process in any proceeding that  
325.7 may affect the powers, responsibilities, or actions of the commission and shall have standing  
325.8 to intervene in such a proceeding for all purposes. Failure to provide service of process in  
325.9 the proceeding to the commission shall render a judgment or order void as to the commission,  
325.10 this compact, or promulgated rules.

325.11 (b) Default, technical assistance, and termination:

325.12 (1) if the commission determines that a party state has defaulted in the performance of  
325.13 its obligations or responsibilities under this compact or the promulgated rules, the commission  
325.14 shall:

325.15 (i) provide written notice to the defaulting state and other party states of the nature of  
325.16 the default, the proposed means of curing the default, or any other action to be taken by the  
325.17 commission; and

325.18 (ii) provide remedial training and specific technical assistance regarding the default;

325.19 (2) if a state in default fails to cure the default, the defaulting state's membership in this  
325.20 compact may be terminated upon an affirmative vote of a majority of the administrators,  
325.21 and all rights, privileges, and benefits conferred by this compact may be terminated on the  
325.22 effective date of termination. A cure of the default does not relieve the offending state of  
325.23 obligations or liabilities incurred during the period of default;

325.24 (3) termination of membership in this compact shall be imposed only after all other  
325.25 means of securing compliance have been exhausted. Notice of intent to suspend or terminate  
325.26 shall be given by the commission to the governor of the defaulting state and to the executive  
325.27 officer of the defaulting state's licensing board and each of the party states;

325.28 (4) a state whose membership in this compact has been terminated is responsible for all  
325.29 assessments, obligations, and liabilities incurred through the effective date of termination,  
325.30 including obligations that extend beyond the effective date of termination;

326.1 (5) the commission shall not bear any costs related to a state that is found to be in default  
326.2 or whose membership in this compact has been terminated, unless agreed upon in writing  
326.3 between the commission and the defaulting state; and

326.4 (6) the defaulting state may appeal the action of the commission by petitioning the U.S.  
326.5 District Court for the District of Columbia or the federal district in which the commission  
326.6 has its principal offices. The prevailing party shall be awarded all costs of the litigation,  
326.7 including reasonable attorney fees.

326.8 (c) Dispute resolution:

326.9 (1) upon request by a party state, the commission shall attempt to resolve disputes related  
326.10 to the compact that arise among party states and between party and nonparty states;

326.11 (2) the commission shall promulgate a rule providing for both mediation and binding  
326.12 dispute resolution for disputes, as appropriate; and

326.13 (3) in the event the commission cannot resolve disputes among party states arising under  
326.14 this compact:

326.15 (i) the party states may submit the issues in dispute to an arbitration panel, that will be  
326.16 comprised of individuals appointed by the compact administrator in each of the affected  
326.17 party states and an individual mutually agreed upon by the compact administrators of all  
326.18 the party states involved in the dispute; and

326.19 (ii) the decision of a majority of the arbitrators shall be final and binding.

326.20 (d) Enforcement:

326.21 (1) the commission, in the reasonable exercise of its discretion, shall enforce the  
326.22 provisions and rules of this compact;

326.23 (2) by majority vote, the commission may initiate legal action in the U.S. District Court  
326.24 for the District of Columbia or the federal district in which the commission has its principal  
326.25 offices against a party state that is in default to enforce compliance with this compact and  
326.26 its promulgated rules and bylaws. The relief sought may include both injunctive relief and  
326.27 damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded  
326.28 all costs of the litigation, including reasonable attorney fees; and

326.29 (3) the remedies herein shall not be the exclusive remedies of the commission. The  
326.30 commission may pursue any other remedies available under federal or state law.

326.31 ARTICLE 9

326.32 EFFECTIVE DATE, WITHDRAWAL, AND AMENDMENT

327.1 (a) This compact shall become effective and binding on July 1, 2022. All party states to  
327.2 this compact that also were parties to the prior Nurse Licensure Compact that was superseded  
327.3 by this compact shall be deemed to have withdrawn from the prior compact within six  
327.4 months after the effective date of this compact.

327.5 (b) Each party state to this compact shall continue to recognize a nurse's multistate  
327.6 licensure privilege to practice in that party state issued under the prior compact until the  
327.7 party state has withdrawn from the prior compact.

327.8 (c) Any party state may withdraw from this compact by legislative enactment. A party  
327.9 state's withdrawal shall not take effect until six months after enactment of the repealing  
327.10 statute.

327.11 (d) A party state's withdrawal or termination shall not affect the continuing requirement  
327.12 of the withdrawing or terminated state's licensing board to report adverse actions and  
327.13 significant investigations occurring prior to the effective date of the withdrawal or  
327.14 termination.

327.15 (e) Nothing in this compact shall be construed to invalidate or prevent any nurse licensure  
327.16 agreement or other cooperative arrangement between a party state and a nonparty state that  
327.17 is made in accordance with the other provisions of this compact.

327.18 (f) This compact may be amended by the party states. No amendment to this compact  
327.19 shall become effective and binding upon the party states unless and until it is enacted into  
327.20 the laws of all party states.

327.21 (g) Representatives of nonparty states to this compact shall be invited to participate in  
327.22 the activities of the commission on a nonvoting basis prior to the adoption of this compact  
327.23 by all states.

## 327.24 ARTICLE 10

### 327.25 CONSTRUCTION AND SEVERABILITY

327.26 This compact shall be liberally construed so as to effectuate the purposes thereof. This  
327.27 compact shall be severable, and if any phrase, clause, sentence, or provision of this compact  
327.28 is declared to be contrary to the constitution of any party state or of the United States, or if  
327.29 the applicability thereof to any government, agency, person, or circumstance is held invalid,  
327.30 the validity of the remainder of this compact and the applicability thereof to any government,  
327.31 agency, person, or circumstance shall not be affected thereby. If this compact is held to be  
327.32 contrary to the constitution of any party state, this compact shall remain in full force and

328.1 effect for the remaining party states and in full force and effect for the party state affected  
328.2 as to all severable matters.

328.3 **Sec. 14. [148.2856] APPLICATION OF NURSE LICENSURE COMPACT TO**  
328.4 **EXISTING LAWS.**

328.5 (a) Section 148.2855 does not supersede existing state labor laws.

328.6 (b) If the board takes action against an individual's multistate privilege, the action must  
328.7 be adjudicated following the procedures in sections 14.50 to 14.62 and must be subject to  
328.8 the judicial review provided for in sections 14.63 to 14.69.

328.9 (c) The board may take action against an individual's multistate privilege based on the  
328.10 grounds listed in section 148.261, subdivision 1, and any other statute authorizing or requiring  
328.11 the board to take corrective or disciplinary action.

328.12 (d) The board may take all forms of disciplinary action provided in section 148.262,  
328.13 subdivision 1, and corrective action provided in section 214.103, subdivision 6, against an  
328.14 individual's multistate privilege.

328.15 (e) The cooperation requirements of section 148.265 apply to individuals who practice  
328.16 professional or practical nursing in Minnesota under section 148.2855.

328.17 (f) Complaints against individuals who practice professional or practical nursing in  
328.18 Minnesota under section 148.2855 must be addressed according to sections 214.10 and  
328.19 214.103.

328.20 **Sec. 15. [148.5185] AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY**  
328.21 **INTERSTATE COMPACT.**

328.22 Section 1. Definitions

328.23 As used in this Compact, and except as otherwise provided, the following definitions  
328.24 shall apply:

328.25 A. "Active duty military" means full-time duty status in the active uniformed service of  
328.26 the United States, including members of the National Guard and Reserve on active duty  
328.27 orders pursuant to 10 U.S.C. sections 1209 and 1211.

328.28 B. "Adverse action" means any administrative, civil, equitable, or criminal action  
328.29 permitted by a state's laws which is imposed by a licensing board or other authority against  
328.30 an audiologist or speech-language pathologist, including actions against an individual's



329.1 license or privilege to practice such as revocation, suspension, probation, monitoring of the  
329.2 licensee, or restriction on the licensee's practice.

329.3 C. "Alternative program" means a non-disciplinary monitoring process approved by an  
329.4 audiology or speech-language pathology licensing board to address impaired practitioners.

329.5 D. "Audiologist" means an individual who is licensed by a state to practice audiology.

329.6 E. "Audiology" means the care and services provided by a licensed audiologist as set  
329.7 forth in the member state's statutes and rules.

329.8 F. "Audiology and Speech-Language Pathology Compact Commission" or "Commission"  
329.9 means the national administrative body whose membership consists of all states that have  
329.10 enacted the Compact.

329.11 G. "Audiology and speech-language pathology licensing board," "audiology licensing  
329.12 board," "speech-language pathology licensing board," or "licensing board" means the agency  
329.13 of a state that is responsible for the licensing and regulation of audiologists or  
329.14 speech-language pathologists or both.

329.15 H. "Compact privilege" means the authorization granted by a remote state to allow a  
329.16 licensee from another member state to practice as an audiologist or speech-language  
329.17 pathologist in the remote state under its laws and rules. The practice of audiology or  
329.18 speech-language pathology occurs in the member state where the patient, client, or student  
329.19 is located at the time of the patient, client, or student encounter.

329.20 I. "Current significant investigative information" means investigative information that  
329.21 a licensing board, after an inquiry or investigation that includes notification and an  
329.22 opportunity for the audiologist or speech-language pathologist to respond, if required by  
329.23 state law, has reason to believe is not groundless and, if proved true, would indicate more  
329.24 than a minor infraction.

329.25 J. "Data system" means a repository of information about licensees, including, but not  
329.26 limited to, continuing education, examination, licensure, investigation, compact privilege,  
329.27 and adverse action.

329.28 K. "Encumbered license" means a license in which an adverse action restricts the practice  
329.29 of audiology or speech-language pathology by the licensee and said adverse action has been  
329.30 reported to the National Practitioners Data Bank (NPDB).

329.31 L. "Executive Committee" means a group of directors elected or appointed to act on  
329.32 behalf of, and within the powers granted to them by, the Commission.

- 330.1 M. "Home state" means the member state that is the licensee's primary state of residence.
- 330.2 N. "Impaired practitioner" means individuals whose professional practice is adversely  
330.3 affected by substance abuse, addiction, or other health-related conditions.
- 330.4 O. "Licensee" means an individual who currently holds an authorization from the state  
330.5 licensing board to practice as an audiologist or speech-language pathologist.
- 330.6 P. "Member state" means a state that has enacted the Compact.
- 330.7 Q. "Privilege to practice" means a legal authorization permitting the practice of audiology  
330.8 or speech-language pathology in a remote state.
- 330.9 R. "Remote state" means a member state other than the home state where a licensee is  
330.10 exercising or seeking to exercise the compact privilege.
- 330.11 S. "Rule" means a regulation, principle, or directive promulgated by the Commission  
330.12 that has the force of law.
- 330.13 T. "Single-state license" means an audiology or speech-language pathology license  
330.14 issued by a member state that authorizes practice only within the issuing state and does not  
330.15 include a privilege to practice in any other member state.
- 330.16 U. "Speech-language pathologist" means an individual who is licensed by a state to  
330.17 practice speech-language pathology.
- 330.18 V. "Speech-language pathology" means the care and services provided by a licensed  
330.19 speech-language pathologist as set forth in the member state's statutes and rules.
- 330.20 W. "State" means any state, commonwealth, district, or territory of the United States of  
330.21 America that regulates the practice of audiology and speech-language pathology.
- 330.22 X. "State practice laws" means a member state's laws, rules, and regulations that govern  
330.23 the practice of audiology or speech-language pathology, define the scope of audiology or  
330.24 speech-language pathology practice, and create the methods and grounds for imposing  
330.25 discipline.
- 330.26 Y. "Telehealth" means the application of telecommunication technology to deliver  
330.27 audiology or speech-language pathology services at a distance for assessment, intervention,  
330.28 or consultation.

330.29 Section 2. State Participation in the Compact

- 330.30 A. A license issued to an audiologist or speech-language pathologist by a home state to  
330.31 a resident in that state shall be recognized by each member state as authorizing an audiologist

331.1 or speech-language pathologist to practice audiology or speech-language pathology, under  
331.2 a privilege to practice, in each member state.

331.3 B. A state must implement or utilize procedures for considering the criminal history  
331.4 records of applicants for initial privilege to practice. These procedures shall include the  
331.5 submission of fingerprints or other biometric-based information by applicants for the purpose  
331.6 of obtaining an applicant's criminal history record information from the Federal Bureau of  
331.7 Investigation and the agency responsible for retaining that state's criminal records.

331.8 1. A member state must fully implement a criminal background check requirement,  
331.9 within a time frame established by rule, by receiving the results of the Federal Bureau of  
331.10 Investigation record search on criminal background checks and use the results in making  
331.11 licensure decisions.

331.12 2. Communication between a member state and the Commission and among member  
331.13 states regarding the verification of eligibility for licensure through the Compact shall not  
331.14 include any information received from the Federal Bureau of Investigation relating to a  
331.15 federal criminal records check performed by a member state under Public Law 92-544.

331.16 C. Upon application for a privilege to practice, the licensing board in the issuing remote  
331.17 state shall ascertain, through the data system, whether the applicant has ever held, or is the  
331.18 holder of, a license issued by any other state, whether there are any encumbrances on any  
331.19 license or privilege to practice held by the applicant, and whether any adverse action has  
331.20 been taken against any license or privilege to practice held by the applicant.

331.21 D. Each member state shall require an applicant to obtain or retain a license in the home  
331.22 state and meet the home state's qualifications for licensure or renewal of licensure, as well  
331.23 as all other applicable state laws.

331.24 E. For an audiologist:

331.25 1. Must meet one of the following educational requirements:

331.26 a. On or before December 31, 2007, has graduated with a master's degree or doctoral  
331.27 degree in audiology, or equivalent degree regardless of degree name, from a program that  
331.28 is accredited by an accrediting agency recognized by the Council for Higher Education  
331.29 Accreditation, or its successor, or by the United States Department of Education and operated  
331.30 by a college or university accredited by a regional or national accrediting organization  
331.31 recognized by the board; or

331.32 b. On or after January 1, 2008, has graduated with a doctoral degree in audiology, or  
331.33 equivalent degree regardless of degree name, from a program that is accredited by an

332.1 accrediting agency recognized by the Council for Higher Education Accreditation, or its  
332.2 successor, or by the United States Department of Education and operated by a college or  
332.3 university accredited by a regional or national accrediting organization recognized by the  
332.4 board; or

332.5 c. Has graduated from an audiology program that is housed in an institution of higher  
332.6 education outside of the United States (a) for which the program and institution have been  
332.7 approved by the authorized accrediting body in the applicable country and (b) the degree  
332.8 program has been verified by an independent credentials review agency to be comparable  
332.9 to a state licensing board-approved program;

332.10 2. Has completed a supervised clinical practicum experience from an accredited  
332.11 educational institution or its cooperating programs as required by the board;

332.12 3. Has successfully passed a national examination approved by the Commission;

332.13 4. Holds an active, unencumbered license;

332.14 5. Has not been convicted or found guilty, and has not entered into an agreed disposition,  
332.15 of a felony related to the practice of audiology, under applicable state or federal criminal  
332.16 law; and

332.17 6. Has a valid United States Social Security or National Practitioner Identification  
332.18 number.

332.19 F. For a speech-language pathologist:

332.20 1. Must meet one of the following educational requirements:

332.21 a. Has graduated with a master's degree from a speech-language pathology program that  
332.22 is accredited by an organization recognized by the United States Department of Education  
332.23 and operated by a college or university accredited by a regional or national accrediting  
332.24 organization recognized by the board; or

332.25 b. Has graduated from a speech-language pathology program that is housed in an  
332.26 institution of higher education outside of the United States (a) for which the program and  
332.27 institution have been approved by the authorized accrediting body in the applicable country  
332.28 and (b) the degree program has been verified by an independent credentials review agency  
332.29 to be comparable to a state licensing board-approved program;

332.30 2. Has completed a supervised clinical practicum experience from an educational  
332.31 institution or its cooperating programs as required by the Commission;

333.1 3. Has completed a supervised postgraduate professional experience as required by the  
333.2 Commission;

333.3 4. Has successfully passed a national examination approved by the Commission;

333.4 5. Holds an active, unencumbered license;

333.5 6. Has not been convicted or found guilty, and has not entered into an agreed disposition,  
333.6 of a felony related to the practice of speech-language pathology, under applicable state or  
333.7 federal criminal law; and

333.8 7. Has a valid United States Social Security or National Practitioner Identification  
333.9 number.

333.10 G. The privilege to practice is derived from the home state license.

333.11 H. An audiologist or speech-language pathologist practicing in a member state must  
333.12 comply with the state practice laws of the state in which the client is located at the time  
333.13 service is provided. The practice of audiology and speech-language pathology shall include  
333.14 all audiology and speech-language pathology practice as defined by the state practice laws  
333.15 of the member state in which the client is located. The practice of audiology and  
333.16 speech-language pathology in a member state under a privilege to practice shall subject an  
333.17 audiologist or speech-language pathologist to the jurisdiction of the licensing board, the  
333.18 courts and the laws of the member state in which the client is located at the time service is  
333.19 provided.

333.20 I. Individuals not residing in a member state shall continue to be able to apply for a  
333.21 member state's single-state license as provided under the laws of each member state.  
333.22 However, the single-state license granted to these individuals shall not be recognized as  
333.23 granting the privilege to practice audiology or speech-language pathology in any other  
333.24 member state. Nothing in this Compact shall affect the requirements established by a member  
333.25 state for the issuance of a single-state license.

333.26 J. Member states may charge a fee for granting a compact privilege.

333.27 K. Member states must comply with the bylaws and rules and regulations of the  
333.28 Commission.

333.29 Section 3. Compact Privilege

333.30 A. To exercise the compact privilege under the terms and provisions of the Compact,  
333.31 the audiologist or speech-language pathologist shall:

333.32 1. Hold an active license in the home state;

- 334.1 2. Have no encumbrance on any state license;
- 334.2 3. Be eligible for a compact privilege in any member state in accordance with Section  
334.3 2;
- 334.4 4. Have not had any adverse action against any license or compact privilege within the  
334.5 previous two years from date of application;
- 334.6 5. Notify the Commission that the licensee is seeking the compact privilege within a  
334.7 remote state(s);
- 334.8 6. Pay any applicable fees, including any state fee, for the compact privilege; and
- 334.9 7. Report to the Commission adverse action taken by any non-member state within 30  
334.10 days from the date the adverse action is taken.
- 334.11 B. For the purposes of the compact privilege, an audiologist or speech-language  
334.12 pathologist shall only hold one home state license at a time.
- 334.13 C. Except as provided in Section 5, if an audiologist or speech-language pathologist  
334.14 changes primary state of residence by moving between two member states, the audiologist  
334.15 or speech-language pathologist must apply for licensure in the new home state, and the  
334.16 license issued by the prior home state shall be deactivated in accordance with applicable  
334.17 rules adopted by the Commission.
- 334.18 D. The audiologist or speech-language pathologist may apply for licensure in advance  
334.19 of a change in primary state of residence.
- 334.20 E. A license shall not be issued by the new home state until the audiologist or  
334.21 speech-language pathologist provides satisfactory evidence of a change in primary state of  
334.22 residence to the new home state and satisfies all applicable requirements to obtain a license  
334.23 from the new home state.
- 334.24 F. If an audiologist or speech-language pathologist changes primary state of residence  
334.25 by moving from a member state to a non-member state, the license issued by the prior home  
334.26 state shall convert to a single-state license, valid only in the former home state.
- 334.27 G. The compact privilege is valid until the expiration date of the home state license. The  
334.28 licensee must comply with the requirements of Section 3A to maintain the compact privilege  
334.29 in the remote state.
- 334.30 H. A licensee providing audiology or speech-language pathology services in a remote  
334.31 state under the compact privilege shall function within the laws and regulations of the remote  
334.32 state.

335.1 I. A licensee providing audiology or speech-language pathology services in a remote  
335.2 state is subject to that state's regulatory authority. A remote state may, in accordance with  
335.3 due process and that state's laws, remove a licensee's compact privilege in the remote state  
335.4 for a specific period of time, impose fines, or take any other necessary actions to protect  
335.5 the health and safety of its citizens.

335.6 J. If a home state license is encumbered, the licensee shall lose the compact privilege in  
335.7 any remote state until the following occur:

335.8 1. The home state license is no longer encumbered; and

335.9 2. Two years have elapsed from the date of the adverse action.

335.10 K. Once an encumbered license in the home state is restored to good standing, the licensee  
335.11 must meet the requirements of Section 3A to obtain a compact privilege in any remote state.

335.12 L. Once the requirements of Section 3J have been met, the licensee must meet the  
335.13 requirements in Section 3A to obtain a compact privilege in a remote state.

335.14 Section 4. Compact Privilege to Practice Telehealth

335.15 Member states shall recognize the right of an audiologist or speech-language pathologist,  
335.16 licensed by a home state in accordance with Section 2 and under rules promulgated by the  
335.17 Commission, to practice audiology or speech-language pathology in a member state via  
335.18 telehealth under a privilege to practice as provided in the Compact and rules promulgated  
335.19 by the Commission.

335.20 Section 5. Active Duty Military Personnel or Their Spouses

335.21 Active duty military personnel, or their spouse, shall designate a home state where the  
335.22 individual has a current license in good standing. The individual may retain the home state  
335.23 designation during the period the service member is on active duty. Subsequent to designating  
335.24 a home state, the individual shall only change their home state through application for  
335.25 licensure in the new state.

335.26 Section 6. Adverse Actions

335.27 A. In addition to the other powers conferred by state law, a remote state shall have the  
335.28 authority, in accordance with existing state due process law, to:

335.29 1. Take adverse action against an audiologist's or speech-language pathologist's privilege  
335.30 to practice within that member state.

335.31 2. Issue subpoenas for both hearings and investigations that require the attendance and  
335.32 testimony of witnesses as well as the production of evidence. Subpoenas issued by a licensing

336.1 board in a member state for the attendance and testimony of witnesses or the production of  
336.2 evidence from another member state shall be enforced in the latter state by any court of  
336.3 competent jurisdiction, according to the practice and procedure of that court applicable to  
336.4 subpoenas issued in proceedings pending before it. The issuing authority shall pay any  
336.5 witness fees, travel expenses, mileage and other fees required by the service statutes of the  
336.6 state in which the witnesses or evidence are located.

336.7 B. Only the home state shall have the power to take adverse action against an audiologist's  
336.8 or speech-language pathologist's license issued by the home state.

336.9 C. For purposes of taking adverse action, the home state shall give the same priority and  
336.10 effect to reported conduct received from a member state as it would if the conduct had  
336.11 occurred within the home state. In so doing, the home state shall apply its own state laws  
336.12 to determine appropriate action.

336.13 D. The home state shall complete any pending investigations of an audiologist or  
336.14 speech-language pathologist who changes primary state of residence during the course of  
336.15 the investigations. The home state shall also have the authority to take appropriate action(s)  
336.16 and shall promptly report the conclusions of the investigations to the administrator of the  
336.17 data system. The administrator of the data system shall promptly notify the new home state  
336.18 of any adverse actions.

336.19 E. If otherwise permitted by state law, the member state may recover from the affected  
336.20 audiologist or speech-language pathologist the costs of investigations and disposition of  
336.21 cases resulting from any adverse action taken against that audiologist or speech-language  
336.22 pathologist.

336.23 F. The member state may take adverse action based on the factual findings of the remote  
336.24 state, provided that the home state follows its own procedures for taking the adverse action.

336.25 G. Joint Investigations

336.26 1. In addition to the authority granted to a member state by its respective audiology or  
336.27 speech-language pathology practice act or other applicable state law, any member state may  
336.28 participate with other member states in joint investigations of licensees.

336.29 2. Member states shall share any investigative, litigation, or compliance materials in  
336.30 furtherance of any joint or individual investigation initiated under the Compact.

336.31 H. If adverse action is taken by the home state against an audiologist's or speech-language  
336.32 pathologist's license, the audiologist's or speech-language pathologist's privilege to practice  
336.33 in all other member states shall be deactivated until all encumbrances have been removed



337.1 from the state license. All home state disciplinary orders that impose adverse action against  
337.2 an audiologist's or speech-language pathologist's license shall include a statement that the  
337.3 audiologist's or speech-language pathologist's privilege to practice is deactivated in all  
337.4 member states during the pendency of the order.

337.5 I. If a member state takes adverse action, it shall promptly notify the administrator of  
337.6 the data system. The administrator of the data system shall promptly notify the home state  
337.7 of any adverse actions by remote states.

337.8 J. Nothing in this Compact shall override a member state's decision that participation in  
337.9 an alternative program may be used in lieu of adverse action.

337.10 Section 7. Establishment of the Audiology and Speech-Language Pathology Compact  
337.11 Commission

337.12 A. The Compact member states hereby create and establish a joint public agency known  
337.13 as the Audiology and Speech-Language Pathology Compact Commission:

337.14 1. The Commission is an instrumentality of the Compact states.

337.15 2. Venue is proper and judicial proceedings by or against the Commission shall be  
337.16 brought solely and exclusively in a court of competent jurisdiction where the principal office  
337.17 of the Commission is located. The Commission may waive venue and jurisdictional defenses  
337.18 to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

337.19 3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

337.20 B. Membership, Voting, and Meetings

337.21 1. Each member state shall have two delegates selected by that member state's licensing  
337.22 board. The delegates shall be current members of the licensing board. One shall be an  
337.23 audiologist and one shall be a speech-language pathologist.

337.24 2. An additional five delegates, who are either a public member or board administrator  
337.25 from a state licensing board, shall be chosen by the Executive Committee from a pool of  
337.26 nominees provided by the Commission at Large.

337.27 3. Any delegate may be removed or suspended from office as provided by the law of  
337.28 the state from which the delegate is appointed.

337.29 4. The member state board shall fill any vacancy occurring on the Commission, within  
337.30 90 days.

338.1 5. Each delegate shall be entitled to one vote with regard to the promulgation of rules  
338.2 and creation of bylaws and shall otherwise have an opportunity to participate in the business  
338.3 and affairs of the Commission.

338.4 6. A delegate shall vote in person or by other means as provided in the bylaws. The  
338.5 bylaws may provide for delegates' participation in meetings by telephone or other means  
338.6 of communication.

338.7 7. The Commission shall meet at least once during each calendar year. Additional  
338.8 meetings shall be held as set forth in the bylaws.

338.9 C. The Commission shall have the following powers and duties:

338.10 1. Establish the fiscal year of the Commission;

338.11 2. Establish bylaws;

338.12 3. Establish a Code of Ethics;

338.13 4. Maintain its financial records in accordance with the bylaws;

338.14 5. Meet and take actions as are consistent with the provisions of this Compact and the  
338.15 bylaws;

338.16 6. Promulgate uniform rules to facilitate and coordinate implementation and  
338.17 administration of this Compact. The rules shall have the force and effect of law and shall  
338.18 be binding in all member states;

338.19 7. Bring and prosecute legal proceedings or actions in the name of the Commission,  
338.20 provided that the standing of any state audiology or speech-language pathology licensing  
338.21 board to sue or be sued under applicable law shall not be affected;

338.22 8. Purchase and maintain insurance and bonds;

338.23 9. Borrow, accept, or contract for services of personnel, including, but not limited to,  
338.24 employees of a member state;

338.25 10. Hire employees, elect or appoint officers, fix compensation, define duties, grant  
338.26 individuals appropriate authority to carry out the purposes of the Compact, and establish  
338.27 the Commission's personnel policies and programs relating to conflicts of interest,  
338.28 qualifications of personnel, and other related personnel matters;

338.29 11. Accept any and all appropriate donations and grants of money, equipment, supplies,  
338.30 materials and services, and to receive, utilize and dispose of the same; provided that at all  
338.31 times the Commission shall avoid any appearance of impropriety and/or conflict of interest;

339.1 12. Lease, purchase, accept appropriate gifts or donations of, or otherwise own, hold,  
339.2 improve or use, any property, real, personal, or mixed; provided that at all times the  
339.3 Commission shall avoid any appearance of impropriety;

339.4 13. Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of  
339.5 any property real, personal, or mixed;

339.6 14. Establish a budget and make expenditures;

339.7 15. Borrow money;

339.8 16. Appoint committees, including standing committees composed of members, and  
339.9 other interested persons as may be designated in this Compact and the bylaws;

339.10 17. Provide and receive information from, and cooperate with, law enforcement agencies;

339.11 18. Establish and elect an Executive Committee; and

339.12 19. Perform other functions as may be necessary or appropriate to achieve the purposes  
339.13 of this Compact consistent with the state regulation of audiology and speech-language  
339.14 pathology licensure and practice.

339.15 D. The Executive Committee

339.16 The Executive Committee shall have the power to act on behalf of the Commission  
339.17 according to the terms of this Compact.

339.18 1. The Executive Committee shall be composed of ten members:

339.19 a. Seven voting members who are elected by the Commission from the current  
339.20 membership of the Commission;

339.21 b. Two ex-officios, consisting of one nonvoting member from a recognized national  
339.22 audiology professional association and one nonvoting member from a recognized national  
339.23 speech-language pathology association; and

339.24 c. One ex-officio, nonvoting member from the recognized membership organization of  
339.25 the audiology and speech-language pathology licensing boards.

339.26 E. The ex-officio members shall be selected by their respective organizations.

339.27 1. The Commission may remove any member of the Executive Committee as provided  
339.28 in bylaws.

339.29 2. The Executive Committee shall meet at least annually.

339.30 3. The Executive Committee shall have the following duties and responsibilities:

- 340.1 a. Recommend to the entire Commission changes to the rules or bylaws, changes to this  
340.2 Compact legislation, fees paid by Compact member states such as annual dues, and any  
340.3 commission Compact fee charged to licensees for the compact privilege;
- 340.4 b. Ensure Compact administration services are appropriately provided, contractual or  
340.5 otherwise;
- 340.6 c. Prepare and recommend the budget;
- 340.7 d. Maintain financial records on behalf of the Commission;
- 340.8 e. Monitor Compact compliance of member states and provide compliance reports to  
340.9 the Commission;
- 340.10 f. Establish additional committees as necessary; and
- 340.11 g. Other duties as provided in rules or bylaws.
- 340.12 4. Meetings of the Commission
- 340.13 All meetings shall be open to the public, and public notice of meetings shall be given  
340.14 in the same manner as required under the rulemaking provisions in Section 9.
- 340.15 5. The Commission or the Executive Committee or other committees of the Commission  
340.16 may convene in a closed, non-public meeting if the Commission or Executive Committee  
340.17 or other committees of the Commission must discuss:
- 340.18 a. Non-compliance of a member state with its obligations under the Compact;
- 340.19 b. The employment, compensation, discipline, or other matters, practices, or procedures  
340.20 related to specific employees or other matters related to the Commission's internal personnel  
340.21 practices and procedures;
- 340.22 c. Current, threatened, or reasonably anticipated litigation;
- 340.23 d. Negotiation of contracts for the purchase, lease, or sale of goods, services, or real  
340.24 estate;
- 340.25 e. Accusing any person of a crime or formally censuring any person;
- 340.26 f. Disclosure of trade secrets or commercial or financial information that is privileged  
340.27 or confidential;
- 340.28 g. Disclosure of information of a personal nature where disclosure would constitute a  
340.29 clearly unwarranted invasion of personal privacy;
- 340.30 h. Disclosure of investigative records compiled for law enforcement purposes;

341.1 i. Disclosure of information related to any investigative reports prepared by or on behalf  
341.2 of or for use of the Commission or other committee charged with responsibility of  
341.3 investigation or determination of compliance issues pursuant to the Compact; or

341.4 j. Matters specifically exempted from disclosure by federal or member state statute.

341.5 6. If a meeting, or portion of a meeting, is closed pursuant to this provision, the  
341.6 Commission's legal counsel or designee shall certify that the meeting may be closed and  
341.7 shall reference each relevant exempting provision.

341.8 7. The Commission shall keep minutes that fully and clearly describe all matters discussed  
341.9 in a meeting and shall provide a full and accurate summary of actions taken, and the reasons  
341.10 therefore, including a description of the views expressed. All documents considered in  
341.11 connection with an action shall be identified in minutes. All minutes and documents of a  
341.12 closed meeting shall remain under seal, subject to release by a majority vote of the  
341.13 Commission or order of a court of competent jurisdiction.

341.14 8. Financing of the Commission

341.15 a. The Commission shall pay, or provide for the payment of, the reasonable expenses  
341.16 of its establishment, organization, and ongoing activities.

341.17 b. The Commission may accept any and all appropriate revenue sources, donations, and  
341.18 grants of money, equipment, supplies, materials, and services.

341.19 c. The Commission may levy on and collect an annual assessment from each member  
341.20 state or impose fees on other parties to cover the cost of the operations and activities of the  
341.21 Commission and its staff, which must be in a total amount sufficient to cover its annual  
341.22 budget as approved each year for which revenue is not provided by other sources. The  
341.23 aggregate annual assessment amount shall be allocated based upon a formula to be determined  
341.24 by the Commission, which shall promulgate a rule binding upon all member states.

341.25 9. The Commission shall not incur obligations of any kind prior to securing the funds  
341.26 adequate to meet the same; nor shall the Commission pledge the credit of any of the member  
341.27 states, except by and with the authority of the member state.

341.28 10. The Commission shall keep accurate accounts of all receipts and disbursements. The  
341.29 receipts and disbursements of the Commission shall be subject to the audit and accounting  
341.30 procedures established under its bylaws. However, all receipts and disbursements of funds  
341.31 handled by the Commission shall be audited yearly by a certified or licensed public  
341.32 accountant, and the report of the audit shall be included in and become part of the annual  
341.33 report of the Commission.

342.1 F. Qualified Immunity, Defense, and Indemnification

342.2 1. The members, officers, executive director, employees and representatives of the  
342.3 Commission shall be immune from suit and liability, either personally or in their official  
342.4 capacity, for any claim for damage to or loss of property or personal injury or other civil  
342.5 liability caused by or arising out of any actual or alleged act, error, or omission that occurred,  
342.6 or that the person against whom the claim is made had a reasonable basis for believing  
342.7 occurred within the scope of Commission employment, duties, or responsibilities; provided  
342.8 that nothing in this paragraph shall be construed to protect any person from suit or liability  
342.9 for any damage, loss, injury, or liability caused by the intentional or willful or wanton  
342.10 misconduct of that person.

342.11 2. The Commission shall defend any member, officer, executive director, employee, or  
342.12 representative of the Commission in any civil action seeking to impose liability arising out  
342.13 of any actual or alleged act, error, or omission that occurred within the scope of Commission  
342.14 employment, duties, or responsibilities, or that the person against whom the claim is made  
342.15 had a reasonable basis for believing occurred within the scope of Commission employment,  
342.16 duties, or responsibilities; provided that nothing herein shall be construed to prohibit that  
342.17 person from retaining his or her own counsel; and provided further, that the actual or alleged  
342.18 act, error, or omission did not result from that person's intentional or willful or wanton  
342.19 misconduct.

342.20 3. The Commission shall indemnify and hold harmless any member, officer, executive  
342.21 director, employee, or representative of the Commission for the amount of any settlement  
342.22 or judgment obtained against that person arising out of any actual or alleged act, error or  
342.23 omission that occurred within the scope of Commission employment, duties, or  
342.24 responsibilities, or that person had a reasonable basis for believing occurred within the scope  
342.25 of Commission employment, duties, or responsibilities, provided that the actual or alleged  
342.26 act, error, or omission did not result from the intentional or willful or wanton misconduct  
342.27 of that person.

342.28 Section 8. Data System

342.29 A. The Commission shall provide for the development, maintenance, and utilization of  
342.30 a coordinated database and reporting system containing licensure, adverse action, and  
342.31 investigative information on all licensed individuals in member states.

342.32 B. Notwithstanding any other provision of state law to the contrary, a member state shall  
342.33 submit a uniform data set to the data system on all individuals to whom this Compact is  
342.34 applicable as required by the rules of the Commission, including:

- 343.1 1. Identifying information;  
 343.2 2. Licensure data;  
 343.3 3. Adverse actions against a license or compact privilege;  
 343.4 4. Non-confidential information related to alternative program participation;  
 343.5 5. Any denial of application for licensure, and the reason(s) for denial; and  
 343.6 6. Other information that may facilitate the administration of this Compact, as determined  
 343.7 by the rules of the Commission.

343.8 C. Investigative information pertaining to a licensee in any member state shall only be  
 343.9 available to other member states.

343.10 D. The Commission shall promptly notify all member states of any adverse action taken  
 343.11 against a licensee or an individual applying for a license. Adverse action information  
 343.12 pertaining to a licensee in any member state shall be available to any other member state.

343.13 E. Member states contributing information to the data system may designate information  
 343.14 that may not be shared with the public without the express permission of the contributing  
 343.15 state.

343.16 F. Any information submitted to the data system that is subsequently required to be  
 343.17 expunged by the laws of the member state contributing the information shall be removed  
 343.18 from the data system.

343.19 Section 9. Rulemaking

343.20 A. The Commission shall exercise its rulemaking powers pursuant to the criteria set  
 343.21 forth in this Section and the rules adopted thereunder. Rules and amendments shall become  
 343.22 binding as of the date specified in each rule or amendment.

343.23 B. If a majority of the legislatures of the member states rejects a rule, by enactment of  
 343.24 a statute or resolution in the same manner used to adopt the Compact within four years of  
 343.25 the date of adoption of the rule, the rule shall have no further force and effect in any member  
 343.26 state.

343.27 C. Rules or amendments to the rules shall be adopted at a regular or special meeting of  
 343.28 the Commission.

343.29 D. Prior to promulgation and adoption of a final rule or rules by the Commission, and  
 343.30 at least 30 days in advance of the meeting at which the rule shall be considered and voted  
 343.31 upon, the Commission shall file a Notice of Proposed Rulemaking:

344.1 1. On the website of the Commission or other publicly accessible platform; and  
344.2 2. On the website of each member state audiology or speech-language pathology licensing  
344.3 board or other publicly accessible platform or the publication in which each state would  
344.4 otherwise publish proposed rules.

344.5 E. The Notice of Proposed Rulemaking shall include:

344.6 1. The proposed time, date, and location of the meeting in which the rule shall be  
344.7 considered and voted upon;

344.8 2. The text of the proposed rule or amendment and the reason for the proposed rule;

344.9 3. A request for comments on the proposed rule from any interested person; and

344.10 4. The manner in which interested persons may submit notice to the Commission of  
344.11 their intention to attend the public hearing and any written comments.

344.12 F. Prior to the adoption of a proposed rule, the Commission shall allow persons to submit  
344.13 written data, facts, opinions, and arguments, which shall be made available to the public.

344.14 G. The Commission shall grant an opportunity for a public hearing before it adopts a  
344.15 rule or amendment if a hearing is requested by:

344.16 1. At least 25 persons;

344.17 2. A state or federal governmental subdivision or agency; or

344.18 3. An association having at least 25 members.

344.19 H. If a hearing is held on the proposed rule or amendment, the Commission shall publish  
344.20 the place, time, and date of the scheduled public hearing. If the hearing is held via electronic  
344.21 means, the Commission shall publish the mechanism for access to the electronic hearing.

344.22 1. All persons wishing to be heard at the hearing shall notify the executive director of  
344.23 the Commission or other designated member in writing of their desire to appear and testify  
344.24 at the hearing not less than five business days before the scheduled date of the hearing.

344.25 2. Hearings shall be conducted in a manner providing each person who wishes to comment  
344.26 a fair and reasonable opportunity to comment orally or in writing.

344.27 3. All hearings shall be recorded. A copy of the recording shall be made available on  
344.28 request.

344.29 4. Nothing in this section shall be construed as requiring a separate hearing on each rule.  
344.30 Rules may be grouped for the convenience of the Commission at hearings required by this  
344.31 section.



345.1 I. Following the scheduled hearing date, or by the close of business on the scheduled  
345.2 hearing date if the hearing was not held, the Commission shall consider all written and oral  
345.3 comments received.

345.4 J. If no written notice of intent to attend the public hearing by interested parties is  
345.5 received, the Commission may proceed with promulgation of the proposed rule without a  
345.6 public hearing.

345.7 K. The Commission shall, by majority vote of all members, take final action on the  
345.8 proposed rule and shall determine the effective date of the rule, if any, based on the  
345.9 rulemaking record and the full text of the rule.

345.10 L. Upon determination that an emergency exists, the Commission may consider and  
345.11 adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided  
345.12 that the usual rulemaking procedures provided in the Compact and in this section shall be  
345.13 retroactively applied to the rule as soon as reasonably possible, in no event later than 90  
345.14 days after the effective date of the rule. For the purposes of this provision, an emergency  
345.15 rule is one that must be adopted immediately in order to:

345.16 1. Meet an imminent threat to public health, safety, or welfare;

345.17 2. Prevent a loss of Commission or member state funds; or

345.18 3. Meet a deadline for the promulgation of an administrative rule that is established by  
345.19 federal law or rule.

345.20 M. The Commission or an authorized committee of the Commission may direct revisions  
345.21 to a previously adopted rule or amendment for purposes of correcting typographical errors,  
345.22 errors in format, errors in consistency, or grammatical errors. Public notice of any revisions  
345.23 shall be posted on the website of the Commission. The revision shall be subject to challenge  
345.24 by any person for a period of 30 days after posting. The revision may be challenged only  
345.25 on grounds that the revision results in a material change to a rule. A challenge shall be made  
345.26 in writing and delivered to the chair of the Commission prior to the end of the notice period.  
345.27 If no challenge is made, the revision shall take effect without further action. If the revision  
345.28 is challenged, the revision may not take effect without the approval of the Commission.

345.29 Section 10. Oversight, Dispute Resolution, and Enforcement

345.30 A. Dispute Resolution

345.31 1. Upon request by a member state, the Commission shall attempt to resolve disputes  
345.32 related to the Compact that arise among member states and between member and non-member  
345.33 states.

346.1 2. The Commission shall promulgate a rule providing for both mediation and binding  
346.2 dispute resolution for disputes as appropriate.

346.3 B. Enforcement

346.4 1. The Commission, in the reasonable exercise of its discretion, shall enforce the  
346.5 provisions and rules of this Compact.

346.6 2. By majority vote, the Commission may initiate legal action in the United States District  
346.7 Court for the District of Columbia or the federal district where the Commission has its  
346.8 principal offices against a member state in default to enforce compliance with the provisions  
346.9 of the Compact and its promulgated rules and bylaws. The relief sought may include both  
346.10 injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing  
346.11 member shall be awarded all costs of litigation, including reasonable attorney's fees.

346.12 3. The remedies herein shall not be the exclusive remedies of the Commission. The  
346.13 Commission may pursue any other remedies available under federal or state law.

346.14 Section 11. Date of Implementation of the Interstate Commission for Audiology and  
346.15 Speech-Language Pathology Practice and Associated Rules, Withdrawal, and Amendment

346.16 A. The Compact shall come into effect on the date on which the Compact statute is  
346.17 enacted into law in the tenth member state. The provisions, which become effective at that  
346.18 time, shall be limited to the powers granted to the Commission relating to assembly and the  
346.19 promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking  
346.20 powers necessary to the implementation and administration of the Compact.

346.21 B. Any state that joins the Compact subsequent to the Commission's initial adoption of  
346.22 the rules shall be subject to the rules as they exist on the date on which the Compact becomes  
346.23 law in that state. Any rule that has been previously adopted by the Commission shall have  
346.24 the full force and effect of law on the day the Compact becomes law in that state.

346.25 C. Any member state may withdraw from this Compact by enacting a statute repealing  
346.26 the same.

346.27 1. A member state's withdrawal shall not take effect until six months after enactment of  
346.28 the repealing statute.

346.29 2. Withdrawal shall not affect the continuing requirement of the withdrawing state's  
346.30 audiology or speech-language pathology licensing board to comply with the investigative  
346.31 and adverse action reporting requirements of this act prior to the effective date of withdrawal.

347.1 D. Nothing contained in this Compact shall be construed to invalidate or prevent any  
347.2 audiology or speech-language pathology licensure agreement or other cooperative  
347.3 arrangement between a member state and a non-member state that does not conflict with  
347.4 the provisions of this Compact.

347.5 E. This Compact may be amended by the member states. No amendment to this Compact  
347.6 shall become effective and binding upon any member state until it is enacted into the laws  
347.7 of all member states.

347.8 Section 12. Construction and Severability

347.9 This Compact shall be liberally construed so as to effectuate the purposes thereof. The  
347.10 provisions of this Compact shall be severable and if any phrase, clause, sentence, or provision  
347.11 of this Compact is declared to be contrary to the constitution of any member state or of the  
347.12 United States or the applicability thereof to any government, agency, person, or circumstance  
347.13 is held invalid, the validity of the remainder of this Compact and the applicability thereof  
347.14 to any government, agency, person, or circumstance shall not be affected thereby. If this  
347.15 Compact shall be held contrary to the constitution of any member state, the Compact shall  
347.16 remain in full force and effect as to the remaining member states and in full force and effect  
347.17 as to the member state affected as to all severable matters.

347.18 Section 13. Binding Effect of Compact and Other Laws

347.19 A. Nothing herein prevents the enforcement of any other law of a member state that is  
347.20 not inconsistent with the Compact.

347.21 B. All laws in a member state in conflict with the Compact are superseded to the extent  
347.22 of the conflict.

347.23 C. All lawful actions of the Commission, including all rules and bylaws promulgated  
347.24 by the Commission, are binding upon the member states.

347.25 D. All agreements between the Commission and the member states are binding in  
347.26 accordance with their terms.

347.27 E. In the event any provision of the Compact exceeds the constitutional limits imposed  
347.28 on the legislature of any member state, the provision shall be ineffective to the extent of the  
347.29 conflict with the constitutional provision in question in that member state.

347.30 **EFFECTIVE DATE.** This section is effective on the date on which the compact statute  
347.31 is enacted into law in the tenth member state in accordance with section 11 of this Compact.

348.1 Sec. 16. [148.5186] APPLICATION OF AUDIOLOGY AND SPEECH-LANGUAGE  
348.2 PATHOLOGY INTERSTATE COMPACT TO EXISTING LAWS.

348.3 Subdivision 1. Rulemaking. Rules developed by the Audiology and Speech-Language  
348.4 Pathology Compact Commission under section 148.5185 are not subject to sections 14.05  
348.5 to 14.389.

348.6 Subd. 2. Background studies. The commissioner of health is authorized to require an  
348.7 audiologist or speech-language pathologist licensed in Minnesota as the home state to submit  
348.8 to a criminal history background check under section 144.0572.

348.9 Subd. 3. Provision of data. All provisions of section 148.5185 authorizing or requiring  
348.10 the commissioner to provide data to the Audiology and Speech-Language Pathology Compact  
348.11 Commission are authorized by section 144.051, subdivision 6.

348.12 Sec. 17. [148B.75] LICENSED PROFESSIONAL COUNSELOR INTERSTATE  
348.13 COMPACT.

348.14 The licensed professional counselor interstate compact is enacted into law and entered  
348.15 into with all other jurisdictions legally joining in it, in the form substantially specified in  
348.16 this section.

348.17 ARTICLE I

348.18 DEFINITIONS

348.19 (a) As used in this compact, and except as otherwise provided, the following definitions  
348.20 shall apply.

348.21 (b) "Active duty military" means full-time duty status in the active uniformed service  
348.22 of the United States, including members of the national guard and reserve on active duty  
348.23 orders pursuant to United States Code, title 10, chapters 1209 and 1211.

348.24 (c) "Adverse action" means any administrative, civil, equitable, or criminal action  
348.25 permitted by a state's laws which is imposed by a licensing board or other authority against  
348.26 a licensed professional counselor, including actions against an individual's license or privilege  
348.27 to practice such as revocation, suspension, probation, monitoring of the licensee, limitation  
348.28 on the licensee's practice, or any other encumbrance on licensure affecting a licensed  
348.29 professional counselor's authorization to practice, including issuance of a cease and desist  
348.30 action.

349.1 (d) "Alternative program" means a non-disciplinary monitoring or practice remediation  
349.2 process approved by a professional counseling licensing board to address impaired  
349.3 practitioners.

349.4 (e) "Continuing competence" and "continuing education" means a requirement, as a  
349.5 condition of license renewal, to provide evidence of participation in, and completion of,  
349.6 educational and professional activities relevant to practice or area of work.

349.7 (f) "Counseling compact commission" or "commission" means the national administrative  
349.8 body whose membership consists of all states that have enacted the compact.

349.9 (g) "Current significant investigative information" means:

349.10 (1) investigative information that a licensing board, after a preliminary inquiry that  
349.11 includes notification and an opportunity for the licensed professional counselor to respond,  
349.12 if required by state law, has reason to believe is not groundless and, if proved true, would  
349.13 indicate more than a minor infraction; or

349.14 (2) investigative information that indicates that the licensed professional counselor  
349.15 represents an immediate threat to public health and safety regardless of whether the licensed  
349.16 professional counselor has been notified and had an opportunity to respond.

349.17 (h) "Data system" means a repository of information about licensees, including but not  
349.18 limited to continuing education, examination, licensure, investigative, privilege to practice,  
349.19 and adverse action information.

349.20 (i) "Encumbered license" means a license in which an adverse action restricts the practice  
349.21 of licensed professional counseling by the licensee and said adverse action has been reported  
349.22 to the National Practitioners Data Bank (NPDB).

349.23 (j) "Encumbrance" means a revocation or suspension of, or any limitation on, the full  
349.24 and unrestricted practice of licensed professional counseling by a licensing board.

349.25 (k) "Executive committee" means a group of directors elected or appointed to act on  
349.26 behalf of, and within the powers granted to them by, the commission.

349.27 (l) "Home state" means the member state that is the licensee's primary state of residence.

349.28 (m) "Impaired practitioner" means an individual who has a condition that may impair  
349.29 their ability to practice as a licensed professional counselor without some type of intervention  
349.30 and may include but is not limited to alcohol and drug dependence, mental health impairment,  
349.31 and neurological or physical impairment.

350.1 (n) "Investigative information" means information, records, and documents received or  
350.2 generated by a professional counseling licensing board pursuant to an investigation.

350.3 (o) "Jurisprudence requirement," if required by a member state, means the assessment  
350.4 of an individual's knowledge of the laws and rules governing the practice of professional  
350.5 counseling in a state.

350.6 (p) "Licensed professional counselor" means a counselor licensed by a member state,  
350.7 regardless of the title used by that state, to independently assess, diagnose, and treat  
350.8 behavioral health conditions.

350.9 (q) "Licensee" means an individual who currently holds an authorization from the state  
350.10 to practice as a licensed professional counselor.

350.11 (r) "Licensing board" means the agency of a state, or equivalent, that is responsible for  
350.12 the licensing and regulation of licensed professional counselors.

350.13 (s) "Member state" means a state that has enacted the compact.

350.14 (t) "Privilege to practice" means a legal authorization, which is equivalent to a license,  
350.15 permitting the practice of professional counseling in a remote state.

350.16 (u) "Professional counseling" means the assessment, diagnosis, and treatment of  
350.17 behavioral health conditions by a licensed professional counselor.

350.18 (v) "Remote state" means a member state other than the home state, where a licensee is  
350.19 exercising or seeking to exercise the privilege to practice.

350.20 (w) "Rule" means a regulation promulgated by the commission that has the force of law.

350.21 (x) "Single state license" means a licensed professional counselor license issued by a  
350.22 member state that authorizes practice only within the issuing state and does not include a  
350.23 privilege to practice in any other member state.

350.24 (y) "State" means any state, commonwealth, district, or territory of the United States  
350.25 that regulates the practice of professional counseling.

350.26 (z) "Telehealth" means the application of telecommunication technology to deliver  
350.27 professional counseling services remotely to assess, diagnose, and treat behavioral health  
350.28 conditions.

350.29 (aa) "Unencumbered license" means a license that authorizes a licensed professional  
350.30 counselor to engage in the full and unrestricted practice of professional counseling.

350.31

## ARTICLE II

351.1 **STATE PARTICIPATION IN THE COMPACT**

351.2 (a) To participate in the compact, a state must currently:

351.3 (1) license and regulate licensed professional counselors;

351.4 (2) require licensees to pass a nationally recognized exam approved by the commission;

351.5 (3) require licensees to have a 60 semester-hour or 90 quarter-hour master's degree in

351.6 counseling or 60 semester-hours or 90 quarter-hours of graduate coursework including the

351.7 following topic areas:

351.8 (i) professional counseling orientation and ethical practice;

351.9 (ii) social and cultural diversity;

351.10 (iii) human growth and development;

351.11 (iv) career development;

351.12 (v) counseling and helping relationships;

351.13 (vi) group counseling and group work;

351.14 (vii) diagnosis and treatment; assessment and testing;

351.15 (viii) research and program evaluation; and

351.16 (ix) other areas as determined by the commission;

351.17 (4) require licensees to complete a supervised postgraduate professional experience as

351.18 defined by the commission; and

351.19 (5) have a mechanism in place for receiving and investigating complaints about licensees.

351.20 (b) A member state shall:

351.21 (1) participate fully in the commission's data system, including using the commission's

351.22 unique identifier as defined in rules;

351.23 (2) notify the commission, in compliance with the terms of the compact and rules, of

351.24 any adverse action or the availability of investigative information regarding a licensee;

351.25 (3) implement or utilize procedures for considering the criminal history records of

351.26 applicants for an initial privilege to practice. These procedures shall include the submission

351.27 of fingerprints or other biometric-based information by applicants for the purpose of obtaining

351.28 an applicant's criminal history record information from the Federal Bureau of Investigation

351.29 and the agency responsible for retaining that state's criminal records;

352.1 (i) a member state must fully implement a criminal background check requirement,  
352.2 within a timeframe established by rule, by receiving the results of the Federal Bureau of  
352.3 Investigation record search and shall use the results in making licensure decisions; and

352.4 (ii) communication between a member state, the commission, and among member states  
352.5 regarding the verification of eligibility for licensure through the compact shall not include  
352.6 any information received from the Federal Bureau of Investigation relating to a federal  
352.7 criminal records check performed by a member state under Public Law 92-544;

352.8 (4) comply with the rules of the commission;

352.9 (5) require an applicant to obtain or retain a license in the home state and meet the home  
352.10 state's qualifications for licensure or renewal of licensure, as well as all other applicable  
352.11 state laws;

352.12 (6) grant the privilege to practice to a licensee holding a valid unencumbered license in  
352.13 another member state in accordance with the terms of the compact and rules; and

352.14 (7) provide for the attendance of the state's commissioner to the counseling compact  
352.15 commission meetings.

352.16 (c) Member states may charge a fee for granting the privilege to practice.

352.17 (d) Individuals not residing in a member state shall continue to be able to apply for a  
352.18 member state's single state license as provided under the laws of each member state. However,  
352.19 the single state license granted to these individuals shall not be recognized as granting a  
352.20 privilege to practice professional counseling in any other member state.

352.21 (e) Nothing in this compact shall affect the requirements established by a member state  
352.22 for the issuance of a single state license.

352.23 (f) A license issued to a licensed professional counselor by a home state to a resident in  
352.24 that state shall be recognized by each member state as authorizing a licensed professional  
352.25 counselor to practice professional counseling, under a privilege to practice, in each member  
352.26 state.

352.27

### ARTICLE III

352.28

#### PRIVILEGE TO PRACTICE

352.29 (a) To exercise the privilege to practice under the terms and provisions of the compact,  
352.30 the licensee shall:

352.31 (1) hold a license in the home state;



- 353.1 (2) have a valid United States Social Security number or national practitioner identifier;
- 353.2 (3) be eligible for a privilege to practice in any member state in accordance with this
- 353.3 article, paragraphs (d), (g), and (h);
- 353.4 (4) have not had any encumbrance or restriction against any license or privilege to
- 353.5 practice within the previous two years;
- 353.6 (5) notify the commission that the licensee is seeking the privilege to practice within a
- 353.7 remote state(s);
- 353.8 (6) pay any applicable fees, including any state fee, for the privilege to practice;
- 353.9 (7) meet any continuing competence or education requirements established by the home
- 353.10 state;
- 353.11 (8) meet any jurisprudence requirements established by the remote state in which the
- 353.12 licensee is seeking a privilege to practice; and
- 353.13 (9) report to the commission any adverse action, encumbrance, or restriction on license
- 353.14 taken by any nonmember state within 30 days from the date the action is taken.
- 353.15 (b) The privilege to practice is valid until the expiration date of the home state license.
- 353.16 The licensee must comply with the requirements of this article, paragraph (a), to maintain
- 353.17 the privilege to practice in the remote state.
- 353.18 (c) A licensee providing professional counseling in a remote state under the privilege
- 353.19 to practice shall adhere to the laws and regulations of the remote state.
- 353.20 (d) A licensee providing professional counseling services in a remote state is subject to
- 353.21 that state's regulatory authority. A remote state may, in accordance with due process and
- 353.22 that state's laws, remove a licensee's privilege to practice in the remote state for a specific
- 353.23 period of time, impose fines, or take any other necessary actions to protect the health and
- 353.24 safety of its citizens. The licensee may be ineligible for a privilege to practice in any member
- 353.25 state until the specific time for removal has passed and all fines are paid.
- 353.26 (e) If a home state license is encumbered, the licensee shall lose the privilege to practice
- 353.27 in any remote state until the following occur:
- 353.28 (1) the home state license is no longer encumbered; and
- 353.29 (2) have not had any encumbrance or restriction against any license or privilege to
- 353.30 practice within the previous two years.

354.1 (f) Once an encumbered license in the home state is restored to good standing, the  
354.2 licensee must meet the requirements of this article, paragraph (a), to obtain a privilege to  
354.3 practice in any remote state.

354.4 (g) If a licensee's privilege to practice in any remote state is removed, the individual  
354.5 may lose the privilege to practice in all other remote states until the following occur:

354.6 (1) the specific period of time for which the privilege to practice was removed has ended;

354.7 (2) all fines have been paid; and

354.8 (3) have not had any encumbrance or restriction against any license or privilege to  
354.9 practice within the previous two years.

354.10 (h) Once the requirements of this article, paragraph (g), have been met, the licensee must  
354.11 meet the requirements in this article, paragraph (g), to obtain a privilege to practice in a  
354.12 remote state.

354.13 **ARTICLE IV**

354.14 **OBTAINING A NEW HOME STATE LICENSE BASED ON A PRIVILEGE TO**  
354.15 **PRACTICE**

354.16 (a) A licensed professional counselor may hold a home state license, which allows for  
354.17 a privilege to practice in other member states, in only one member state at a time.

354.18 (b) If a licensed professional counselor changes primary state of residence by moving  
354.19 between two member states:

354.20 (1) the licensed professional counselor shall file an application for obtaining a new home  
354.21 state license based on a privilege to practice, pay all applicable fees, and notify the current  
354.22 and new home state in accordance with applicable rules adopted by the commission;

354.23 (2) upon receipt of an application for obtaining a new home state license by virtue of a  
354.24 privilege to practice, the new home state shall verify that the licensed professional counselor  
354.25 meets the pertinent criteria outlined in article III via the data system, without need for  
354.26 primary source verification, except for:

354.27 (i) a Federal Bureau of Investigation fingerprint-based criminal background check if not  
354.28 previously performed or updated pursuant to applicable rules adopted by the commission  
354.29 in accordance with Public Law 92-544;

354.30 (ii) other criminal background checks as required by the new home state; and

354.31 (iii) completion of any requisite jurisprudence requirements of the new home state;

355.1 (3) the former home state shall convert the former home state license into a privilege to  
355.2 practice once the new home state has activated the new home state license in accordance  
355.3 with applicable rules adopted by the commission;

355.4 (4) notwithstanding any other provision of this compact, if the licensed professional  
355.5 counselor cannot meet the criteria in article V, the new home state may apply its requirements  
355.6 for issuing a new single state license; and

355.7 (5) the licensed professional counselor shall pay all applicable fees to the new home  
355.8 state in order to be issued a new home state license.

355.9 (c) If a licensed professional counselor changes primary state of residence by moving  
355.10 from a member state to a nonmember state, or from a nonmember state to a member state,  
355.11 the state criteria shall apply for issuance of a single state license in the new state.

355.12 (d) Nothing in this compact shall interfere with a licensee's ability to hold a single state  
355.13 license in multiple states, however, for the purposes of this compact, a licensee shall have  
355.14 only one home state license.

355.15 (e) Nothing in this compact shall affect the requirements established by a member state  
355.16 for the issuance of a single state license.

355.17 **ARTICLE V**

355.18 **ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES**

355.19 Active duty military personnel, or their spouse, shall designate a home state where the  
355.20 individual has a current license in good standing. The individual may retain the home state  
355.21 designation during the period the service member is on active duty. Subsequent to designating  
355.22 a home state, the individual shall only change their home state through application for  
355.23 licensure in the new state or through the process outlined in article IV.

355.24 **ARTICLE VI**

355.25 **COMPACT PRIVILEGE TO PRACTICE TELEHEALTH**

355.26 (a) Member states shall recognize the right of a licensed professional counselor, licensed  
355.27 by a home state in accordance with article II and under rules promulgated by the commission,  
355.28 to practice professional counseling in any member state via telehealth under a privilege to  
355.29 practice as provided in the compact and rules promulgated by the commission.

355.30 (b) A licensee providing professional counseling services in a remote state under the  
355.31 privilege to practice shall adhere to the laws and regulations of the remote state.

355.32 **ARTICLE VII**

356.1

**ADVERSE ACTIONS**

356.2 (a) In addition to the other powers conferred by state law, a remote state shall have the  
356.3 authority, in accordance with existing state due process law, to:

356.4 (1) take adverse action against a licensed professional counselor's privilege to practice  
356.5 within that member state; and

356.6 (2) issue subpoenas for both hearings and investigations that require the attendance and  
356.7 testimony of witnesses as well as the production of evidence. Subpoenas issued by a licensing  
356.8 board in a member state for the attendance and testimony of witnesses or the production of  
356.9 evidence from another member state shall be enforced in the latter state by any court of  
356.10 competent jurisdiction according to the practice and procedure of that court applicable to  
356.11 subpoenas issued in proceedings pending before it. The issuing authority shall pay any  
356.12 witness fees, travel expenses, mileage, and other fees required by the service statutes of the  
356.13 state in which the witnesses or evidence are located.

356.14 (b) Only the home state shall have the power to take adverse action against a licensed  
356.15 professional counselor's license issued by the home state.

356.16 (c) For purposes of taking adverse action, the home state shall give the same priority  
356.17 and effect to reported conduct received from a member state as it would if the conduct had  
356.18 occurred within the home state. In so doing, the home state shall apply its own state laws  
356.19 to determine appropriate action.

356.20 (d) The home state shall complete any pending investigations of a licensed professional  
356.21 counselor who changes primary state of residence during the course of the investigations.  
356.22 The home state shall also have the authority to take appropriate action and shall promptly  
356.23 report the conclusions of the investigations to the administrator of the data system. The  
356.24 administrator of the coordinated licensure information system shall promptly notify the new  
356.25 home state of any adverse actions.

356.26 (e) A member state, if otherwise permitted by state law, may recover from the affected  
356.27 licensed professional counselor the costs of investigations and dispositions of cases resulting  
356.28 from any adverse action taken against that licensed professional counselor.

356.29 (f) A member state may take adverse action based on the factual findings of the remote  
356.30 state, provided that the member state follows its own procedures for taking the adverse  
356.31 action.

356.32 (g) Joint investigations:

357.1 (1) in addition to the authority granted to a member state by its respective professional  
357.2 counseling practice act or other applicable state law, any member state may participate with  
357.3 other member states in joint investigations of licensees; and

357.4 (2) member states shall share any investigative, litigation, or compliance materials in  
357.5 furtherance of any joint or individual investigation initiated under the compact.

357.6 (h) If adverse action is taken by the home state against the license of a licensed  
357.7 professional counselor, the licensed professional counselor's privilege to practice in all other  
357.8 member states shall be deactivated until all encumbrances have been removed from the  
357.9 state license. All home state disciplinary orders that impose adverse action against the license  
357.10 of a licensed professional counselor shall include a statement that the licensed professional  
357.11 counselor's privilege to practice is deactivated in all member states during the pendency of  
357.12 the order.

357.13 (i) If a member state takes adverse action, it shall promptly notify the administrator of  
357.14 the data system. The administrator of the data system shall promptly notify the home state  
357.15 of any adverse actions by remote states.

357.16 (j) Nothing in this compact shall override a member state's decision that participation  
357.17 in an alternative program may be used in lieu of adverse action.

## 357.18 ARTICLE VIII

### 357.19 ESTABLISHMENT OF COUNSELING COMPACT COMMISSION

357.20 (a) The compact member states hereby create and establish a joint public agency known  
357.21 as the counseling compact commission:

357.22 (1) the commission is an instrumentality of the compact states;

357.23 (2) venue is proper and judicial proceedings by or against the commission shall be  
357.24 brought solely and exclusively in a court of competent jurisdiction where the principal office  
357.25 of the commission is located. The commission may waive venue and jurisdictional defenses  
357.26 to the extent it adopts or consents to participate in alternative dispute resolution proceedings;  
357.27 and

357.28 (3) nothing in this compact shall be construed to be a waiver of sovereign immunity.

357.29 (b) Membership, voting, and meetings:

357.30 (1) each member state shall have and be limited to one delegate selected by that member  
357.31 state's licensing board;

357.32 (2) the delegate shall be either:

- 358.1 (i) a current member of the licensing board at the time of appointment who is a licensed  
358.2 professional counselor or public member; or
- 358.3 (ii) an administrator of the licensing board;
- 358.4 (3) any delegate may be removed or suspended from office as provided by the law of  
358.5 the state from which the delegate is appointed;
- 358.6 (4) the member state licensing board shall fill any vacancy occurring on the commission  
358.7 within 60 days;
- 358.8 (5) each delegate shall be entitled to one vote with regard to the promulgation of rules  
358.9 and creation of bylaws and shall otherwise have an opportunity to participate in the business  
358.10 and affairs of the commission;
- 358.11 (6) a delegate shall vote in person or by such other means as provided in the bylaws.  
358.12 The bylaws may provide for delegates' participation in meetings by telephone or other means  
358.13 of communication;
- 358.14 (7) the commission shall meet at least once during each calendar year. Additional  
358.15 meetings shall be held as set forth in the bylaws; and
- 358.16 (8) the commission shall by rule establish a term of office for delegates and may by rule  
358.17 establish term limits.
- 358.18 (c) The commission shall have the following powers and duties:
- 358.19 (1) establish the fiscal year of the commission;
- 358.20 (2) establish bylaws;
- 358.21 (3) maintain its financial records in accordance with the bylaws;
- 358.22 (4) meet and take such actions as are consistent with the provisions of this compact and  
358.23 the bylaws;
- 358.24 (5) promulgate rules which shall be binding to the extent and in the manner provided  
358.25 for in the compact;
- 358.26 (6) bring and prosecute legal proceedings or actions in the name of the commission,  
358.27 provided that the standing of any state licensing board to sue or be sued under applicable  
358.28 law shall not be affected;
- 358.29 (7) purchase and maintain insurance and bonds;
- 358.30 (8) borrow, accept, or contract for services of personnel, including but not limited to  
358.31 employees of a member state;

359.1 (9) hire employees, elect or appoint officers, fix compensation, define duties, grant such  
359.2 individuals appropriate authority to carry out the purposes of the compact, and establish the  
359.3 commission's personnel policies and programs relating to conflicts of interest, qualifications  
359.4 of personnel, and other related personnel matters;

359.5 (10) accept any and all appropriate donations and grants of money, equipment, supplies,  
359.6 materials, and services and to receive, utilize, and dispose of the same; provided that at all  
359.7 times the commission shall avoid any appearance of impropriety and conflict of interest;

359.8 (11) lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold,  
359.9 improve, or use any property, real, personal, or mixed; provided that at all times the  
359.10 commission shall avoid any appearance of impropriety;

359.11 (12) sell convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of  
359.12 any property real, personal, or mixed;

359.13 (13) establish a budget and make expenditures;

359.14 (14) borrow money;

359.15 (15) appoint committees, including standing committees composed of members, state  
359.16 regulators, state legislators or their representatives, and consumer representatives, and such  
359.17 other interested persons as may be designated in this compact and the bylaws;

359.18 (16) provide and receive information from, and cooperate with, law enforcement agencies;

359.19 (17) establish and elect an executive committee; and

359.20 (18) perform such other functions as may be necessary or appropriate to achieve the  
359.21 purposes of this compact consistent with the state regulation of professional counseling  
359.22 licensure and practice.

359.23 (d) The executive committee:

359.24 (1) The executive committee shall have the power to act on behalf of the commission  
359.25 according to the terms of this compact;

359.26 (2) The executive committee shall be composed of up to eleven members:

359.27 (i) seven voting members who are elected by the commission from the current  
359.28 membership of the commission;

359.29 (ii) up to four ex-officio, nonvoting members from four recognized national professional  
359.30 counselor organizations; and

359.31 (iii) the ex-officio members will be selected by their respective organizations;

- 360.1 (3) The commission may remove any member of the executive committee as provided  
360.2 in bylaws;
- 360.3 (4) The executive committee shall meet at least annually; and
- 360.4 (5) The executive committee shall have the following duties and responsibilities:
- 360.5 (i) recommend to the entire commission changes to the rules or bylaws, changes to this  
360.6 compact legislation, fees paid by compact member states such as annual dues, and any  
360.7 commission compact fee charged to licensees for the privilege to practice;
- 360.8 (ii) ensure compact administration services are appropriately provided, contractual or  
360.9 otherwise;
- 360.10 (iii) prepare and recommend the budget;
- 360.11 (iv) maintain financial records on behalf of the commission;
- 360.12 (v) monitor compact compliance of member states and provide compliance reports to  
360.13 the commission;
- 360.14 (vi) establish additional committees as necessary; and
- 360.15 (vii) other duties as provided in rules or bylaws.
- 360.16 (e) Meetings of the commission:
- 360.17 (1) all meetings shall be open to the public, and public notice of meetings shall be given  
360.18 in the same manner as required under the rulemaking provisions in article X;
- 360.19 (2) the commission or the executive committee or other committees of the commission  
360.20 may convene in a closed, non-public meeting if the commission or executive committee or  
360.21 other committees of the commission must discuss:
- 360.22 (i) non-compliance of a member state with its obligations under the compact;
- 360.23 (ii) the employment, compensation, discipline, or other matters, practices, or procedures  
360.24 related to specific employees or other matters related to the commission's internal personnel  
360.25 practices and procedures;
- 360.26 (iii) current, threatened, or reasonably anticipated litigation;
- 360.27 (iv) negotiation of contracts for the purchase, lease, or sale of goods, services, or real  
360.28 estate;
- 360.29 (v) accusing any person of a crime or formally censuring any person;



- 361.1 (vi) disclosure of trade secrets or commercial or financial information that is privileged  
361.2 or confidential;
- 361.3 (vii) disclosure of information of a personal nature where disclosure would constitute a  
361.4 clearly unwarranted invasion of personal privacy;
- 361.5 (viii) disclosure of investigative records compiled for law enforcement purposes;
- 361.6 (ix) disclosure of information related to any investigative reports prepared by or on  
361.7 behalf of or for use of the commission or other committee charged with responsibility of  
361.8 investigation or determination of compliance issues pursuant to the compact; or
- 361.9 (x) matters specifically exempted from disclosure by federal or member state statute;
- 361.10 (3) if a meeting, or portion of a meeting, is closed pursuant to this provision, the  
361.11 commission's legal counsel or designee shall certify that the meeting may be closed and  
361.12 shall reference each relevant exempting provision; and
- 361.13 (4) the commission shall keep minutes that fully and clearly describe all matters discussed  
361.14 in a meeting and shall provide a full and accurate summary of actions taken and the reasons  
361.15 therefore, including a description of the views expressed. All documents considered in  
361.16 connection with an action shall be identified in such minutes. All minutes and documents  
361.17 of a closed meeting shall remain under seal, subject to release by a majority vote of the  
361.18 commission or order of a court of competent jurisdiction.
- 361.19 (f) Financing of the commission:
- 361.20 (i) the commission shall pay, or provide for the payment of, the reasonable expenses of  
361.21 its establishment, organization, and ongoing activities;
- 361.22 (ii) the commission may accept any and all appropriate revenue sources, donations, and  
361.23 grants of money, equipment, supplies, materials, and services;
- 361.24 (iii) the commission may levy on and collect an annual assessment from each member  
361.25 state or impose fees on other parties to cover the cost of the operations and activities of the  
361.26 commission and its staff, which must be in a total amount sufficient to cover its annual  
361.27 budget as approved each year for which revenue is not provided by other sources. The  
361.28 aggregate annual assessment amount shall be allocated based upon a formula to be determined  
361.29 by the commission, which shall promulgate a rule binding upon all member states;
- 361.30 (iv) the commission shall not incur obligations of any kind prior to securing the funds  
361.31 adequate to meet the same; nor shall the commission pledge the credit of any of the member  
361.32 states, except by and with the authority of the member state; and

362.1 (v) the commission shall keep accurate accounts of all receipts and disbursements. The  
362.2 receipts and disbursements of the commission shall be subject to the audit and accounting  
362.3 procedures established under its bylaws. However, all receipts and disbursements of funds  
362.4 handled by the commission shall be audited yearly by a certified or licensed public  
362.5 accountant, and the report of the audit shall be included in and become part of the annual  
362.6 report of the commission.

362.7 (g) Qualified immunity, defense, and indemnification:

362.8 (1) the members, officers, executive director, employees, and representatives of the  
362.9 commission shall be immune from suit and liability, either personally or in their official  
362.10 capacity, for any claim for damage to or loss of property or personal injury or other civil  
362.11 liability caused by or arising out of any actual or alleged act, error, or omission that occurred,  
362.12 or that the person against whom the claim is made had a reasonable basis for believing  
362.13 occurred within the scope of commission employment, duties or responsibilities; provided  
362.14 that nothing in this paragraph shall be construed to protect any such person from suit or  
362.15 liability for any damage, loss, injury, or liability caused by the intentional or willful or  
362.16 wanton misconduct of that person;

362.17 (2) the commission shall defend any member, officer, executive director, employee or  
362.18 representative of the commission in any civil action seeking to impose liability arising out  
362.19 of any actual or alleged act, error, or omission that occurred within the scope of commission  
362.20 employment, duties, or responsibilities, or that the person against whom the claim is made  
362.21 had a reasonable basis for believing occurred within the scope of commission employment,  
362.22 duties, or responsibilities; provided that nothing herein shall be construed to prohibit that  
362.23 person from retaining his or her own counsel; and provided further, that the actual or alleged  
362.24 act, error, or omission did not result from that person's intentional or willful or wanton  
362.25 misconduct; and

362.26 (3) the commission shall indemnify and hold harmless any member, officer, executive  
362.27 director, employee, or representative of the commission for the amount of any settlement  
362.28 or judgment obtained against that person arising out of any actual or alleged act, error, or  
362.29 omission that occurred within the scope of commission employment, duties, or  
362.30 responsibilities, or that such person had a reasonable basis for believing occurred within  
362.31 the scope of commission employment, duties, or responsibilities, provided that the actual  
362.32 or alleged act, error, or omission did not result from the intentional or willful or wanton  
362.33 misconduct of that person.

362.34

## ARTICLE IX

363.1

**DATA SYSTEM**

363.2

363.3

363.4

(a) The commission shall provide for the development, maintenance, operation, and utilization of a coordinated database and reporting system containing licensure, adverse action, and investigative information on all licensed individuals in member states.

363.5

363.6

363.7

(b) Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the data system on all individuals to whom this compact is applicable as required by the rules of the commission, including:

363.8

(1) identifying information;

363.9

(2) licensure data;

363.10

(3) adverse actions against a license or privilege to practice;

363.11

(4) nonconfidential information related to alternative program participation;

363.12

(5) any denial of application for licensure and the reason for such denial;

363.13

(6) current significant investigative information; and

363.14

363.15

(7) other information that may facilitate the administration of this compact, as determined by the rules of the commission.

363.16

363.17

(c) Investigative information pertaining to a licensee in any member state will only be available to other member states.

363.18

363.19

363.20

(d) The commission shall promptly notify all member states of any adverse action taken against a licensee or an individual applying for a license. Adverse action information pertaining to a licensee in any member state will be available to any other member state.

363.21

363.22

363.23

(e) Member states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.

363.24

363.25

363.26

(f) Any information submitted to the data system that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the data system.

363.27

**ARTICLE X**

363.28

**RULEMAKING**

363.29

363.30

363.31

(a) The commission shall promulgate reasonable rules in order to effectively and efficiently achieve the purpose of the compact. Notwithstanding the foregoing, in the event the commission exercises its rulemaking authority in a manner that is beyond the scope of

364.1 the purposes of the compact, or the powers granted hereunder, then such an action by the  
364.2 commission shall be invalid and have no force or effect.

364.3 (b) The commission shall exercise its rulemaking powers pursuant to the criteria set  
364.4 forth in this article and the rules adopted thereunder. Rules and amendments shall become  
364.5 binding as of the date specified in each rule or amendment.

364.6 (c) If a majority of the legislatures of the member states rejects a rule, by enactment of  
364.7 a statute or resolution in the same manner used to adopt the compact within four years of  
364.8 the date of adoption of the rule, then such rule shall have no further force and effect in any  
364.9 member state.

364.10 (d) Rules or amendments to the rules shall be adopted at a regular or special meeting of  
364.11 the commission.

364.12 (e) Prior to promulgation and adoption of a final rule or rules by the commission, and  
364.13 at least thirty days in advance of the meeting at which the rule will be considered and voted  
364.14 upon, the commission shall file a notice of proposed rulemaking:

364.15 (1) on the website of the commission or other publicly accessible platform; and

364.16 (2) on the website of each member state professional counseling licensing board or other  
364.17 publicly accessible platform or the publication in which each state would otherwise publish  
364.18 proposed rules.

364.19 (f) The notice of proposed rulemaking shall include:

364.20 (1) the proposed time, date, and location of the meeting in which the rule will be  
364.21 considered and voted upon;

364.22 (2) the text of the proposed rule or amendment and the reason for the proposed rule;

364.23 (3) a request for comments on the proposed rule from any interested person; and

364.24 (4) the manner in which interested persons may submit notice to the commission of their  
364.25 intention to attend the public hearing and any written comments.

364.26 (g) Prior to adoption of a proposed rule, the commission shall allow persons to submit  
364.27 written data, facts, opinions, and arguments, which shall be made available to the public.

364.28 (h) The commission shall grant an opportunity for a public hearing before it adopts a  
364.29 rule or amendment if a hearing is requested by:

364.30 (1) at least 25 persons;

364.31 (2) a state or federal governmental subdivision or agency; or

365.1 (3) an association having at least 25 members.

365.2 (i) If a hearing is held on the proposed rule or amendment, the commission shall publish  
365.3 the place, time, and date of the scheduled public hearing. If the hearing is held via electronic  
365.4 means, the commission shall publish the mechanism for access to the electronic hearing:

365.5 (1) all persons wishing to be heard at the hearing shall notify the executive director of  
365.6 the commission or other designated member in writing of their desire to appear and testify  
365.7 at the hearing not less than five business days before the scheduled date of the hearing;

365.8 (2) hearings shall be conducted in a manner providing each person who wishes to  
365.9 comment a fair and reasonable opportunity to comment orally or in writing;

365.10 (3) all hearings will be recorded. A copy of the recording will be made available on  
365.11 request; and

365.12 (4) nothing in this article shall be construed as requiring a separate hearing on each rule.  
365.13 Rules may be grouped for the convenience of the commission at hearings required by this  
365.14 article.

365.15 (j) Following the scheduled hearing date, or by the close of business on the scheduled  
365.16 hearing date if the hearing was not held, the commission shall consider all written and oral  
365.17 comments received.

365.18 (k) If no written notice of intent to attend the public hearing by interested parties is  
365.19 received, the commission may proceed with promulgation of the proposed rule without a  
365.20 public hearing.

365.21 (l) The commission shall, by majority vote of all members, take final action on the  
365.22 proposed rule and shall determine the effective date of the rule, if any, based on the  
365.23 rulemaking record and the full text of the rule.

365.24 (m) Upon determination that an emergency exists, the commission may consider and  
365.25 adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided  
365.26 that the usual rulemaking procedures provided in the compact and in this article shall be  
365.27 retroactively applied to the rule as soon as reasonably possible, in no event later than 90  
365.28 days after the effective date of the rule. For the purposes of this provision, an emergency  
365.29 rule is one that must be adopted immediately in order to:

365.30 (1) meet an imminent threat to public health, safety, or welfare;

365.31 (2) prevent a loss of commission or member state funds;

366.1 (3) meet a deadline for the promulgation of an administrative rule that is established by  
366.2 federal law or rule; or

366.3 (4) protect public health and safety.

366.4 (n) The commission or an authorized committee of the commission may direct revisions  
366.5 to a previously adopted rule or amendment for purposes of correcting typographical errors,  
366.6 errors in format, errors in consistency, or grammatical errors. Public notice of any revisions  
366.7 shall be posted on the website of the commission. The revision shall be subject to challenge  
366.8 by any person for a period of thirty days after posting. The revision may be challenged only  
366.9 on grounds that the revision results in a material change to a rule. A challenge shall be made  
366.10 in writing and delivered to the chair of the commission prior to the end of the notice period.  
366.11 If no challenge is made, the revision will take effect without further action. If the revision  
366.12 is challenged, the revision may not take effect without the approval of the commission.

366.13

## ARTICLE XI

366.14

### OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

366.15 (a) Oversight:

366.16 (1) the executive, legislative, and judicial branches of state government in each member  
366.17 state shall enforce this compact and take all actions necessary and appropriate to effectuate  
366.18 the compact's purposes and intent. The provisions of this compact and the rules promulgated  
366.19 hereunder shall have standing as statutory law;

366.20 (2) all courts shall take judicial notice of the compact and the rules in any judicial or  
366.21 administrative proceeding in a member state pertaining to the subject matter of this compact  
366.22 which may affect the powers, responsibilities, or actions of the commission; and

366.23 (3) the commission shall be entitled to receive service of process in any such proceeding  
366.24 and shall have standing to intervene in such a proceeding for all purposes. Failure to provide  
366.25 service of process to the commission shall render a judgment or order void as to the  
366.26 commission, this compact, or promulgated rules.

366.27 (b) Default, technical assistance, and termination:

366.28 (1) if the commission determines that a member state has defaulted in the performance  
366.29 of its obligations or responsibilities under this compact or the promulgated rules, the  
366.30 commission shall:

367.1 (i) provide written notice to the defaulting state and other member states of the nature  
367.2 of the default, the proposed means of curing the default, or any other action to be taken by  
367.3 the commission; and

367.4 (ii) provide remedial training and specific technical assistance regarding the default.

367.5 (c) If a state in default fails to cure the default, the defaulting state may be terminated  
367.6 from the compact upon an affirmative vote of a majority of the member states, and all rights,  
367.7 privileges, and benefits conferred by this compact may be terminated on the effective date  
367.8 of termination. A cure of the default does not relieve the offending state of obligations or  
367.9 liabilities incurred during the period of default.

367.10 (d) Termination of membership in the compact shall be imposed only after all other  
367.11 means of securing compliance have been exhausted. Notice of intent to suspend or terminate  
367.12 shall be given by the commission to the governor, the majority and minority leaders of the  
367.13 defaulting state's legislature, and each of the member states.

367.14 (e) A state that has been terminated is responsible for all assessments, obligations, and  
367.15 liabilities incurred through the effective date of termination, including obligations that  
367.16 extend beyond the effective date of termination.

367.17 (f) The commission shall not bear any costs related to a state that is found to be in default  
367.18 or that has been terminated from the compact, unless agreed upon in writing between the  
367.19 commission and the defaulting state.

367.20 (g) The defaulting state may appeal the action of the commission by petitioning the  
367.21 United States District Court for the District of Columbia or the federal district where the  
367.22 commission has its principal offices. The prevailing member shall be awarded all costs of  
367.23 such litigation, including reasonable attorney's fees.

367.24 (h) Dispute resolution:

367.25 (1) Upon request by a member state, the commission shall attempt to resolve disputes  
367.26 related to the compact that arise among member states and between member and nonmember  
367.27 states; and

367.28 (2) the commission shall promulgate a rule providing for both mediation and binding  
367.29 dispute resolution for such disputes as appropriate.

367.30 (i) Enforcement:

367.31 (1) The commission, in the reasonable exercise of its discretion, shall enforce the  
367.32 provisions and rules of this compact;

368.1 (2) by majority vote, the commission may initiate legal action in the United States District  
368.2 Court for the District of Columbia or the federal district where the commission has its  
368.3 principal offices against a member state in default to enforce compliance with the provisions  
368.4 of the compact and its promulgated rules and bylaws. The relief sought may include both  
368.5 injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing  
368.6 member shall be awarded all costs of such litigation, including reasonable attorney's fees;  
368.7 and

368.8 (3) the remedies herein shall not be the exclusive remedies of the commission. The  
368.9 commission may pursue any other remedies available under federal or state law.

368.10

## ARTICLE XII

### DATE OF IMPLEMENTATION OF THE COUNSELING COMPACT COMMISSION 368.12 AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENT

368.13 (a) The compact shall come into effect on the date on which the compact statute is  
368.14 enacted into law in the tenth member state. The provisions, which become effective at that  
368.15 time, shall be limited to the powers granted to the commission relating to assembly and the  
368.16 promulgation of rules. Thereafter, the commission shall meet and exercise rulemaking  
368.17 powers necessary to the implementation and administration of the compact.

368.18 (b) Any state that joins the compact subsequent to the commission's initial adoption of  
368.19 the rules shall be subject to the rules as they exist on the date on which the compact becomes  
368.20 law in that state. Any rule that has been previously adopted by the commission shall have  
368.21 the full force and effect of law on the day the compact becomes law in that state.

368.22 (c) Any member state may withdraw from this compact by enacting a statute repealing  
368.23 the same.

368.24 (1) a member state's withdrawal shall not take effect until six months after enactment  
368.25 of the repealing statute; and

368.26 (2) withdrawal shall not affect the continuing requirement of the withdrawing state's  
368.27 professional counseling licensing board to comply with the investigative and adverse action  
368.28 reporting requirements of this act prior to the effective date of withdrawal.

368.29 (d) Nothing contained in this compact shall be construed to invalidate or prevent any  
368.30 professional counseling licensure agreement or other cooperative arrangement between a  
368.31 member state and a nonmember state that does not conflict with the provisions of this  
368.32 compact.



369.1 (e) This compact may be amended by the member states. No amendment to this compact  
369.2 shall become effective and binding upon any member state until it is enacted into the laws  
369.3 of all member states.

### 369.4 ARTICLE XIII

#### 369.5 CONSTRUCTION AND SEVERABILITY

369.6 This compact shall be liberally construed so as to effectuate the purposes thereof. The  
369.7 provisions of this compact shall be severable and if any phrase, clause, sentence, or provision  
369.8 of this compact is declared to be contrary to the constitution of any member state or of the  
369.9 United States or the applicability thereof to any government, agency, person, or circumstance  
369.10 is held invalid, the validity of the remainder of this compact and the applicability thereof  
369.11 to any government, agency, person, or circumstance shall not be affected thereby. If this  
369.12 compact shall be held contrary to the constitution of any member state, the compact shall  
369.13 remain in full force and effect as to the remaining member states and in full force and effect  
369.14 as to the member state affected as to all severable matters.

### 369.15 ARTICLE XIV

#### 369.16 BINDING EFFECT OF COMPACT AND OTHER LAWS

369.17 (a) A licensee providing professional counseling services in a remote state under the  
369.18 privilege to practice shall adhere to the laws and regulations, including scope of practice,  
369.19 of the remote state.

369.20 (b) Nothing herein prevents the enforcement of any other law of a member state that is  
369.21 not inconsistent with the compact.

369.22 (c) Any laws in a member state in conflict with the compact are superseded to the extent  
369.23 of the conflict.

369.24 (d) Any lawful actions of the commission, including all rules and bylaws properly  
369.25 promulgated by the commission, are binding upon the member states.

369.26 (e) All permissible agreements between the commission and the member states are  
369.27 binding in accordance with their terms.

369.28 (f) In the event any provision of the compact exceeds the constitutional limits imposed  
369.29 on the legislature of any member state, the provision shall be ineffective to the extent of the  
369.30 conflict with the constitutional provision in question in that member state.

370.1 Sec. 18. Minnesota Statutes 2020, section 148F.11, is amended by adding a subdivision  
370.2 to read:

370.3 Subd. 2a. **Former students.** (a) A former student may practice alcohol and drug  
370.4 counseling without a license for 90 days after the former student's degree conferral date  
370.5 from an accredited school or educational program or after the last date the former student  
370.6 received credit for an alcohol and drug counseling course from an accredited school or  
370.7 educational program. The former student's practice under this subdivision must be supervised  
370.8 by an alcohol and drug counselor as defined under section 245G.11, subdivision 5, an alcohol  
370.9 and drug counselor supervisor as defined under section 245G.11, subdivision 4, or a treatment  
370.10 director as defined under section 245G.11, subdivision 3.

370.11 (b) The former student's right to practice under this subdivision expires after 90 days  
370.12 from the former student's degree conferral date or date of last course credit for an alcohol  
370.13 and drug counseling course, whichever occurs last.

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

370.15 Sec. 19. Minnesota Statutes 2020, section 150A.10, subdivision 1a, is amended to read:

370.16 Subd. 1a. **Collaborative practice authorization for dental hygienists in community**  
370.17 **settings.** (a) Notwithstanding subdivision 1, a dental hygienist licensed under this chapter  
370.18 may be employed or retained by a health care facility, program, ~~or~~ nonprofit organization,  
370.19 or licensed dentist to perform the dental hygiene services listed in Minnesota Rules, part  
370.20 3100.8700, subpart 1, without the patient first being examined by a licensed dentist if the  
370.21 dental hygienist:

370.22 (1) has entered into a collaborative agreement with a licensed dentist that designates  
370.23 authorization for the services provided by the dental hygienist; and

370.24 (2) has documented completion of a course on medical emergencies within each  
370.25 continuing education cycle.

370.26 (b) A collaborating dentist must be licensed under this chapter and may enter into a  
370.27 collaborative agreement with no more than four dental hygienists unless otherwise authorized  
370.28 by the board. The board shall develop parameters and a process for obtaining authorization  
370.29 to collaborate with more than four dental hygienists. The collaborative agreement must  
370.30 include:

370.31 (1) consideration for medically compromised patients and medical conditions for which  
370.32 a dental evaluation and treatment plan must occur prior to the provision of dental hygiene  
370.33 services;

371.1 (2) age- and procedure-specific standard collaborative practice protocols, including  
 371.2 recommended intervals for the performance of dental hygiene services and a period of time  
 371.3 in which an examination by a dentist should occur;

371.4 (3) copies of consent to treatment form provided to the patient by the dental hygienist;

371.5 (4) specific protocols for the placement of pit and fissure sealants and requirements for  
 371.6 follow-up care to ~~assure the~~ ensure efficacy ~~of the sealants after application~~; and

371.7 (5) the procedure for creating and maintaining dental records for patients who are treated  
 371.8 by the dental hygienist under Minnesota Rules, part 3100.9600, including specifying where  
 371.9 records will be located.

371.10 ~~The collaborative agreement must be signed and maintained by the dentist, the dental~~  
 371.11 ~~hygienist, and the facility, program, or organization; must be reviewed annually by the~~  
 371.12 ~~collaborating dentist and dental hygienist and must be made available to the board upon~~  
 371.13 ~~request.~~

371.14 (c) The collaborative agreement must be:

371.15 (1) signed and maintained by the dentist; the dental hygienist; and the facility, program,  
 371.16 or organization;

371.17 (2) reviewed annually by the collaborating dentist and the dental hygienist; and

371.18 (3) made available to the board upon request.

371.19 ~~(e)~~ (d) Before performing any services authorized under this subdivision, a dental  
 371.20 hygienist must provide the patient with a consent to treatment form which must include a  
 371.21 statement advising the patient that the dental hygiene services provided are not a substitute  
 371.22 for a dental examination by a licensed dentist. When the patient requires a referral for  
 371.23 additional dental services, the dental hygienist shall complete a referral form and provide  
 371.24 a copy to the patient, the facility, if applicable, the dentist to whom the patient is being  
 371.25 referred, and the collaborating dentist, if specified in the collaborative agreement. A copy  
 371.26 of the referral form shall be maintained in the patient's health care record. The patient does  
 371.27 not become a new patient of record of the dentist to whom the patient was referred until the  
 371.28 dentist accepts the patient for follow-up services after referral from the dental hygienist.

371.29 ~~(d)~~ (e) For the purposes of this subdivision, a "health care facility, program, or nonprofit  
 371.30 organization" includes a hospital; nursing home; home health agency; group home serving  
 371.31 the elderly, disabled, or juveniles; state-operated facility licensed by the commissioner of  
 371.32 human services or the commissioner of corrections; a state agency administered public  
 371.33 health program or event; and federal, state, or local public health facility, community clinic,

372.1 tribal clinic, school authority, Head Start program, or nonprofit organization that serves  
372.2 individuals who are uninsured or who are Minnesota health care public program recipients.

372.3 ~~(e)~~ (f) For purposes of this subdivision, a "collaborative agreement" means a written  
372.4 agreement with a licensed dentist who authorizes and accepts responsibility for the services  
372.5 performed by the dental hygienist.

372.6 (g) A collaborative practice dental hygienist must be reimbursed for all services performed  
372.7 through a health care facility, program, nonprofit organization, or licensed dentist.

372.8 (h) The commissioner of human services shall report annually, beginning February 15,  
372.9 2023, and each February 15 thereafter, to the Board of Dentistry on the services provided  
372.10 by collaborative practice dental hygienists to medical assistance and MinnesotaCare enrollees  
372.11 during the previous calendar year. The information reported must include, at a minimum,  
372.12 the geographic location and type of setting at which care was delivered, the number of  
372.13 medical assistance and MinnesotaCare patients served, and the characteristics of the patient  
372.14 population.

372.15 Sec. 20. Minnesota Statutes 2020, section 150A.105, subdivision 8, is amended to read:

372.16 Subd. 8. **Definitions.** (a) For the purposes of this section, the following definitions apply.

372.17 (b) "Practice settings that serve the low-income and underserved" mean:

372.18 (1) critical access dental provider settings as designated by the commissioner of human  
372.19 services under section 256B.76, subdivision 4;

372.20 (2) dental hygiene collaborative practice settings identified in section 150A.10,  
372.21 subdivision 1a, paragraph ~~(d)~~ (e), and including medical facilities, assisted living facilities,  
372.22 federally qualified health centers, and organizations eligible to receive a community clinic  
372.23 grant under section 145.9268, subdivision 1;

372.24 (3) military and veterans administration hospitals, clinics, and care settings;

372.25 (4) a patient's residence or home when the patient is home-bound or receiving or eligible  
372.26 to receive home care services or home and community-based waived services, regardless  
372.27 of the patient's income;

372.28 (5) oral health educational institutions; or

372.29 (6) any other clinic or practice setting, including mobile dental units, in which at least  
372.30 50 percent of the total patient base of the dental therapist or advanced dental therapist  
372.31 consists of patients who:

- 373.1 (i) are enrolled in a Minnesota health care program;
- 373.2 (ii) have a medical disability or chronic condition that creates a significant barrier to  
373.3 receiving dental care;
- 373.4 (iii) do not have dental health coverage, either through a public health care program or  
373.5 private insurance, and have an annual gross family income equal to or less than 200 percent  
373.6 of the federal poverty guidelines; or
- 373.7 (iv) do not have dental health coverage, either through a state public health care program  
373.8 or private insurance, and whose family gross income is equal to or less than 200 percent of  
373.9 the federal poverty guidelines.
- 373.10 (c) "Dental health professional shortage area" means an area that meets the criteria  
373.11 established by the secretary of the United States Department of Health and Human Services  
373.12 and is designated as such under United States Code, title 42, section 254e.

373.13 Sec. 21. Minnesota Statutes 2020, section 151.01, subdivision 27, is amended to read:

373.14 Subd. 27. **Practice of pharmacy.** "Practice of pharmacy" means:

- 373.15 (1) interpretation and evaluation of prescription drug orders;
- 373.16 (2) compounding, labeling, and dispensing drugs and devices (except labeling by a  
373.17 manufacturer or packager of nonprescription drugs or commercially packaged legend drugs  
373.18 and devices);
- 373.19 (3) participation in clinical interpretations and monitoring of drug therapy for assurance  
373.20 of safe and effective use of drugs, including ~~the performance of~~ ordering and performing  
373.21 laboratory tests that are waived under the federal Clinical Laboratory Improvement Act of  
373.22 1988, United States Code, title 42, section 263a et seq., provided that a pharmacist may  
373.23 interpret the results of laboratory tests but may modify A pharmacist may collect specimens,  
373.24 interpret results, notify the patient of results, and refer patients to other health care providers  
373.25 for follow-up care and may initiate, modify, or discontinue drug therapy ~~only~~ pursuant to  
373.26 a protocol or collaborative practice agreement. A pharmacy technician or pharmacist intern  
373.27 may perform tests authorized under this clause if the technician or intern is working under  
373.28 the direct supervision of a pharmacist;
- 373.29 (4) participation in drug and therapeutic device selection; drug administration for first  
373.30 dosage and medical emergencies; intramuscular and subcutaneous administration used for  
373.31 the treatment of alcohol or opioid dependence; drug regimen reviews; and drug or  
373.32 drug-related research;

374.1 (5) drug administration, through intramuscular and subcutaneous administration used  
374.2 to treat mental illnesses as permitted under the following conditions:

374.3 (i) upon the order of a prescriber and the prescriber is notified after administration is  
374.4 complete; or

374.5 (ii) pursuant to a protocol or collaborative practice agreement as defined by section  
374.6 151.01, subdivisions 27b and 27c, and participation in the initiation, management,  
374.7 modification, administration, and discontinuation of drug therapy is according to the protocol  
374.8 or collaborative practice agreement between the pharmacist and a dentist, optometrist,  
374.9 physician, podiatrist, or veterinarian, or an advanced practice registered nurse authorized  
374.10 to prescribe, dispense, and administer under section 148.235. Any changes in drug therapy  
374.11 or medication administration made pursuant to a protocol or collaborative practice agreement  
374.12 must be documented by the pharmacist in the patient's medical record or reported by the  
374.13 pharmacist to a practitioner responsible for the patient's care;

374.14 (6) participation in administration of influenza vaccines and vaccines approved by the  
374.15 United States Food and Drug Administration related to COVID-19 or SARS-CoV-2 to all  
374.16 eligible individuals six years of age and older and all other vaccines to patients 13 years of  
374.17 age and older by written protocol with a physician licensed under chapter 147, a physician  
374.18 assistant authorized to prescribe drugs under chapter 147A, or an advanced practice registered  
374.19 nurse authorized to prescribe drugs under section 148.235, provided that the protocol includes  
374.20 a procedure for handling an adverse reaction, and the pharmacist:

374.21 ~~(i) the protocol includes, at a minimum:~~

374.22 ~~(A) the name, dose, and route of each vaccine that may be given;~~

374.23 ~~(B) the patient population for whom the vaccine may be given;~~

374.24 ~~(C) contraindications and precautions to the vaccine;~~

374.25 ~~(D) the procedure for handling an adverse reaction;~~

374.26 ~~(E) the name, signature, and address of the physician, physician assistant, or advanced~~  
374.27 ~~practice registered nurse;~~

374.28 ~~(F) a telephone number at which the physician, physician assistant, or advanced practice~~  
374.29 ~~registered nurse can be contacted; and~~

374.30 ~~(G) the date and time period for which the protocol is valid;~~

375.1 ~~(ii) the pharmacist~~ (i) has successfully completed a program approved by the Accreditation  
375.2 Council for Pharmacy Education specifically for the administration of immunizations or a  
375.3 program approved by the board;

375.4 ~~(iii) the pharmacist~~ (ii) utilizes the Minnesota Immunization Information Connection to  
375.5 assess the immunization status of individuals prior to the administration of vaccines, except  
375.6 when administering influenza vaccines to individuals age nine and older;

375.7 ~~(iv) the pharmacist~~ (iii) reports the administration of the immunization to the Minnesota  
375.8 Immunization Information Connection; ~~and~~

375.9 ~~(v) the pharmacist~~ (iv) complies with guidelines for vaccines and immunizations  
375.10 established by the federal Advisory Committee on Immunization Practices, except that a  
375.11 pharmacist does not need to comply with those portions of the guidelines that establish  
375.12 immunization schedules ~~when~~ if the pharmacist is administering a vaccine pursuant to a  
375.13 valid, patient-specific order issued by a physician licensed under chapter 147, a physician  
375.14 assistant authorized to prescribe drugs under chapter 147A, or an advanced practice registered  
375.15 nurse authorized to prescribe drugs under section 148.235, provided that the order is  
375.16 consistent with the United States Food and Drug Administration approved labeling of the  
375.17 vaccine;

375.18 (v) informs the patient of any contraindications and precautions to the vaccine before  
375.19 administering the vaccine; and

375.20 (vi) if the patient is 18 years of age or younger, informs the patient and any adult caregiver  
375.21 accompanying the patient of the importance of a well-child visit with a pediatrician or other  
375.22 licensed primary care provider;

375.23 (7) participation in the initiation, management, modification, and discontinuation of  
375.24 drug therapy according to a written protocol or collaborative practice agreement between:  
375.25 (i) one or more pharmacists and one or more dentists, optometrists, physicians, podiatrists,  
375.26 or veterinarians; or (ii) one or more pharmacists and one or more physician assistants  
375.27 authorized to prescribe, dispense, and administer under chapter 147A, or advanced practice  
375.28 registered nurses authorized to prescribe, dispense, and administer under section 148.235.  
375.29 Any changes in drug therapy made pursuant to a protocol or collaborative practice agreement  
375.30 must be documented by the pharmacist in the patient's medical record or reported by the  
375.31 pharmacist to a practitioner responsible for the patient's care;

375.32 (8) participation in the storage of drugs and the maintenance of records;

376.1 (9) patient counseling on therapeutic values, content, hazards, and uses of drugs and  
376.2 devices;

376.3 (10) offering or performing those acts, services, operations, or transactions necessary  
376.4 in the conduct, operation, management, and control of a pharmacy;

376.5 (11) participation in the initiation, management, modification, and discontinuation of  
376.6 therapy with opiate antagonists, as defined in section 604A.04, subdivision 1, pursuant to:

376.7 (i) a written protocol as allowed under clause (7); or

376.8 (ii) a written protocol with a community health board medical consultant or a practitioner  
376.9 designated by the commissioner of health, as allowed under section 151.37, subdivision 13;  
376.10 and

376.11 (12) prescribing self-administered hormonal contraceptives; nicotine replacement  
376.12 medications; and opiate antagonists for the treatment of an acute opiate overdose pursuant  
376.13 to section 151.37, subdivision 14, 15, or 16.

376.14 Sec. 22. Minnesota Statutes 2020, section 151.065, subdivision 1, is amended to read:

376.15 Subdivision 1. **Application fees.** Application fees for licensure and registration are as  
376.16 follows:

376.17 (1) pharmacist licensed by examination, \$175;

376.18 (2) pharmacist licensed by reciprocity, \$275;

376.19 (3) pharmacy intern, \$50;

376.20 (4) pharmacy technician, \$50;

376.21 (5) pharmacy, \$260;

376.22 (6) drug wholesaler, legend drugs only, \$5,260;

376.23 (7) drug wholesaler, legend and nonlegend drugs, \$5,260;

376.24 (8) drug wholesaler, nonlegend drugs, veterinary legend drugs, or both, \$5,260;

376.25 (9) drug wholesaler, medical gases, ~~\$5,260 for the first facility and \$260 for each~~  
376.26 ~~additional facility;~~

376.27 (10) third-party logistics provider, \$260;

376.28 (11) drug manufacturer, nonopiate legend drugs only, \$5,260;

376.29 (12) drug manufacturer, nonopiate legend and nonlegend drugs, \$5,260;



- 377.1 (13) drug manufacturer, nonlegend or veterinary legend drugs, \$5,260;
- 377.2 (14) drug manufacturer, medical gases, ~~\$5,260 for the first facility and \$260 for each~~  
377.3 ~~additional facility;~~
- 377.4 (15) drug manufacturer, also licensed as a pharmacy in Minnesota, \$5,260;
- 377.5 (16) drug manufacturer of opiate-containing controlled substances listed in section  
377.6 152.02, subdivisions 3 to 5, \$55,260;
- 377.7 (17) medical gas dispenser, \$260;
- 377.8 (18) controlled substance researcher, \$75; and
- 377.9 (19) pharmacy professional corporation, \$150.
- 377.10 Sec. 23. Minnesota Statutes 2020, section 151.065, subdivision 3, is amended to read:
- 377.11 Subd. 3. **Annual renewal fees.** Annual licensure and registration renewal fees are as  
377.12 follows:
- 377.13 (1) pharmacist, \$175;
- 377.14 (2) pharmacy technician, \$50;
- 377.15 (3) pharmacy, \$260;
- 377.16 (4) drug wholesaler, legend drugs only, \$5,260;
- 377.17 (5) drug wholesaler, legend and nonlegend drugs, \$5,260;
- 377.18 (6) drug wholesaler, nonlegend drugs, veterinary legend drugs, or both, \$5,260;
- 377.19 (7) drug wholesaler, medical gases, ~~\$5,260 for the first facility and \$260 for each~~  
377.20 ~~additional facility;~~
- 377.21 (8) third-party logistics provider, \$260;
- 377.22 (9) drug manufacturer, nonopiate legend drugs only, \$5,260;
- 377.23 (10) drug manufacturer, nonopiate legend and nonlegend drugs, \$5,260;
- 377.24 (11) drug manufacturer, nonlegend, veterinary legend drugs, or both, \$5,260;
- 377.25 (12) drug manufacturer, medical gases, ~~\$5,260 for the first facility and \$260 for each~~  
377.26 ~~additional facility;~~
- 377.27 (13) drug manufacturer, also licensed as a pharmacy in Minnesota, \$5,260;

- 378.1 (14) drug manufacturer of opiate-containing controlled substances listed in section  
 378.2 152.02, subdivisions 3 to 5, \$55,260;
- 378.3 (15) medical gas dispenser, \$260;
- 378.4 (16) controlled substance researcher, \$75; and
- 378.5 (17) pharmacy professional corporation, \$100.

378.6 Sec. 24. Minnesota Statutes 2020, section 151.065, subdivision 7, is amended to read:

378.7 Subd. 7. **Deposit of fees.** (a) The license fees collected under this section, with the  
 378.8 exception of the fees identified in paragraphs (b) and (c), shall be deposited in the state  
 378.9 government special revenue fund.

378.10 (b) \$5,000 of each fee collected under subdivision 1, clauses (6) to ~~(9)~~ (8), ~~and~~ (11) to  
 378.11 (13), and (15), and subdivision 3, clauses (4) to ~~(7)~~ (6), ~~and~~ (9) to (11), and (13), and \$55,000  
 378.12 of each fee collected under subdivision 1, clause (16), and subdivision 3, clause (14), shall  
 378.13 be deposited in the opiate epidemic response fund established in section 256.043.

378.14 (c) If the fees collected under subdivision 1, clause (16), or subdivision 3, clause (14),  
 378.15 are reduced under section 256.043, \$5,000 of the reduced fee shall be deposited in the opiate  
 378.16 epidemic response fund in section 256.043.

378.17 Sec. 25. **[151.103] DELEGATION OF VACCINE ADMINISTRATION.**

378.18 (a) A pharmacy technician or pharmacist intern may administer vaccines under section  
 378.19 151.01, subdivision 27, clause (6), if the technician or intern:

378.20 (1) is under the direct supervision of a pharmacist while administering the vaccine;

378.21 (2) has successfully completed a program approved by the Accreditation Council for  
 378.22 Pharmacy Education (ACPE) specifically for the administration of immunizations or a  
 378.23 program approved by the board;

378.24 (3) has a current certificate in basic cardiopulmonary resuscitation; and

378.25 (4) if delegated to a pharmacy technician, the technician has completed:

378.26 (i) one of the training programs listed under Minnesota Rules, part 6800.3850, subpart  
 378.27 1h, item B; and

378.28 (ii) a minimum of two hours of ACPE-approved, immunization-related continuing  
 378.29 pharmacy education as part of the pharmacy technician's two-year continuing education  
 378.30 schedule.

379.1 (b) Direct supervision under this section must be in-person and must not be done through  
379.2 telehealth as defined under section 62A.673, subdivision 2.

379.3 Sec. 26. Minnesota Statutes 2020, section 152.125, is amended to read:

379.4 **152.125 INTRACTABLE PAIN.**

379.5 Subdivision 1. ~~Definition~~ **Definitions.** (a) For purposes of this section, the terms in this  
379.6 subdivision have the meanings given.

379.7 (b) "Drug diversion" means the unlawful transfer of prescription drugs from their licit  
379.8 medical purpose to the illicit marketplace.

379.9 (c) "Intractable pain" means a pain state in which the cause of the pain cannot be removed  
379.10 or otherwise treated with the consent of the patient and in which, in the generally accepted  
379.11 course of medical practice, no relief or cure of the cause of the pain is possible, or none has  
379.12 been found after reasonable efforts. Conditions associated with intractable pain include but  
379.13 are not limited to cancer and the recovery period, sickle cell disease, noncancer pain, rare  
379.14 diseases, orphan diseases, severe injuries, and health conditions requiring the provision of  
379.15 palliative care or hospice care. Reasonable efforts for relieving or curing the cause of the  
379.16 pain may be determined on the basis of, but are not limited to, the following:

379.17 (1) when treating a nonterminally ill patient for intractable pain, an evaluation conducted  
379.18 by the attending physician, advanced practice registered nurse, or physician assistant and  
379.19 one or more physicians, advanced practice registered nurses, or physician assistants  
379.20 specializing in pain medicine or the treatment of the area, system, or organ of the body  
379.21 confirmed or perceived as the source of the intractable pain; or

379.22 (2) when treating a terminally ill patient, an evaluation conducted by the attending  
379.23 physician, advanced practice registered nurse, or physician assistant who does so in  
379.24 accordance with the standard of care and the level of care, skill, and treatment that would  
379.25 be recognized by a reasonably prudent physician, advanced practice registered nurse, or  
379.26 physician assistant under similar conditions and circumstances.

379.27 (d) "Palliative care" has the meaning provided in section 144A.75, subdivision 12.

379.28 (e) "Rare disease" means a disease, disorder, or condition that affects fewer than 200,000  
379.29 individuals in the United States and is chronic, serious, life altering, or life threatening.

379.30 Subd. 1a. Criteria for the evaluation and treatment of intractable pain. The evaluation  
379.31 and treatment of intractable pain when treating a nonterminally ill patient is governed by  
379.32 the following criteria:

380.1 (1) a diagnosis of intractable pain by the treating physician, advanced practice registered  
380.2 nurse, or physician assistant and either by a physician, advanced practice registered nurse,  
380.3 or physician assistant specializing in pain medicine or a physician, advanced practice  
380.4 registered nurse, or physician assistant treating the area, system, or organ of the body that  
380.5 is the source of the pain is sufficient to meet the definition of intractable pain; and

380.6 (2) the cause of the diagnosis of intractable pain must not interfere with medically  
380.7 necessary treatment including but not limited to prescribing or administering a controlled  
380.8 substance in Schedules II to V of section 152.02.

380.9 **Subd. 2. Prescription and administration of controlled substances for intractable**  
380.10 **pain. (a)** Notwithstanding any other provision of this chapter, a physician, advanced practice  
380.11 registered nurse, or physician assistant may prescribe or administer a controlled substance  
380.12 in Schedules II to V of section 152.02 to ~~an individual~~ a patient in the course of the  
380.13 physician's, advanced practice registered nurse's, or physician assistant's treatment of the  
380.14 ~~individual~~ patient for a diagnosed condition causing intractable pain. No physician, advanced  
380.15 practice registered nurse, or physician assistant shall be subject to disciplinary action by  
380.16 the Board of Medical Practice or Board of Nursing for appropriately prescribing or  
380.17 administering a controlled substance in Schedules II to V of section 152.02 in the course  
380.18 of treatment of ~~an individual~~ a patient for intractable pain, provided the physician, advanced  
380.19 practice registered nurse, or physician assistant:

380.20 (1) keeps accurate records of the purpose, use, prescription, and disposal of controlled  
380.21 substances, writes accurate prescriptions, and prescribes medications in conformance with  
380.22 chapter 147; or 148 or in accordance with the current standard of care; and

380.23 (2) enters into a patient-provider agreement that meets the criteria in subdivision 5.

380.24 (b) No physician, advanced practice registered nurse, or physician assistant, acting in  
380.25 good faith and based on the needs of the patient, shall be subject to disenrollment or  
380.26 termination by the commissioner of health or human services solely for prescribing a dosage  
380.27 that equates to an upward deviation from morphine milligram equivalent dosage  
380.28 recommendations or thresholds specified in state or federal opioid prescribing guidelines  
380.29 or policies, including but not limited to the Guideline for Prescribing Opioids for Chronic  
380.30 Pain issued by the Centers for Disease Control and Prevention, Minnesota opioid prescribing  
380.31 guidelines, the Minnesota opioid prescribing improvement program, and the Minnesota  
380.32 quality improvement program established under section 256B.0638.

380.33 (c) A physician, advanced practice registered nurse, or physician assistant treating  
380.34 intractable pain by prescribing, dispensing, or administering a controlled substance in

381.1 Schedules II to V of section 152.02 that includes but is not limited to opioid analgesics must  
381.2 not taper a patient's medication dosage solely to meet a predetermined morphine milligram  
381.3 equivalent dosage recommendation or threshold if the patient is stable and compliant with  
381.4 the treatment plan, is experiencing no serious harm from the level of medication currently  
381.5 being prescribed or previously prescribed, and is in compliance with the patient-provider  
381.6 agreement as described in subdivision 5.

381.7 (d) A physician's, advanced practice registered nurse's, or physician assistant's decision  
381.8 to taper a patient's medication dosage must be based on factors other than a morphine  
381.9 milligram equivalent recommendation or threshold.

381.10 (e) No pharmacist, health plan company, or pharmacy benefit manager shall refuse to  
381.11 fill a prescription for an opiate issued by a licensed practitioner with the authority to prescribe  
381.12 opiates solely based on the prescription exceeding a predetermined morphine milligram  
381.13 equivalent dosage recommendation or threshold.

381.14 Subd. 3. **Limits on applicability.** This section does not apply to:

381.15 (1) a physician's, advanced practice registered nurse's, or physician assistant's treatment  
381.16 of ~~an individual~~ a patient for chemical dependency resulting from the use of controlled  
381.17 substances in Schedules II to V of section 152.02;

381.18 (2) the prescription or administration of controlled substances in Schedules II to V of  
381.19 section 152.02 to ~~an individual~~ a patient whom the physician, advanced practice registered  
381.20 nurse, or physician assistant knows to be using the controlled substances for nontherapeutic  
381.21 or drug diversion purposes;

381.22 (3) the prescription or administration of controlled substances in Schedules II to V of  
381.23 section 152.02 for the purpose of terminating the life of ~~an individual~~ a patient having  
381.24 intractable pain; or

381.25 (4) the prescription or administration of a controlled substance in Schedules II to V of  
381.26 section 152.02 that is not a controlled substance approved by the United States Food and  
381.27 Drug Administration for pain relief.

381.28 Subd. 4. **Notice of risks.** Prior to treating ~~an individual~~ a patient for intractable pain in  
381.29 accordance with subdivision 2, a physician, advanced practice registered nurse, or physician  
381.30 assistant shall discuss with the ~~individual~~ patient or the patient's legal guardian, if applicable,  
381.31 the risks associated with the controlled substances in Schedules II to V of section 152.02  
381.32 to be prescribed or administered in the course of the physician's, advanced practice registered  
381.33 nurse's, or physician assistant's treatment of ~~an individual~~ a patient, and document the

382.1 discussion in the ~~individual's~~ patient's record as required in the patient-provider agreement  
382.2 described in subdivision 5.

382.3 Subd. 5. **Patient-provider agreement.** (a) Before treating a patient for intractable pain,  
382.4 a physician, advanced practice registered nurse, or physician assistant and the patient or the  
382.5 patient's legal guardian, if applicable, must mutually agree to the treatment and enter into  
382.6 a provider-patient agreement. The agreement must include a description of the prescriber's  
382.7 and the patient's expectations, responsibilities, and rights according to best practices and  
382.8 current standards of care.

382.9 (b) The agreement must be signed by the patient or the patient's legal guardian, if  
382.10 applicable, and the physician, advanced practice registered nurse, or physician assistant and  
382.11 included in the patient's medical records. A copy of the signed agreement must be provided  
382.12 to the patient.

382.13 (c) The agreement must be reviewed by the patient and the physician, advanced practice  
382.14 registered nurse, or physician assistant annually. If there is a change in the patient's treatment  
382.15 plan, the agreement must be updated and a revised agreement must be signed by the patient  
382.16 or the patient's legal guardian. A copy of the revised agreement must be included in the  
382.17 patient's medical record and a copy must be provided to the patient.

382.18 (d) A patient-provider agreement is not required in an emergency or inpatient hospital  
382.19 setting.

382.20 Sec. 27. **TEMPORARY REQUIREMENTS GOVERNING AMBULANCE SERVICE**  
382.21 **OPERATIONS AND THE PROVISION OF EMERGENCY MEDICAL SERVICES.**

382.22 Subdivision 1. **Application.** Notwithstanding any law to the contrary in Minnesota  
382.23 Statutes, chapter 144E, an ambulance service may operate according to this section, and  
382.24 emergency medical technicians, advanced emergency medical technicians, and paramedics  
382.25 may provide emergency medical services according to this section.

382.26 Subd. 2. **Definitions.** (a) The terms defined in this subdivision apply to this section.

382.27 (b) "Advanced emergency medical technician" has the meaning given in Minnesota  
382.28 Statutes, section 144E.001, subdivision 5d.

382.29 (c) "Advanced life support" has the meaning given in Minnesota Statutes, section  
382.30 144E.001, subdivision 1b.

382.31 (d) "Ambulance" has the meaning given in Minnesota Statutes, section 144E.001,  
382.32 subdivision 2.

383.1 (e) "Ambulance service personnel" has the meaning given in Minnesota Statutes, section  
383.2 144E.001, subdivision 3a.

383.3 (f) "Basic life support" has the meaning given in Minnesota Statutes, section 144E.001,  
383.4 subdivision 4b.

383.5 (g) "Board" means the Emergency Medical Services Regulatory Board.

383.6 (h) "Emergency medical technician" has the meaning given in Minnesota Statutes, section  
383.7 144E.001, subdivision 5c.

383.8 (i) "Paramedic" has the meaning given in Minnesota Statutes, section 144E.001,  
383.9 subdivision 5e.

383.10 (j) "Primary service area" means the area designated by the board according to Minnesota  
383.11 Statutes, section 144E.06, to be served by an ambulance service.

383.12 Subd. 3. **Staffing.** (a) For emergency ambulance calls in an ambulance service's primary  
383.13 service area, an ambulance service must staff an ambulance that provides basic life support  
383.14 with at least:

383.15 (1) one emergency medical technician, who must be in the patient compartment when  
383.16 a patient is being transported; and

383.17 (2) one individual to drive the ambulance. The driver must hold a valid driver's license  
383.18 from any state, must have attended an emergency vehicle driving course approved by the  
383.19 ambulance service, and must have completed a course on cardiopulmonary resuscitation  
383.20 approved by the ambulance service.

383.21 (b) For emergency ambulance calls in an ambulance service's primary service area, an  
383.22 ambulance service must staff an ambulance that provides advanced life support with at least:

383.23 (1) one paramedic; one registered nurse who meets the requirements in Minnesota  
383.24 Statutes, section 144E.001, subdivision 3a, clause (2); or one physician assistant who meets  
383.25 the requirements in Minnesota Statutes, section 144E.001, subdivision 3a, clause (3), and  
383.26 who must be in the patient compartment when a patient is being transported; and

383.27 (2) one individual to drive the ambulance. The driver must hold a valid driver's license  
383.28 from any state, must have attended an emergency vehicle driving course approved by the  
383.29 ambulance service, and must have completed a course on cardiopulmonary resuscitation  
383.30 approved by the ambulance service.

383.31 (c) The ambulance service director and medical director must approve the staffing of  
383.32 an ambulance according to this subdivision.

384.1 (d) An ambulance service staffing an ambulance according to this subdivision must  
384.2 immediately notify the board in writing and in a manner prescribed by the board. The notice  
384.3 must specify how the ambulance service is staffing its basic life support or advanced life  
384.4 support ambulances and the time period the ambulance service plans to staff the ambulances  
384.5 according to this subdivision. If an ambulance service continues to staff an ambulance  
384.6 according to this subdivision after the date provided to the board in its initial notice, the  
384.7 ambulance service must provide a new notice to the board in a manner that complies with  
384.8 this paragraph.

384.9 (e) If an individual serving as a driver under this subdivision commits an act listed in  
384.10 Minnesota Statutes, section 144E.27, subdivision 5, paragraph (a), the board may temporarily  
384.11 suspend or prohibit the individual from driving an ambulance or place conditions on the  
384.12 individual's ability to drive an ambulance using the procedures and authority in Minnesota  
384.13 Statutes, section 144E.27, subdivisions 5 and 6.

384.14 **Subd. 4. Use of expired emergency medications and medical supplies.** (a) If an  
384.15 ambulance service experiences a shortage of an emergency medication or medical supply,  
384.16 ambulance service personnel may use an emergency medication or medical supply for up  
384.17 to six months after the emergency medication's or medical supply's specified expiration  
384.18 date, provided:

384.19 (1) the ambulance service director and medical director approve the use of the expired  
384.20 emergency medication or medical supply;

384.21 (2) ambulance service personnel use an expired emergency medication or medical supply  
384.22 only after depleting the ambulance service's supply of that emergency medication or medical  
384.23 supply that is unexpired;

384.24 (3) the ambulance service has stored and maintained the expired emergency medication  
384.25 or medical supply according to the manufacturer's instructions;

384.26 (4) if possible, ambulance service personnel obtain consent from the patient to use the  
384.27 expired emergency medication or medical supply prior to its use; and

384.28 (5) when the ambulance service obtains a supply of that emergency medication or medical  
384.29 supply that is unexpired, ambulance service personnel cease use of the expired emergency  
384.30 medication or medical supply and instead use the unexpired emergency medication or  
384.31 medical supply.



385.1 (b) Before approving the use of an expired emergency medication, an ambulance service  
385.2 director and medical director must consult with the Board of Pharmacy regarding the safety  
385.3 and efficacy of using the expired emergency medication.

385.4 (c) An ambulance service must keep a record of all expired emergency medications and  
385.5 all expired medical supplies used and must submit that record in writing to the board in a  
385.6 time and manner specified by the board. The record must list the specific expired emergency  
385.7 medications and medical supplies used and the time period during which ambulance service  
385.8 personnel used the expired emergency medication or medical supply.

385.9 Subd. 5. **Provision of emergency medical services after certification expires.** (a) At  
385.10 the request of an emergency medical technician, advanced emergency medical technician,  
385.11 or paramedic, and with the approval of the ambulance service director, an ambulance service  
385.12 medical director may authorize the emergency medical technician, advanced emergency  
385.13 medical technician, or paramedic to provide emergency medical services for the ambulance  
385.14 service for up to three months after the certification of the emergency medical technician,  
385.15 advanced emergency medical technician, or paramedic expires.

385.16 (b) An ambulance service must immediately notify the board each time its medical  
385.17 director issues an authorization under paragraph (a). The notice must be provided in writing  
385.18 and in a manner prescribed by the board and must include information on the time period  
385.19 each emergency medical technician, advanced emergency medical technician, or paramedic  
385.20 will provide emergency medical services according to an authorization under this subdivision;  
385.21 information on why the emergency medical technician, advanced emergency medical  
385.22 technician, or paramedic needs the authorization; and an attestation from the medical director  
385.23 that the authorization is necessary to help the ambulance service adequately staff its  
385.24 ambulances.

385.25 Subd. 6. **Reports.** The board must provide quarterly reports to the chairs and ranking  
385.26 minority members of the legislative committees with jurisdiction over the board regarding  
385.27 actions taken by ambulance services according to subdivisions 3, 4, and 5. The board must  
385.28 submit reports by June 30, September 30, and December 31 of 2022; and by March 31, June  
385.29 30, September 30, and December 31 of 2023. Each report must include the following  
385.30 information:

385.31 (1) for each ambulance service staffing basic life support or advanced life support  
385.32 ambulances according to subdivision 3, the primary service area served by the ambulance  
385.33 service, the number of ambulances staffed according to subdivision 3, and the time period

386.1 the ambulance service has staffed and plans to staff the ambulances according to subdivision  
386.2 3;

386.3 (2) for each ambulance service that authorized the use of an expired emergency  
386.4 medication or medical supply according to subdivision 4, the expired emergency medications  
386.5 and medical supplies authorized for use and the time period the ambulance service used  
386.6 each expired emergency medication or medical supply; and

386.7 (3) for each ambulance service that authorized the provision of emergency medical  
386.8 services according to subdivision 5, the number of emergency medical technicians, advanced  
386.9 emergency medical technicians, and paramedics providing emergency medical services  
386.10 under an expired certification and the time period each emergency medical technician,  
386.11 advanced emergency medical technician, or paramedic provided and will provide emergency  
386.12 medical services under an expired certification.

386.13 Subd. 7. **Expiration.** This section expires January 1, 2024.

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

386.15 Sec. 28. **EXPEDITED REREGISTRATION FOR LAPSED NURSING LICENSES.**

386.16 (a) Notwithstanding Minnesota Statutes, section 148.231, a nurse who desires to resume  
386.17 the practice of professional or practical nursing at a licensed nursing facility or licensed  
386.18 assisted living facility but whose license to practice nursing has lapsed effective on or after  
386.19 January 1, 2019, may submit an application to the Board of Nursing for reregistration. The  
386.20 application must be submitted and received by the board between March 31, 2022, and  
386.21 March 31, 2023, and must be accompanied with the reregistration fee specified in Minnesota  
386.22 Statutes, section 148.243, subdivision 5. The applicant must include with the application  
386.23 the name and location of the facility where the nurse is or will be employed.

386.24 (b) The board shall issue a current registration if upon a licensure history review, the  
386.25 board determines that at the time the nurse's license lapsed:

386.26 (1) the nurse's license was in good standing; and

386.27 (2) the nurse was not the subject of any pending investigations or disciplinary actions  
386.28 or was not disqualified to practice in any way.

386.29 The board shall waive any other requirements for reregistration including any continuing  
386.30 education requirements.

386.31 (c) The registration issued under this section shall remain valid until the nurse's next  
386.32 registration period. If the nurse desires to continue to practice after that date, the nurse must

387.1 meet the reregistration requirements under Minnesota Statutes, section 148.231, including  
387.2 any penalty fees required.

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

387.4 Sec. 29. **REPEALER.**

387.5 Minnesota Statutes 2020, section 147.02, subdivision 2a, is repealed.

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

## 387.7 **ARTICLE 15**

### 387.8 **MINNESOTA HEALTH AND EDUCATION FACILITIES AUTHORITY**

387.9 Section 1. Minnesota Statutes 2020, section 3.732, subdivision 1, is amended to read:

387.10 Subdivision 1. **Definitions.** As used in this section and section 3.736 the terms defined  
387.11 in this section have the meanings given them.

387.12 (1) "State" includes each of the departments, boards, agencies, commissions, courts, and  
387.13 officers in the executive, legislative, and judicial branches of the state of Minnesota and  
387.14 includes but is not limited to the Housing Finance Agency, the Minnesota Office of Higher  
387.15 Education, the ~~Higher~~ Health and Education Facilities Authority, the Health Technology  
387.16 Advisory Committee, the Armory Building Commission, the Zoological Board, the  
387.17 Department of Iron Range Resources and Rehabilitation, the Minnesota Historical Society,  
387.18 the State Agricultural Society, the University of Minnesota, the Minnesota State Colleges  
387.19 and Universities, state hospitals, and state penal institutions. It does not include a city, town,  
387.20 county, school district, or other local governmental body corporate and politic.

387.21 (2) "Employee of the state" means all present or former officers, members, directors, or  
387.22 employees of the state, members of the Minnesota National Guard, members of a bomb  
387.23 disposal unit approved by the commissioner of public safety and employed by a municipality  
387.24 defined in section 466.01 when engaged in the disposal or neutralization of bombs or other  
387.25 similar hazardous explosives, as defined in section 299C.063, outside the jurisdiction of the  
387.26 municipality but within the state, or persons acting on behalf of the state in an official  
387.27 capacity, temporarily or permanently, with or without compensation. It does not include  
387.28 either an independent contractor except, for purposes of this section and section 3.736 only,  
387.29 a guardian ad litem acting under court appointment, or members of the Minnesota National  
387.30 Guard while engaged in training or duty under United States Code, title 10, or title 32,  
387.31 section 316, 502, 503, 504, or 505, as amended through December 31, 1983. Notwithstanding  
387.32 sections 43A.02 and 611.263, for purposes of this section and section 3.736 only, "employee

388.1 of the state" includes a district public defender or assistant district public defender in the  
388.2 Second or Fourth Judicial District, a member of the Health Technology Advisory Committee,  
388.3 and any officer, agent, or employee of the state of Wisconsin performing work for the state  
388.4 of Minnesota pursuant to a joint state initiative.

388.5 (3) "Scope of office or employment" means that the employee was acting on behalf of  
388.6 the state in the performance of duties or tasks lawfully assigned by competent authority.

388.7 (4) "Judicial branch" has the meaning given in section 43A.02, subdivision 25.

388.8 Sec. 2. Minnesota Statutes 2021 Supplement, section 10A.01, subdivision 35, is amended  
388.9 to read:

388.10 Subd. 35. **Public official.** "Public official" means any:

388.11 (1) member of the legislature;

388.12 (2) individual employed by the legislature as secretary of the senate, legislative auditor,  
388.13 director of the Legislative Budget Office, chief clerk of the house of representatives, revisor  
388.14 of statutes, or researcher, legislative analyst, fiscal analyst, or attorney in the Office of  
388.15 Senate Counsel, Research and Fiscal Analysis, House Research, or the House Fiscal Analysis  
388.16 Department;

388.17 (3) constitutional officer in the executive branch and the officer's chief administrative  
388.18 deputy;

388.19 (4) solicitor general or deputy, assistant, or special assistant attorney general;

388.20 (5) commissioner, deputy commissioner, or assistant commissioner of any state  
388.21 department or agency as listed in section 15.01 or 15.06, or the state chief information  
388.22 officer;

388.23 (6) member, chief administrative officer, or deputy chief administrative officer of a state  
388.24 board or commission that has either the power to adopt, amend, or repeal rules under chapter  
388.25 14, or the power to adjudicate contested cases or appeals under chapter 14;

388.26 (7) individual employed in the executive branch who is authorized to adopt, amend, or  
388.27 repeal rules under chapter 14 or adjudicate contested cases under chapter 14;

388.28 (8) executive director of the State Board of Investment;

388.29 (9) deputy of any official listed in clauses (7) and (8);

388.30 (10) judge of the Workers' Compensation Court of Appeals;

- 389.1 (11) administrative law judge or compensation judge in the State Office of Administrative  
389.2 Hearings or unemployment law judge in the Department of Employment and Economic  
389.3 Development;
- 389.4 (12) member, regional administrator, division director, general counsel, or operations  
389.5 manager of the Metropolitan Council;
- 389.6 (13) member or chief administrator of a metropolitan agency;
- 389.7 (14) director of the Division of Alcohol and Gambling Enforcement in the Department  
389.8 of Public Safety;
- 389.9 (15) member or executive director of the ~~Higher~~ Health and Education Facilities  
389.10 Authority;
- 389.11 (16) member of the board of directors or president of Enterprise Minnesota, Inc.;
- 389.12 (17) member of the board of directors or executive director of the Minnesota State High  
389.13 School League;
- 389.14 (18) member of the Minnesota Ballpark Authority established in section 473.755;
- 389.15 (19) citizen member of the Legislative-Citizen Commission on Minnesota Resources;
- 389.16 (20) manager of a watershed district, or member of a watershed management organization  
389.17 as defined under section 103B.205, subdivision 13;
- 389.18 (21) supervisor of a soil and water conservation district;
- 389.19 (22) director of Explore Minnesota Tourism;
- 389.20 (23) citizen member of the Lessard-Sams Outdoor Heritage Council established in section  
389.21 97A.056;
- 389.22 (24) citizen member of the Clean Water Council established in section 114D.30;
- 389.23 (25) member or chief executive of the Minnesota Sports Facilities Authority established  
389.24 in section 473J.07;
- 389.25 (26) district court judge, appeals court judge, or supreme court justice;
- 389.26 (27) county commissioner;
- 389.27 (28) member of the Greater Minnesota Regional Parks and Trails Commission;
- 389.28 (29) member of the Destination Medical Center Corporation established in section  
389.29 469.41; or

390.1 (30) chancellor or member of the Board of Trustees of the Minnesota State Colleges  
390.2 and Universities.

390.3 Sec. 3. Minnesota Statutes 2020, section 136A.25, is amended to read:

390.4 **136A.25 CREATION.**

390.5 A state agency known as the Minnesota ~~Higher~~ Health and Education Facilities Authority  
390.6 is hereby created.

390.7 Sec. 4. Minnesota Statutes 2020, section 136A.26, is amended to read:

390.8 **136A.26 MEMBERSHIPS; OFFICERS; COMPENSATION; REMOVAL.**

390.9 Subdivision 1. **Membership.** The Minnesota ~~Higher~~ Health and Education Facilities  
390.10 Authority shall consist of ~~eight~~ nine members appointed by the governor with the advice  
390.11 and consent of the senate, and a representative of the ~~office~~ Office of Higher Education.

390.12 All members to be appointed by the governor shall be residents of the state. At least two  
390.13 members must reside outside the metropolitan area as defined in section 473.121, subdivision  
390.14 2. At least one of the members shall be a person having a favorable reputation for skill,  
390.15 knowledge, and experience in the field of state and municipal finance; ~~and~~ at least one shall  
390.16 be a person having a favorable reputation for skill, knowledge, and experience in the building  
390.17 construction field; ~~and~~ at least one of the members shall be a trustee, director, officer, or  
390.18 employee of an institution of higher education; and at least one of the members shall be a  
390.19 trustee, director, officer, or employee of a health care organization.

390.20 Subd. 1a. **Private College Council member.** The president of the Minnesota Private  
390.21 College Council, or the president's designee, shall serve without compensation as an advisory,  
390.22 nonvoting member of the authority.

390.23 Subd. 1b. **Nonprofit health care association member.** The chief executive officer of  
390.24 a Minnesota nonprofit membership association whose members are primarily nonprofit  
390.25 health care organizations, or the chief executive officer's designee, shall serve without  
390.26 compensation as an advisory, nonvoting member of the authority. The identity of the  
390.27 Minnesota nonprofit membership association shall be determined and may be changed from  
390.28 time to time by the members of the authority in accordance with and as shall be provided  
390.29 in the bylaws of the authority.

390.30 Subd. 2. **Term; compensation; removal.** The membership terms, compensation, removal  
390.31 of members, and filling of vacancies for authority members other than the representative  
390.32 of the office, ~~and~~ the president of the Private College Council, or the chief executive officer

391.1 of the Minnesota nonprofit membership association described in subdivision 1b shall be as  
 391.2 provided in section 15.0575.

391.3 Sec. 5. Minnesota Statutes 2020, section 136A.27, is amended to read:

391.4 **136A.27 POLICY.**

391.5 It is hereby declared that for the benefit of the people of the state, the increase of their  
 391.6 commerce, welfare and prosperity and the improvement of their health and living conditions  
 391.7 it is essential that health care organizations within the state be provided with appropriate  
 391.8 additional means to establish, acquire, construct, improve, and expand health care facilities  
 391.9 in furtherance of their purposes; that this and future generations of youth be given the fullest  
 391.10 opportunity to learn and to develop their intellectual and mental capacities; ~~that it is essential~~  
 391.11 that institutions of higher education within the state be provided with appropriate additional  
 391.12 means to assist such youth in achieving the required levels of learning and development of  
 391.13 their intellectual and mental capacities; and that health care organizations and institutions  
 391.14 of higher education be enabled to refinance outstanding indebtedness incurred to provide  
 391.15 existing facilities used for such purposes in order to preserve and enhance the utilization of  
 391.16 facilities for purposes of health care and higher education, to extend or adjust maturities in  
 391.17 relation to the resources available for their payment, and to save interest costs and thereby  
 391.18 reduce health care costs or higher education tuition, fees, and charges; ~~and~~. It is hereby  
 391.19 further declared that it is the purpose of sections 136A.25 to 136A.42 to provide a measure  
 391.20 of assistance and an alternative method to enable health care organizations and institutions  
 391.21 of higher education in the state to provide the facilities and structures which are sorely  
 391.22 needed to accomplish the purposes of sections 136A.25 to 136A.42, all to the public benefit  
 391.23 and good, to the extent and manner provided herein.

391.24 Sec. 6. Minnesota Statutes 2020, section 136A.28, is amended to read:

391.25 **136A.28 DEFINITIONS.**

391.26 Subdivision 1. **Scope.** In sections 136A.25 to 136A.42, the following words and terms  
 391.27 shall, unless the context otherwise requires, have the meanings ascribed to them.

391.28 Subd. 1a. **Affiliate.** "Affiliate" means an entity that directly or indirectly controls, is  
 391.29 controlled by, or is under common control with, another entity. For the purposes of this  
 391.30 subdivision, "control" means either the power to elect a majority of the members of the  
 391.31 governing body of an entity or the power, whether by contract or otherwise, to direct the  
 391.32 management and policies of the entity. Affiliate also means an entity whose business or  
 391.33 substantially all of whose property is operated under a lease, management agreement, or

392.1 operating agreement by another entity, or an entity who operates the business or substantially  
 392.2 all of the property of another entity under a lease, management agreement, or operating  
 392.3 agreement.

392.4 Subd. 2. **Authority.** "Authority" means the ~~Higher~~ Health and Education Facilities  
 392.5 Authority created by sections 136A.25 to 136A.42.

392.6 Subd. 3. **Project.** "Project" means ~~a structure or structures available for use as a dormitory~~  
 392.7 ~~or other student housing facility, a dining hall, student union, administration building,~~  
 392.8 ~~academic building, library, laboratory, research facility, classroom, athletic facility, health~~  
 392.9 ~~care facility, child care facility, and maintenance, storage, or utility facility and other~~  
 392.10 ~~structures or facilities related thereto or required or useful for the instruction of students or~~  
 392.11 ~~the conducting of research or the operation of an institution of higher education, whether~~  
 392.12 ~~proposed, under construction, or completed, including parking and other facilities or~~  
 392.13 ~~structures essential or convenient for the orderly conduct of such institution for higher~~  
 392.14 ~~education, and shall also include landscaping, site preparation, furniture, equipment and~~  
 392.15 ~~machinery, and other similar items necessary or convenient for the operation of a particular~~  
 392.16 ~~facility or structure in the manner for which its use is intended but shall not include such~~  
 392.17 ~~items as books, fuel, supplies, or other items the costs of which are customarily deemed to~~  
 392.18 ~~result in a current operating charge, and shall~~ a health care facility or an education facility  
 392.19 whether proposed, under construction, or completed, and includes land or interests in land,  
 392.20 appurtenances, site preparation, landscaping, buildings and structures, systems, fixtures,  
 392.21 furniture, machinery, equipment, and parking. Project also includes other structures, facilities,  
 392.22 improvements, machinery, equipment, and means of transport of a capital nature that are  
 392.23 necessary or convenient for the operation of the facility. Project does not include: (1) any  
 392.24 facility used or to be used for sectarian instruction or as a place of religious worship nor;  
 392.25 (2) any facility which is used or to be used primarily in connection with any part of the  
 392.26 program of a school or department of divinity for any religious denomination; nor (3) any  
 392.27 books, supplies, medicine, medical supplies, fuel, or other items, the cost of which are  
 392.28 customarily deemed to result in a current operating charge.

392.29 Subd. 4. **Cost.** "Cost," as applied to a project or any portion thereof financed under the  
 392.30 provisions of sections 136A.25 to 136A.42, means all or any part of the cost of construction,  
 392.31 acquisition, alteration, enlargement, reconstruction and remodeling of a project including  
 392.32 all lands, structures, real or personal property, rights, rights-of-way, franchises, easements  
 392.33 and interests acquired or used for or in connection with a project, the cost of demolishing  
 392.34 or removing any buildings or structures on land so acquired, including the cost of acquiring  
 392.35 any lands to which ~~such~~ buildings or structures may be moved, the cost of all machinery



393.1 and equipment, financing charges, interest prior to, during and for a period after completion  
 393.2 of such construction and acquisition, provisions for reserves for principal and interest and  
 393.3 for extensions, enlargements, additions and improvements, the cost of architectural,  
 393.4 engineering, financial and legal services, plans, specifications, studies, surveys, estimates  
 393.5 of cost and of revenues, administrative expenses, expenses necessary or incident to  
 393.6 determining the feasibility or practicability of constructing the project and such other  
 393.7 expenses as may be necessary or incident to the construction and acquisition of the project,  
 393.8 the financing of such construction and acquisition and the placing of the project in operation.

393.9 Subd. 5. **Bonds.** "Bonds," or "revenue bonds" means revenue bonds of the authority  
 393.10 issued under the provisions of sections 136A.25 to 136A.42, including revenue refunding  
 393.11 bonds, notwithstanding that the same may be secured by mortgage or the full faith and credit  
 393.12 of a participating institution ~~for higher education~~ or any other lawfully pledged security of  
 393.13 a participating institution ~~for higher education~~.

393.14 Subd. 6. **Institution of higher education.** "Institution of higher education" means a  
 393.15 nonprofit educational institution within the state authorized to provide a program of education  
 393.16 beyond the high school level.

393.17 Subd. 6a. **Health care organization.** (a) "Health care organization" means a nonprofit  
 393.18 organization located within the state and authorized by law to operate a nonprofit health  
 393.19 care facility in the state. Health care organization also means a nonprofit affiliate of a health  
 393.20 care organization as defined under this paragraph, provided the affiliate is located within  
 393.21 the state or within a state that is geographically contiguous to Minnesota.

393.22 (b) Health care organization also means a nonprofit organization located within another  
 393.23 state that is geographically contiguous to Minnesota and authorized by law to operate a  
 393.24 nonprofit health care facility in that state, provided that the nonprofit organization located  
 393.25 within the contiguous state is an affiliate of a health care organization located within the  
 393.26 state.

393.27 Subd. 6b. **Education facility.** "Education facility" means a structure or structures  
 393.28 available for use as a dormitory or other student housing facility, dining hall, student union,  
 393.29 administration building, academic building, library, laboratory, research facility, classroom,  
 393.30 athletic facility, student health care facility, or child care facility, and includes other facilities  
 393.31 or structures related thereto essential or convenient for the orderly conduct of an institution  
 393.32 of higher education.

393.33 Subd. 6c. **Health care facility.** (a) "Health care facility" means a structure or structures  
 393.34 available for use within this state as a hospital, clinic, psychiatric residential treatment

394.1 facility, birth center, outpatient surgical center, comprehensive outpatient rehabilitation  
 394.2 facility, outpatient physical therapy or speech pathology facility, end-stage renal dialysis  
 394.3 facility, medical laboratory, pharmacy, radiation therapy facility, diagnostic imaging facility,  
 394.4 medical office building, residence for nurses or interns, nursing home, boarding care home,  
 394.5 assisted living facility, residential hospice, intermediate care facility for persons with  
 394.6 developmental disabilities, supervised living facility, housing with services establishment,  
 394.7 board and lodging establishment with special services, adult day care center, day services  
 394.8 facility, prescribed pediatric extended care facility, community residential setting, adult  
 394.9 foster home, or other facility related to medical or health care research, or the delivery or  
 394.10 administration of health care services, and includes other structures or facilities related  
 394.11 thereto essential or convenient for the orderly conduct of a health care organization.

394.12 (b) Health care facility also means a facility in a state that is geographically contiguous  
 394.13 to Minnesota operated by a health care organization that corresponds by purpose, function,  
 394.14 or use with a facility listed in paragraph (a).

394.15 Subd. 7. **Participating institution of higher education.** "Participating institution of  
 394.16 ~~higher education~~" means a health care organization or an institution of higher education  
 394.17 that, under the provisions of sections 136A.25 to 136A.42, undertakes the financing and  
 394.18 construction or acquisition of a project or undertakes the refunding or refinancing of  
 394.19 obligations or of a mortgage or of advances as provided in sections 136A.25 to 136A.42.  
 394.20 Community colleges and technical colleges may be considered participating institutions of  
 394.21 ~~higher education~~ for the purpose of financing and constructing child care facilities and  
 394.22 parking facilities.

394.23 Sec. 7. Minnesota Statutes 2020, section 136A.29, subdivision 1, is amended to read:

394.24 Subdivision 1. **Purpose.** The purpose of the authority shall be to assist health care  
 394.25 organizations and institutions of higher education in the construction, financing, and  
 394.26 refinancing of projects. The exercise by the authority of the powers conferred by sections  
 394.27 136A.25 to 136A.42, shall be deemed and held to be the performance of an essential public  
 394.28 function. For the purpose of sections 136A.25 to 136A.42, the authority shall have the  
 394.29 powers and duties set forth in subdivisions 2 to 23.

394.30 Sec. 8. Minnesota Statutes 2020, section 136A.29, subdivision 3, is amended to read:

394.31 Subd. 3. **Employees.** The authority is authorized and empowered to appoint and employ  
 394.32 employees as it may deem necessary to carry out its duties, determine the title of the  
 394.33 employees so employed, and fix the salary of ~~said~~ its employees. Employees of the authority

395.1 shall participate in retirement and other benefits in the same manner that employees in the  
395.2 ~~unclassified service of the office~~ managerial plan under section 43A.18, subdivision 3,  
395.3 participate.

395.4 Sec. 9. Minnesota Statutes 2020, section 136A.29, subdivision 6, is amended to read:

395.5 Subd. 6. **Projects; generally.** (a) The authority is authorized and empowered to determine  
395.6 the location and character of any project to be financed under the provisions of sections  
395.7 136A.25 to 136A.42, and to construct, reconstruct, remodel, maintain, manage, enlarge,  
395.8 alter, add to, repair, operate, lease, as lessee or lessor, and regulate the same, to enter into  
395.9 contracts for any or all of such purposes, to enter into contracts for the management and  
395.10 operation of a project, and to designate a participating institution ~~of higher education~~ as its  
395.11 agent to determine the location and character of a project undertaken by such participating  
395.12 institution ~~of higher education~~ under the provisions of sections 136A.25 to 136A.42 and as  
395.13 the agent of the authority, to construct, reconstruct, remodel, maintain, manage, enlarge,  
395.14 alter, add to, repair, operate, lease, as lessee or lessor, and regulate the same, and as the  
395.15 agent of the authority, to enter into contracts for any or all of such purposes, including  
395.16 contracts for the management and operation of such project.

395.17 (b) Notwithstanding paragraph (a), a project involving a health care facility within the  
395.18 state financed under sections 136A.25 to 136A.42, must comply with all applicable  
395.19 requirements in state law related to authorizing construction of or modifications to a health  
395.20 care facility, including the requirements of sections 144.5509, 144.551, 144A.071, and  
395.21 252.291.

395.22 (c) Contracts of the authority or of a participating institution ~~of higher education~~ to  
395.23 acquire or to construct, reconstruct, remodel, maintain, enlarge, alter, add to, or repair  
395.24 projects shall not be subject to the provisions of chapter 16C or section 574.26, or any other  
395.25 public contract or competitive bid law.

395.26 Sec. 10. Minnesota Statutes 2020, section 136A.29, subdivision 9, is amended to read:

395.27 Subd. 9. **Revenue bonds; limit.** (a) The authority is authorized and empowered to issue  
395.28 revenue bonds whose aggregate principal amount at any time shall not exceed ~~\$1,300,000,000~~  
395.29 \$4,000,000,000 and to issue notes, bond anticipation notes, and revenue refunding bonds  
395.30 of the authority under the provisions of sections 136A.25 to 136A.42, to provide funds for  
395.31 acquiring, constructing, reconstructing, enlarging, remodeling, renovating, improving,  
395.32 furnishing, or equipping one or more projects or parts thereof.

396.1 (b) Of the \$4,000,000,000 limit in paragraph (a), the aggregate principal amount used  
 396.2 to fund education facilities may not exceed \$1,750,000,000 at any time, and the aggregate  
 396.3 principal amount used to fund health care facilities may not exceed \$2,250,000,000 at any  
 396.4 time.

396.5 Sec. 11. Minnesota Statutes 2020, section 136A.29, subdivision 10, is amended to read:

396.6 Subd. 10. **Revenue bonds; issuance, purpose, conditions.** The authority is authorized  
 396.7 and empowered to issue revenue bonds to acquire projects from or to make loans to  
 396.8 participating institutions ~~of higher education~~ and thereby refinance outstanding indebtedness  
 396.9 incurred by participating institutions ~~of higher education~~ to provide funds for the acquisition,  
 396.10 construction or improvement of a facility before or after the enactment of sections 136A.25  
 396.11 to 136A.42, but otherwise eligible to be and being a project thereunder, whenever the  
 396.12 authority finds that such refinancing will enhance or preserve such participating institutions  
 396.13 and such facilities or utilization thereof for health care or educational purposes or extend  
 396.14 or adjust maturities to correspond to the resources available for their payment, or reduce  
 396.15 charges or fees imposed on patients or occupants, or the tuition, charges, or fees imposed  
 396.16 on students for the use or occupancy of the facilities of such participating institutions of  
 396.17 ~~higher education~~ or costs met by federal or state public funds, or enhance or preserve health  
 396.18 care or educational programs and research or the acquisition or improvement of other  
 396.19 facilities eligible to be a project or part thereof by the participating institution ~~of higher~~  
 396.20 ~~education~~. The amount of revenue bonds to be issued to refinance outstanding indebtedness  
 396.21 of a participating institution ~~of higher education~~ shall not exceed the lesser of (a) the fair  
 396.22 value of the project to be acquired by the authority from the institution or mortgaged to the  
 396.23 authority by the institution or (b) the amount of the outstanding indebtedness including any  
 396.24 premium thereon and any interest accrued or to accrue to the date of redemption and any  
 396.25 legal, fiscal and related costs in connection with such refinancing and reasonable reserves,  
 396.26 as determined by the authority. The provisions of this subdivision do not prohibit the authority  
 396.27 from issuing revenue bonds within and charged against the limitations provided in subdivision  
 396.28 9 to provide funds for improvements, alteration, renovation, or extension of the project  
 396.29 refinanced.

396.30 Sec. 12. Minnesota Statutes 2020, section 136A.29, subdivision 14, is amended to read:

396.31 Subd. 14. **Rules for use of projects.** The authority is authorized and empowered to  
 396.32 establish rules for the use of a project or any portion thereof and to designate a participating  
 396.33 institution ~~of higher education~~ as its agent to establish rules for the use of a project undertaken  
 396.34 for such participating institution ~~of higher education~~.

397.1 Sec. 13. Minnesota Statutes 2020, section 136A.29, subdivision 19, is amended to read:

397.2 Subd. 19. **Surety.** Before the issuance of any revenue bonds under the provisions of  
397.3 sections 136A.25 to 136A.42, any member or officer of the authority authorized by resolution  
397.4 of the authority to handle funds or sign checks of the authority shall be covered under a  
397.5 surety or fidelity bond in an amount to be determined by the authority. Each such bond shall  
397.6 be conditioned upon the faithful performance of the duties of the office of the member or  
397.7 officer, and shall be executed by a surety company authorized to transact business in the  
397.8 state of Minnesota as surety. The cost of each such bond shall be paid by the authority.

397.9 Sec. 14. Minnesota Statutes 2020, section 136A.29, subdivision 20, is amended to read:

397.10 Subd. 20. **Sale, lease, and disposal of property.** The authority is authorized and  
397.11 empowered to sell, lease, release, or otherwise dispose of real and personal property or  
397.12 interests therein, or a combination thereof, acquired by the authority under authority of  
397.13 sections 136A.25 to 136A.42 and no longer needed for the purposes of ~~such~~ this chapter or  
397.14 of the authority, and grant such easements and other rights in, over, under, or across a project  
397.15 as will not interfere with its use of ~~such~~ the property. ~~Such~~ The sale, lease, release,  
397.16 disposition, or grant may be made without competitive bidding and in ~~such~~ the manner and  
397.17 for such consideration as the authority in its judgment deems appropriate.

397.18 Sec. 15. Minnesota Statutes 2020, section 136A.29, subdivision 21, is amended to read:

397.19 Subd. 21. **Loans.** The authority is authorized and empowered to make loans to any  
397.20 participating institution of ~~higher education~~ for the cost of a project in accordance with an  
397.21 agreement between the authority and the participating institution of ~~higher education~~;  
397.22 provided that no ~~such~~ loan shall exceed the total cost of the project as determined by the  
397.23 participating institution of ~~higher education~~ and approved by the authority.

397.24 Sec. 16. Minnesota Statutes 2020, section 136A.29, subdivision 22, is amended to read:

397.25 Subd. 22. **Costs, expenses, and other charges.** The authority is authorized and  
397.26 empowered to charge to and apportion among participating institutions of ~~higher education~~  
397.27 its administrative costs and expenses incurred in the exercise of the powers and duties  
397.28 conferred by sections 136A.25 to 136A.42 in the manner as the authority in its judgment  
397.29 deems appropriate.

398.1 Sec. 17. Minnesota Statutes 2020, section 136A.29, is amended by adding a subdivision  
398.2 to read:

398.3 Subd. 24. **Determination of affiliate status.** The authority is authorized and empowered  
398.4 to determine whether an entity is an affiliate as defined in section 136A.28, subdivision 1a.  
398.5 A determination by the authority of affiliate status shall be deemed conclusive for the  
398.6 purposes of sections 136A.25 to 136A.42.

398.7 Sec. 18. Minnesota Statutes 2020, section 136A.32, subdivision 4, is amended to read:

398.8 Subd. 4. **Provisions of resolution authorizing bonds.** Any resolution or resolutions  
398.9 authorizing any revenue bonds or any issue of revenue bonds may contain provisions, which  
398.10 shall be a part of the contract with the holders of the revenue bonds to be authorized, as to:

398.11 (1) pledging all or any part of the revenues of a project or projects, any revenue producing  
398.12 contract or contracts made by the authority with ~~any individual partnership, corporation or~~  
398.13 ~~association or other body~~ one or more partnerships, corporations or associations, or other  
398.14 bodies, public or private, to secure the payment of the revenue bonds or of any particular  
398.15 issue of revenue bonds, subject to such agreements with bondholders as may then exist;

398.16 (2) the rentals, fees and other charges to be charged, and the amounts to be raised in  
398.17 each year thereby, and the use and disposition of the revenues;

398.18 (3) the setting aside of reserves or sinking funds, and the regulation and disposition  
398.19 thereof;

398.20 (4) limitations on the right of the authority or its agent to restrict and regulate the use of  
398.21 the project;

398.22 (5) limitations on the purpose to which the proceeds of sale of any issue of revenue  
398.23 bonds then or thereafter to be issued may be applied and pledging such proceeds to secure  
398.24 the payment of the revenue bonds or any issue of the revenue bonds;

398.25 (6) limitations on the issuance of additional bonds, the terms upon which additional  
398.26 bonds may be issued and secured and the refunding of outstanding bonds;

398.27 (7) the procedure, if any, by which the terms of any contract with bondholders may be  
398.28 amended or abrogated, the amount of bonds the holders of which must consent thereto, and  
398.29 the manner in which such consent may be given;

398.30 (8) limitations on the amount of moneys derived from the project to be expended for  
398.31 operating, administrative or other expenses of the authority;

399.1 (9) defining the acts or omissions to act which shall constitute a default in the duties of  
399.2 the authority to holders of its obligations and providing the rights and remedies of such  
399.3 holders in the event of a default; or

399.4 (10) the mortgaging of a project and the site thereof for the purpose of securing the  
399.5 bondholders.

399.6 Sec. 19. Minnesota Statutes 2020, section 136A.33, is amended to read:

399.7 **136A.33 TRUST AGREEMENT.**

399.8 In the discretion of the authority any revenue bonds issued under the provisions of  
399.9 sections 136A.25 to 136A.42, may be secured by a trust agreement by and between the  
399.10 authority and a corporate trustee or trustees, which may be any trust company or bank having  
399.11 the powers of a trust company within the state. ~~Such~~ The trust agreement or the resolution  
399.12 providing for the issuance of ~~such~~ revenue bonds may pledge or assign the revenues to be  
399.13 received or proceeds of any contract or contracts pledged and may convey or mortgage the  
399.14 project or any portion thereof. ~~Such~~ The trust agreement or resolution providing for the  
399.15 issuance of ~~such~~ revenue bonds may contain such provisions for protecting and enforcing  
399.16 the rights and remedies of the bondholders as may be reasonable and proper and not in  
399.17 violation of laws, including particularly such provisions as have hereinabove been specifically  
399.18 authorized to be included in any resolution or resolutions of the authority authorizing revenue  
399.19 bonds thereof. Any bank or trust company incorporated under the laws of the state ~~which~~  
399.20 that may act as depository of the proceeds of bonds or of revenues or other moneys may  
399.21 furnish ~~such~~ indemnifying bonds or ~~pledges~~ ~~such~~ pledge securities as may be required by  
399.22 the authority. Any ~~such~~ trust agreement may set forth the rights and remedies of the  
399.23 bondholders and of the trustee or trustees and may restrict the individual right of action by  
399.24 bondholders. In addition to the foregoing, any ~~such~~ trust agreement or resolution may contain  
399.25 ~~such~~ other provisions as the authority may deem reasonable and proper for the security of  
399.26 the bondholders. All expenses incurred in carrying out the provisions of ~~such~~ the trust  
399.27 agreement or resolution may be treated as a part of the cost of the operation of a project.

399.28 Sec. 20. Minnesota Statutes 2020, section 136A.34, subdivision 3, is amended to read:

399.29 Subd. 3. **Investment.** Any ~~such~~ escrowed proceeds, pending such use, may be invested  
399.30 and reinvested in direct obligations of the United States of America, or in certificates of  
399.31 deposit or time deposits secured by direct obligations of the United States of America, or  
399.32 in shares or units in any money market mutual fund whose investment portfolio consists  
399.33 solely of direct obligations of the United States of America, maturing at such time or times

400.1 as shall be appropriate to assure the prompt payment, as to principal, interest and redemption  
400.2 premium, if any, of the outstanding revenue bonds to be so refunded. The interest, income  
400.3 and profits, if any, earned or realized on any such investment may also be applied to the  
400.4 payment of the outstanding revenue bonds to be so refunded. After the terms of the escrow  
400.5 have been fully satisfied and carried out, any balance of such proceeds and interest, income  
400.6 and profits, if any, earned or realized on the investments thereof may be returned to the  
400.7 authority for use by it in any lawful manner.

400.8 Sec. 21. Minnesota Statutes 2020, section 136A.34, subdivision 4, is amended to read:

400.9 Subd. 4. **Additional purpose; improvements.** The portion of the proceeds of any ~~such~~  
400.10 revenue bonds issued for the additional purpose of paying all or any part of the cost of  
400.11 constructing and acquiring additions, improvements, extensions or enlargements of a project  
400.12 may be invested or deposited ~~in time deposits~~ as provided in section 136A.32, subdivision  
400.13 7.

400.14 Sec. 22. Minnesota Statutes 2020, section 136A.36, is amended to read:

400.15 **136A.36 REVENUES.**

400.16 The authority may fix, revise, charge and collect rates, rents, fees and charges for the  
400.17 use of and for the services furnished or to be furnished by each project and ~~to~~ may contract  
400.18 with any person, partnership, association or corporation, or other body, public or private,  
400.19 in respect thereof. ~~Such~~ The rates, rents, fees, and charges may vary between projects  
400.20 involving an education facility and projects involving a health care facility and shall be  
400.21 fixed and adjusted in respect of the aggregate of rates, rents, fees, and charges from ~~such~~  
400.22 the project so as to provide funds sufficient with other revenues, if any:

400.23 (1) to pay the cost of maintaining, repairing and operating the project and each and every  
400.24 portion thereof, to the extent that the payment of such cost has not otherwise been adequately  
400.25 provided for;

400.26 (2) to pay the principal of and the interest on outstanding revenue bonds of the authority  
400.27 issued in respect of such project as the same shall become due and payable; and

400.28 (3) to create and maintain reserves required or provided for in any resolution authorizing,  
400.29 or trust agreement securing, ~~such~~ revenue bonds of the authority. ~~Such~~ The rates, rents, fees  
400.30 and charges shall not be subject to supervision or regulation by any department, commission,  
400.31 board, body, bureau or agency of this state other than the authority. A sufficient amount of  
400.32 the revenues derived in respect of a project, except ~~such~~ part of ~~such~~ the revenues as may



401.1 be necessary to pay the cost of maintenance, repair and operation and to provide reserves  
401.2 and for renewals, replacements, extensions, enlargements and improvements as may be  
401.3 provided for in the resolution authorizing the issuance of any revenue bonds of the authority  
401.4 or in the trust agreement securing the same, shall be set aside at such regular intervals as  
401.5 may be provided in ~~such~~ the resolution or trust agreement in a sinking or other similar fund  
401.6 ~~which~~ that is hereby pledged to, and charged with, the payment of the principal of and the  
401.7 interest on ~~such~~ revenue bonds as the same shall become due, and the redemption price or  
401.8 the purchase price of bonds retired by call or purchase as therein provided. ~~Such~~ The pledge  
401.9 shall be valid and binding from the time when the pledge is made; the rates, rents, fees and  
401.10 charges and other revenues or other moneys so pledged and thereafter received by the  
401.11 authority shall immediately be subject to the lien of ~~such~~ the pledge without physical delivery  
401.12 thereof or further act, and the lien of any such pledge shall be valid and binding as against  
401.13 all parties having claims of any kind against the authority, irrespective of whether such  
401.14 parties have notice thereof. Neither the resolution nor any trust agreement by which a pledge  
401.15 is created need be filed or recorded except in the records of the authority. The use and  
401.16 disposition of moneys to the credit of such sinking or other similar fund shall be subject to  
401.17 the provisions of the resolution authorizing the issuance of such bonds or of such trust  
401.18 agreement. Except as may otherwise be provided in ~~such~~ the resolution or ~~such~~ trust  
401.19 agreement, ~~such~~ the sinking or other similar fund shall be a fund for all ~~such~~ revenue bonds  
401.20 issued to finance a project or projects at one or more participating institutions ~~of higher~~  
401.21 ~~education~~ without distinction or priority of one over another; provided the authority in any  
401.22 such resolution or trust agreement may provide that such sinking or other similar fund shall  
401.23 be the fund for a particular project at ~~an~~ a participating institution ~~of higher education~~ and  
401.24 for the revenue bonds issued to finance a particular project and may, additionally, permit  
401.25 and provide for the issuance of revenue bonds having a subordinate lien in respect of the  
401.26 security herein authorized to other revenue bonds of the authority and, in such case, the  
401.27 authority may create separate or other similar funds in respect of ~~such~~ the subordinate lien  
401.28 bonds.

401.29 Sec. 23. Minnesota Statutes 2020, section 136A.38, is amended to read:

401.30 **136A.38 BONDS ELIGIBLE FOR INVESTMENT.**

401.31 Bonds issued by the authority under the provisions of sections 136A.25 to 136A.42, are  
401.32 hereby made securities in which all public officers and public bodies of the state and its  
401.33 political subdivisions, all insurance companies, trust companies, banking associations,  
401.34 investment companies, executors, administrators, trustees and other fiduciaries may properly  
401.35 and legally invest funds, including capital in their control or belonging to them; it being the

402.1 purpose of this section to authorize the investment in such bonds of all sinking, insurance,  
 402.2 retirement, compensation, pension and trust funds, whether owned or controlled by private  
 402.3 or public persons or officers; provided, however, that nothing contained in this section may  
 402.4 be construed as relieving any person, firm, or corporation from any duty of exercising due  
 402.5 care in selecting securities for purchase or investment; and provide further, that in no event  
 402.6 shall assets of pension funds of public employees of the state of Minnesota or any of its  
 402.7 agencies, boards or subdivisions, whether publicly or privately administered, be invested  
 402.8 in bonds issued under the provisions of sections 136A.25 to 136A.42. Such bonds are hereby  
 402.9 constituted "authorized securities" within the meaning and for the purposes of Minnesota  
 402.10 Statutes 1969, section 50.14. ~~Such~~ The bonds are hereby made securities ~~which~~ that may  
 402.11 properly and legally be deposited with and received by any state or municipal officer or any  
 402.12 agency or political subdivision of the state for any purpose for which the deposit of bonds  
 402.13 or obligations of the state now or may hereafter be authorized by law.

402.14 Sec. 24. Minnesota Statutes 2020, section 136A.41, is amended to read:

402.15 **136A.41 CONFLICT OF INTEREST.**

402.16 Notwithstanding any other law to the contrary it shall not be or constitute a conflict of  
 402.17 interest for a trustee, director, officer or employee of any participating institution ~~of higher~~  
 402.18 ~~education~~, financial institution, investment banking firm, brokerage firm, commercial bank  
 402.19 or trust company, architecture firm, insurance company, construction company, or any other  
 402.20 firm, person or corporation to serve as a member of the authority, provided such trustee,  
 402.21 director, officer or employee shall abstain from deliberation, action and vote by the authority  
 402.22 in each instance where the business affiliation of any such trustee, director, officer or  
 402.23 employee is involved.

402.24 Sec. 25. Minnesota Statutes 2020, section 136A.42, is amended to read:

402.25 **136A.42 ANNUAL REPORT.**

402.26 The authority shall keep an accurate account of all of its activities and all of its receipts  
 402.27 and expenditures ~~and shall annually report to the office.~~ Each year, the authority shall submit  
 402.28 to the Minnesota Historical Society and the Legislative Reference Library a report of the  
 402.29 authority's activities in the previous year, including all financial activities.

402.30 Sec. 26. Minnesota Statutes 2020, section 136F.67, subdivision 1, is amended to read:

402.31 Subdivision 1. **Authorization.** A technical college or a community college must not  
 402.32 seek financing for child care facilities or parking facilities through the ~~Higher~~ Health and

403.1 Education Facilities Authority, as provided in section 136A.28, subdivision 7, without the  
403.2 explicit authorization of the board.

403.3 Sec. 27. Minnesota Statutes 2020, section 354B.20, subdivision 7, is amended to read:

403.4 Subd. 7. **Employing unit.** "Employing unit," if the agency employs any persons covered  
403.5 by the individual retirement account plan under section 354B.211, means:

403.6 (1) the board;

403.7 (2) the Minnesota Office of Higher Education; and

403.8 (3) the ~~Higher~~ Health and Education Facilities Authority.

403.9 Sec. 28. **REVISOR INSTRUCTION.**

403.10 The revisor of statutes shall renumber the law establishing and governing the Minnesota  
403.11 Higher Education Facilities Authority, renamed the Minnesota Health and Education  
403.12 Facilities Authority in this act, as Minnesota Statutes, chapter 16F, coded in Minnesota  
403.13 Statutes 2020, sections 136A.25 to 136A.42, as amended or repealed in this act. The revisor  
403.14 of statutes shall also duplicate any required definitions from Minnesota Statutes, chapter  
403.15 136A, revise any statutory cross-references consistent with the recoding, and report the  
403.16 history in Minnesota Statutes, chapter 16F.

403.17 Sec. 29. **REPEALER.**

403.18 Minnesota Statutes 2020, section 136A.29, subdivision 4, is repealed.

## 403.19 **ARTICLE 16**

### 403.20 **MANDATED REPORTS**

403.21 Section 1. Minnesota Statutes 2020, section 62J.692, subdivision 5, is amended to read:

403.22 Subd. 5. **Report.** (a) Sponsoring institutions receiving funds under this section must  
403.23 sign and submit a medical education grant verification report (GVR) to verify that the correct  
403.24 grant amount was forwarded to each eligible training site. If the sponsoring institution fails  
403.25 to submit the GVR by the stated deadline, or to request and meet the deadline for an  
403.26 extension, the sponsoring institution is required to return the full amount of funds received  
403.27 to the commissioner within 30 days of receiving notice from the commissioner. The  
403.28 commissioner shall distribute returned funds to the appropriate training sites in accordance  
403.29 with the commissioner's approval letter.

403.30 (b) The reports must provide verification of the distribution of the funds and must include:

- 404.1 (1) the total number of eligible trainee FTEs in each clinical medical education program;
- 404.2 (2) the name of each funded program and, for each program, the dollar amount distributed
- 404.3 to each training site and a training site expenditure report;
- 404.4 (3) documentation of any discrepancies between the initial grant distribution notice
- 404.5 included in the commissioner's approval letter and the actual distribution;
- 404.6 (4) a statement by the sponsoring institution stating that the completed grant verification
- 404.7 report is valid and accurate; and
- 404.8 (5) other information the commissioner deems appropriate to evaluate the effectiveness
- 404.9 of the use of funds for medical education.
- 404.10 (c) Each year, the commissioner shall provide an annual summary report to the legislature
- 404.11 on the implementation of this section. This report is exempt from section 144.05, subdivision
- 404.12 7.

404.13 Sec. 2. Minnesota Statutes 2020, section 62Q.37, subdivision 7, is amended to read:

404.14 Subd. 7. **Human services.** ~~(a)~~ The commissioner of human services shall implement

404.15 this section in a manner that is consistent with applicable federal laws and regulations and

404.16 that avoids the duplication of review activities performed by a nationally recognized

404.17 independent organization.

404.18 ~~(b) By December 31 of each year, the commissioner shall submit to the legislature a~~

404.19 ~~written report identifying the number of audits performed by a nationally recognized~~

404.20 ~~independent organization that were accepted, partially accepted, or rejected by the~~

404.21 ~~commissioner under this section. The commissioner shall provide the rationale for partial~~

404.22 ~~acceptance or rejection. If the rationale for the partial acceptance or rejection was based on~~

404.23 ~~the commissioner's determination that the standards used in the audit were not equivalent~~

404.24 ~~to state law, regulation, or contract requirement, the report must document the variances~~

404.25 ~~between the audit standards and the applicable state requirements.~~

404.26 Sec. 3. Minnesota Statutes 2020, section 144.193, is amended to read:

404.27 **144.193 INVENTORY OF BIOLOGICAL AND HEALTH DATA.**

404.28 By February 1, 2014, and annually after that date, the commissioner shall prepare an

404.29 inventory of biological specimens, registries, and health data and databases collected or

404.30 maintained by the commissioner. In addition to the inventory, the commissioner shall provide

404.31 the schedules for storage of health data and biological specimens. The inventories must be

405.1 listed in reverse chronological order beginning with the year 2012. The commissioner shall  
405.2 make the inventory and schedules available on the department's website ~~and submit the~~  
405.3 ~~inventory and schedules to the chairs and ranking minority members of the committees of~~  
405.4 ~~the legislature with jurisdiction over health policy and data practices issues.~~

405.5 Sec. 4. Minnesota Statutes 2020, section 144.4199, subdivision 8, is amended to read:

405.6 Subd. 8. **Report.** By January 15 of each year, the commissioner shall submit a report to  
405.7 the chairs and ranking minority members of the house of representatives Ways and Means  
405.8 Committee, the senate Finance Committee, and the house of representatives and senate  
405.9 committees with jurisdiction over health and human services finance, detailing expenditures  
405.10 made in the previous calendar year from the public health response contingency account.  
405.11 This report is exempt from section 144.05, subdivision 7.

405.12 Sec. 5. Minnesota Statutes 2020, section 144.497, is amended to read:

405.13 **144.497 ST ELEVATION MYOCARDIAL INFARCTION.**

405.14 The commissioner of health shall assess and report on the quality of care provided in  
405.15 the state for ST elevation myocardial infarction response and treatment. The commissioner  
405.16 shall:

405.17 (1) utilize and analyze data provided by ST elevation myocardial infarction receiving  
405.18 centers to the ACTION Registry-Get with the guidelines or an equivalent data platform that  
405.19 does not identify individuals or associate specific ST elevation myocardial infarction heart  
405.20 attack events with an identifiable individual;

405.21 (2) quarterly post a summary report of the data in aggregate form on the Department of  
405.22 Health website; and

405.23 ~~(3) annually inform the legislative committees with jurisdiction over public health of~~  
405.24 ~~progress toward improving the quality of care and patient outcomes for ST elevation~~  
405.25 ~~myocardial infarctions; and~~

405.26 ~~(4)~~ (3) coordinate to the extent possible with national voluntary health organizations  
405.27 involved in ST elevation myocardial infarction heart attack quality improvement to encourage  
405.28 ST elevation myocardial infarction receiving centers to report data consistent with nationally  
405.29 recognized guidelines on the treatment of individuals with confirmed ST elevation myocardial  
405.30 infarction heart attacks within the state and encourage sharing of information among health  
405.31 care providers on ways to improve the quality of care of ST elevation myocardial infarction  
405.32 patients in Minnesota.

406.1 Sec. 6. Minnesota Statutes 2020, section 144A.10, subdivision 17, is amended to read:

406.2 Subd. 17. **Agency quality improvement program; annual report on survey**

406.3 **process.** (a) The commissioner shall establish a quality improvement program for the nursing  
406.4 facility survey and complaint processes. The commissioner must regularly consult with  
406.5 consumers, consumer advocates, and representatives of the nursing home industry and  
406.6 representatives of nursing home employees in implementing the program. The commissioner,  
406.7 through the quality improvement program, shall submit to the legislature an annual survey  
406.8 and certification quality improvement report, beginning December 15, 2004, and each  
406.9 December 15 thereafter. This report is exempt from section 144.05, subdivision 7.

406.10 (b) The report must include, but is not limited to, an analysis of:

406.11 (1) the number, scope, and severity of citations by region within the state;

406.12 (2) cross-referencing of citations by region within the state and between states within  
406.13 the Centers for Medicare and Medicaid Services region in which Minnesota is located;

406.14 (3) the number and outcomes of independent dispute resolutions;

406.15 (4) the number and outcomes of appeals;

406.16 (5) compliance with timelines for survey revisits and complaint investigations;

406.17 (6) techniques of surveyors in investigations, communication, and documentation to  
406.18 identify and support citations;

406.19 (7) compliance with timelines for providing facilities with completed statements of  
406.20 deficiencies; and

406.21 (8) other survey statistics relevant to improving the survey process.

406.22 (c) The report must also identify and explain inconsistencies and patterns across regions  
406.23 of the state; include analyses and recommendations for quality improvement areas identified  
406.24 by the commissioner, consumers, consumer advocates, and representatives of the nursing  
406.25 home industry and nursing home employees; and provide action plans to address problems  
406.26 that are identified.

406.27 Sec. 7. Minnesota Statutes 2020, section 144A.351, subdivision 1, is amended to read:

406.28 Subdivision 1. **Report requirements.** (a) The commissioners of health and human  
406.29 services, with the cooperation of counties and in consultation with stakeholders, including  
406.30 persons who need or are using long-term care services and supports, lead agencies, regional  
406.31 entities, senior, disability, and mental health organization representatives, service providers,

407.1 and community members shall ~~prepare a report to the legislature by August 15, 2013, and~~  
407.2 ~~biennially thereafter,~~ compile data regarding the status of the full range of long-term care  
407.3 services and supports for the elderly and children and adults with disabilities and mental  
407.4 illnesses in Minnesota. ~~Any amounts appropriated for this report are available in either year~~  
407.5 ~~of the biennium.~~ The ~~report shall address~~ compiled data shall include:

407.6 (1) demographics and need for long-term care services and supports in Minnesota;

407.7 (2) summary of county and regional reports on long-term care gaps, surpluses, imbalances,  
407.8 and corrective action plans;

407.9 (3) status of long-term care services and related mental health services, housing options,  
407.10 and supports by county and region including:

407.11 (i) changes in availability of the range of long-term care services and housing options;

407.12 (ii) access problems, including access to the least restrictive and most integrated services  
407.13 and settings, regarding long-term care services; and

407.14 (iii) comparative measures of long-term care services availability, including serving  
407.15 people in their home areas near family, and changes over time; and

407.16 (4) recommendations regarding goals for the future of long-term care services and  
407.17 supports, policy and fiscal changes, and resource development and transition needs.

407.18 (b) The commissioners of health and human services shall make the compiled data  
407.19 available on at least one of the department's websites.

407.20 Sec. 8. Minnesota Statutes 2020, section 144A.483, subdivision 1, is amended to read:

407.21 Subdivision 1. **Annual legislative report on home care licensing.** The commissioner  
407.22 shall establish a quality improvement program for the home care survey and home care  
407.23 complaint investigation processes. The commissioner shall submit to the legislature an  
407.24 annual report, beginning October 1, 2015, and each October 1 thereafter, until October 1,  
407.25 2027. Each report will review the previous state fiscal year of home care licensing and  
407.26 regulatory activities. The report must include, but is not limited to, an analysis of:

407.27 (1) the number of FTEs in the Division of Compliance Monitoring, including the Office  
407.28 of Health Facility Complaints units assigned to home care licensing, survey, investigation,  
407.29 and enforcement process;

407.30 (2) numbers of and descriptive information about licenses issued, complaints received  
407.31 and investigated, including allegations made and correction orders issued, surveys completed  
407.32 and timelines, and correction order reconsiderations and results;

408.1 (3) descriptions of emerging trends in home care provision and areas of concern identified  
408.2 by the department in its regulation of home care providers;

408.3 (4) information and data regarding performance improvement projects underway and  
408.4 planned by the commissioner in the area of home care surveys; and

408.5 (5) work of the Department of Health Home Care Advisory Council.

408.6 Sec. 9. Minnesota Statutes 2020, section 145.4134, is amended to read:

408.7 **145.4134 COMMISSIONER'S PUBLIC REPORT.**

408.8 (a) By July 1 of each year, except for 1998 and 1999 information, the commissioner  
408.9 shall issue a public report providing statistics for the previous calendar year compiled from  
408.10 the data submitted under sections 145.4131 to 145.4133 and sections 145.4241 to 145.4249.  
408.11 For 1998 and 1999 information, the report shall be issued October 1, 2000. Each report  
408.12 shall provide the statistics for all previous calendar years, adjusted to reflect any additional  
408.13 information from late or corrected reports. The commissioner shall ensure that none of the  
408.14 information included in the public reports can reasonably lead to identification of an  
408.15 individual having performed or having had an abortion. All data included on the forms  
408.16 under sections 145.4131 to 145.4133 and sections 145.4241 to 145.4249 must be included  
408.17 in the public report, except that the commissioner shall maintain as confidential, data which  
408.18 alone or in combination may constitute information from which an individual having  
408.19 performed or having had an abortion may be identified using epidemiologic principles. ~~The~~  
408.20 ~~commissioner shall submit the report to the senate Health and Family Security Committee~~  
408.21 ~~and the house of representatives Health and Human Services Committee.~~

408.22 (b) The commissioner may, by rules adopted under chapter 14, alter the submission  
408.23 dates established under sections 145.4131 to 145.4133 for administrative convenience, fiscal  
408.24 savings, or other valid reason, provided that physicians or facilities and the commissioner  
408.25 of human services submit the required information once each year and the commissioner  
408.26 issues a report once each year.

408.27 Sec. 10. Minnesota Statutes 2020, section 145.928, subdivision 13, is amended to read:

408.28 Subd. 13. **Reports.** (a) The commissioner shall submit a biennial report to the legislature  
408.29 on the local community projects, tribal government, and community health board prevention  
408.30 activities funded under this section. These reports must include information on grant  
408.31 recipients, activities that were conducted using grant funds, evaluation data, and outcome



409.1 measures, if available. These reports are due by January 15 of every other year, beginning  
409.2 in the year 2003.

409.3 (b) The commissioner shall release an annual report to the public ~~and submit the annual~~  
409.4 ~~report to the chairs and ranking minority members of the house of representatives and senate~~  
409.5 ~~committees with jurisdiction over public health~~ on grants made under subdivision 7 to  
409.6 decrease racial and ethnic disparities in infant mortality rates. The report must provide  
409.7 specific information on the amount of each grant awarded to each agency or organization,  
409.8 an itemized list submitted to the commissioner by each agency or organization awarded a  
409.9 grant specifying all uses of grant funds and the amount expended for each use, the population  
409.10 served by each agency or organization, outcomes of the programs funded by each grant,  
409.11 and the amount of the appropriation retained by the commissioner for administrative and  
409.12 associated expenses. The commissioner shall issue a report each January 15 for the previous  
409.13 fiscal year beginning January 15, 2016.

409.14 Sec. 11. Minnesota Statutes 2020, section 245.4661, subdivision 10, is amended to read:

409.15 Subd. 10. **Commissioner duty to report on use of grant funds biennially.** (a) By  
409.16 November 1, 2016, and biennially thereafter, the commissioner of human services shall  
409.17 provide sufficient information to the members of the legislative committees having  
409.18 jurisdiction over mental health funding and policy issues to evaluate the use of funds  
409.19 appropriated under this section of law. The commissioner shall provide, at a minimum, the  
409.20 following information:

409.21 (1) the amount of funding to mental health initiatives, what programs and services were  
409.22 funded in the previous two years, gaps in services that each initiative brought to the attention  
409.23 of the commissioner, and outcome data for the programs and services that were funded; and

409.24 (2) the amount of funding for other targeted services and the location of services.

409.25 (b) This subdivision expires January 1, 2032.

409.26 Sec. 12. Minnesota Statutes 2020, section 245.4889, subdivision 3, is amended to read:

409.27 Subd. 3. **Commissioner duty to report on use of grant funds biennially.** (a) By  
409.28 November 1, 2016, and biennially thereafter, the commissioner of human services shall  
409.29 provide sufficient information to the members of the legislative committees having  
409.30 jurisdiction over mental health funding and policy issues to evaluate the use of funds  
409.31 appropriated under this section. The commissioner shall provide, at a minimum, the following  
409.32 information:

410.1 (1) the amount of funding for children's mental health grants, what programs and services  
410.2 were funded in the previous two years, and outcome data for the programs and services that  
410.3 were funded; and

410.4 (2) the amount of funding for other targeted services and the location of services.

410.5 (b) This subdivision expires January 1, 2032.

410.6 Sec. 13. Minnesota Statutes 2021 Supplement, section 245A.03, subdivision 7, is amended  
410.7 to read:

410.8 **Subd. 7. Licensing moratorium.** (a) The commissioner shall not issue an initial license  
410.9 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult  
410.10 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter  
410.11 for a physical location that will not be the primary residence of the license holder for the  
410.12 entire period of licensure. If a family child foster care home or family adult foster care home  
410.13 license is issued during this moratorium, and the license holder changes the license holder's  
410.14 primary residence away from the physical location of the foster care license, the  
410.15 commissioner shall revoke the license according to section 245A.07. The commissioner  
410.16 shall not issue an initial license for a community residential setting licensed under chapter  
410.17 245D. When approving an exception under this paragraph, the commissioner shall consider  
410.18 the resource need determination process in paragraph (h), the availability of foster care  
410.19 licensed beds in the geographic area in which the licensee seeks to operate, the results of a  
410.20 person's choices during their annual assessment and service plan review, and the  
410.21 recommendation of the local county board. The determination by the commissioner is final  
410.22 and not subject to appeal. Exceptions to the moratorium include:

410.23 (1) foster care settings where at least 80 percent of the residents are 55 years of age or  
410.24 older;

410.25 (2) foster care licenses replacing foster care licenses in existence on May 15, 2009, or  
410.26 community residential setting licenses replacing adult foster care licenses in existence on  
410.27 December 31, 2013, and determined to be needed by the commissioner under paragraph  
410.28 (b);

410.29 (3) new foster care licenses or community residential setting licenses determined to be  
410.30 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,  
410.31 or regional treatment center; restructuring of state-operated services that limits the capacity  
410.32 of state-operated facilities; or allowing movement to the community for people who no

411.1 longer require the level of care provided in state-operated facilities as provided under section  
411.2 256B.092, subdivision 13, or 256B.49, subdivision 24;

411.3 (4) new foster care licenses or community residential setting licenses determined to be  
411.4 needed by the commissioner under paragraph (b) for persons requiring hospital level care;

411.5 (5) new foster care licenses or community residential setting licenses for people receiving  
411.6 services under chapter 245D and residing in an unlicensed setting before May 1, 2017, and  
411.7 for which a license is required. This exception does not apply to people living in their own  
411.8 home. For purposes of this clause, there is a presumption that a foster care or community  
411.9 residential setting license is required for services provided to three or more people in a  
411.10 dwelling unit when the setting is controlled by the provider. A license holder subject to this  
411.11 exception may rebut the presumption that a license is required by seeking a reconsideration  
411.12 of the commissioner's determination. The commissioner's disposition of a request for  
411.13 reconsideration is final and not subject to appeal under chapter 14. The exception is available  
411.14 until June 30, 2018. This exception is available when:

411.15 (i) the person's case manager provided the person with information about the choice of  
411.16 service, service provider, and location of service, including in the person's home, to help  
411.17 the person make an informed choice; and

411.18 (ii) the person's services provided in the licensed foster care or community residential  
411.19 setting are less than or equal to the cost of the person's services delivered in the unlicensed  
411.20 setting as determined by the lead agency; or

411.21 (6) new foster care licenses or community residential setting licenses for people receiving  
411.22 customized living or 24-hour customized living services under the brain injury or community  
411.23 access for disability inclusion waiver plans under section 256B.49 and residing in the  
411.24 customized living setting before July 1, 2022, for which a license is required. A customized  
411.25 living service provider subject to this exception may rebut the presumption that a license  
411.26 is required by seeking a reconsideration of the commissioner's determination. The  
411.27 commissioner's disposition of a request for reconsideration is final and not subject to appeal  
411.28 under chapter 14. The exception is available until June 30, 2023. This exception is available  
411.29 when:

411.30 (i) the person's customized living services are provided in a customized living service  
411.31 setting serving four or fewer people under the brain injury or community access for disability  
411.32 inclusion waiver plans under section 256B.49 in a single-family home operational on or  
411.33 before June 30, 2021. Operational is defined in section 256B.49, subdivision 28;

412.1 (ii) the person's case manager provided the person with information about the choice of  
412.2 service, service provider, and location of service, including in the person's home, to help  
412.3 the person make an informed choice; and

412.4 (iii) the person's services provided in the licensed foster care or community residential  
412.5 setting are less than or equal to the cost of the person's services delivered in the customized  
412.6 living setting as determined by the lead agency.

412.7 (b) The commissioner shall determine the need for newly licensed foster care homes or  
412.8 community residential settings as defined under this subdivision. As part of the determination,  
412.9 the commissioner shall consider the availability of foster care capacity in the area in which  
412.10 the licensee seeks to operate, and the recommendation of the local county board. The  
412.11 determination by the commissioner must be final. A determination of need is not required  
412.12 for a change in ownership at the same address.

412.13 (c) When an adult resident served by the program moves out of a foster home that is not  
412.14 the primary residence of the license holder according to section 256B.49, subdivision 15,  
412.15 paragraph (f), or the adult community residential setting, the county shall immediately  
412.16 inform the Department of Human Services Licensing Division. The department may decrease  
412.17 the statewide licensed capacity for adult foster care settings.

412.18 (d) Residential settings that would otherwise be subject to the decreased license capacity  
412.19 established in paragraph (c) shall be exempt if the license holder's beds are occupied by  
412.20 residents whose primary diagnosis is mental illness and the license holder is certified under  
412.21 the requirements in subdivision 6a or section 245D.33.

412.22 (e) A resource need determination process, managed at the state level, using the available  
412.23 ~~reports~~ data required by section 144A.351, and other data and information shall be used to  
412.24 determine where the reduced capacity determined under section 256B.493 will be  
412.25 implemented. The commissioner shall consult with the stakeholders described in section  
412.26 144A.351, and employ a variety of methods to improve the state's capacity to meet the  
412.27 informed decisions of those people who want to move out of corporate foster care or  
412.28 community residential settings, long-term service needs within budgetary limits, including  
412.29 seeking proposals from service providers or lead agencies to change service type, capacity,  
412.30 or location to improve services, increase the independence of residents, and better meet  
412.31 needs identified by the long-term services and supports reports and statewide data and  
412.32 information.

412.33 (f) At the time of application and reapplication for licensure, the applicant and the license  
412.34 holder that are subject to the moratorium or an exclusion established in paragraph (a) are

413.1 required to inform the commissioner whether the physical location where the foster care  
413.2 will be provided is or will be the primary residence of the license holder for the entire period  
413.3 of licensure. If the primary residence of the applicant or license holder changes, the applicant  
413.4 or license holder must notify the commissioner immediately. The commissioner shall print  
413.5 on the foster care license certificate whether or not the physical location is the primary  
413.6 residence of the license holder.

413.7 (g) License holders of foster care homes identified under paragraph (f) that are not the  
413.8 primary residence of the license holder and that also provide services in the foster care home  
413.9 that are covered by a federally approved home and community-based services waiver, as  
413.10 authorized under chapter 256S or section 256B.092 or 256B.49, must inform the human  
413.11 services licensing division that the license holder provides or intends to provide these  
413.12 waiver-funded services.

413.13 (h) The commissioner may adjust capacity to address needs identified in section  
413.14 144A.351. Under this authority, the commissioner may approve new licensed settings or  
413.15 delicense existing settings. Delicensing of settings will be accomplished through a process  
413.16 identified in section 256B.493. ~~Annually, by August 1, the commissioner shall provide~~  
413.17 ~~information and data on capacity of licensed long-term services and supports, actions taken~~  
413.18 ~~under the subdivision to manage statewide long-term services and supports resources, and~~  
413.19 ~~any recommendations for change to the legislative committees with jurisdiction over the~~  
413.20 ~~health and human services budget.~~

413.21 (i) The commissioner must notify a license holder when its corporate foster care or  
413.22 community residential setting licensed beds are reduced under this section. The notice of  
413.23 reduction of licensed beds must be in writing and delivered to the license holder by certified  
413.24 mail or personal service. The notice must state why the licensed beds are reduced and must  
413.25 inform the license holder of its right to request reconsideration by the commissioner. The  
413.26 license holder's request for reconsideration must be in writing. If mailed, the request for  
413.27 reconsideration must be postmarked and sent to the commissioner within 20 calendar days  
413.28 after the license holder's receipt of the notice of reduction of licensed beds. If a request for  
413.29 reconsideration is made by personal service, it must be received by the commissioner within  
413.30 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

413.31 (j) The commissioner shall not issue an initial license for children's residential treatment  
413.32 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter  
413.33 for a program that Centers for Medicare and Medicaid Services would consider an institution  
413.34 for mental diseases. Facilities that serve only private pay clients are exempt from the  
413.35 moratorium described in this paragraph. The commissioner has the authority to manage

414.1 existing statewide capacity for children's residential treatment services subject to the  
414.2 moratorium under this paragraph and may issue an initial license for such facilities if the  
414.3 initial license would not increase the statewide capacity for children's residential treatment  
414.4 services subject to the moratorium under this paragraph.

414.5 Sec. 14. Minnesota Statutes 2020, section 256.01, subdivision 29, is amended to read:

414.6 Subd. 29. **State medical review team.** (a) To ensure the timely processing of  
414.7 determinations of disability by the commissioner's state medical review team under sections  
414.8 256B.055, subdivisions 7, paragraph (b), and 12, and 256B.057, subdivision 9, the  
414.9 commissioner shall review all medical evidence and seek information from providers,  
414.10 applicants, and enrollees to support the determination of disability where necessary. Disability  
414.11 shall be determined according to the rules of title XVI and title XIX of the Social Security  
414.12 Act and pertinent rules and policies of the Social Security Administration.

414.13 (b) Prior to a denial or withdrawal of a requested determination of disability due to  
414.14 insufficient evidence, the commissioner shall (1) ensure that the missing evidence is necessary  
414.15 and appropriate to a determination of disability, and (2) assist applicants and enrollees to  
414.16 obtain the evidence, including, but not limited to, medical examinations and electronic  
414.17 medical records.

414.18 ~~(e) The commissioner shall provide the chairs of the legislative committees with~~  
414.19 ~~jurisdiction over health and human services finance and budget the following information~~  
414.20 ~~on the activities of the state medical review team by February 1 of each year:~~

414.21 ~~(1) the number of applications to the state medical review team that were denied,~~  
414.22 ~~approved, or withdrawn;~~

414.23 ~~(2) the average length of time from receipt of the application to a decision;~~

414.24 ~~(3) the number of appeals, appeal results, and the length of time taken from the date the~~  
414.25 ~~person involved requested an appeal for a written decision to be made on each appeal;~~

414.26 ~~(4) for applicants, their age, health coverage at the time of application, hospitalization~~  
414.27 ~~history within three months of application, and whether an application for Social Security~~  
414.28 ~~or Supplemental Security Income benefits is pending; and~~

414.29 ~~(5) specific information on the medical certification, licensure, or other credentials of~~  
414.30 ~~the person or persons performing the medical review determinations and length of time in~~  
414.31 ~~that position.~~

415.1 ~~(d)~~ (c) Any appeal made under section 256.045, subdivision 3, of a disability  
 415.2 determination made by the state medical review team must be decided according to the  
 415.3 timelines under section 256.0451, subdivision 22, paragraph (a). If a written decision is not  
 415.4 issued within the timelines under section 256.0451, subdivision 22, paragraph (a), the appeal  
 415.5 must be immediately reviewed by the chief human services judge.

415.6 Sec. 15. Minnesota Statutes 2021 Supplement, section 256.01, subdivision 42, is amended  
 415.7 to read:

415.8 Subd. 42. **Expiration of report mandates.** (a) If the submission of a report by the  
 415.9 commissioner of human services to the legislature is mandated by statute and the enabling  
 415.10 legislation does not include a date for the submission of a final report or an expiration date,  
 415.11 the mandate to submit the report shall expire in accordance with this section.

415.12 (b) If the mandate requires the submission of an annual or more frequent report and the  
 415.13 mandate was enacted before January 1, 2021, the mandate shall expire on January 1, 2023.  
 415.14 If the mandate requires the submission of a biennial or less frequent report and the mandate  
 415.15 was enacted before January 1, 2021, the mandate shall expire on January 1, 2024.

415.16 (c) Any reporting mandate enacted on or after January 1, 2021, shall expire three years  
 415.17 after the date of enactment if the mandate requires the submission of an annual or more  
 415.18 frequent report and shall expire five years after the date of enactment if the mandate requires  
 415.19 the submission of a biennial or less frequent report unless the enacting legislation provides  
 415.20 for a different expiration date.

415.21 (d) By January 15 of each year, the commissioner shall submit ~~a list~~ to the chairs and  
 415.22 ranking minority members of the legislative committees with jurisdiction over human  
 415.23 services ~~by February 15 of each year, beginning February 15, 2022, a list~~ of all reports set  
 415.24 to expire during the following calendar year ~~in accordance with this section~~. Notwithstanding  
 415.25 paragraph (c), this paragraph does not expire.

415.26 Sec. 16. Minnesota Statutes 2020, section 256.021, subdivision 3, is amended to read:

415.27 Subd. 3. **Report.** (a) By January 15 of each year, the panel shall submit a report to the  
 415.28 committees of the legislature with jurisdiction over section 626.557 regarding the number  
 415.29 of requests for review it receives under this section, the number of cases where the panel  
 415.30 requires the lead investigative agency to reconsider its final disposition, and the number of  
 415.31 cases where the final disposition is changed, and any recommendations to improve the  
 415.32 review or investigative process.

416.1 (b) This subdivision expires January 1, 2024.

416.2 Sec. 17. Minnesota Statutes 2021 Supplement, section 256.042, subdivision 4, is amended  
416.3 to read:

416.4 Subd. 4. **Grants.** (a) The commissioner of human services shall submit a report of the  
416.5 grants proposed by the advisory council to be awarded for the upcoming calendar year to  
416.6 the chairs and ranking minority members of the legislative committees with jurisdiction  
416.7 over health and human services policy and finance, by December 1 of each year, beginning  
416.8 ~~March 1, 2020~~ December 1, 2022. This paragraph expires upon the expiration of the advisory  
416.9 council.

416.10 (b) The grants shall be awarded to proposals selected by the advisory council that address  
416.11 the priorities in subdivision 1, paragraph (a), clauses (1) to (4), unless otherwise appropriated  
416.12 by the legislature. The advisory council shall determine grant awards and funding amounts  
416.13 based on the funds appropriated to the commissioner under section 256.043, subdivision 3,  
416.14 paragraph (e). The commissioner shall award the grants from the opiate epidemic response  
416.15 fund and administer the grants in compliance with section 16B.97. No more than ten percent  
416.16 of the grant amount may be used by a grantee for administration.

416.17 Sec. 18. Minnesota Statutes 2020, section 256.042, subdivision 5, is amended to read:

416.18 Subd. 5. **Reports.** (a) The advisory council shall report annually to the chairs and ranking  
416.19 minority members of the legislative committees with jurisdiction over health and human  
416.20 services policy and finance by January 31 of each year, beginning January 31, 2021. The  
416.21 report shall include information about the individual projects that receive grants and the  
416.22 overall role of the project in addressing the opioid addiction and overdose epidemic in  
416.23 Minnesota. The report must describe the grantees and the activities implemented, along  
416.24 with measurable outcomes as determined by the council in consultation with the  
416.25 commissioner of human services and the commissioner of management and budget. At a  
416.26 minimum, the report must include information about the number of individuals who received  
416.27 information or treatment, the outcomes the individuals achieved, and demographic  
416.28 information about the individuals participating in the project; an assessment of the progress  
416.29 toward achieving statewide access to qualified providers and comprehensive treatment and  
416.30 recovery services; and an update on the evaluations implemented by the commissioner of  
416.31 management and budget for the promising practices and theory-based projects that receive  
416.32 funding.



417.1 (b) The commissioner of management and budget, in consultation with the Opiate  
 417.2 Epidemic Response Advisory Council, shall report to the chairs and ranking minority  
 417.3 members of the legislative committees with jurisdiction over health and human services  
 417.4 policy and finance when an evaluation study described in subdivision 1, paragraph (c), is  
 417.5 complete on the promising practices or theory-based projects that are selected for evaluation  
 417.6 activities. The report shall include demographic information; outcome information for the  
 417.7 individuals in the program; the results for the program in promoting recovery, employment,  
 417.8 family reunification, and reducing involvement with the criminal justice system; and other  
 417.9 relevant outcomes determined by the commissioner of management and budget that are  
 417.10 specific to the projects that are evaluated. The report shall include information about the  
 417.11 ability of grant programs to be scaled to achieve the statewide results that the grant project  
 417.12 demonstrated.

417.13 (c) The advisory council, in its annual report to the legislature under paragraph (a) due  
 417.14 by January 31, 2024, shall include recommendations on whether the appropriations to the  
 417.15 specified entities under Laws 2019, chapter 63, should be continued, adjusted, or  
 417.16 discontinued; whether funding should be appropriated for other purposes related to opioid  
 417.17 abuse prevention, education, and treatment; and on the appropriate level of funding for  
 417.18 existing and new uses.

417.19 (d) This subdivision expires upon the expiration of the advisory council.

417.20 Sec. 19. Minnesota Statutes 2020, section 256.9657, subdivision 8, is amended to read:

417.21 Subd. 8. **Commissioner's duties.** (a) Beginning October 1, 2023, the commissioner of  
 417.22 human services shall annually report to the legislature quarterly on the first day of January,  
 417.23 April, July, and October chairs and ranking minority members of the legislative committees  
 417.24 with jurisdiction over health care policy and finance regarding the provider surcharge  
 417.25 program. The report shall include information on total billings, total collections, and  
 417.26 administrative expenditures for the previous fiscal year. The report on January 1, 1993,  
 417.27 shall include information on all surcharge billings, collections, federal matching payments  
 417.28 received, efforts to collect unpaid amounts, and administrative costs pertaining to the  
 417.29 surcharge program in effect from July 1, 1991, to September 30, 1992 This paragraph expires  
 417.30 January 1, 2032.

417.31 (b) The surcharge shall be adjusted by inflationary and caseload changes in future  
 417.32 bienniums to maintain reimbursement of health care providers in accordance with the  
 417.33 requirements of the state and federal laws governing the medical assistance program,

418.1 including the requirements of the Medicaid moratorium amendments of 1991 found in  
418.2 Public Law No. 102-234.

418.3 (c) The commissioner shall request the Minnesota congressional delegation to support  
418.4 a change in federal law that would prohibit federal disallowances for any state that makes  
418.5 a good faith effort to comply with Public Law 102-234 by enacting conforming legislation  
418.6 prior to the issuance of federal implementing regulations.

418.7 Sec. 20. Minnesota Statutes 2020, section 256.975, subdivision 11, is amended to read:

418.8 Subd. 11. **Regional and local dementia grants.** (a) The Minnesota Board on Aging  
418.9 shall award competitive grants to eligible applicants for regional and local projects and  
418.10 initiatives targeted to a designated community, which may consist of a specific geographic  
418.11 area or population, to increase awareness of Alzheimer's disease and other dementias,  
418.12 increase the rate of cognitive testing in the population at risk for dementias, promote the  
418.13 benefits of early diagnosis of dementias, or connect caregivers of persons with dementia to  
418.14 education and resources.

418.15 (b) The project areas for grants include:

418.16 (1) local or community-based initiatives to promote the benefits of physician or advanced  
418.17 practice registered nurse consultations for all individuals who suspect a memory or cognitive  
418.18 problem;

418.19 (2) local or community-based initiatives to promote the benefits of early diagnosis of  
418.20 Alzheimer's disease and other dementias; and

418.21 (3) local or community-based initiatives to provide informational materials and other  
418.22 resources to caregivers of persons with dementia.

418.23 (c) Eligible applicants for local and regional grants may include, but are not limited to,  
418.24 community health boards, school districts, colleges and universities, community clinics,  
418.25 tribal communities, nonprofit organizations, and other health care organizations.

418.26 (d) Applicants must:

418.27 (1) describe the proposed initiative, including the targeted community and how the  
418.28 initiative meets the requirements of this subdivision; and

418.29 (2) identify the proposed outcomes of the initiative and the evaluation process to be used  
418.30 to measure these outcomes.

418.31 (e) In awarding the regional and local dementia grants, the Minnesota Board on Aging  
418.32 must give priority to applicants who demonstrate that the proposed project:

419.1 (1) is supported by and appropriately targeted to the community the applicant serves;

419.2 (2) is designed to coordinate with other community activities related to other health  
419.3 initiatives, particularly those initiatives targeted at the elderly;

419.4 (3) is conducted by an applicant able to demonstrate expertise in the project areas;

419.5 (4) utilizes and enhances existing activities and resources or involves innovative  
419.6 approaches to achieve success in the project areas; and

419.7 (5) strengthens community relationships and partnerships in order to achieve the project  
419.8 areas.

419.9 (f) The board shall divide the state into specific geographic regions and allocate a  
419.10 percentage of the money available for the local and regional dementia grants to projects or  
419.11 initiatives aimed at each geographic region.

419.12 (g) The board shall award any available grants by January 1, 2016, and each July 1  
419.13 thereafter.

419.14 (h) Each grant recipient shall report to the board on the progress of the initiative at least  
419.15 once during the grant period, and within two months of the end of the grant period shall  
419.16 submit a final report to the board that includes the outcome results.

419.17 (i) The Minnesota Board on Aging shall:

419.18 ~~(1) develop the criteria and procedures to allocate the grants under this subdivision,~~  
419.19 ~~evaluate all applicants on a competitive basis and award the grants, and select qualified~~  
419.20 ~~providers to offer technical assistance to grant applicants and grantees. The selected provider~~  
419.21 ~~shall provide applicants and grantees assistance with project design, evaluation methods,~~  
419.22 ~~materials, and training; and.~~

419.23 ~~(2) submit by January 15, 2017, and on each January 15 thereafter, a progress report on~~  
419.24 ~~the dementia grants programs under this subdivision to the chairs and ranking minority~~  
419.25 ~~members of the senate and house of representatives committees and divisions with jurisdiction~~  
419.26 ~~over health finance and policy. The report shall include:~~

419.27 ~~(i) information on each grant recipient;~~

419.28 ~~(ii) a summary of all projects or initiatives undertaken with each grant;~~

419.29 ~~(iii) the measurable outcomes established by each grantee, an explanation of the~~  
419.30 ~~evaluation process used to determine whether the outcomes were met, and the results of the~~  
419.31 ~~evaluation; and~~

420.1 ~~(iv) an accounting of how the grant funds were spent.~~

420.2 Sec. 21. Minnesota Statutes 2020, section 256B.0561, subdivision 4, is amended to read:

420.3 Subd. 4. **Report.** (a) By September 1, 2019, and each September 1 thereafter, the  
420.4 commissioner shall submit a report to the chairs and ranking minority members of the house  
420.5 and senate committees with jurisdiction over human services finance that includes the  
420.6 number of cases affected by periodic data matching under this section, the number of  
420.7 recipients identified as possibly ineligible as a result of a periodic data match, and the number  
420.8 of recipients whose eligibility was terminated as a result of a periodic data match. The report  
420.9 must also specify, for recipients whose eligibility was terminated, how many cases were  
420.10 closed due to failure to cooperate.

420.11 (b) This subdivision expires January 1, 2027.

420.12 Sec. 22. Minnesota Statutes 2020, section 256B.0911, subdivision 5, is amended to read:

420.13 Subd. 5. **Administrative activity.** (a) The commissioner shall streamline the processes,  
420.14 including timelines for when assessments need to be completed, required to provide the  
420.15 services in this section and shall implement integrated solutions to automate the business  
420.16 processes to the extent necessary for community support plan approval, reimbursement,  
420.17 program planning, evaluation, and policy development.

420.18 (b) The commissioner of human services shall work with lead agencies responsible for  
420.19 conducting long-term consultation services to modify the MnCHOICES application and  
420.20 assessment policies to create efficiencies while ensuring federal compliance with medical  
420.21 assistance and long-term services and supports eligibility criteria.

420.22 (c) The commissioner shall work with lead agencies responsible for conducting long-term  
420.23 consultation services to develop a set of measurable benchmarks sufficient to demonstrate  
420.24 quarterly improvement in the average time per assessment and other mutually agreed upon  
420.25 measures of increasing efficiency. The commissioner shall collect data on these benchmarks  
420.26 and provide to the lead agencies ~~and the chairs and ranking minority members of the~~  
420.27 ~~legislative committees with jurisdiction over human services~~ an annual trend analysis of  
420.28 the data in order to demonstrate the commissioner's compliance with the requirements of  
420.29 this subdivision.

420.30 Sec. 23. Minnesota Statutes 2020, section 256B.0949, subdivision 17, is amended to read:

420.31 Subd. 17. **Provider shortage; authority for exceptions.** (a) In consultation with the  
420.32 Early Intensive Developmental and Behavioral Intervention Advisory Council and

421.1 stakeholders, including agencies, professionals, parents of people with ASD or a related  
421.2 condition, and advocacy organizations, the commissioner shall determine if a shortage of  
421.3 EIDBI providers exists. For the purposes of this subdivision, "shortage of EIDBI providers"  
421.4 means a lack of availability of providers who meet the EIDBI provider qualification  
421.5 requirements under subdivision 15 that results in the delay of access to timely services under  
421.6 this section, or that significantly impairs the ability of a provider agency to have sufficient  
421.7 providers to meet the requirements of this section. The commissioner shall consider  
421.8 geographic factors when determining the prevalence of a shortage. The commissioner may  
421.9 determine that a shortage exists only in a specific region of the state, multiple regions of  
421.10 the state, or statewide. The commissioner shall also consider the availability of various types  
421.11 of treatment modalities covered under this section.

421.12 (b) The commissioner, in consultation with the Early Intensive Developmental and  
421.13 Behavioral Intervention Advisory Council and stakeholders, must establish processes and  
421.14 criteria for granting an exception under this paragraph. The commissioner may grant an  
421.15 exception only if the exception would not compromise a person's safety and not diminish  
421.16 the effectiveness of the treatment. The commissioner may establish an expiration date for  
421.17 an exception granted under this paragraph. The commissioner may grant an exception for  
421.18 the following:

421.19 (1) EIDBI provider qualifications under this section;

421.20 (2) medical assistance provider enrollment requirements under section 256B.04,  
421.21 subdivision 21; or

421.22 (3) EIDBI provider or agency standards or requirements.

421.23 (c) If the commissioner, in consultation with the Early Intensive Developmental and  
421.24 Behavioral Intervention Advisory Council and stakeholders, determines that a shortage no  
421.25 longer exists, the commissioner must submit a notice that a shortage no longer exists to the  
421.26 chairs and ranking minority members of the senate and the house of representatives  
421.27 committees with jurisdiction over health and human services. The commissioner must post  
421.28 the notice for public comment for 30 days. The commissioner shall consider public comments  
421.29 before submitting to the legislature a request to end the shortage declaration. ~~The~~  
421.30 ~~commissioner shall annually provide an update on the status of the provider shortage and~~  
421.31 ~~exceptions granted to the chairs and ranking minority members of the senate and house of~~  
421.32 ~~representatives committees with jurisdiction over health and human services. The~~  
421.33 commissioner shall not declare the shortage of EIDBI providers ended without direction  
421.34 from the legislature to declare it ended.

422.1 Sec. 24. Minnesota Statutes 2020, section 256B.493, subdivision 2, is amended to read:

422.2 Subd. 2. **Planned closure process needs determination.** A resource need determination  
422.3 process, managed at the state level, using available ~~reports~~ data required by section 144A.351  
422.4 and other data and information shall be used by the commissioner to align capacity where  
422.5 needed.

422.6 Sec. 25. Minnesota Statutes 2020, section 256B.69, subdivision 9d, is amended to read:

422.7 Subd. 9d. **Financial and quality assurance audits.** (a) The commissioner shall require,  
422.8 in the request for bids and resulting contracts with managed care plans and county-based  
422.9 purchasing plans under this section and section 256B.692, that each managed care plan and  
422.10 county-based purchasing plan submit to and fully cooperate with the independent third-party  
422.11 financial audits by the legislative auditor under subdivision 9e of the information required  
422.12 under subdivision 9c, paragraph (b). Each contract with a managed care plan or county-based  
422.13 purchasing plan under this section or section 256B.692 must provide the commissioner, the  
422.14 legislative auditor, and vendors contracting with the legislative auditor, access to all data  
422.15 required to complete audits under subdivision 9e.

422.16 (b) Each managed care plan and county-based purchasing plan providing services under  
422.17 this section shall provide to the commissioner biweekly encounter data and claims data for  
422.18 state public health care programs and shall participate in a quality assurance program that  
422.19 verifies the timeliness, completeness, accuracy, and consistency of the data provided. The  
422.20 commissioner shall develop written protocols for the quality assurance program and shall  
422.21 make the protocols publicly available. The commissioner shall contract for an independent  
422.22 third-party audit to evaluate the quality assurance protocols as to the capacity of the protocols  
422.23 to ensure complete and accurate data and to evaluate the commissioner's implementation  
422.24 of the protocols.

422.25 (c) Upon completion of the evaluation under paragraph (b), the commissioner shall  
422.26 provide copies of the report to the legislative auditor ~~and the chairs and ranking minority~~  
422.27 ~~members of the legislative committees with jurisdiction over health care policy and financing.~~

422.28 (d) Any actuary under contract with the commissioner to provide actuarial services must  
422.29 meet the independence requirements under the professional code for fellows in the Society  
422.30 of Actuaries and must not have provided actuarial services to a managed care plan or  
422.31 county-based purchasing plan that is under contract with the commissioner pursuant to this  
422.32 section and section 256B.692 during the period in which the actuarial services are being  
422.33 provided. An actuary or actuarial firm meeting the requirements of this paragraph must  
422.34 certify and attest to the rates paid to the managed care plans and county-based purchasing

423.1 plans under this section and section 256B.692, and the certification and attestation must be  
423.2 auditable.

423.3 (e) The commissioner, to the extent of available funding, shall conduct ad hoc audits of  
423.4 state public health care program administrative and medical expenses reported by managed  
423.5 care plans and county-based purchasing plans. This includes: financial and encounter data  
423.6 reported to the commissioner under subdivision 9c, including payments to providers and  
423.7 subcontractors; supporting documentation for expenditures; categorization of administrative  
423.8 and medical expenses; and allocation methods used to attribute administrative expenses to  
423.9 state public health care programs. These audits also must monitor compliance with data and  
423.10 financial report certification requirements established by the commissioner for the purposes  
423.11 of managed care capitation payment rate-setting. The managed care plans and county-based  
423.12 purchasing plans shall fully cooperate with the audits in this subdivision.

423.13 ~~The commissioner shall report to the chairs and ranking minority members of the~~  
423.14 ~~legislative committees with jurisdiction over health and human services policy and finance~~  
423.15 ~~by February 1, 2016, and each February 1 thereafter, the number of ad hoc audits conducted~~  
423.16 ~~in the past calendar year and the results of these audits.~~

423.17 (f) Nothing in this subdivision shall allow the release of information that is nonpublic  
423.18 data pursuant to section 13.02.

423.19 Sec. 26. Minnesota Statutes 2020, section 256E.28, subdivision 6, is amended to read:

423.20 Subd. 6. **Evaluation.** (a) Using the outcomes established according to subdivision 3,  
423.21 the commissioner shall conduct a biennial evaluation of the grant program funded under  
423.22 this section. Grant recipients shall cooperate with the commissioner in the evaluation and  
423.23 shall provide the commissioner with the information needed to conduct the evaluation.

423.24 (b) The commissioner shall consult with the legislative task force on child protection  
423.25 during the evaluation process ~~and~~.

423.26 (c) The commissioner shall submit a biennial evaluation report to the task force and to  
423.27 the chairs and ranking minority members of the house of representatives and senate  
423.28 committees with jurisdiction over child protection funding. This paragraph expires January  
423.29 1, 2032.

424.1 Sec. 27. Minnesota Statutes 2020, section 256R.18, is amended to read:

424.2 **256R.18 REPORT BY COMMISSIONER OF HUMAN SERVICES.**

424.3 (a) Beginning January 1, 2019, the commissioner shall provide to the house of  
424.4 representatives and senate committees with jurisdiction over nursing facility payment rates  
424.5 a biennial report on the effectiveness of the reimbursement system in improving quality,  
424.6 restraining costs, and any other features of the system as determined by the commissioner.

424.7 (b) This section expires January 1, 2026.

424.8 Sec. 28. Minnesota Statutes 2020, section 257.0725, is amended to read:

424.9 **257.0725 ANNUAL REPORT.**

424.10 (a) The commissioner of human services shall publish an annual report on child  
424.11 maltreatment and on children in out-of-home placement. The commissioner shall confer  
424.12 with counties, child welfare organizations, child advocacy organizations, the courts, and  
424.13 other groups on how to improve the content and utility of the department's annual report.  
424.14 In regard to child maltreatment, the report shall include the number and kinds of maltreatment  
424.15 reports received and any other data that the commissioner determines is appropriate to  
424.16 include in a report on child maltreatment. In regard to children in out-of-home placement,  
424.17 the report shall include, by county and statewide, information on legal status, living  
424.18 arrangement, age, sex, race, accumulated length of time in placement, reason for most recent  
424.19 placement, race of family with whom placed, school enrollments within seven days of  
424.20 placement pursuant to section 120A.21, and other information deemed appropriate on all  
424.21 children in out-of-home placement. Out-of-home placement includes placement in any  
424.22 facility by an authorized child-placing agency.

424.23 (b) This section expires January 1, 2032.

424.24 Sec. 29. Minnesota Statutes 2020, section 260.775, is amended to read:

424.25 **260.775 PLACEMENT RECORDS.**

424.26 (a) The commissioner of human services shall publish annually an inventory of all Indian  
424.27 children in residential facilities. The inventory shall include, by county and statewide,  
424.28 information on legal status, living arrangement, age, sex, tribe in which the child is a member  
424.29 or eligible for membership, accumulated length of time in foster care, and other demographic  
424.30 information deemed appropriate concerning all Indian children in residential facilities. The  
424.31 report must also state the extent to which authorized child-placing agencies comply with  
424.32 the order of preference described in United States Code, title 25, section 1901, et seq. The



425.1 commissioner shall include the information required under this paragraph in the annual  
425.2 report on child maltreatment and on children in out-of-home placement under section  
425.3 257.0725.

425.4 (b) This section expires January 1, 2032.

425.5 Sec. 30. Minnesota Statutes 2020, section 260E.24, subdivision 6, is amended to read:

425.6 Subd. 6. **Required referral to early intervention services.** (a) A child under age three  
425.7 who is involved in a substantiated case of maltreatment shall be referred for screening under  
425.8 the Individuals with Disabilities Education Act, part C. Parents must be informed that the  
425.9 evaluation and acceptance of services are voluntary. The commissioner of human services  
425.10 shall monitor referral rates by county ~~and annually report the information to the legislature.~~  
425.11 Refusal to have a child screened is not a basis for a child in need of protection or services  
425.12 petition under chapter 260C.

425.13 (b) The commissioner of human services shall include the referral rates by county for  
425.14 screening under the Individuals with Disabilities Education Act, part C in the annual report  
425.15 on child maltreatment under section 257.0725. This paragraph expires January 1, 2032.

425.16 Sec. 31. Minnesota Statutes 2020, section 260E.38, subdivision 3, is amended to read:

425.17 Subd. 3. **Report required.** (a) The commissioner shall produce an annual report of the  
425.18 summary results of the reviews. The report must only contain aggregate data and may not  
425.19 include any data that could be used to personally identify any subject whose data is included  
425.20 in the report. The report is public information and must be provided to the chairs and ranking  
425.21 minority members of the legislative committees having jurisdiction over child protection  
425.22 issues. The commissioner shall include the information required under this paragraph in the  
425.23 annual report on child maltreatment and on children in out-of-home placement under section  
425.24 257.0725.

425.25 (b) This subdivision expires January 1, 2032.

425.26 Sec. 32. Minnesota Statutes 2020, section 518A.77, is amended to read:

425.27 **518A.77 GUIDELINES REVIEW.**

425.28 (a) No later than 2006 and every four years after that, the Department of Human Services  
425.29 must conduct a review of the child support guidelines.

425.30 (b) This section expires January 1, 2032.

426.1 Sec. 33. Minnesota Statutes 2020, section 626.557, subdivision 12b, is amended to read:

426.2 Subd. 12b. **Data management.** (a) In performing any of the duties of this section as a  
426.3 lead investigative agency, the county social service agency shall maintain appropriate  
426.4 records. Data collected by the county social service agency under this section are welfare  
426.5 data under section 13.46. Notwithstanding section 13.46, subdivision 1, paragraph (a), data  
426.6 under this paragraph that are inactive investigative data on an individual who is a vendor  
426.7 of services are private data on individuals, as defined in section 13.02. The identity of the  
426.8 reporter may only be disclosed as provided in paragraph (c).

426.9 Data maintained by the common entry point are confidential data on individuals or  
426.10 protected nonpublic data as defined in section 13.02. Notwithstanding section 138.163, the  
426.11 common entry point shall maintain data for three calendar years after date of receipt and  
426.12 then destroy the data unless otherwise directed by federal requirements.

426.13 (b) The commissioners of health and human services shall prepare an investigation  
426.14 memorandum for each report alleging maltreatment investigated under this section. County  
426.15 social service agencies must maintain private data on individuals but are not required to  
426.16 prepare an investigation memorandum. During an investigation by the commissioner of  
426.17 health or the commissioner of human services, data collected under this section are  
426.18 confidential data on individuals or protected nonpublic data as defined in section 13.02.  
426.19 Upon completion of the investigation, the data are classified as provided in clauses (1) to  
426.20 (3) and paragraph (c).

426.21 (1) The investigation memorandum must contain the following data, which are public:

426.22 (i) the name of the facility investigated;

426.23 (ii) a statement of the nature of the alleged maltreatment;

426.24 (iii) pertinent information obtained from medical or other records reviewed;

426.25 (iv) the identity of the investigator;

426.26 (v) a summary of the investigation's findings;

426.27 (vi) statement of whether the report was found to be substantiated, inconclusive, false,  
426.28 or that no determination will be made;

426.29 (vii) a statement of any action taken by the facility;

426.30 (viii) a statement of any action taken by the lead investigative agency; and

427.1 (ix) when a lead investigative agency's determination has substantiated maltreatment, a  
427.2 statement of whether an individual, individuals, or a facility were responsible for the  
427.3 substantiated maltreatment, if known.

427.4 The investigation memorandum must be written in a manner which protects the identity  
427.5 of the reporter and of the vulnerable adult and may not contain the names or, to the extent  
427.6 possible, data on individuals or private data listed in clause (2).

427.7 (2) Data on individuals collected and maintained in the investigation memorandum are  
427.8 private data, including:

427.9 (i) the name of the vulnerable adult;

427.10 (ii) the identity of the individual alleged to be the perpetrator;

427.11 (iii) the identity of the individual substantiated as the perpetrator; and

427.12 (iv) the identity of all individuals interviewed as part of the investigation.

427.13 (3) Other data on individuals maintained as part of an investigation under this section  
427.14 are private data on individuals upon completion of the investigation.

427.15 (c) After the assessment or investigation is completed, the name of the reporter must be  
427.16 confidential. The subject of the report may compel disclosure of the name of the reporter  
427.17 only with the consent of the reporter or upon a written finding by a court that the report was  
427.18 false and there is evidence that the report was made in bad faith. This subdivision does not  
427.19 alter disclosure responsibilities or obligations under the Rules of Criminal Procedure, except  
427.20 that where the identity of the reporter is relevant to a criminal prosecution, the district court  
427.21 shall do an in-camera review prior to determining whether to order disclosure of the identity  
427.22 of the reporter.

427.23 (d) Notwithstanding section 138.163, data maintained under this section by the  
427.24 commissioners of health and human services must be maintained under the following  
427.25 schedule and then destroyed unless otherwise directed by federal requirements:

427.26 (1) data from reports determined to be false, maintained for three years after the finding  
427.27 was made;

427.28 (2) data from reports determined to be inconclusive, maintained for four years after the  
427.29 finding was made;

427.30 (3) data from reports determined to be substantiated, maintained for seven years after  
427.31 the finding was made; and

428.1 (4) data from reports which were not investigated by a lead investigative agency and for  
428.2 which there is no final disposition, maintained for three years from the date of the report.

428.3 (e) The commissioners of health and human services shall annually publish on their  
428.4 websites the number and type of reports of alleged maltreatment involving licensed facilities  
428.5 reported under this section, the number of those requiring investigation under this section,  
428.6 and the resolution of those investigations.

428.7 ~~On a biennial basis, the commissioners of health and human services shall jointly report~~  
428.8 ~~the following information to the legislature and the governor:~~

428.9 ~~(1) the number and type of reports of alleged maltreatment involving licensed facilities~~  
428.10 ~~reported under this section, the number of those requiring investigations under this section,~~  
428.11 ~~the resolution of those investigations, and which of the two lead agencies was responsible;~~

428.12 ~~(2) trends about types of substantiated maltreatment found in the reporting period;~~

428.13 ~~(3) if there are upward trends for types of maltreatment substantiated, recommendations~~  
428.14 ~~for addressing and responding to them;~~

428.15 ~~(4) efforts undertaken or recommended to improve the protection of vulnerable adults;~~

428.16 ~~(5) whether and where backlogs of cases result in a failure to conform with statutory~~  
428.17 ~~time frames and recommendations for reducing backlogs if applicable;~~

428.18 ~~(6) recommended changes to statutes affecting the protection of vulnerable adults; and~~

428.19 ~~(7) any other information that is relevant to the report trends and findings.~~

428.20 (f) Each lead investigative agency must have a record retention policy.

428.21 (g) Lead investigative agencies, prosecuting authorities, and law enforcement agencies  
428.22 may exchange not public data, as defined in section 13.02, if the agency or authority  
428.23 requesting the data determines that the data are pertinent and necessary to the requesting  
428.24 agency in initiating, furthering, or completing an investigation under this section. Data  
428.25 collected under this section must be made available to prosecuting authorities and law  
428.26 enforcement officials, local county agencies, and licensing agencies investigating the alleged  
428.27 maltreatment under this section. The lead investigative agency shall exchange not public  
428.28 data with the vulnerable adult maltreatment review panel established in section 256.021 if  
428.29 the data are pertinent and necessary for a review requested under that section.  
428.30 Notwithstanding section 138.17, upon completion of the review, not public data received  
428.31 by the review panel must be destroyed.

429.1 (h) Each lead investigative agency shall keep records of the length of time it takes to  
429.2 complete its investigations.

429.3 (i) A lead investigative agency may notify other affected parties and their authorized  
429.4 representative if the lead investigative agency has reason to believe maltreatment has occurred  
429.5 and determines the information will safeguard the well-being of the affected parties or dispel  
429.6 widespread rumor or unrest in the affected facility.

429.7 (j) Under any notification provision of this section, where federal law specifically  
429.8 prohibits the disclosure of patient identifying information, a lead investigative agency may  
429.9 not provide any notice unless the vulnerable adult has consented to disclosure in a manner  
429.10 which conforms to federal requirements.

429.11 Sec. 34. Laws 2009, chapter 79, article 13, section 3, subdivision 10, as amended by Laws  
429.12 2009, chapter 173, article 2, section 1, subdivision 10, is amended to read:

429.13 **Subd. 10. State-Operated Services**

429.14 The amounts that may be spent from the  
429.15 appropriation for each purpose are as follows:

429.16 **Transfer Authority Related to**  
429.17 **State-Operated Services.** Money  
429.18 appropriated to finance state-operated services  
429.19 may be transferred between the fiscal years of  
429.20 the biennium with the approval of the  
429.21 commissioner of finance.

429.22 **County Past Due Receivables.** The  
429.23 commissioner is authorized to withhold county  
429.24 federal administrative reimbursement when  
429.25 the county of financial responsibility for  
429.26 cost-of-care payments due the state under  
429.27 Minnesota Statutes, section 246.54 or  
429.28 253B.045, is 90 days past due. The  
429.29 commissioner shall deposit the withheld  
429.30 federal administrative earnings for the county  
429.31 into the general fund to settle the claims with  
429.32 the county of financial responsibility. The

430.1 process for withholding funds is governed by  
430.2 Minnesota Statutes, section 256.017.

430.3 ~~Forecast and Census Data. The~~  
430.4 ~~commissioner shall include census data and~~  
430.5 ~~fiscal projections for state-operated services~~  
430.6 ~~and Minnesota sex offender services with the~~  
430.7 ~~November and February budget forecasts.~~  
430.8 ~~Notwithstanding any contrary provision in this~~  
430.9 ~~article, this paragraph shall not expire.~~

430.10 **(a) Adult Mental Health Services** 106,702,000 107,201,000

430.11 **Appropriation Limitation.** No part of the  
430.12 appropriation in this article to the  
430.13 commissioner for mental health treatment  
430.14 services provided by state-operated services  
430.15 shall be used for the Minnesota sex offender  
430.16 program.

430.17 **Community Behavioral Health Hospitals.**  
430.18 Under Minnesota Statutes, section 246.51,  
430.19 subdivision 1, a determination order for the  
430.20 clients served in a community behavioral  
430.21 health hospital operated by the commissioner  
430.22 of human services is only required when a  
430.23 client's third-party coverage has been  
430.24 exhausted.

430.25 **Base Adjustment.** The general fund base is  
430.26 decreased by \$500,000 for fiscal year 2012  
430.27 and by \$500,000 for fiscal year 2013.

430.28 **(b) Minnesota Sex Offender Services**

430.29	Appropriations by Fund		
430.30	General	38,348,000	67,503,000
430.31	Federal Fund	26,495,000	0

430.32 **Use of Federal Stabilization Funds.** Of this  
430.33 appropriation, \$26,495,000 in fiscal year 2010  
430.34 is from the fiscal stabilization account in the

431.1 federal fund to the commissioner. This  
 431.2 appropriation must not be used for any activity  
 431.3 or service for which federal reimbursement is  
 431.4 claimed. This is a onetime appropriation.

431.5 **(c) Minnesota Security Hospital and METO**  
 431.6 **Services**

431.7	Appropriations by Fund		
431.8	General	230,000	83,735,000
431.9	Federal Fund	83,505,000	0

431.10 **Minnesota Security Hospital.** For the  
 431.11 purposes of enhancing the safety of the public,  
 431.12 improving supervision, and enhancing  
 431.13 community-based mental health treatment,  
 431.14 state-operated services may establish  
 431.15 additional community capacity for providing  
 431.16 treatment and supervision of clients who have  
 431.17 been ordered into a less restrictive alternative  
 431.18 of care from the state-operated services  
 431.19 transitional services program consistent with  
 431.20 Minnesota Statutes, section 246.014.

431.21 **Use of Federal Stabilization Funds.**  
 431.22 \$83,505,000 in fiscal year 2010 is appropriated  
 431.23 from the fiscal stabilization account in the  
 431.24 federal fund to the commissioner. This  
 431.25 appropriation must not be used for any activity  
 431.26 or service for which federal reimbursement is  
 431.27 claimed. This is a onetime appropriation.

431.28 **Sec. 35. REPEALER.**

431.29 (a) Minnesota Statutes 2020, sections 62U.10, subdivision 3; 144.1911, subdivision 10;  
 431.30 144.564, subdivision 3; 144A.483, subdivision 2; 245.981; 246.131; 246B.03, subdivision  
 431.31 2; 246B.035; 256.01, subdivision 31; 256.975, subdivision 12; and 256B.0638, subdivision  
 431.32 7, are repealed.

431.33 (b) Laws 1998, chapter 382, article 1, section 23, is repealed.

432.1 **ARTICLE 17**

432.2 **HUMAN SERVICES FORECAST ADJUSTMENTS AND CARRY FORWARD**  
432.3 **AUTHORITY**

432.4 Section 1. **HUMAN SERVICES APPROPRIATION.**

432.5 The dollar amounts shown in the columns marked "Appropriations" are added to or, if  
432.6 shown in parentheses, are subtracted from the appropriations in Laws 2021, First Special  
432.7 Session chapter 7, article 16, from the general fund or any fund named to the Department  
432.8 of Human Services for the purposes specified in this article, to be available for the fiscal  
432.9 year indicated for each purpose. The figures "2022" and "2023" used in this article mean  
432.10 that the appropriations listed under them are available for the fiscal years ending June 30,  
432.11 2022, or June 30, 2023, respectively. "The first year" is fiscal year 2022. "The second year"  
432.12 is fiscal year 2023. "The biennium" is fiscal years 2022 and 2023.

432.13 **APPROPRIATIONS**

432.14 **Available for the Year**

432.15 **Ending June 30**

432.16 **2022**

**2023**

432.17 **Sec. 2. COMMISSIONER OF HUMAN**  
432.18 **SERVICES**

432.19 **Subdivision 1. Total Appropriation** **\$ (585,901,000) \$ 182,791,000**

432.20 **Appropriations by Fund**

432.21 **General Fund** **(406,629,000)** **185,395,000**

432.22 **Health Care Access**  
432.23 **Fund** **(86,146,000)** **(11,799,000)**

432.24 **Federal TANF** **(93,126,000)** **9,195,000**

432.25 **Subd. 2. Forecasted Programs**

432.26 **(a) MFIP/DWP**

432.27 **Appropriations by Fund**

432.28 **General Fund** **72,106,000** **(14,397,000)**

432.29 **Federal TANF** **(93,126,000)** **9,195,000**

432.30 **(b) MFIP Child Care Assistance** **(103,347,000)** **(73,738,000)**

432.31 **(c) General Assistance** **(4,175,000)** **(1,488,000)**

432.32 **(d) Minnesota Supplemental Aid** **318,000** **1,613,000**

432.33 **(e) Housing Support** **(1,994,000)** **9,257,000**

432.34 **(f) Northstar Care for Children** **(9,613,000)** **(4,865,000)**



433.1	<b><u>(g) MinnesotaCare</u></b>		<u>(86,146,000)</u>	<u>(11,799,000)</u>
433.2	<u>These appropriations are from the health care</u>			
433.3	<u>access fund.</u>			
433.4	<b><u>(h) Medical Assistance</u></b>			
433.5	<u>Appropriations by Fund</u>			
433.6	<u>General Fund</u>	<u>(348,364,000)</u>	<u>292,880,000</u>	
433.7	<u>Health Care Access</u>			
433.8	<u>Fund</u>	<u>0</u>	<u>0</u>	
433.9	<b><u>(i) Alternative Care Program</u></b>		<u>0</u>	<u>0</u>
433.10	<b><u>(j) Behavioral Health Fund</u></b>		<u>(11,560,000)</u>	<u>(23,867,000)</u>
433.11	<b><u>Subd. 3. Technical Activities</u></b>		<u>0</u>	<u>0</u>
433.12	<u>These appropriations are from the federal</u>			
433.13	<u>TANF fund.</u>			
433.14	<b><u>EFFECTIVE DATE.</u> This section is effective the day following final enactment.</b>			

433.15 Sec. 3. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 29,  
 433.16 is amended to read:

433.17	<b>Subd. 29. Grant Programs; Disabilities Grants</b>	31,398,000	31,010,000
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433.18 **(a) Training Stipends for Direct Support**  
 433.19 **Services Providers.** \$1,000,000 in fiscal year  
 433.20 2022 is from the general fund for stipends for  
 433.21 individual providers of direct support services  
 433.22 as defined in Minnesota Statutes, section  
 433.23 256B.0711, subdivision 1. ~~These~~ The stipends  
 433.24 are available to individual providers who have  
 433.25 completed designated voluntary trainings  
 433.26 made available through the State-Provider  
 433.27 Cooperation Committee formed by the State  
 433.28 of Minnesota and the Service Employees  
 433.29 International Union Healthcare Minnesota.  
 433.30 Any unspent appropriation in fiscal year 2022  
 433.31 is available in fiscal year 2023. This is a  
 433.32 onetime appropriation. This appropriation is  
 433.33 available only if the labor agreement between

434.1 the state of Minnesota and the Service  
434.2 Employees International Union Healthcare  
434.3 Minnesota under Minnesota Statutes, section  
434.4 179A.54, is approved under Minnesota  
434.5 Statutes, section 3.855.

434.6 **(b) Parent-to-Parent Peer Support.** \$125,000  
434.7 in fiscal year 2022 and \$125,000 in fiscal year  
434.8 2023 are from the general fund for a grant to  
434.9 an alliance member of Parent to Parent USA  
434.10 to support the alliance member's  
434.11 parent-to-parent peer support program for  
434.12 families of children with a disability or special  
434.13 health care need.

434.14 **(c) Self-Advocacy Grants.** (1) \$143,000 in  
434.15 fiscal year 2022 and \$143,000 in fiscal year  
434.16 2023 are from the general fund for a grant  
434.17 under Minnesota Statutes, section 256.477,  
434.18 subdivision 1.

434.19 (2) \$105,000 in fiscal year 2022 and \$105,000  
434.20 in fiscal year 2023 are from the general fund  
434.21 for subgrants under Minnesota Statutes,  
434.22 section 256.477, subdivision 2.

434.23 **(d) Minnesota Inclusion Initiative Grants.**  
434.24 \$150,000 in fiscal year 2022 and \$150,000 in  
434.25 fiscal year 2023 are from the general fund for  
434.26 grants under Minnesota Statutes, section  
434.27 256.4772.

434.28 **(e) Grants to Expand Access to Child Care**  
434.29 **for Children with Disabilities.** \$250,000 in  
434.30 fiscal year 2022 and \$250,000 in fiscal year  
434.31 2023 are from the general fund for grants to  
434.32 expand access to child care for children with  
434.33 disabilities. Any unexpended amount in fiscal

435.1 year 2022 is available through June 30, 2023.

435.2 This is a onetime appropriation.

435.3 **(f) Parenting with a Disability Pilot Project.**

435.4 The general fund base includes \$1,000,000 in  
435.5 fiscal year 2024 and \$0 in fiscal year 2025 to  
435.6 implement the parenting with a disability pilot  
435.7 project.

435.8 **(g) Base Level Adjustment.** The general fund  
435.9 base is \$29,260,000 in fiscal year 2024 and  
435.10 \$22,260,000 in fiscal year 2025.

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

435.12 Sec. 4. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 31,  
435.13 is amended to read:

435.14 Subd. 31. **Grant Programs; Adult Mental Health**  
435.15 **Grants**

435.16	Appropriations by Fund		
435.17	General	98,772,000	98,703,000
435.18	Opiate Epidemic		
435.19	Response	2,000,000	2,000,000

435.20 **(a) Culturally and Linguistically**

435.21 **Appropriate Services Implementation**

435.22 **Grants.** \$2,275,000 in fiscal year 2022 and  
435.23 \$2,206,000 in fiscal year 2023 are from the  
435.24 general fund for grants to disability services,  
435.25 mental health, and substance use disorder  
435.26 treatment providers to implement culturally  
435.27 and linguistically appropriate services  
435.28 standards, according to the implementation  
435.29 and transition plan developed by the  
435.30 commissioner. Any unexpended amount in  
435.31 fiscal year 2022 is available through June 30,  
435.32 2023. The general fund base for this  
435.33 appropriation is \$1,655,000 in fiscal year 2024  
435.34 and \$0 in fiscal year 2025.

436.1 (b) **Base Level Adjustment.** The general fund  
 436.2 base is \$93,295,000 in fiscal year 2024 and  
 436.3 \$83,324,000 in fiscal year 2025. The opiate  
 436.4 epidemic response fund base is \$2,000,000 in  
 436.5 fiscal year 2024 and \$0 in fiscal year 2025.

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

436.7 Sec. 5. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 33,  
 436.8 is amended to read:

436.9 **Subd. 33. Grant Programs; Chemical**  
 436.10 **Dependency Treatment Support Grants**

436.11	Appropriations by Fund		
436.12	General	4,273,000	4,274,000
436.13	Lottery Prize	1,733,000	1,733,000
436.14	Opiate Epidemic		
436.15	Response	500,000	500,000

436.16 (a) **Problem Gambling.** \$225,000 in fiscal  
 436.17 year 2022 and \$225,000 in fiscal year 2023  
 436.18 are from the lottery prize fund for a grant to  
 436.19 the state affiliate recognized by the National  
 436.20 Council on Problem Gambling. The affiliate  
 436.21 must provide services to increase public  
 436.22 awareness of problem gambling, education,  
 436.23 training for individuals and organizations  
 436.24 providing effective treatment services to  
 436.25 problem gamblers and their families, and  
 436.26 research related to problem gambling.

436.27 (b) **Recovery Community Organization**  
 436.28 **Grants.** \$2,000,000 in fiscal year 2022 and  
 436.29 \$2,000,000 in fiscal year 2023 are from the  
 436.30 general fund for grants to recovery community  
 436.31 organizations, as defined in Minnesota  
 436.32 Statutes, section 254B.01, subdivision 8, to  
 436.33 provide for costs and community-based peer  
 436.34 recovery support services that are not  
 436.35 otherwise eligible for reimbursement under

437.1 Minnesota Statutes, section 254B.05, as part  
437.2 of the continuum of care for substance use  
437.3 disorders. Any unexpended amount in fiscal  
437.4 year 2022 is available through June 30, 2023.

437.5 The general fund base for this appropriation  
437.6 is \$2,000,000 in fiscal year 2024 and \$0 in  
437.7 fiscal year 2025

437.8 (c) **Base Level Adjustment.** The general fund  
437.9 base is \$4,636,000 in fiscal year 2024 and  
437.10 \$2,636,000 in fiscal year 2025. The opiate  
437.11 epidemic response fund base is \$500,000 in  
437.12 fiscal year 2024 and \$0 in fiscal year 2025.

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

437.14 Sec. 6. Laws 2021, First Special Session chapter 7, article 17, section 3, is amended to  
437.15 read:

437.16 Sec. 3. **GRANTS FOR TECHNOLOGY FOR HCBS RECIPIENTS.**

437.17 (a) This act includes \$500,000 in fiscal year 2022 and \$2,000,000 in fiscal year 2023  
437.18 for the commissioner of human services to issue competitive grants to home and  
437.19 community-based service providers. Grants must be used to provide technology assistance,  
437.20 including but not limited to Internet services, to older adults and people with disabilities  
437.21 who do not have access to technology resources necessary to use remote service delivery  
437.22 and telehealth. Any unexpended amount in fiscal year 2022 is available through June 30,  
437.23 2023. The general fund base included in this act for this purpose is \$1,500,000 in fiscal year  
437.24 2024 and \$0 in fiscal year 2025.

437.25 (b) All grant activities must be completed by March 31, 2024.

437.26 (c) This section expires June 30, 2024.

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

438.1 Sec. 7. Laws 2021, First Special Session chapter 7, article 17, section 6, is amended to  
438.2 read:

438.3 **Sec. 6. TRANSITION TO COMMUNITY INITIATIVE.**

438.4 (a) This act includes \$5,500,000 in fiscal year 2022 and \$5,500,000 in fiscal year 2023  
438.5 for additional funding for grants awarded under the transition to community initiative  
438.6 described in Minnesota Statutes, section 256.478. Any unexpended amount in fiscal year  
438.7 2022 is available through June 30, 2023. The general fund base in this act for this purpose  
438.8 is \$4,125,000 in fiscal year 2024 and \$0 in fiscal year 2025.

438.9 (b) All grant activities must be completed by March 31, 2024.

438.10 (c) This section expires June 30, 2024.

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

438.12 Sec. 8. Laws 2021, First Special Session chapter 7, article 17, section 10, is amended to  
438.13 read:

438.14 **Sec. 10. PROVIDER CAPACITY GRANTS FOR RURAL AND UNDERSERVED**  
438.15 **COMMUNITIES.**

438.16 (a) This act includes \$6,000,000 in fiscal year 2022 and \$8,000,000 in fiscal year 2023  
438.17 for the commissioner to establish a grant program for small provider organizations that  
438.18 provide services to rural or underserved communities with limited home and  
438.19 community-based services provider capacity. The grants are available to build organizational  
438.20 capacity to provide home and community-based services in Minnesota and to build new or  
438.21 expanded infrastructure to access medical assistance reimbursement. Any unexpended  
438.22 amount in fiscal year 2022 is available through June 30, 2023. The general fund base in this  
438.23 act for this purpose is \$8,000,000 in fiscal year 2024 and \$0 in fiscal year 2025.

438.24 (b) The commissioner shall conduct community engagement, provide technical assistance,  
438.25 and establish a collaborative learning community related to the grants available under this  
438.26 section and work with the commissioner of management and budget and the commissioner  
438.27 of the Department of Administration to mitigate barriers in accessing grant funds. Funding  
438.28 awarded for the community engagement activities described in this paragraph is exempt  
438.29 from state solicitation requirements under Minnesota Statutes, section 16B.97, for activities  
438.30 that occur in fiscal year 2022.

438.31 (c) All grant activities must be completed by March 31, 2024.

439.1 (d) This section expires June 30, 2024.

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

439.3 Sec. 9. Laws 2021, First Special Session chapter 7, article 17, section 11, is amended to  
439.4 read:

439.5 Sec. 11. **EXPAND MOBILE CRISIS.**

439.6 (a) This act includes \$8,000,000 in fiscal year 2022 and \$8,000,000 in fiscal year 2023  
439.7 for additional funding for grants for adult mobile crisis services under Minnesota Statutes,  
439.8 section 245.4661, subdivision 9, paragraph (b), clause (15). Any unexpended amounts in  
439.9 fiscal year 2022 and fiscal year 2023 are available through June 30, 2024. The general fund  
439.10 base in this act for this purpose is \$4,000,000 in fiscal year 2024 and \$0 in fiscal year 2025.

439.11 (b) Beginning April 1, 2024, counties may fund and continue conducting activities  
439.12 funded under this section.

439.13 (c) All grant activities must be completed by March 31, 2024.

439.14 (d) This section expires June 30, 2024.

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

439.16 Sec. 10. Laws 2021, First Special Session chapter 7, article 17, section 12, is amended to  
439.17 read:

439.18 Sec. 12. **PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY AND CHILD**  
439.19 **AND ADOLESCENT MOBILE TRANSITION UNIT.**

439.20 (a) This act includes \$2,500,000 in fiscal year 2022 and \$2,500,000 in fiscal year 2023  
439.21 for the commissioner of human services to create children's mental health transition and  
439.22 support teams to facilitate transition back to the community of children from psychiatric  
439.23 residential treatment facilities, and child and adolescent behavioral health hospitals. Any  
439.24 unexpended amount in fiscal year 2022 is available through June 30, 2023. The general  
439.25 fund base included in this act for this purpose is \$1,875,000 in fiscal year 2024 and \$0 in  
439.26 fiscal year 2025.

439.27 (b) Beginning April 1, 2024, counties may fund and continue conducting activities  
439.28 funded under this section.

439.29 (c) This section expires March 31, 2024.

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

440.2 Sec. 11. Laws 2021, First Special Session chapter 7, article 17, section 17, subdivision 3,  
440.3 is amended to read:

440.4 Subd. 3. **Respite services for older adults grants.** (a) This act includes \$2,000,000 in  
440.5 fiscal year 2022 and \$2,000,000 in fiscal year 2023 for the commissioner of human services  
440.6 to establish a grant program for respite services for older adults. The commissioner must  
440.7 award grants on a competitive basis to respite service providers. Any unexpended amount  
440.8 in fiscal year 2022 is available through June 30, 2023. The general fund base included in  
440.9 this act for this purpose is \$2,000,000 in fiscal year 2024 and \$0 in fiscal year 2025.

440.10 (b) All grant activities must be completed by March 31, 2024.

440.11 (c) This subdivision expires June 30, 2024.

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

440.13 Sec. 12. Laws 2021, First Special Session chapter 7, article 17, section 19, is amended to  
440.14 read:

440.15 Sec. 19. **CENTERS FOR INDEPENDENT LIVING HCBS ACCESS GRANT.**

440.16 (a) This act includes \$1,200,000 in fiscal year 2022 and \$1,200,000 in fiscal year 2023  
440.17 for grants to expand services to support people with disabilities from underserved  
440.18 communities who are ineligible for medical assistance to live in their own homes and  
440.19 communities by providing accessibility modifications, independent living services, and  
440.20 public health program facilitation. The commissioner of human services must award the  
440.21 grants in equal amounts to ~~the eight organizations~~ grantees. To be eligible, grantees must  
440.22 be an organization defined in Minnesota Statutes, section 268A.01, subdivision 8. Any  
440.23 unexpended amount in fiscal year 2022 is available through June 30, 2023. The general  
440.24 fund base included in this act for this purpose is \$0 in fiscal year 2024 and \$0 in fiscal year  
440.25 2025.

440.26 (b) All grant activities must be completed by March 31, 2024.

440.27 (c) This section expires June 30, 2024.

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



441.1 **ARTICLE 18**

441.2 **APPROPRIATIONS**

441.3 Section 1. **HEALTH AND HUMAN SERVICES APPROPRIATIONS.**

441.4 The sums shown in the columns marked "Appropriations" are added to or, if shown in  
 441.5 parentheses, subtracted from the appropriations in Laws 2021, First Special Session chapter  
 441.6 7, article 16, to the agencies and for the purposes specified in this article. The appropriations  
 441.7 are from the general fund or other named fund and are available for the fiscal years indicated  
 441.8 for each purpose. The figures "2022" and "2023" used in this article mean that the addition  
 441.9 to or subtraction from the appropriation listed under them is available for the fiscal year  
 441.10 ending June 30, 2022, or June 30, 2023, respectively. Base adjustments mean the addition  
 441.11 to or subtraction from the base level adjustment set in Laws 2021, First Special Session  
 441.12 chapter 7, article 16. Supplemental appropriations and reductions to appropriations for the  
 441.13 fiscal year ending June 30, 2022, are effective the day following final enactment unless a  
 441.14 different effective date is explicit.

441.15 **APPROPRIATIONS**

441.16 **Available for the Year**

441.17 **Ending June 30**

441.18 **2022**

**2023**

441.19 **Sec. 2. COMMISSIONER OF HUMAN**  
 441.20 **SERVICES**

441.21 **Subdivision 1. Total Appropriation** **\$** **-0-** **\$** **161,533,000**

441.22 **Appropriations by Fund**

441.23 **2022**

**2023**

441.24 **General** **-0-** **156,636,000**

441.25 **Federal TANF** **-0-** **4,897,000**

441.26 **Subd. 2. Central Office; Operations** **-0-** **1,433,000**

441.27 **Base Level Adjustment.** The general fund  
 441.28 base is increased by \$338,000 in fiscal year  
 441.29 2024 and increased by \$697,000 in fiscal year  
 441.30 2025.

441.31 **Subd. 3. Central Office; Health Care** **-0-** **25,000**

442.1	<b><u>Subd. 4. Central Office; Continuing Care for</u></b>		
442.2	<b><u>Older Adults</u></b>	<u>-0-</u>	<u>4,498,000</u>
442.3	<b><u>(a) Life-Sharing Service Development.</u></b>		
442.4	<u>\$92,000 in fiscal year 2023 is for engaging</u>		
442.5	<u>stakeholders and developing recommendations</u>		
442.6	<u>regarding establishing a life-sharing service</u>		
442.7	<u>under the state's medical assistance elderly</u>		
442.8	<u>waiver. This is a onetime appropriation.</u>		
442.9	<b><u>(b) Base Level Adjustment. The general fund</u></b>		
442.10	<u>base is increased by \$326,000 in fiscal year</u>		
442.11	<u>2024 and increased by \$326,000 in fiscal year</u>		
442.12	<u>2025.</u>		
442.13	<b><u>Subd. 5. Central Office; Community Supports</u></b>	<u>-0-</u>	<u>232,000</u>
442.14	<u>This is a onetime appropriation.</u>		
442.15	<b><u>Life-Sharing Service Development. \$92,000</u></b>		
442.16	<u>in fiscal year 2023 is for engaging stakeholders</u>		
442.17	<u>and developing recommendations regarding</u>		
442.18	<u>establishing a life-sharing service under the</u>		
442.19	<u>state's medical assistance disability waivers.</u>		
442.20	<u>This is a onetime appropriation.</u>		
442.21	<b><u>Subd. 6. Forecasted Programs; MFIP/DWP</u></b>		
442.22	<u>Appropriations by Fund</u>		
442.23	<u>General</u>	<u>-0-</u>	<u>(825,000)</u>
442.24	<u>Federal TANF</u>	<u>-0-</u>	<u>4,689,000</u>
442.25	<b><u>Subd. 7. Forecasted Programs; MFIP Child Care</u></b>		
442.26	<b><u>Assistance</u></b>	<u>-0-</u>	<u>208,000</u>
442.27	<u>This appropriation is from the federal TANF</u>		
442.28	<u>fund.</u>		
442.29	<b><u>Subd. 8. Forecasted Programs; General</u></b>		
442.30	<b><u>Assistance</u></b>	<u>-0-</u>	<u>35,000</u>
442.31	<b><u>Subd. 9. Forecasted Programs; Housing Support</u></b>	<u>-0-</u>	<u>896,000</u>
442.32	<b><u>Subd. 10. Forecasted Programs; Medical</u></b>		
442.33	<b><u>Assistance</u></b>	<u>-0-</u>	<u>143,214,000</u>

443.1	<b><u>Base Level Adjustment.</u></b> The health care		
443.2	<u>access fund base is increased by \$147,103,000</u>		
443.3	<u>in fiscal year 2024 only.</u>		
443.4	<b><u>Subd. 11. Forecasted Programs; Alternative</u></b>		
443.5	<b><u>Care</u></b>	-0-	<u>492,000</u>
443.6	<b><u>Subd. 12. Grant Programs; Children and</u></b>		
443.7	<b><u>Economic Support Grants</u></b>	-0-	<u>525,000</u>
443.8	<b><u>(a) Community Organizations Grants.</u></b>		
443.9	<u>\$100,000 in fiscal year 2023 is for community</u>		
443.10	<u>organizations grants under Minnesota Statutes,</u>		
443.11	<u>section 256.4791.</u>		
443.12	<b><u>(b) Quality Parenting Initiative. \$100,000</u></b>		
443.13	<u>in fiscal year 2023 is for a grant to Quality</u>		
443.14	<u>Parenting Initiative Minnesota.</u>		
443.15	<b><u>(c) Minnesota Association for Volunteer</u></b>		
443.16	<b><u>Administration. \$100,000 in fiscal year 2023</u></b>		
443.17	<u>is for a grant to the Minnesota Association for</u>		
443.18	<u>Volunteer Administration to award subgrants</u>		
443.19	<u>to needs-based volunteerism subgrants</u>		
443.20	<u>targeting under-resourced nonprofit</u>		
443.21	<u>organizations in greater Minnesota to support</u>		
443.22	<u>selected organizations' ongoing efforts to</u>		
443.23	<u>address and minimize disparities in access to</u>		
443.24	<u>human services through increased</u>		
443.25	<u>volunteerism. Successful subgrant applicants</u>		
443.26	<u>must demonstrate that the populations to be</u>		
443.27	<u>served by the subgrantee are underserved or</u>		
443.28	<u>are homeless or are at risk of homelessness,</u>		
443.29	<u>hunger, poverty, or lack of access to health</u>		
443.30	<u>care. The Minnesota Association for Volunteer</u>		
443.31	<u>Administration shall give priority to</u>		
443.32	<u>organizations that serve the needs of</u>		
443.33	<u>vulnerable populations. By December 15 of</u>		
443.34	<u>each year the Minnesota Association for</u>		
443.35	<u>Volunteer Administration shall report data on</u>		

444.1	<u>outcomes from the subgrants and</u>		
444.2	<u>recommendations for improving and</u>		
444.3	<u>sustaining volunteer efforts statewide to the</u>		
444.4	<u>chairs and ranking minority members of the</u>		
444.5	<u>legislative committees with jurisdiction over</u>		
444.6	<u>human services.</u>		
444.7	<b><u>Subd. 13. Grant Programs; Other Long-Term</u></b>		
444.8	<b><u>Care Grants</u></b>	<u>-0-</u>	<u>6,669,000</u>
444.9	<b><u>(a) Residential Setting Closure Prevention</u></b>		
444.10	<b><u>Grants.</u></b> \$6,669,000 is for residential setting		
444.11	<u>closure prevention grants under Minnesota</u>		
444.12	<u>Statutes, section 256.4795. The general fund</u>		
444.13	<u>base for this appropriation is \$6,671,000 in</u>		
444.14	<u>fiscal year 2024 and \$6,671,000 in fiscal year</u>		
444.15	<u>2025.</u>		
444.16	<b><u>(b) Base Level Adjustment.</u></b> The general fund		
444.17	<u>base is increased by \$6,671,000 in fiscal year</u>		
444.18	<u>2024 and increased by \$6,671,000 in fiscal</u>		
444.19	<u>year 2025.</u>		
444.20	<b><u>Subd. 14. Grant Programs; Disabilities Grants</u></b>	<u>-0-</u>	<u>(811,000)</u>
444.21	<b><u>Subd. 15. Grant Programs; Chemical</u></b>		
444.22	<b><u>Dependency Treatment Support Grants</u></b>	<u>-0-</u>	<u>253,000</u>
444.23	<b><u>(a) Olmsted County Recovery Community</u></b>		
444.24	<b><u>Organization.</u></b> \$100,000 in fiscal year 2023		
444.25	<u>is for a grant to a recovery community</u>		
444.26	<u>organization in Olmsted County, located in</u>		
444.27	<u>the city of Rochester, that provides services</u>		
444.28	<u>in an 11-county region.</u>		
444.29	<b><u>(b) Rochester Nonprofit Recovery</u></b>		
444.30	<b><u>Community Organization.</u></b> \$53,000 in fiscal		
444.31	<u>year 2023 is for a grant to a nonprofit recovery</u>		
444.32	<u>community organization located in Rochester,</u>		
444.33	<u>Minnesota, that provides pretreatment housing,</u>		
444.34	<u>post-treatment recovery housing, treatment</u>		
444.35	<u>coordination, and peer recovery support to</u>		

445.1 individuals pursuing a life of recovery from  
 445.2 substance use disorders, and that also offers a  
 445.3 recovery coaching academy to individuals  
 445.4 interested in becoming peer recovery  
 445.5 specialists. The general fund base for this  
 445.6 appropriation is \$55,000 in fiscal year 2024  
 445.7 and \$55,000 in fiscal year 2025.

445.8 (c) **Wellness in the Woods.** \$100,000 in fiscal  
 445.9 year 2023 is for a grant to Wellness in the  
 445.10 Woods.

445.11 (d) **Base Level Adjustment.** The general fund  
 445.12 base is decreased by \$495,000 in fiscal year  
 445.13 2024 and decreased by \$495,000 in fiscal year  
 445.14 2025.

445.15 **Sec. 3. COMMISSIONER OF HEALTH**

445.16	<b><u>Subdivision 1. Total Appropriation</u></b>	<b><u>\$</u></b>	<b><u>-0-</u></b>	<b><u>\$</u></b>	<b><u>412,000</u></b>
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445.17 Appropriations by Fund

445.18		<u>2022</u>	<u>2023</u>
445.19	<u>General</u>	<u>-0-</u>	<u>309,000</u>
445.20	<u>State Government</u>		
445.21	<u>Special Revenue</u>	<u>-0-</u>	<u>103,000</u>

445.22	<b><u>Subd. 2. Health Improvement</u></b>	<b><u>-0-</u></b>	<b><u>-0-</u></b>
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445.23 **Base Level Adjustment; Fetal Alcohol**  
 445.24 **Spectrum Disorders Prevention Grants.**  
 445.25 The general fund base for fetal alcohol  
 445.26 spectrum disorders prevention grants under  
 445.27 Minnesota Statutes, section 145.267, is  
 445.28 increased by \$750,000 in fiscal year 2024 and  
 445.29 increased by \$750,000 in fiscal year 2025.

445.30 **Subd. 3. Health Protection**

445.31 Appropriations by Fund

445.32	<u>General</u>	<u>-0-</u>	<u>309,000</u>
445.33	<u>State Government</u>		
445.34	<u>Special Revenue</u>	<u>-0-</u>	<u>103,000</u>

446.1 **(a) Submerged Closed Loop Heat**  
 446.2 **Exchanger Regulation.** \$103,000 in fiscal  
 446.3 year 2023 is from the state government special  
 446.4 revenue fund to implement submerged closed  
 446.5 loop heat exchanger requirements under  
 446.6 Minnesota Statutes, section 103I.631. The  
 446.7 state government special revenue fund base  
 446.8 for this appropriation is \$86,000 in fiscal year  
 446.9 2024 and \$86,000 in fiscal year 2025.

446.10 **(b) Audiology and Speech-Language**  
 446.11 **Pathology Interstate Compact.** \$309,000 in  
 446.12 fiscal year 2023 is from the general fund to  
 446.13 implement the audiology and speech-language  
 446.14 pathology interstate compact under Minnesota  
 446.15 Statutes, section 148.5185. The general fund  
 446.16 base for this appropriation is \$63,000 in fiscal  
 446.17 year 2024 and \$63,000 in fiscal year 2025.

446.18 **(c) Base Level Adjustments.** The general  
 446.19 fund base is increased by \$63,000 in fiscal  
 446.20 year 2024 and increased by \$63,000 in fiscal  
 446.21 year 2025. The state government special  
 446.22 revenue fund base is increased by \$86,000 in  
 446.23 fiscal year 2024 and increased by \$86,000 in  
 446.24 fiscal year 2025.

446.25 Sec. 4. **HEALTH-RELATED BOARDS**

446.26 <b><u>Subdivision 1. Total Appropriation</u></b>	<b><u>\$</u></b>	<b><u>-0-</u></b>	<b><u>\$</u></b>	<b><u>200,000</u></b>
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446.27 This appropriation is from the state  
 446.28 government special revenue fund. The  
 446.29 amounts that may be spent for each purpose  
 446.30 are specified in the following subdivisions.

446.31 <b><u>Subd. 2. Board of Nursing</u></b>		<b><u>-0-</u></b>		<b><u>157,000</u></b>
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446.32 **Nurse Licensure Compact Implementation.**  
 446.33 \$157,000 in fiscal year 2023 is to implement  
 446.34 the nurse licensure compact under Minnesota

447.1 Statutes, section 148.2855. The base for this  
 447.2 appropriation is \$6,000 in fiscal year 2024 and  
 447.3 \$6,000 in fiscal year 2025.

447.4 **Subd. 3. Board of Behavioral Health and**  
 447.5 **Therapy** -0- 43,000

447.6 \$43,000 in fiscal year 2023 is to implement  
 447.7 the interstate compact for professional  
 447.8 counselors. The state government special  
 447.9 revenue fund base for this appropriation is  
 447.10 \$23,000 in fiscal year 2024 and \$23,000 in  
 447.11 fiscal year 2025.

447.12 **Sec. 5. PROFESSIONAL EDUCATOR**  
 447.13 **LICENSING STANDARDS BOARD** \$ -0- \$ 25,000

447.14 **Audiology and Speech-Language Pathology**  
 447.15 **Interstate Compact. \$25,000 in fiscal year**  
 447.16 **2023 is to implement the audiology and**  
 447.17 **speech-language pathology interstate compact**  
 447.18 **under Minnesota Statutes, section 148.5185.**  
 447.19 **This is a onetime appropriation.**

447.20 Sec. 6. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 1, is  
 447.21 amended to read:

447.22 9,803,181,000  
 447.23 Subdivision 1. **Total Appropriation** \$ **8,356,760,000** \$ 9,802,370,000

447.24 Appropriations by Fund			
	2022	2023	
447.25			
447.26		<u>8,951,733,000</u>	
447.27	General	7,295,463,000	<u>8,950,922,000</u>
447.28	State Government		
447.29	Special Revenue	4,299,000	4,299,000
447.30	Health Care Access	769,889,000	564,448,000
447.31	Federal TANF	282,653,000	278,245,000
447.32	Lottery Prize	1,896,000	1,896,000
447.33	Opiate Epidemic		
447.34	Response	2,560,000	2,560,000

448.1 The amounts that may be spent for each  
 448.2 purpose are specified in the following  
 448.3 subdivisions.

448.4 Sec. 7. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 24,  
 448.5 is amended to read:

448.6	<b>Subd. 24. Grant Programs; Children and</b>		
448.7	<b>Economic Support Grants</b>	29,740,000	29,740,000

448.8 **(a) Minnesota Food Assistance Program.**  
 448.9 Unexpended funds for the Minnesota food  
 448.10 assistance program for fiscal year 2022 do not  
 448.11 cancel but are available in fiscal year 2023.

448.12 **(b) Provider Repair or Improvement**  
 448.13 **Grants.** \$1,000,000 in fiscal year 2022 and  
 448.14 \$1,000,000 in fiscal year 2023 are for provider  
 448.15 repair or improvement grants under Minnesota  
 448.16 Statutes, section 256K.45, subdivision 8. The  
 448.17 amounts in this paragraph are available until  
 448.18 June 30, 2025. This paragraph expires July 1,  
 448.19 2025.

448.20 Sec. 8. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 29,  
 448.21 is amended to read:

448.22			31,010,000
448.23	<b>Subd. 29. Grant Programs; Disabilities Grants</b>	31,398,000	<u>30,199,000</u>

448.24 **(a) Training Stipends for Direct Support**  
 448.25 **Services Providers.** \$1,000,000 in fiscal year  
 448.26 2022 is from the general fund for stipends for  
 448.27 individual providers of direct support services  
 448.28 as defined in Minnesota Statutes, section  
 448.29 256B.0711, subdivision 1. These stipends are  
 448.30 available to individual providers who have  
 448.31 completed designated voluntary trainings  
 448.32 made available through the State-Provider  
 448.33 Cooperation Committee formed by the State  
 448.34 of Minnesota and the Service Employees



449.1 International Union Healthcare Minnesota.  
449.2 Any unspent appropriation in fiscal year 2022  
449.3 is available in fiscal year 2023. This is a  
449.4 onetime appropriation. This appropriation is  
449.5 available only if the labor agreement between  
449.6 the state of Minnesota and the Service  
449.7 Employees International Union Healthcare  
449.8 Minnesota under Minnesota Statutes, section  
449.9 179A.54, is approved under Minnesota  
449.10 Statutes, section 3.855.

449.11 **(b) Parent-to-Parent Peer Support.** \$125,000  
449.12 in fiscal year 2022 and \$125,000 in fiscal year  
449.13 2023 are from the general fund for a grant to  
449.14 an alliance member of Parent to Parent USA  
449.15 to support the alliance member's  
449.16 parent-to-parent peer support program for  
449.17 families of children with a disability or special  
449.18 health care need.

449.19 **(c) Self-Advocacy Grants.** (1) \$143,000 in  
449.20 fiscal year 2022 and \$143,000 in fiscal year  
449.21 2023 are from the general fund for a grant  
449.22 under Minnesota Statutes, section 256.477,  
449.23 subdivision 1.

449.24 (2) \$105,000 in fiscal year 2022 and \$105,000  
449.25 in fiscal year 2023 are from the general fund  
449.26 for subgrants under Minnesota Statutes,  
449.27 section 256.477, subdivision 2.

449.28 **(d) Minnesota Inclusion Initiative Grants.**  
449.29 \$150,000 in fiscal year 2022 and \$150,000 in  
449.30 fiscal year 2023 are from the general fund for  
449.31 grants under Minnesota Statutes, section  
449.32 256.4772.

449.33 **(e) Grants to Expand Access to Child Care**  
449.34 **for Children with Disabilities.** \$250,000 in

450.1 fiscal year 2022 and \$250,000 in fiscal year  
 450.2 2023 are from the general fund for grants to  
 450.3 expand access to child care for children with  
 450.4 disabilities. This is a onetime appropriation.

450.5 **(f) Parenting with a Disability Pilot Project.**

450.6 The general fund base includes \$1,000,000 in  
 450.7 fiscal year 2024 and \$0 in fiscal year 2025 to  
 450.8 implement the parenting with a disability pilot  
 450.9 project.

450.10 **(g) Base Level Adjustment.** The general fund

450.11 base is ~~\$29,260,000~~ \$28,449,000 in fiscal year  
 450.12 2024 and ~~\$22,260,000~~ \$21,449,000 in fiscal  
 450.13 year 2025.

450.14 Sec. 9. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 33,  
 450.15 is amended to read:

450.16 Subd. 33. **Grant Programs; Chemical**  
 450.17 **Dependency Treatment Support Grants**

450.18	Appropriations by Fund		
450.19 General	4,273,000		4,274,000
450.20 Lottery Prize	1,733,000		1,733,000
450.21 Opiate Epidemic			
450.22 Response	500,000		500,000

450.23 **(a) Problem Gambling.** \$225,000 in fiscal  
 450.24 year 2022 and \$225,000 in fiscal year 2023  
 450.25 are from the lottery prize fund for a grant to  
 450.26 the state affiliate recognized by the National  
 450.27 Council on Problem Gambling. The affiliate  
 450.28 must provide services to increase public  
 450.29 awareness of problem gambling, education,  
 450.30 training for individuals and organizations  
 450.31 providing effective treatment services to  
 450.32 problem gamblers and their families, and  
 450.33 research related to problem gambling.

451.1 **(b) Recovery Community Organization**  
 451.2 **Grants.** \$2,000,000 in fiscal year 2022 and  
 451.3 \$2,000,000 in fiscal year 2023 are from the  
 451.4 general fund for grants to recovery community  
 451.5 organizations, as defined in Minnesota  
 451.6 Statutes, section 254B.01, subdivision 8, to  
 451.7 provide for costs and community-based peer  
 451.8 recovery support services that are not  
 451.9 otherwise eligible for reimbursement under  
 451.10 Minnesota Statutes, section 254B.05, as part  
 451.11 of the continuum of care for substance use  
 451.12 disorders. The general fund base for this  
 451.13 appropriation is \$2,000,000 in fiscal year 2024  
 451.14 and \$0 in fiscal year 2025

451.15 **(c) Grant to Anoka County for Enhanced**  
 451.16 **Treatment Program.** \$125,000 in fiscal year  
 451.17 2023 is from the general fund for a grant to  
 451.18 Anoka County for an enhanced treatment  
 451.19 program for substance use disorder.

451.20 **(d) Base Level Adjustment.** The general fund  
 451.21 base is \$4,636,000 in fiscal year 2024 and  
 451.22 \$2,636,000 in fiscal year 2025. The opiate  
 451.23 epidemic response fund base is \$500,000 in  
 451.24 fiscal year 2024 and \$0 in fiscal year 2025.

451.25 Sec. 10. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 33,  
 451.26 is amended to read:

451.27 **Subd. 33. Grant Programs; Chemical**  
 451.28 **Dependency Treatment Support Grants**

451.29 Appropriations by Fund

451.30 General	4,273,000	4,274,000
451.31 Lottery Prize	1,733,000	1,733,000
451.32 Opiate Epidemic		
451.33 Response	500,000	500,000

451.34 **(a) Problem Gambling.** \$225,000 in fiscal  
 451.35 year 2022 and \$225,000 in fiscal year 2023

452.1 are from the lottery prize fund for a grant to  
 452.2 the state affiliate recognized by the National  
 452.3 Council on Problem Gambling. The affiliate  
 452.4 must provide services to increase public  
 452.5 awareness of problem gambling, education,  
 452.6 training for individuals and organizations  
 452.7 providing effective treatment services to  
 452.8 problem gamblers and their families, and  
 452.9 research related to problem gambling.

452.10 **(b) Recovery Community Organization**

452.11 **Grants.** \$2,000,000 in fiscal year 2022 and  
 452.12 \$2,000,000 in fiscal year 2023 are from the  
 452.13 general fund for grants to recovery community  
 452.14 organizations, as defined in Minnesota  
 452.15 Statutes, section 254B.01, subdivision 8, to  
 452.16 provide for costs and community-based peer  
 452.17 recovery support services that are not  
 452.18 otherwise eligible for reimbursement under  
 452.19 Minnesota Statutes, section 254B.05, as part  
 452.20 of the continuum of care for substance use  
 452.21 disorders. The general fund base for this  
 452.22 appropriation is \$2,000,000 in fiscal year 2024  
 452.23 and \$0 in fiscal year 2025

452.24 **(c) Base Level Adjustment.** The general fund  
 452.25 base is ~~\$4,636,000~~ \$3,886,000 in fiscal year  
 452.26 2024 and ~~\$2,636,000~~ \$1,886,000 in fiscal year  
 452.27 2025. The opiate epidemic response fund base  
 452.28 is \$500,000 in fiscal year 2024 and \$0 in fiscal  
 452.29 year 2025.

452.30 Sec. 11. Laws 2021, First Special Session chapter 7, article 16, section 5, is amended to  
 452.31 read:

452.32 **Sec. 5. EMERGENCY MEDICAL SERVICES**  
 452.33 **REGULATORY BOARD** \$ **4,780,000** \$ **4,576,000**

453.1 **(a) Cooper/Sams Volunteer Ambulance**  
 453.2 **Program.** \$950,000 in fiscal year 2022 and  
 453.3 \$950,000 in fiscal year 2023 are for the  
 453.4 Cooper/Sams volunteer ambulance program  
 453.5 under Minnesota Statutes, section 144E.40.

453.6 (1) Of this amount, \$861,000 in fiscal year  
 453.7 2022 and \$861,000 in fiscal year 2023 are for  
 453.8 the ambulance service personnel longevity  
 453.9 award and incentive program under Minnesota  
 453.10 Statutes, section 144E.40.

453.11 (2) Of this amount, \$89,000 in fiscal year 2022  
 453.12 and \$89,000 in fiscal year 2023 are for the  
 453.13 operations of the ambulance service personnel  
 453.14 longevity award and incentive program under  
 453.15 Minnesota Statutes, section 144E.40.

453.16 **(b) EMSRB Operations.** \$1,880,000 in fiscal  
 453.17 year 2022 and \$1,880,000 in fiscal year 2023  
 453.18 are for board operations.

453.19 **(c) ~~Regional Grants for Continuing~~**  
 453.20 **~~Education.~~** ~~\$585,000 in fiscal year 2022 and~~  
 453.21 ~~\$585,000 in fiscal year 2023 are for regional~~  
 453.22 ~~emergency medical services programs, to be~~  
 453.23 ~~distributed equally to the eight emergency~~  
 453.24 ~~medical service regions under Minnesota~~  
 453.25 ~~Statutes, section 144E.52.~~

453.26 **(d) ~~Regional Grants for Local and Regional~~**  
 453.27 **~~Emergency Medical Services~~ Emergency**  
 453.28 **Medical Services Fund.** ~~\$800,000~~ \$1,385,000  
 453.29 in fiscal year 2022 and ~~\$800,000~~ \$1,385,000  
 453.30 in fiscal year 2023 are for distribution to  
 453.31 regional emergency medical services ~~regions~~  
 453.32 systems for ~~regional emergency medical~~  
 453.33 ~~services programs~~ the purposes specified in  
 453.34 Minnesota Statutes, section 144E.50.

454.1 Notwithstanding Minnesota Statutes, section  
 454.2 144E.50, subdivision 5, in each year the board  
 454.3 shall distribute the appropriation equally  
 454.4 among the eight emergency medical services  
 454.5 ~~regions~~ systems designated by the board. ~~This~~  
 454.6 ~~is a onetime appropriation~~ The general fund  
 454.7 base for this appropriation is \$585,000 in fiscal  
 454.8 year 2024 and \$585,000 in fiscal year 2025.

454.9 ~~(e)~~ (d) Ambulance Training Grants.  
 454.10 \$565,000 in fiscal year 2022 and \$361,000 in  
 454.11 fiscal year 2023 are for training grants under  
 454.12 Minnesota Statutes, section 144E.35.

454.13 ~~(f)~~ (e) Base Level Adjustment. The general  
 454.14 fund base is \$3,776,000 in fiscal year 2024  
 454.15 and \$3,776,000 in fiscal year 2025.

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

454.17 Sec. 12. Laws 2022, chapter 40, section 7, is amended to read:

454.18 Sec. 7. **APPROPRIATION; TEMPORARY STAFFING POOL.**

454.19 ~~\$1,029,000~~ \$5,145,000 in fiscal year 2022 is appropriated from the general fund to the  
 454.20 commissioner of human services for the temporary staffing pool described in this act. This  
 454.21 is a onetime appropriation and is available until June 30, ~~2022~~ 2023."

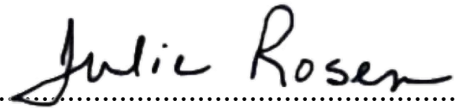
454.22 Delete the title and insert:

454.23 "A bill for an act  
 454.24 relating to health and human services; modifying provisions governing community  
 454.25 supports, continuing care for older adults, human services operations and licensing,  
 454.26 health care, behavioral health, children and family services, health, health-related  
 454.27 licensing boards, scope of practice, and background studies; establishing a  
 454.28 Department of Behavioral Health; establishing certain grants; establishing interstate  
 454.29 compacts for nurses, audiologists and speech language pathologists, and licensed  
 454.30 professional counselors; modifying the expiration dates and repealing certain  
 454.31 mandated reports; expanding and renaming the higher education facilities authority  
 454.32 to include nonprofit health care organizations; making human services forecast  
 454.33 adjustments; appropriating money; amending Minnesota Statutes 2020, sections  
 454.34 3.732, subdivision 1; 13.46, subdivision 7; 15A.0815, subdivision 2; 62J.692,  
 454.35 subdivision 5; 62N.25, subdivision 5; 62Q.1055; 62Q.37, subdivision 7; 62Q.47;  
 454.36 103I.005, subdivisions 17a, 20a, by adding a subdivision; 136A.25; 136A.26;  
 454.37 136A.27; 136A.28; 136A.29, subdivisions 1, 3, 6, 9, 10, 14, 19, 20, 21, 22, by  
 454.38 adding a subdivision; 136A.32, subdivision 4; 136A.33; 136A.34, subdivisions 3,

455.1 4; 136A.36; 136A.38; 136A.41; 136A.42; 136F.67, subdivision 1; 144.051,  
455.2 subdivision 6; 144.057, subdivision 1; 144.1222, subdivision 2d; 144.193; 144.294,  
455.3 subdivision 2; 144.4199, subdivision 8; 144.497; 144A.10, subdivision 17;  
455.4 144A.351, subdivision 1; 144A.483, subdivision 1; 144A.75, subdivision 12;  
455.5 144E.01, subdivisions 1, 4; 144G.45, subdivision 7; 145.4134; 145.4716, by adding  
455.6 a subdivision; 145.928, subdivision 13; 147.01, subdivision 7; 147.03, subdivisions  
455.7 1, 2; 147.037; 147A.28; 147C.15, subdivision 3; 147C.40, subdivision 5; 148.212,  
455.8 subdivision 1; 148F.11, by adding a subdivision; 150A.10, subdivision 1a;  
455.9 150A.105, subdivision 8; 151.01, subdivision 27; 151.065, subdivisions 1, 3, 7;  
455.10 152.125; 169A.70, subdivisions 3, 4; 245.4661, subdivision 10; 245.4889,  
455.11 subdivision 3, by adding a subdivision; 245A.11, subdivisions 2, 2a, 7, 7a, by  
455.12 adding a subdivision; 245A.14, subdivision 14; 245A.19; 245C.02, subdivision  
455.13 17a, by adding a subdivision; 245C.04, subdivisions 1, 4a, by adding subdivisions;  
455.14 245C.10, by adding subdivisions; 245C.31, subdivisions 1, 2, by adding a  
455.15 subdivision; 245D.10, subdivision 3a; 245D.12; 245F.03; 245F.04, subdivision  
455.16 1; 245G.01, by adding a subdivision; 245G.05, subdivision 2; 245G.06, subdivision  
455.17 3, by adding a subdivision; 245G.12; 245G.22, subdivision 2; 252.275, subdivisions  
455.18 4c, 8; 253B.18, subdivision 6; 254A.19, subdivisions 1, 3, by adding subdivisions;  
455.19 254B.01, subdivision 5, by adding subdivisions; 254B.03, subdivisions 1, 5;  
455.20 254B.04, subdivision 2a, by adding subdivisions; 256.01, subdivision 29, by adding  
455.21 a subdivision; 256.021, subdivision 3; 256.042, subdivision 5; 256.045, subdivision  
455.22 3; 256.9657, subdivision 8; 256.975, subdivision 11; 256B.0561, subdivision 4;  
455.23 256B.057, subdivision 9; 256B.0625, subdivision 17a, by adding a subdivision;  
455.24 256B.0659, subdivisions 1, 12, 19, 24; 256B.0757, subdivisions 1, 2, 3, 4, 5, 8;  
455.25 256B.0911, subdivision 5; 256B.0949, subdivisions 8, 17; 256B.49, subdivision  
455.26 23; 256B.4911, subdivision 4, by adding a subdivision; 256B.4914, subdivisions  
455.27 3, as amended, 4, as amended, 8, as amended, 9, as amended, 10, as amended, 10a,  
455.28 as amended, 12, as amended, 14, as amended; 256B.493, subdivisions 2, 4, 5, 6,  
455.29 by adding subdivisions; 256B.5012, by adding subdivisions; 256B.69, subdivision  
455.30 9d; 256B.85, by adding a subdivision; 256D.09, subdivision 2a; 256E.28,  
455.31 subdivision 6; 256E.33, subdivisions 1, 2; 256E.35, subdivisions 1, 2, 4a, 6, 7;  
455.32 256G.02, subdivision 6; 256I.04, subdivision 3; 256I.05, by adding a subdivision;  
455.33 256K.26, subdivisions 2, 6, 7; 256K.45, subdivision 6, by adding subdivisions;  
455.34 256L.12, subdivision 8; 256P.02, by adding a subdivision; 256P.03, subdivision  
455.35 2; 256P.04, subdivision 11; 256Q.06, by adding a subdivision; 256R.02,  
455.36 subdivisions 16, 24, 26, 29, 34, by adding subdivisions; 256R.18; 256R.23,  
455.37 subdivisions 2, 3; 256R.24, subdivision 1; 256R.25; 256S.16; 257.0725; 260.012;  
455.38 260.775; 260B.157, subdivisions 1, 3; 260C.001, subdivision 3; 260C.007,  
455.39 subdivision 27; 260C.151, subdivision 6; 260C.152, subdivision 5; 260C.175,  
455.40 subdivision 2; 260C.176, subdivision 2; 260C.178, subdivision 1; 260C.181,  
455.41 subdivision 2; 260C.193, subdivision 3; 260C.201, subdivisions 1, 2; 260C.202;  
455.42 260C.203; 260C.204; 260C.221; 260C.513; 260C.607, subdivisions 2, 5; 260C.613,  
455.43 subdivisions 1, 5; 260E.20, subdivision 1; 260E.22, subdivision 2; 260E.24,  
455.44 subdivisions 2, 6; 260E.38, subdivision 3; 268.19, subdivision 1; 297E.021,  
455.45 subdivision 3; 299A.299, subdivision 1; 354B.20, subdivision 7; 518A.77; 626.557,  
455.46 subdivision 12b; 626.5571, subdivision 1; Minnesota Statutes 2021 Supplement,  
455.47 sections 10A.01, subdivision 35; 15.01; 15.06, subdivision 1; 43A.08, subdivision  
455.48 1a; 62A.673, subdivision 2; 144.551, subdivision 1; 148F.11, subdivision 1;  
455.49 245.467, subdivisions 2, 3; 245.4871, subdivision 21; 245.4876, subdivisions 2,  
455.50 3; 245.4889, subdivision 1; 245.735, subdivision 3; 245A.03, subdivision 7;  
455.51 245C.03, subdivision 5a, by adding subdivisions; 245C.05, subdivision 5; 245I.02,  
455.52 subdivisions 19, 36; 245I.03, subdivision 9; 245I.04, subdivision 4; 245I.05,  
455.53 subdivision 3; 245I.08, subdivision 4; 245I.09, subdivision 2; 245I.10, subdivisions  
455.54 2, 6; 245I.20, subdivision 5; 245I.23, subdivision 22; 254A.03, subdivision 3;  
455.55 254A.19, subdivision 4; 254B.03, subdivision 2; 254B.04, subdivision 1; 254B.05,  
455.56 subdivisions 4, 5; 256.01, subdivision 42; 256.042, subdivision 4; 256B.0371,  
455.57 subdivision 4; 256B.0622, subdivision 2; 256B.0625, subdivisions 3b, 17;  
455.58 256B.0659, subdivision 17a; 256B.0671, subdivision 6; 256B.0911, subdivisions

456.1 3a, 3f; 256B.0946, subdivision 1; 256B.0947, subdivisions 2, 6; 256B.0949,  
 456.2 subdivisions 2, 13; 256B.49, subdivision 28; 256B.4914, subdivision 5, as amended;  
 456.3 256B.69, subdivision 9f; 256B.85, subdivisions 7, 7a; 256B.851, subdivision 5;  
 456.4 256L.03, subdivision 2; 256P.01, subdivision 6a; 256P.02, subdivisions 1a, 2;  
 456.5 256P.06, subdivision 3; 256S.205; 256S.2101; 260C.157, subdivision 3; 260C.212,  
 456.6 subdivisions 1, 2; 260C.605, subdivision 1; 260C.607, subdivision 6; 260E.20,  
 456.7 subdivision 2; 297E.02, subdivision 3; Laws 2009, chapter 79, article 13, section  
 456.8 3, subdivision 10, as amended; Laws 2014, chapter 312, article 27, section 75;  
 456.9 Laws 2020, First Special Session chapter 7, section 1, subdivision 1, as amended;  
 456.10 Laws 2021, First Special Session chapter 7, article 2, section 74, by adding a  
 456.11 subdivision; article 10, sections 1; 3; article 11, section 38; article 14, section 21,  
 456.12 subdivision 4; article 16, sections 2, subdivisions 1, 24, 29, 31, 33; 5; article 17,  
 456.13 sections 3; 6; 10; 11; 12; 14; 17, subdivision 3; 19; Laws 2021, First Special Session  
 456.14 chapter 8, article 6, section 1, subdivision 7; Laws 2022, chapter 33, section 1,  
 456.15 subdivisions 5a, 5b, 5c, 5d, 5f, 10c; by adding a subdivision; Laws 2022, chapter  
 456.16 40, sections 6; 7; proposing coding for new law in Minnesota Statutes, chapters  
 456.17 103I; 145; 147A; 148; 148B; 151; 245A; 245D; 256; 256B; 626; proposing coding  
 456.18 for new law as Minnesota Statutes, chapter 256T; repealing Minnesota Statutes  
 456.19 2020, sections 62U.10, subdivision 3; 136A.29, subdivision 4; 144.1911,  
 456.20 subdivision 10; 144.564, subdivision 3; 144A.483, subdivision 2; 147.02,  
 456.21 subdivision 2a; 169A.70, subdivision 6; 245.981; 245G.22, subdivision 19;  
 456.22 246.0136; 246.131; 246B.03, subdivision 2; 246B.035; 252.025, subdivision 7;  
 456.23 252.035; 254A.02, subdivision 8a; 254A.16, subdivision 6; 254A.19, subdivisions  
 456.24 1a, 2; 254A.21; 254B.04, subdivisions 2b, 2c; 254B.041, subdivision 2; 256.01,  
 456.25 subdivision 31; 256.975, subdivision 12; 256B.0638, subdivision 7; Minnesota  
 456.26 Statutes 2021 Supplement, section 254A.19, subdivision 5; Laws 1998, chapter  
 456.27 382, article 1, section 23; Laws 2022, chapter 33, section 1, subdivision 9."

456.28 And when so amended the bill do pass. Amendments adopted. Report adopted.

456.29   
 456.30 .....  
 (Committee Chair)

456.31 April 20, 2022.....  
 456.32 (Date of Committee recommendation)