

1.1 **Senator Abeler from the Committee on Human Services Reform Finance and Policy,**
1.2 **to which was referred**

1.3 **S.F. No. 4165:** A bill for an act relating to state government; making human services
1.4 forecast adjustments; appropriating money.

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

1.6 Delete everything after the enacting clause and insert:

1.7 **"ARTICLE 1**

1.8 **CHILDREN AND FAMILY SERVICES**

1.9 Section 1. Minnesota Statutes 2020, section 145.4716, is amended by adding a subdivision
1.10 to read:

1.11 Subd. 4. **Funding.** Funds appropriated for this section shall not be used for any activity
1.12 other than the authorized activities under this section, and the commissioner shall not create
1.13 additional eligibility criteria or restrictions on the funds. The commissioner must prioritize
1.14 providing trauma-informed, culturally inclusive services for sexually exploited youth or
1.15 youth at risk of sexual exploitation under this section.

1.16 Sec. 2. Minnesota Statutes 2020, section 256E.33, subdivision 1, is amended to read:

1.17 Subdivision 1. **Definitions.** (a) The definitions in this subdivision apply to this section.

1.18 (b) "Transitional housing" means housing designed for independent living and provided
1.19 to a homeless person or family at a rental rate of at least 25 percent of the family income
1.20 for a period of up to ~~24~~ 36 months. If a transitional housing program is associated with a
1.21 licensed facility or shelter, it must be located in a separate facility or a specified section of
1.22 the main facility where residents can be responsible for their own meals and other daily
1.23 needs.

1.24 (c) "Support services" means an assessment service that identifies the needs of individuals
1.25 for independent living and arranges or provides for the appropriate educational, social, legal,
1.26 advocacy, child care, employment, financial, health care, or information and referral services
1.27 to meet these needs.

1.28 Sec. 3. Minnesota Statutes 2020, section 256E.33, subdivision 2, is amended to read:

1.29 Subd. 2. **Establishment and administration.** A transitional housing program is
1.30 established to be administered by the commissioner. The commissioner may make grants
1.31 to eligible recipients or enter into agreements with community action agencies or other

2.1 public or private nonprofit agencies to make grants to eligible recipients to initiate, maintain,
 2.2 or expand programs to provide transitional housing and support services for persons in need
 2.3 of transitional housing, which may include up to six months of follow-up support services
 2.4 for persons who complete transitional housing as they stabilize in permanent housing. The
 2.5 commissioner must ensure that money appropriated to implement this section is distributed
 2.6 as soon as practicable. The commissioner may make grants directly to eligible recipients.
 2.7 The commissioner may extend use ~~up to ten percent of the appropriation available for~~ of
 2.8 this program for persons needing assistance longer than ~~24~~ 36 months.

2.9 Sec. 4. Minnesota Statutes 2020, section 256E.35, subdivision 1, is amended to read:

2.10 Subdivision 1. **Establishment.** The Minnesota family assets for independence initiative
 2.11 is established to provide incentives for low-income families to accrue assets for education,
 2.12 housing, vehicles, emergencies, and economic development purposes.

2.13 Sec. 5. Minnesota Statutes 2020, section 256E.35, subdivision 2, is amended to read:

2.14 Subd. 2. **Definitions.** (a) The definitions in this subdivision apply to this section.

2.15 (b) "Eligible educational institution" means the following:

2.16 (1) an institution of higher education described in section 101 or 102 of the Higher
 2.17 Education Act of 1965; or

2.18 (2) an area vocational education school, as defined in subparagraph (C) or (D) of United
 2.19 States Code, title 20, chapter 44, section 2302 (3) (the Carl D. Perkins Vocational and
 2.20 Applied Technology Education Act), which is located within any state, as defined in United
 2.21 States Code, title 20, chapter 44, section 2302 (30). This clause is applicable only to the
 2.22 extent section 2302 is in effect on August 1, 2008.

2.23 (c) "Family asset account" means a savings account opened by a household participating
 2.24 in the Minnesota family assets for independence initiative.

2.25 (d) "Fiduciary organization" means:

2.26 (1) a community action agency that has obtained recognition under section 256E.31;

2.27 (2) a federal community development credit union ~~serving the seven-county metropolitan~~
 2.28 ~~area; or~~

2.29 (3) a women-oriented economic development agency ~~serving the seven-county~~
 2.30 ~~metropolitan area;~~

2.31 (4) a federally recognized Tribal nation; or

3.1 (5) a nonprofit organization, as defined under section 501(c)(3) of the Internal Revenue
3.2 Code.

3.3 (e) "Financial coach" means a person who:

3.4 (1) has completed an intensive financial literacy training workshop that includes
3.5 curriculum on budgeting to increase savings, debt reduction and asset building, building a
3.6 good credit rating, and consumer protection;

3.7 (2) participates in ongoing statewide family assets for independence in Minnesota (FAIM)
3.8 network training meetings under FAIM program supervision; and

3.9 (3) provides financial coaching to program participants under subdivision 4a.

3.10 (f) "Financial institution" means a bank, bank and trust, savings bank, savings association,
3.11 or credit union, the deposits of which are insured by the Federal Deposit Insurance
3.12 Corporation or the National Credit Union Administration.

3.13 (g) "Household" means all individuals who share use of a dwelling unit as primary
3.14 quarters for living and eating separate from other individuals.

3.15 (h) "Permissible use" means:

3.16 (1) postsecondary educational expenses at an eligible educational institution as defined
3.17 in paragraph (b), including books, supplies, and equipment required for courses of instruction;

3.18 (2) acquisition costs of acquiring, constructing, or reconstructing a residence, including
3.19 any usual or reasonable settlement, financing, or other closing costs;

3.20 (3) business capitalization expenses for expenditures on capital, plant, equipment, working
3.21 capital, and inventory expenses of a legitimate business pursuant to a business plan approved
3.22 by the fiduciary organization;

3.23 (4) acquisition costs of a principal residence within the meaning of section 1034 of the
3.24 Internal Revenue Code of 1986 which do not exceed 100 percent of the average area purchase
3.25 price applicable to the residence determined according to section 143(e)(2) and (3) of the
3.26 Internal Revenue Code of 1986; ~~and~~

3.27 (5) acquisition costs of a personal vehicle only if approved by the fiduciary organization;

3.28 (6) contribution to an emergency savings account; and

3.29 (7) contribution to a Minnesota 529 savings plan.

4.1 Sec. 6. Minnesota Statutes 2020, section 256E.35, subdivision 4a, is amended to read:

4.2 Subd. 4a. **Financial coaching.** A financial coach shall provide the following to program
4.3 participants:

4.4 (1) financial education relating to budgeting, debt reduction, asset-specific training,
4.5 credit building, and financial stability activities;

4.6 (2) asset-specific training related to buying a home or vehicle, acquiring postsecondary
4.7 education, ~~or starting or expanding a small business,~~ saving for emergencies, or saving for
4.8 a child's education; and

4.9 (3) financial stability education and training to improve and sustain financial security.

4.10 Sec. 7. Minnesota Statutes 2020, section 256E.35, subdivision 6, is amended to read:

4.11 Subd. 6. **Withdrawal; matching; permissible uses.** (a) To receive a match, a
4.12 participating household must transfer funds withdrawn from a family asset account to its
4.13 matching fund custodial account held by the fiscal agent, according to the family asset
4.14 agreement. The fiscal agent must determine if the match request is for a permissible use
4.15 consistent with the household's family asset agreement.

4.16 (b) The fiscal agent must ensure the household's custodial account contains the applicable
4.17 matching funds to match the balance in the household's account, including interest, on at
4.18 least a quarterly basis and at the time of an approved withdrawal. Matches must be a
4.19 contribution of \$3 from state grant or TANF funds for every \$1 of funds withdrawn from
4.20 the family asset account not to exceed a \$6,000 lifetime limit.

4.21 (c) Notwithstanding paragraph (b), if funds are appropriated for the Federal Assets for
4.22 Independence Act of 1998, and a participating fiduciary organization is awarded a grant
4.23 under that act, participating households with that fiduciary organization must be provided
4.24 matches as follows:

4.25 (1) from state grant and TANF funds, a matching contribution of \$1.50 for every \$1 of
4.26 funds withdrawn from the family asset account not to exceed a ~~\$3,000~~ \$4,500 lifetime limit;
4.27 and

4.28 (2) from nonstate funds, a matching contribution of not less than \$1.50 for every \$1 of
4.29 funds withdrawn from the family asset account not to exceed a ~~\$3,000~~ \$4,500 lifetime limit.

4.30 (d) Upon receipt of transferred custodial account funds, the fiscal agent must make a
4.31 direct payment to the vendor of the goods or services for the permissible use.

5.1 Sec. 8. Minnesota Statutes 2020, section 256E.35, subdivision 7, is amended to read:

5.2 Subd. 7. **Program reporting.** The fiscal agent on behalf of each fiduciary organization
5.3 participating in a family assets for independence initiative must report quarterly to the
5.4 commissioner of human services identifying the participants with accounts, the number of
5.5 accounts, the amount of savings and matches for each participant's account, the uses of the
5.6 account, and the number of businesses, homes, vehicles, and educational services paid for
5.7 with money from the account, and the amount of contributions to Minnesota 529 savings
5.8 plans and emergency savings accounts, as well as other information that may be required
5.9 for the commissioner to administer the program and meet federal TANF reporting
5.10 requirements.

5.11 Sec. 9. Minnesota Statutes 2020, section 256K.45, subdivision 6, is amended to read:

5.12 Subd. 6. **Funding.** Funds appropriated for this section may be expended on programs
5.13 described under subdivisions 3 to 5 and 8, technical assistance, and capacity building to
5.14 meet the greatest need on a statewide basis. The commissioner will provide outreach,
5.15 technical assistance, and program development support to increase capacity to new and
5.16 existing service providers to better meet needs statewide, particularly in areas where services
5.17 for homeless youth have not been established, especially in greater Minnesota.

5.18 Sec. 10. Minnesota Statutes 2020, section 256K.45, is amended by adding a subdivision
5.19 to read:

5.20 Subd. 7. **Awarding of grants.** (a) Grants awarded under this section shall not be used
5.21 for any activity other than the authorized activities under this section, and the commissioner
5.22 shall not create additional eligibility criteria or restrictions on the grant money.

5.23 (b) Grants shall be awarded under this section only after a review of the grant recipient's
5.24 application materials, including past performance and utilization of grant money. The
5.25 commissioner shall not reduce an existing grant award amount unless the commissioner
5.26 first determines that the grant recipient has failed to meet performance measures or has used
5.27 grant money improperly.

5.28 (c) For grants awarded pursuant to a two-year grant contract, the commissioner shall
5.29 permit grant recipients to carry over any unexpended amount from the first contract year
5.30 to the second contract year.

6.1 Sec. 11. Minnesota Statutes 2020, section 256K.45, is amended by adding a subdivision
6.2 to read:

6.3 Subd. 8. **Provider repair or improvement grants.** (a) Providers that serve homeless
6.4 youth under this section may apply for a grant of up to \$100,000 under this subdivision to
6.5 make minor or mechanical repairs or improvements to a facility providing services to
6.6 homeless youth or youth at risk of homelessness.

6.7 (b) Grant applications under this subdivision must include a description of the repairs
6.8 or improvements and the estimated cost of the repairs or improvements.

6.9 (c) Grantees under this subdivision cannot receive grant funds under this subdivision
6.10 for two consecutive years.

6.11 Sec. 12. Minnesota Statutes 2020, section 256P.02, is amended by adding a subdivision
6.12 to read:

6.13 Subd. 4. **Account exception.** Family asset accounts under section 256E.35 and individual
6.14 development accounts authorized under the Assets for Independence Act, Title IV of the
6.15 Community Opportunities, Accountability, and Training and Educational Services Human
6.16 Services Reauthorization Act of 1998, Public Law 105-285, shall be excluded when
6.17 determining the equity value of personal property.

6.18 Sec. 13. Minnesota Statutes 2020, section 256P.04, subdivision 11, is amended to read:

6.19 Subd. 11. **Participant's completion of household report form.** (a) When a participant
6.20 is required to complete a household report form, the following paragraphs apply.

6.21 (b) If the agency receives an incomplete household report form, the agency must
6.22 immediately ~~return the incomplete form and clearly state what the participant must do for~~
6.23 ~~the form to be complete~~ contact the participant by phone or in writing to acquire the necessary
6.24 information to complete the form.

6.25 (c) The automated eligibility system must send a notice of proposed termination of
6.26 assistance to the participant if a complete household report form is not received by the
6.27 agency. The automated notice must be mailed to the participant by approximately the 16th
6.28 of the month. When a participant submits an incomplete form on or after the date a notice
6.29 of proposed termination has been sent, the termination is valid unless the participant submits
6.30 a complete form before the end of the month.

6.31 (d) The submission of a household report form is considered to have continued the
6.32 participant's application for assistance if a complete household report form is received within

7.1 a calendar month after the month in which the form was due. Assistance shall be paid for
7.2 the period beginning with the first day of that calendar month.

7.3 (e) An agency must allow good cause exemptions for a participant required to complete
7.4 a household report form when any of the following factors cause a participant to fail to
7.5 submit a completed household report form before the end of the month in which the form
7.6 is due:

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

7.8 (2) the agency does not help a participant complete the household report form when the
7.9 participant asks for help;

7.10 (3) a participant does not receive a household report form due to a mistake on the part
7.11 of the department or the agency or a reported change in address;

7.12 (4) a participant is ill or physically or mentally incapacitated; or

7.13 (5) some other circumstance occurs that a participant could not avoid with reasonable
7.14 care which prevents the participant from providing a completed household report form
7.15 before the end of the month in which the form is due.

7.16 Sec. 14. Minnesota Statutes 2021 Supplement, section 256P.06, subdivision 3, is amended
7.17 to read:

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

7.20 (1) earned income; and

7.21 (2) unearned income, which includes:

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

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

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

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

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

7.28 (vi) cash prizes and winnings;

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

- 8.1 (A) 18 years of age and enrolled in a secondary school; or
- 8.2 (B) 18 or 19 years of age, a caregiver, and is enrolled in school at least half-time;
- 8.3 (viii) retirement, survivors, and disability insurance payments;
- 8.4 (ix) nonrecurring income over \$60 per quarter unless the nonrecurring income is: (A)
- 8.5 from tax refunds, tax rebates, or tax credits; (B) a reimbursement, rebate, award, grant, or
- 8.6 refund of personal or real property or costs or losses incurred when these payments are
- 8.7 made by: a public agency; a court; solicitations through public appeal; a federal, state, or
- 8.8 local unit of government; or a disaster assistance organization; (C) provided as an in-kind
- 8.9 benefit; or (D) earmarked and used for the purpose for which it was intended, subject to
- 8.10 verification requirements under section 256P.04;
- 8.11 (x) retirement benefits;
- 8.12 (xi) cash assistance benefits, as defined by each program in chapters 119B, 256D, 256I,
- 8.13 and 256J;
- 8.14 (xii) Tribal per capita payments unless excluded by federal and state law;
- 8.15 ~~(xiii) income and payments from service and rehabilitation programs that meet or exceed~~
- 8.16 ~~the state's minimum wage rate;~~
- 8.17 ~~(xiv)~~ (xiii) income from members of the United States armed forces unless excluded
- 8.18 from income taxes according to federal or state law;
- 8.19 ~~(xv)~~ (xiv) all child support payments for programs under chapters 119B, 256D, and 256I;
- 8.20 ~~(xvi)~~ (xv) the amount of child support received that exceeds \$100 for assistance units
- 8.21 with one child and \$200 for assistance units with two or more children for programs under
- 8.22 chapter 256J;
- 8.23 ~~(xvii)~~ (xvi) spousal support; and
- 8.24 ~~(xviii)~~ (xvii) workers' compensation.

8.25 Sec. 15. Minnesota Statutes 2020, section 260.012, is amended to read:

8.26 **260.012 DUTY TO ENSURE PLACEMENT PREVENTION AND FAMILY**

8.27 **REUNIFICATION; REASONABLE EFFORTS.**

- 8.28 (a) Once a child alleged to be in need of protection or services is under the court's
- 8.29 jurisdiction, the court shall ensure that reasonable efforts, including culturally appropriate
- 8.30 services and practices, by the social services agency are made to prevent placement or to
- 8.31 eliminate the need for removal and to reunite the child with the child's family at the earliest

9.1 possible time, and the court must ensure that the responsible social services agency makes
9.2 reasonable efforts to finalize an alternative permanent plan for the child as provided in
9.3 paragraph (e). In determining reasonable efforts to be made with respect to a child and in
9.4 making those reasonable efforts, the child's best interests, health, and safety must be of
9.5 paramount concern. Reasonable efforts to prevent placement and for rehabilitation and
9.6 reunification are always required except upon a determination by the court that a petition
9.7 has been filed stating a prima facie case that:

9.8 (1) the parent has subjected a child to egregious harm as defined in section 260C.007,
9.9 subdivision 14;

9.10 (2) the parental rights of the parent to another child have been terminated involuntarily;

9.11 (3) the child is an abandoned infant under section 260C.301, subdivision 2, paragraph
9.12 (a), clause (2);

9.13 (4) the parent's custodial rights to another child have been involuntarily transferred to a
9.14 relative under Minnesota Statutes 2010, section 260C.201, subdivision 11, paragraph (d),
9.15 clause (1), section 260C.515, subdivision 4, or a similar law of another jurisdiction;

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

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

9.20 (7) the provision of services or further services for the purpose of reunification is futile
9.21 and therefore unreasonable under the circumstances.

9.22 (b) When the court makes one of the prima facie determinations under paragraph (a),
9.23 either permanency pleadings under section 260C.505, or a termination of parental rights
9.24 petition under sections 260C.141 and 260C.301 must be filed. A permanency hearing under
9.25 sections 260C.503 to 260C.521 must be held within 30 days of this determination.

9.26 (c) In the case of an Indian child, in proceedings under sections 260B.178, 260C.178,
9.27 260C.201, 260C.202, 260C.204, 260C.301, or 260C.503 to 260C.521, the juvenile court
9.28 must make findings and conclusions consistent with the Indian Child Welfare Act of 1978,
9.29 United States Code, title 25, section 1901 et seq., as to the provision of active efforts. In
9.30 cases governed by the Indian Child Welfare Act of 1978, United States Code, title 25, section
9.31 1901, the responsible social services agency must provide active efforts as required under
9.32 United States Code, title 25, section 1911(d).

9.33 (d) "Reasonable efforts to prevent placement" means:

10.1 (1) the agency has made reasonable efforts to prevent the placement of the child in foster
 10.2 care by working with the family to develop and implement a safety plan that is individualized
 10.3 to the needs of the child and the child's family and may include support persons from the
 10.4 child's extended family, kin network, and community; or

10.5 (2) the agency has demonstrated to the court that, given the particular circumstances of
 10.6 the child and family at the time of the child's removal, there are no services or efforts
 10.7 available ~~which~~ that could allow the child to safely remain in the home.

10.8 (e) "Reasonable efforts to finalize a permanent plan for the child" means due diligence
 10.9 by the responsible social services agency to:

10.10 (1) reunify the child with the parent or guardian from whom the child was removed;

10.11 (2) assess a noncustodial parent's ability to provide day-to-day care for the child and,
 10.12 where appropriate, provide services necessary to enable the noncustodial parent to safely
 10.13 provide the care, as required by section 260C.219;

10.14 (3) conduct a relative search to identify and provide notice to adult relatives, and engage
 10.15 relatives in case planning and permanency planning, as required under section 260C.221;

10.16 (4) consider placing the child with relatives in the order specified in section 260C.212,
 10.17 subdivision 2, paragraph (a);

10.18 ~~(4)~~ (5) place siblings removed from their home in the same home for foster care or
 10.19 adoption, or transfer permanent legal and physical custody to a relative. Visitation between
 10.20 siblings who are not in the same foster care, adoption, or custodial placement or facility
 10.21 shall be consistent with section 260C.212, subdivision 2; and

10.22 ~~(5)~~ (6) when the child cannot return to the parent or guardian from whom the child was
 10.23 removed, to plan for and finalize a safe and legally permanent alternative home for the child,
 10.24 and considers permanent alternative homes for the child inside or outside of the state,
 10.25 preferably with a relative in the order specified in section 260C.212, subdivision 2, paragraph
 10.26 (a), through adoption or transfer of permanent legal and physical custody of the child.

10.27 (f) Reasonable efforts are made upon the exercise of due diligence by the responsible
 10.28 social services agency to use culturally appropriate and available services to meet the
 10.29 individualized needs of the child and the child's family. Services may include those provided
 10.30 by the responsible social services agency and other culturally appropriate services available
 10.31 in the community. The responsible social services agency must select services for a child
 10.32 and the child's family by collaborating with the child's family and, if appropriate, the child.
 10.33 At each stage of the proceedings ~~where~~ when the court is required to review the

11.1 appropriateness of the responsible social services agency's reasonable efforts as described
 11.2 in paragraphs (a), (d), and (e), the social services agency has the burden of demonstrating
 11.3 that:

11.4 (1) ~~the agency~~ has made reasonable efforts to prevent placement of the child in foster
 11.5 care, including that the agency considered or established a safety plan according to paragraph
 11.6 (d), clause (1);

11.7 (2) ~~the agency~~ has made reasonable efforts to eliminate the need for removal of the
 11.8 child from the child's home and to reunify the child with the child's family at the earliest
 11.9 possible time;

11.10 (3) the agency has made reasonable efforts to finalize a permanent plan for the child
 11.11 pursuant to paragraph (e);

11.12 ~~(3) it~~ (4) the agency has made reasonable efforts to finalize an alternative permanent
 11.13 home for the child, and ~~considers~~ considered permanent alternative homes for the child
 11.14 ~~inside or outside~~ in or out of the state, preferably with a relative in the order specified in
 11.15 section 260C.212, subdivision 2, paragraph (a); or

11.16 ~~(4)~~ (5) reasonable efforts to prevent placement and to reunify the child with the parent
 11.17 or guardian are not required. The agency may meet this burden by stating facts in a sworn
 11.18 petition filed under section 260C.141, by filing an affidavit summarizing the agency's
 11.19 reasonable efforts or facts that the agency believes demonstrate that there is no need for
 11.20 reasonable efforts to reunify the parent and child, or through testimony or a certified report
 11.21 required under juvenile court rules.

11.22 (g) Once the court determines that reasonable efforts for reunification are not required
 11.23 because the court has made one of the prima facie determinations under paragraph (a), the
 11.24 court may only require the agency to make reasonable efforts for reunification after a hearing
 11.25 according to section 260C.163, ~~where~~ if the court finds that there is not clear and convincing
 11.26 evidence of the facts upon which the court based ~~its~~ the court's prima facie determination.
 11.27 ~~In this case when~~ If there is clear and convincing evidence that the child is in need of
 11.28 protection or services, the court may find the child in need of protection or services and
 11.29 order any of the dispositions available under section 260C.201, subdivision 1. Reunification
 11.30 of a child with a parent is not required if the parent has been convicted of:

11.31 (1) a violation of, or an attempt or conspiracy to commit a violation of, sections 609.185
 11.32 to 609.20; 609.222, subdivision 2; or 609.223 in regard to another child of the parent;

11.33 (2) a violation of section 609.222, subdivision 2; or 609.223, in regard to the child;

12.1 (3) a violation of, or an attempt or conspiracy to commit a violation of, United States
12.2 Code, title 18, section 1111(a) or 1112(a), in regard to another child of the parent;

12.3 (4) committing sexual abuse as defined in section 260E.03, against the child or another
12.4 child of the parent; or

12.5 (5) an offense that requires registration as a predatory offender under section 243.166,
12.6 subdivision 1b, paragraph (a) or (b).

12.7 (h) The juvenile court, in proceedings under sections 260B.178, 260C.178, 260C.201,
12.8 260C.202, 260C.204, 260C.301, or 260C.503 to 260C.521, shall make findings and
12.9 conclusions as to the provision of reasonable efforts. When determining whether reasonable
12.10 efforts have been made by the agency, the court shall consider whether services to the child
12.11 and family were:

12.12 (1) selected in collaboration with the child's family and, if appropriate, the child;

12.13 (2) tailored to the individualized needs of the child and child's family;

12.14 ~~(1)~~ (3) relevant to the safety and, protection, and well-being of the child;

12.15 ~~(2)~~ (4) adequate to meet the individualized needs of the child and family;

12.16 ~~(3)~~ (5) culturally appropriate;

12.17 ~~(4)~~ (6) available and accessible;

12.18 ~~(5)~~ (7) consistent and timely; and

12.19 ~~(6)~~ (8) realistic under the circumstances.

12.20 In the alternative, the court may determine that the provision of services or further services
12.21 for the purpose of rehabilitation is futile and therefore unreasonable under the circumstances
12.22 or that reasonable efforts are not required as provided in paragraph (a).

12.23 (i) This section does not prevent out-of-home placement for the treatment of a child with
12.24 a mental disability when it is determined to be medically necessary as a result of the child's
12.25 diagnostic assessment or the child's individual treatment plan indicates that appropriate and
12.26 necessary treatment cannot be effectively provided outside of a residential or inpatient
12.27 treatment program and the level or intensity of supervision and treatment cannot be
12.28 effectively and safely provided in the child's home or community and it is determined that
12.29 a residential treatment setting is the least restrictive setting that is appropriate to the needs
12.30 of the child.

13.1 (j) If continuation of reasonable efforts to prevent placement or reunify the child with
 13.2 the parent or guardian from whom the child was removed is determined by the court to be
 13.3 inconsistent with the permanent plan for the child or upon the court making one of the prima
 13.4 facie determinations under paragraph (a), reasonable efforts must be made to place the child
 13.5 in a timely manner in a safe and permanent home and to complete whatever steps are
 13.6 necessary to legally finalize the permanent placement of the child.

13.7 (k) Reasonable efforts to place a child for adoption or in another permanent placement
 13.8 may be made concurrently with reasonable efforts to prevent placement or to reunify the
 13.9 child with the parent or guardian from whom the child was removed. When the responsible
 13.10 social services agency decides to concurrently make reasonable efforts for both reunification
 13.11 and permanent placement away from the parent under paragraph (a), the agency shall disclose
 13.12 ~~its~~ the agency's decision and both plans for concurrent reasonable efforts to all parties and
 13.13 the court. When the agency discloses ~~its~~ the agency's decision to proceed ~~on~~ with both plans
 13.14 for reunification and permanent placement away from the parent, the court's review of the
 13.15 agency's reasonable efforts shall include the agency's efforts under both plans.

13.16 Sec. 16. Minnesota Statutes 2020, section 260C.001, subdivision 3, is amended to read:

13.17 Subd. 3. **Permanency, termination of parental rights, and adoption.** The purpose of
 13.18 the laws relating to permanency, termination of parental rights, and children who come
 13.19 under the guardianship of the commissioner of human services is to ensure that:

13.20 (1) when required and appropriate, reasonable efforts have been made by the social
 13.21 services agency to reunite the child with the child's parents in a home that is safe and
 13.22 permanent;

13.23 (2) if placement with the parents is not reasonably foreseeable, to secure for the child a
 13.24 safe and permanent placement according to the requirements of section 260C.212, subdivision
 13.25 2, preferably ~~with adoptive parents~~ with a relative through an adoption or a transfer of
 13.26 permanent legal and physical custody or, if that is not possible or in the best interests of the
 13.27 child, ~~a fit and willing relative through transfer of permanent legal and physical custody to~~
 13.28 ~~that relative~~ with a nonrelative caregiver through adoption; and

13.29 (3) when a child is under the guardianship of the commissioner of human services,
 13.30 reasonable efforts are made to finalize an adoptive home for the child in a timely manner.

13.31 Nothing in this section requires reasonable efforts to prevent placement or to reunify
 13.32 the child with the parent or guardian to be made in circumstances where the court has
 13.33 determined that the child has been subjected to egregious harm, when the child is an

14.1 abandoned infant, the parent has involuntarily lost custody of another child through a
14.2 proceeding under section 260C.515, subdivision 4, or similar law of another state, the
14.3 parental rights of the parent to a sibling have been involuntarily terminated, or the court has
14.4 determined that reasonable efforts or further reasonable efforts to reunify the child with the
14.5 parent or guardian would be futile.

14.6 The paramount consideration in all proceedings for permanent placement of the child
14.7 under sections 260C.503 to 260C.521, or the termination of parental rights is the best interests
14.8 of the child. In proceedings involving an American Indian child, as defined in section
14.9 260.755, subdivision 8, the best interests of the child must be determined consistent with
14.10 the Indian Child Welfare Act of 1978, United States Code, title 25, section 1901, et seq.

14.11 Sec. 17. Minnesota Statutes 2020, section 260C.007, subdivision 27, is amended to read:

14.12 Subd. 27. **Relative.** "Relative" means a person related to the child by blood, marriage,
14.13 or adoption; the legal parent, guardian, or custodian of the child's siblings; or an individual
14.14 who is an important friend of the child or of the child's parent or custodian, including an
14.15 individual with whom the child has resided or had significant contact or who has a significant
14.16 relationship to the child or the child's parent or custodian.

14.17 Sec. 18. Minnesota Statutes 2020, section 260C.151, subdivision 6, is amended to read:

14.18 Subd. 6. **Immediate custody.** If the court makes individualized, explicit findings, based
14.19 on the notarized petition or sworn affidavit, that there are reasonable grounds to believe
14.20 that the child is in surroundings or conditions ~~which~~ that endanger the child's health, safety,
14.21 or welfare that require that responsibility for the child's care and custody be immediately
14.22 assumed by the responsible social services agency and that continuation of the child in the
14.23 custody of the parent or guardian is contrary to the child's welfare, the court may order that
14.24 the officer serving the summons take the child into immediate custody for placement of the
14.25 child in foster care, preferably with a relative. In ordering that responsibility for the care,
14.26 custody, and control of the child be assumed by the responsible social services agency, the
14.27 court is ordering emergency protective care as that term is defined in the juvenile court
14.28 rules.

14.29 Sec. 19. Minnesota Statutes 2020, section 260C.152, subdivision 5, is amended to read:

14.30 Subd. 5. **Notice to foster parents and preadoptive parents and relatives.** The foster
14.31 parents, if any, of a child and any preadoptive parent or relative providing care for the child
14.32 must be provided notice of and a right to be heard in any review or hearing to be held with

15.1 respect to the child. Any other relative may also request, and must be granted, a notice and
 15.2 ~~the opportunity right~~ to be heard under this section. This subdivision does not require that
 15.3 a foster parent, preadoptive parent, ~~or~~ relative providing care for the child, or any other
 15.4 relative be made a party to a review or hearing solely on the basis of the notice and right to
 15.5 be heard.

15.6 Sec. 20. Minnesota Statutes 2020, section 260C.175, subdivision 2, is amended to read:

15.7 Subd. 2. **Notice to parent or custodian and child; emergency placement with**
 15.8 **relative.** Whenever (a) At the time that a peace officer takes a child into custody for relative
 15.9 placement or shelter care ~~or relative placement~~ pursuant to subdivision 1, section 260C.151,
 15.10 subdivision 5, or section 260C.154, the officer shall notify the child's parent or custodian
 15.11 and the child, if the child is ten years of age or older, that under section 260C.181, subdivision
 15.12 2, the parent or custodian or the child may request ~~that~~ to place the child ~~be placed~~ with a
 15.13 relative ~~or a designated caregiver under chapter 257A~~ as defined in section 260C.007,
 15.14 subdivision 27, instead of in a shelter care facility.

15.15 (b) When a child who is not alleged to be delinquent is taken into custody pursuant to
 15.16 subdivision 1, clause (1) or (2), item (ii), and placement with an identified relative is
 15.17 requested, the peace officer shall coordinate with the responsible social services agency to
 15.18 ensure the child's safety and well-being and comply with section 260C.181, subdivision 2.

15.19 (c) The officer also shall give the parent or custodian of the child a list of names,
 15.20 addresses, and telephone numbers of social services agencies that offer child welfare services.
 15.21 If the parent or custodian was not present when the child was removed from the residence,
 15.22 the list shall be left with an adult on the premises or left in a conspicuous place on the
 15.23 premises if no adult is present. If the officer has reason to believe the parent or custodian
 15.24 is not able to read and understand English, the officer must provide a list that is written in
 15.25 the language of the parent or custodian. The list shall be prepared by the commissioner of
 15.26 human services. The commissioner shall prepare lists for each county and provide each
 15.27 county with copies of the list without charge. The list shall be reviewed annually by the
 15.28 commissioner and updated if it is no longer accurate. Neither the commissioner nor any
 15.29 peace officer or the officer's employer shall be liable to any person for mistakes or omissions
 15.30 in the list. The list does not constitute a promise that any agency listed will ~~in fact~~ assist the
 15.31 parent or custodian.

16.1 Sec. 21. Minnesota Statutes 2020, section 260C.176, subdivision 2, is amended to read:

16.2 Subd. 2. **Reasons for detention.** (a) If the child is not released as provided in subdivision
16.3 1, the person taking the child into custody shall notify the court as soon as possible of the
16.4 detention of the child and the reasons for detention.

16.5 (b) No child taken into custody and placed in a relative's home or shelter care facility
16.6 ~~or relative's home~~ by a peace officer pursuant to section 260C.175, subdivision 1, clause
16.7 (1) or (2), item (ii), may be held in custody longer than 72 hours, excluding Saturdays,
16.8 Sundays and holidays, unless a petition has been filed and the judge or referee determines
16.9 pursuant to section 260C.178 that the child shall remain in custody or unless the court has
16.10 made a finding of domestic abuse perpetrated by a minor after a hearing under Laws 1997,
16.11 chapter 239, article 10, sections 2 to 26, in which case the court may extend the period of
16.12 detention for an additional seven days, within which time the social services agency shall
16.13 conduct an assessment and shall provide recommendations to the court regarding voluntary
16.14 services or file a child in need of protection or services petition.

16.15 Sec. 22. Minnesota Statutes 2020, section 260C.178, subdivision 1, is amended to read:

16.16 Subdivision 1. **Hearing and release requirements.** (a) If a child was taken into custody
16.17 under section 260C.175, subdivision 1, clause (1) or (2), item (ii), the court shall hold a
16.18 hearing within 72 hours of the time that the child was taken into custody, excluding
16.19 Saturdays, Sundays, and holidays, to determine whether the child should continue to be in
16.20 custody.

16.21 (b) Unless there is reason to believe that the child would endanger self or others or not
16.22 return for a court hearing, or that the child's health or welfare would be immediately
16.23 endangered, the child shall be released to the custody of a parent, guardian, custodian, or
16.24 other suitable person, subject to reasonable conditions of release including, but not limited
16.25 to, a requirement that the child undergo a chemical use assessment as provided in section
16.26 260C.157, subdivision 1.

16.27 (c) If the court determines that there is reason to believe that the child would endanger
16.28 self or others or not return for a court hearing, or that the child's health or welfare would be
16.29 immediately endangered if returned to the care of the parent or guardian who has custody
16.30 and from whom the child was removed, the court shall order the child:

16.31 (1) into the care of the child's noncustodial parent and order the noncustodial parent to
16.32 comply with any conditions that the court determines appropriate to ensure the safety and
16.33 care of the child, including requiring the noncustodial parent to cooperate with paternity

17.1 establishment proceedings if the noncustodial parent has not been adjudicated the child's
 17.2 father; or

17.3 (2) into foster care as defined in section 260C.007, subdivision 18, under the legal
 17.4 responsibility of the responsible social services agency or responsible probation or corrections
 17.5 agency for the purposes of protective care as that term is used in the juvenile court rules or
 17.6 into the home of a noncustodial parent and order the noncustodial parent to comply with
 17.7 any conditions the court determines to be appropriate to the safety and care of the child,
 17.8 including cooperating with paternity establishment proceedings in the case of a man who
 17.9 has not been adjudicated the child's father. The court shall not give the responsible social
 17.10 services legal custody and order a trial home visit at any time prior to adjudication and
 17.11 disposition under section 260C.201, subdivision 1, paragraph (a), clause (3), but may order
 17.12 the child returned to the care of the parent or guardian who has custody and from whom the
 17.13 child was removed and order the parent or guardian to comply with any conditions the court
 17.14 determines to be appropriate to meet the safety, health, and welfare of the child.

17.15 (d) In determining whether the child's health or welfare would be immediately
 17.16 endangered, the court shall consider whether the child would reside with a perpetrator of
 17.17 domestic child abuse.

17.18 (e) The court, before determining whether a child should be placed in or continue in
 17.19 foster care under the protective care of the responsible agency, shall also make a
 17.20 determination, consistent with section 260.012 as to whether reasonable efforts were made
 17.21 to prevent placement or whether reasonable efforts to prevent placement are not required.
 17.22 In the case of an Indian child, the court shall determine whether active efforts, according
 17.23 to section 260.762 and the Indian Child Welfare Act of 1978, United States Code, title 25,
 17.24 section 1912(d), were made to prevent placement. The court shall enter a finding that the
 17.25 responsible social services agency has made reasonable efforts to prevent placement when
 17.26 the agency establishes either:

17.27 (1) that ~~it~~ the agency has actually provided services or made efforts in an attempt to
 17.28 prevent the child's removal but that such services or efforts have not proven sufficient to
 17.29 permit the child to safely remain in the home; or

17.30 (2) that there are no services or other efforts that could be made at the time of the hearing
 17.31 that could safely permit the child to remain home or to return home. The court shall not
 17.32 make a reasonable efforts determination under this clause unless the court is satisfied that
 17.33 the agency has sufficiently demonstrated to the court that there were no services or other
 17.34 efforts that the agency was able to provide at the time of the hearing enabling the child to

18.1 safely remain home or to safely return home. When reasonable efforts to prevent placement
18.2 are required and there are services or other efforts that could be ordered ~~which~~ that would
18.3 permit the child to safely return home, the court shall order the child returned to the care of
18.4 the parent or guardian and the services or efforts put in place to ensure the child's safety.
18.5 When the court makes a prima facie determination that one of the circumstances under
18.6 paragraph (g) exists, the court shall determine that reasonable efforts to prevent placement
18.7 and to return the child to the care of the parent or guardian are not required.

18.8 (f) If the court finds the social services agency's preventive or reunification efforts have
18.9 not been reasonable but further preventive or reunification efforts could not permit the child
18.10 to safely remain at home, the court may nevertheless authorize or continue the removal of
18.11 the child.

18.12 ~~(f)~~ (g) The court may not order or continue the foster care placement of the child unless
18.13 the court makes explicit, individualized findings that continued custody of the child by the
18.14 parent or guardian would be contrary to the welfare of the child and that placement is in the
18.15 best interest of the child.

18.16 ~~(g)~~ (h) At the emergency removal hearing, or at any time during the course of the
18.17 proceeding, and upon notice and request of the county attorney, the court shall determine
18.18 whether a petition has been filed stating a prima facie case that:

18.19 (1) the parent has subjected a child to egregious harm as defined in section 260C.007,
18.20 subdivision 14;

18.21 (2) the parental rights of the parent to another child have been involuntarily terminated;

18.22 (3) the child is an abandoned infant under section 260C.301, subdivision 2, paragraph
18.23 (a), clause (2);

18.24 (4) the parents' custodial rights to another child have been involuntarily transferred to a
18.25 relative under Minnesota Statutes 2010, section 260C.201, subdivision 11, paragraph (e),
18.26 clause (1); section 260C.515, subdivision 4; or a similar law of another jurisdiction;

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

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

18.31 (7) the provision of services or further services for the purpose of reunification is futile
18.32 and therefore unreasonable.

19.1 ~~(h)~~ (i) When a petition to terminate parental rights is required under section 260C.301,
19.2 subdivision 4, or 260C.503, subdivision 2, but the county attorney has determined not to
19.3 proceed with a termination of parental rights petition, and has instead filed a petition to
19.4 transfer permanent legal and physical custody to a relative under section 260C.507, the
19.5 court shall schedule a permanency hearing within 30 days of the filing of the petition.

19.6 ~~(i)~~ (j) If the county attorney has filed a petition under section 260C.307, the court shall
19.7 schedule a trial under section 260C.163 within 90 days of the filing of the petition except
19.8 when the county attorney determines that the criminal case shall proceed to trial first under
19.9 section 260C.503, subdivision 2, paragraph (c).

19.10 ~~(j)~~ (k) If the court determines the child should be ordered into foster care and the child's
19.11 parent refuses to give information to the responsible social services agency regarding the
19.12 child's father or relatives of the child, the court may order the parent to disclose the names,
19.13 addresses, telephone numbers, and other identifying information to the responsible social
19.14 services agency for the purpose of complying with sections 260C.150, 260C.151, 260C.212,
19.15 260C.215, 260C.219, and 260C.221.

19.16 ~~(k)~~ (l) If a child ordered into foster care has siblings, whether full, half, or step, who are
19.17 also ordered into foster care, the court shall inquire of the responsible social services agency
19.18 of the efforts to place the children together as required by section 260C.212, subdivision 2,
19.19 paragraph (d), if placement together is in each child's best interests, unless a child is in
19.20 placement for treatment or a child is placed with a previously noncustodial parent who is
19.21 not a parent to all siblings. If the children are not placed together at the time of the hearing,
19.22 the court shall inquire at each subsequent hearing of the agency's reasonable efforts to place
19.23 the siblings together, as required under section 260.012. If any sibling is not placed with
19.24 another sibling or siblings, the agency must develop a plan to facilitate visitation or ongoing
19.25 contact among the siblings as required under section 260C.212, subdivision 1, unless it is
19.26 contrary to the safety or well-being of any of the siblings to do so.

19.27 ~~(l)~~ (m) When the court has ordered the child into the care of a noncustodial parent or in
19.28 ~~foster care or into the home of a noncustodial parent~~, the court may order a chemical
19.29 dependency evaluation, mental health evaluation, medical examination, and parenting
19.30 assessment for the parent as necessary to support the development of a plan for reunification
19.31 required under subdivision 7 and section 260C.212, subdivision 1, or the child protective
19.32 services plan under section 260E.26, and Minnesota Rules, part 9560.0228.

20.1 Sec. 23. Minnesota Statutes 2020, section 260C.181, subdivision 2, is amended to read:

20.2 Subd. 2. **Least restrictive setting.** Notwithstanding the provisions of subdivision 1, if
20.3 the child had been taken into custody pursuant to section 260C.175, subdivision 1, clause
20.4 (1) or (2), item (ii), and is not alleged to be delinquent, the child shall be detained in the
20.5 least restrictive setting consistent with the child's health and welfare and in closest proximity
20.6 to the child's family as possible. Placement may be with a child's relative, ~~a designated~~
20.7 ~~caregiver under chapter 257A,~~ or, if no placement is available with a relative, in a shelter
20.8 care facility. The placing officer shall comply with this section and shall document why a
20.9 less restrictive setting will or will not be in the best interests of the child for placement
20.10 purposes.

20.11 Sec. 24. Minnesota Statutes 2020, section 260C.193, subdivision 3, is amended to read:

20.12 Subd. 3. **Best interests of the child.** (a) The policy of the state is to ensure that the best
20.13 interests of children in foster care, who experience a transfer of permanent legal and physical
20.14 custody to a relative under section 260C.515, subdivision 4, or adoption under this chapter,
20.15 are met by:

20.16 (1) considering placement of a child with relatives in the order specified in section
20.17 260C.212, subdivision 2, paragraph (a); and

20.18 (2) requiring individualized determinations under section 260C.212, subdivision 2,
20.19 paragraph (b), of the needs of the child and of how the selected home will serve the needs
20.20 of the child.

20.21 (b) No later than three months after a child is ordered to be removed from the care of a
20.22 parent in the hearing required under section 260C.202, the court shall review and enter
20.23 findings regarding whether the responsible social services agency ~~made~~:

20.24 (1) diligent efforts exercised due diligence to identify and, search for, notify, and engage
20.25 relatives as required under section 260C.221; and

20.26 (2) made a placement consistent with section 260C.212, subdivision 2, that is based on
20.27 an individualized determination as required under section 260C.212, subdivision 2, of the
20.28 child's needs to select a home that meets the needs of the child.

20.29 (c) If the court finds that the agency has not ~~made efforts~~ exercised due diligence as
20.30 required under section 260C.221, ~~and~~ the court shall order the agency to make reasonable
20.31 efforts. If there is a relative who qualifies to be licensed to provide family foster care under
20.32 chapter 245A, the court may order the child to be placed with the relative consistent with
20.33 the child's best interests.

21.1 (d) If the agency's efforts under section 260C.221 are found by the court to be sufficient,
21.2 the court shall order the agency to continue to appropriately engage relatives who responded
21.3 to the notice under section 260C.221 in placement and case planning decisions and to
21.4 appropriately engage relatives who subsequently come to the agency's attention. A court's
21.5 finding that the agency has made reasonable efforts under this paragraph does not relieve
21.6 the agency of the duty to continue notifying relatives who come to the agency's attention
21.7 and engaging and considering relatives who respond to the notice under section 260C.221
21.8 in child placement and case planning decisions.

21.9 (e) If the child's birth parent ~~or parents~~ explicitly ~~request~~ requests that a specific relative
21.10 ~~or important friend~~ not be considered for placement of the child, the court shall honor that
21.11 request if it is consistent with the best interests of the child and consistent with the
21.12 requirements of section 260C.221. The court shall not waive relative search, notice, and
21.13 consideration requirements, unless section 260C.139 applies. If the child's birth parent ~~or~~
21.14 ~~parents express~~ expresses a preference for placing the child in a foster or adoptive home of
21.15 the same or a similar religious background ~~to~~ as that of the birth parent or parents, the court
21.16 shall order placement of the child with an individual who meets the birth parent's religious
21.17 preference.

21.18 (f) Placement of a child ~~cannot~~ must not be delayed or denied based on race, color, or
21.19 national origin of the foster parent or the child.

21.20 (g) Whenever possible, siblings requiring foster care placement ~~should~~ shall be placed
21.21 together unless it is determined not to be in the best interests of one or more of the siblings
21.22 after weighing the benefits of separate placement against the benefits of sibling connections
21.23 for each sibling. The agency shall consider section 260C.008 when making this determination.
21.24 If siblings were not placed together according to section 260C.212, subdivision 2, paragraph
21.25 (d), the responsible social services agency shall report to the court the efforts made to place
21.26 the siblings together and why the efforts were not successful. If the court is not satisfied
21.27 that the agency has made reasonable efforts to place siblings together, the court must order
21.28 the agency to make further reasonable efforts. If siblings are not placed together, the court
21.29 shall order the responsible social services agency to implement the plan for visitation among
21.30 siblings required as part of the out-of-home placement plan under section 260C.212.

21.31 (h) This subdivision does not affect the Indian Child Welfare Act, United States Code,
21.32 title 25, sections 1901 to 1923, and the Minnesota Indian Family Preservation Act, sections
21.33 260.751 to 260.835.

22.1 Sec. 25. Minnesota Statutes 2020, section 260C.201, subdivision 1, is amended to read:

22.2 Subdivision 1. **Dispositions.** (a) If the court finds that the child is in need of protection
22.3 or services or neglected and in foster care, ~~the court~~ shall enter an order making any of
22.4 the following dispositions of the case:

22.5 (1) place the child under the protective supervision of the responsible social services
22.6 agency or child-placing agency in the home of a parent of the child under conditions
22.7 prescribed by the court directed to the correction of the child's need for protection or services:

22.8 (i) the court may order the child into the home of a parent who does not otherwise have
22.9 legal custody of the child, however, an order under this section does not confer legal custody
22.10 on that parent;

22.11 (ii) if the court orders the child into the home of a father who is not adjudicated, the
22.12 father must cooperate with paternity establishment proceedings regarding the child in the
22.13 appropriate jurisdiction as one of the conditions prescribed by the court for the child to
22.14 continue in the father's home; and

22.15 (iii) the court may order the child into the home of a noncustodial parent with conditions
22.16 and may also order both the noncustodial and the custodial parent to comply with the
22.17 requirements of a case plan under subdivision 2; or

22.18 (2) transfer legal custody to one of the following:

22.19 (i) a child-placing agency; or

22.20 (ii) the responsible social services agency. In making a foster care placement ~~for~~ of a
22.21 child whose custody has been transferred under this subdivision, the agency shall make an
22.22 individualized determination of how the placement is in the child's best interests using the
22.23 placement consideration order for relatives, and the best interest factors in section 260C.212,
22.24 subdivision 2, ~~paragraph (b)~~, and may include a child colocated with a parent in a licensed
22.25 residential family-based substance use disorder treatment program under section 260C.190;
22.26 or

22.27 (3) order a trial home visit without modifying the transfer of legal custody to the
22.28 responsible social services agency under clause (2). Trial home visit means the child is
22.29 returned to the care of the parent or guardian from whom the child was removed for a period
22.30 not to exceed six months. During the period of the trial home visit, the responsible social
22.31 services agency:

23.1 (i) shall continue to have legal custody of the child, which means that the agency may
23.2 see the child in the parent's home, at school, in a child care facility, or other setting as the
23.3 agency deems necessary and appropriate;

23.4 (ii) shall continue to have the ability to access information under section 260C.208;

23.5 (iii) shall continue to provide appropriate services to both the parent and the child during
23.6 the period of the trial home visit;

23.7 (iv) without previous court order or authorization, may terminate the trial home visit in
23.8 order to protect the child's health, safety, or welfare and may remove the child to foster care;

23.9 (v) shall advise the court and parties within three days of the termination of the trial
23.10 home visit when a visit is terminated by the responsible social services agency without a
23.11 court order; and

23.12 (vi) shall prepare a report for the court when the trial home visit is terminated whether
23.13 by the agency or court order ~~which~~ that describes the child's circumstances during the trial
23.14 home visit and recommends appropriate orders, if any, for the court to enter to provide for
23.15 the child's safety and stability. In the event a trial home visit is terminated by the agency
23.16 by removing the child to foster care without prior court order or authorization, the court
23.17 shall conduct a hearing within ten days of receiving notice of the termination of the trial
23.18 home visit by the agency and shall order disposition under this subdivision or commence
23.19 permanency proceedings under sections 260C.503 to 260C.515. The time period for the
23.20 hearing may be extended by the court for good cause shown and if it is in the best interests
23.21 of the child as long as the total time the child spends in foster care without a permanency
23.22 hearing does not exceed 12 months;

23.23 (4) if the child has been adjudicated as a child in need of protection or services because
23.24 the child is in need of special services or care to treat or ameliorate a physical or mental
23.25 disability or emotional disturbance as defined in section 245.4871, subdivision 15, the court
23.26 may order the child's parent, guardian, or custodian to provide it. The court may order the
23.27 child's health plan company to provide mental health services to the child. Section 62Q.535
23.28 applies to an order for mental health services directed to the child's health plan company.
23.29 If the health plan, parent, guardian, or custodian fails or is unable to provide this treatment
23.30 or care, the court may order it provided. Absent specific written findings by the court that
23.31 the child's disability is the result of abuse or neglect by the child's parent or guardian, the
23.32 court shall not transfer legal custody of the child for the purpose of obtaining special
23.33 treatment or care solely because the parent is unable to provide the treatment or care. If the
23.34 court's order for mental health treatment is based on a diagnosis made by a treatment

24.1 professional, the court may order that the diagnosing professional not provide the treatment
24.2 to the child if it finds that such an order is in the child's best interests; or

24.3 (5) if the court believes that the child has sufficient maturity and judgment and that it is
24.4 in the best interests of the child, the court may order a child 16 years old or older to be
24.5 allowed to live independently, either alone or with others as approved by the court under
24.6 supervision the court considers appropriate, if the county board, after consultation with the
24.7 court, has specifically authorized this dispositional alternative for a child.

24.8 (b) If the child was adjudicated in need of protection or services because the child is a
24.9 runaway or habitual truant, the court may order any of the following dispositions in addition
24.10 to or as alternatives to the dispositions authorized under paragraph (a):

24.11 (1) counsel the child or the child's parents, guardian, or custodian;

24.12 (2) place the child under the supervision of a probation officer or other suitable person
24.13 in the child's own home under conditions prescribed by the court, including reasonable rules
24.14 for the child's conduct and the conduct of the parents, guardian, or custodian, designed for
24.15 the physical, mental, and moral well-being and behavior of the child;

24.16 (3) subject to the court's supervision, transfer legal custody of the child to one of the
24.17 following:

24.18 (i) a reputable person of good moral character. No person may receive custody of two
24.19 or more unrelated children unless licensed to operate a residential program under sections
24.20 245A.01 to 245A.16; or

24.21 (ii) a county probation officer for placement in a group foster home established under
24.22 the direction of the juvenile court and licensed pursuant to section 241.021;

24.23 (4) require the child to pay a fine of up to \$100. The court shall order payment of the
24.24 fine in a manner that will not impose undue financial hardship upon the child;

24.25 (5) require the child to participate in a community service project;

24.26 (6) order the child to undergo a chemical dependency evaluation and, if warranted by
24.27 the evaluation, order participation by the child in a drug awareness program or an inpatient
24.28 or outpatient chemical dependency treatment program;

24.29 (7) if the court believes that it is in the best interests of the child or of public safety that
24.30 the child's driver's license or instruction permit be canceled, the court may order the
24.31 commissioner of public safety to cancel the child's license or permit for any period up to
24.32 the child's 18th birthday. If the child does not have a driver's license or permit, the court

25.1 may order a denial of driving privileges for any period up to the child's 18th birthday. The
25.2 court shall forward an order issued under this clause to the commissioner, who shall cancel
25.3 the license or permit or deny driving privileges without a hearing for the period specified
25.4 by the court. At any time before the expiration of the period of cancellation or denial, the
25.5 court may, for good cause, order the commissioner of public safety to allow the child to
25.6 apply for a license or permit, and the commissioner shall so authorize;

25.7 (8) order that the child's parent or legal guardian deliver the child to school at the
25.8 beginning of each school day for a period of time specified by the court; or

25.9 (9) require the child to perform any other activities or participate in any other treatment
25.10 programs deemed appropriate by the court.

25.11 To the extent practicable, the court shall enter a disposition order the same day it makes
25.12 a finding that a child is in need of protection or services or neglected and in foster care, but
25.13 in no event more than 15 days after the finding unless the court finds that the best interests
25.14 of the child will be served by granting a delay. If the child was under eight years of age at
25.15 the time the petition was filed, the disposition order must be entered within ten days of the
25.16 finding and the court may not grant a delay unless good cause is shown and the court finds
25.17 the best interests of the child will be served by the delay.

25.18 (c) If a child who is 14 years of age or older is adjudicated in need of protection or
25.19 services because the child is a habitual truant and truancy procedures involving the child
25.20 were previously dealt with by a school attendance review board or county attorney mediation
25.21 program under section 260A.06 or 260A.07, the court shall order a cancellation or denial
25.22 of driving privileges under paragraph (b), clause (7), for any period up to the child's 18th
25.23 birthday.

25.24 (d) In the case of a child adjudicated in need of protection or services because the child
25.25 has committed domestic abuse and been ordered excluded from the child's parent's home,
25.26 the court shall dismiss jurisdiction if the court, at any time, finds the parent is able or willing
25.27 to provide an alternative safe living arrangement for the child, as defined in Laws 1997,
25.28 chapter 239, article 10, section 2.

25.29 (e) When a parent has complied with a case plan ordered under subdivision 6 and the
25.30 child is in the care of the parent, the court may order the responsible social services agency
25.31 to monitor the parent's continued ability to maintain the child safely in the home under such
25.32 terms and conditions as the court determines appropriate under the circumstances.

26.1 Sec. 26. Minnesota Statutes 2020, section 260C.201, subdivision 2, is amended to read:

26.2 Subd. 2. **Written findings.** (a) Any order for a disposition authorized under this section
26.3 shall contain written findings of fact to support the disposition and case plan ordered and
26.4 shall also set forth in writing the following information:

26.5 (1) why the best interests and safety of the child are served by the disposition and case
26.6 plan ordered;

26.7 (2) what alternative dispositions or services under the case plan were considered by the
26.8 court and why such dispositions or services were not appropriate in the instant case;

26.9 (3) when legal custody of the child is transferred, the appropriateness of the particular
26.10 placement made or to be made by the placing agency using the relative and sibling placement
26.11 considerations and best interest factors in section 260C.212, subdivision 2, ~~paragraph (b)~~,
26.12 or the appropriateness of a child colocated with a parent in a licensed residential family-based
26.13 substance use disorder treatment program under section 260C.190;

26.14 (4) whether reasonable efforts to finalize the permanent plan for the child consistent
26.15 with section 260.012 were made including reasonable efforts:

26.16 (i) to prevent the child's placement and to reunify the child with the parent or guardian
26.17 from whom the child was removed at the earliest time consistent with the child's safety.
26.18 The court's findings must include a brief description of what preventive and reunification
26.19 efforts were made and why further efforts could not have prevented or eliminated the
26.20 necessity of removal or that reasonable efforts were not required under section 260.012 or
26.21 260C.178, subdivision 1;

26.22 (ii) to identify and locate any noncustodial or nonresident parent of the child and to
26.23 assess such parent's ability to provide day-to-day care of the child, and, where appropriate,
26.24 provide services necessary to enable the noncustodial or nonresident parent to safely provide
26.25 day-to-day care of the child as required under section 260C.219, unless such services are
26.26 not required under section 260.012 or 260C.178, subdivision 1; The court's findings must
26.27 include a description of the agency's efforts to:

26.28 (A) identify and locate the child's noncustodial or nonresident parent;

26.29 (B) assess the noncustodial or nonresident parent's ability to provide day-to-day care of
26.30 the child; and

26.31 (C) if appropriate, provide services necessary to enable the noncustodial or nonresident
26.32 parent to safely provide the child's day-to-day care, including efforts to engage the
26.33 noncustodial or nonresident parent in assuming care and responsibility of the child;

27.1 (iii) to make the diligent search for relatives and provide the notices required under
27.2 section 260C.221; a finding made pursuant to a hearing under section 260C.202 that the
27.3 agency has made diligent efforts to conduct a relative search and has appropriately engaged
27.4 relatives who responded to the notice under section 260C.221 and other relatives, who came
27.5 to the attention of the agency after notice under section 260C.221 was sent, in placement
27.6 and case planning decisions fulfills the requirement of this item;

27.7 (iv) to identify and make a foster care placement of the child, considering the order in
27.8 section 260C.212, subdivision 2, paragraph (a), in the home of an unlicensed relative,
27.9 according to the requirements of section 245A.035, a licensed relative, or other licensed
27.10 foster care provider, who will commit to being the permanent legal parent or custodian for
27.11 the child in the event reunification cannot occur, but who will actively support the
27.12 reunification plan for the child. If the court finds that the agency has not appropriately
27.13 considered relatives for placement of the child, the court shall order the agency to comply
27.14 with section 260C.212, subdivision 2, paragraph (a). The court may order the agency to
27.15 continue considering relatives for placement of the child regardless of the child's current
27.16 placement setting; and

27.17 (v) to place siblings together in the same home or to ensure visitation is occurring when
27.18 siblings are separated in foster care placement and visitation is in the siblings' best interests
27.19 under section 260C.212, subdivision 2, paragraph (d); and

27.20 (5) if the child has been adjudicated as a child in need of protection or services because
27.21 the child is in need of special services or care to treat or ameliorate a mental disability or
27.22 emotional disturbance as defined in section 245.4871, subdivision 15, the written findings
27.23 shall also set forth:

27.24 (i) whether the child has mental health needs that must be addressed by the case plan;

27.25 (ii) what consideration was given to the diagnostic and functional assessments performed
27.26 by the child's mental health professional and to health and mental health care professionals'
27.27 treatment recommendations;

27.28 (iii) what consideration was given to the requests or preferences of the child's parent or
27.29 guardian with regard to the child's interventions, services, or treatment; and

27.30 (iv) what consideration was given to the cultural appropriateness of the child's treatment
27.31 or services.

27.32 (b) If the court finds that the social services agency's preventive or reunification efforts
27.33 have not been reasonable but that further preventive or reunification efforts could not permit

28.1 the child to safely remain at home, the court may nevertheless authorize or continue the
28.2 removal of the child.

28.3 (c) If the child has been identified by the responsible social services agency as the subject
28.4 of concurrent permanency planning, the court shall review the reasonable efforts of the
28.5 agency to develop a permanency plan for the child that includes a primary plan ~~which~~ that
28.6 is for reunification with the child's parent or guardian and a secondary plan ~~which~~ that is
28.7 for an alternative, legally permanent home for the child in the event reunification cannot
28.8 be achieved in a timely manner.

28.9 Sec. 27. Minnesota Statutes 2020, section 260C.202, is amended to read:

28.10 **260C.202 COURT REVIEW OF FOSTER CARE.**

28.11 (a) If the court orders a child placed in foster care, the court shall review the out-of-home
28.12 placement plan and the child's placement at least every 90 days as required in juvenile court
28.13 rules to determine whether continued out-of-home placement is necessary and appropriate
28.14 or whether the child should be returned home. This review is not required if the court has
28.15 returned the child home, ordered the child permanently placed away from the parent under
28.16 sections 260C.503 to 260C.521, or terminated rights under section 260C.301. Court review
28.17 for a child permanently placed away from a parent, including where the child is under
28.18 guardianship of the commissioner, shall be governed by section 260C.607. When a child
28.19 is placed in a qualified residential treatment program setting as defined in section 260C.007,
28.20 subdivision 26d, the responsible social services agency must submit evidence to the court
28.21 as specified in section 260C.712.

28.22 (b) No later than three months after the child's placement in foster care, the court shall
28.23 review agency efforts to search for and notify relatives pursuant to section 260C.221, and
28.24 order that the agency's efforts begin immediately, or continue, if the agency has failed to
28.25 perform, or has not adequately performed, the duties under that section. The court must
28.26 order the agency to continue to appropriately engage relatives who responded to the notice
28.27 under section 260C.221 in placement and case planning decisions and to consider relatives
28.28 for foster care placement consistent with section 260C.221. Notwithstanding a court's finding
28.29 that the agency has made reasonable efforts to search for and notify relatives under section
28.30 260C.221, the court may order the agency to continue making reasonable efforts to search
28.31 for, notify, engage other, and consider relatives who came to the agency's attention after
28.32 sending the initial notice under section 260C.221 ~~was sent~~.

28.33 (c) The court shall review the out-of-home placement plan and may modify the plan as
28.34 provided under section 260C.201, subdivisions 6 and 7.

29.1 (d) When the court ~~orders transfer of~~ transfers the custody of a child to a responsible
29.2 social services agency resulting in foster care or protective supervision with a noncustodial
29.3 parent under subdivision 1, the court shall notify the parents of the provisions of sections
29.4 260C.204 and 260C.503 to 260C.521, as required under juvenile court rules.

29.5 (e) When a child remains in or returns to foster care pursuant to section 260C.451 and
29.6 the court has jurisdiction pursuant to section 260C.193, subdivision 6, paragraph (c), the
29.7 court shall at least annually conduct the review required under section 260C.203.

29.8 Sec. 28. Minnesota Statutes 2020, section 260C.203, is amended to read:

29.9 **260C.203 ADMINISTRATIVE OR COURT REVIEW OF PLACEMENTS.**

29.10 (a) Unless the court is conducting the reviews required under section 260C.202, there
29.11 shall be an administrative review of the out-of-home placement plan of each child placed
29.12 in foster care no later than 180 days after the initial placement of the child in foster care
29.13 and at least every six months thereafter if the child is not returned to the home of the parent
29.14 or parents within that time. The out-of-home placement plan must be monitored and updated
29.15 by the responsible social services agency at each administrative review. The administrative
29.16 review shall be conducted by the responsible social services agency using a panel of
29.17 appropriate persons at least one of whom is not responsible for the case management of, or
29.18 the delivery of services to, either the child or the parents who are the subject of the review.
29.19 The administrative review shall be open to participation by the parent or guardian of the
29.20 child and the child, as appropriate.

29.21 (b) As an alternative to the administrative review required in paragraph (a), the court
29.22 may, as part of any hearing required under the Minnesota Rules of Juvenile Protection
29.23 Procedure, conduct a hearing to monitor and update the out-of-home placement plan pursuant
29.24 to the procedure and standard in section 260C.201, subdivision 6, paragraph (d). The party
29.25 requesting review of the out-of-home placement plan shall give parties to the proceeding
29.26 notice of the request to review and update the out-of-home placement plan. A court review
29.27 conducted pursuant to section 260C.141, subdivision 2; 260C.193; 260C.201, subdivision
29.28 1; 260C.202; 260C.204; 260C.317; or 260D.06 shall satisfy the requirement for the review
29.29 so long as the other requirements of this section are met.

29.30 (c) As appropriate to the stage of the proceedings and relevant court orders, the
29.31 responsible social services agency or the court shall review:

29.32 (1) the safety, permanency needs, and well-being of the child;

30.1 (2) the continuing necessity for and appropriateness of the placement, including whether
30.2 the placement is consistent with the child's best interests and other placement considerations,
30.3 including relative and sibling placement considerations under section 260C.212, subdivision
30.4 2;

30.5 (3) the extent of compliance with the out-of-home placement plan required under section
30.6 260C.212, subdivisions 1 and 1a, including services and resources that the agency has
30.7 provided to the child and child's parents, services and resources that other agencies and
30.8 individuals have provided to the child and child's parents, and whether the out-of-home
30.9 placement plan is individualized to the needs of the child and child's parents;

30.10 (4) the extent of progress that has been made toward alleviating or mitigating the causes
30.11 necessitating placement in foster care;

30.12 (5) the projected date by which the child may be returned to and safely maintained in
30.13 the home or placed permanently away from the care of the parent or parents or guardian;
30.14 and

30.15 (6) the appropriateness of the services provided to the child.

30.16 (d) When a child is age 14 or older:

30.17 (1) in addition to any administrative review conducted by the responsible social services
30.18 agency, at the in-court review required under section 260C.317, subdivision 3, clause (3),
30.19 or 260C.515, subdivision 5 or 6, the court shall review the independent living plan required
30.20 under section 260C.212, subdivision 1, paragraph (c), clause (12), and the provision of
30.21 services to the child related to the well-being of the child as the child prepares to leave foster
30.22 care. The review shall include the actual plans related to each item in the plan necessary to
30.23 the child's future safety and well-being when the child is no longer in foster care; and

30.24 (2) consistent with the requirements of the independent living plan, the court shall review
30.25 progress toward or accomplishment of the following goals:

30.26 (i) the child has obtained a high school diploma or its equivalent;

30.27 (ii) the child has completed a driver's education course or has demonstrated the ability
30.28 to use public transportation in the child's community;

30.29 (iii) the child is employed or enrolled in postsecondary education;

30.30 (iv) the child has applied for and obtained postsecondary education financial aid for
30.31 which the child is eligible;

31.1 (v) the child has health care coverage and health care providers to meet the child's
31.2 physical and mental health needs;

31.3 (vi) the child has applied for and obtained disability income assistance for which the
31.4 child is eligible;

31.5 (vii) the child has obtained affordable housing with necessary supports, which does not
31.6 include a homeless shelter;

31.7 (viii) the child has saved sufficient funds to pay for the first month's rent and a damage
31.8 deposit;

31.9 (ix) the child has an alternative affordable housing plan, which does not include a
31.10 homeless shelter, if the original housing plan is unworkable;

31.11 (x) the child, if male, has registered for the Selective Service; and

31.12 (xi) the child has a permanent connection to a caring adult.

31.13 Sec. 29. Minnesota Statutes 2020, section 260C.204, is amended to read:

31.14 **260C.204 PERMANENCY PROGRESS REVIEW FOR CHILDREN IN FOSTER**
31.15 **CARE FOR SIX MONTHS.**

31.16 (a) When a child continues in placement out of the home of the parent or guardian from
31.17 whom the child was removed, no later than six months after the child's placement the court
31.18 shall conduct a permanency progress hearing to review:

31.19 (1) the progress of the case, the parent's progress on the case plan or out-of-home
31.20 placement plan, whichever is applicable;

31.21 (2) the agency's reasonable, or in the case of an Indian child, active efforts for
31.22 reunification and its provision of services;

31.23 (3) the agency's reasonable efforts to finalize the permanent plan for the child under
31.24 section 260.012, paragraph (e), and to make a placement as required under section 260C.212,
31.25 subdivision 2, in a home that will commit to being the legally permanent family for the
31.26 child in the event the child cannot return home according to the timelines in this section;
31.27 and

31.28 (4) in the case of an Indian child, active efforts to prevent the breakup of the Indian
31.29 family and to make a placement according to the placement preferences under United States
31.30 Code, title 25, chapter 21, section 1915.

32.1 (b) When a child is placed in a qualified residential treatment program setting as defined
32.2 in section 260C.007, subdivision 26d, the responsible social services agency must submit
32.3 evidence to the court as specified in section 260C.712.

32.4 (c) The court shall ensure that notice of the hearing is sent to any relative who:

32.5 (1) responded to the agency's notice provided under section 260C.221, indicating an
32.6 interest in participating in planning for the child or being a permanency resource for the
32.7 child and who has kept the court apprised of the relative's address; or

32.8 (2) asked to be notified of court proceedings regarding the child as is permitted in section
32.9 260C.152, subdivision 5.

32.10 (d)(1) If the parent or guardian has maintained contact with the child and is complying
32.11 with the court-ordered out-of-home placement plan, and if the child would benefit from
32.12 reunification with the parent, the court may either:

32.13 (i) return the child home, if the conditions ~~which~~ that led to the out-of-home placement
32.14 have been sufficiently mitigated that it is safe and in the child's best interests to return home;
32.15 or

32.16 (ii) continue the matter up to a total of six additional months. If the child has not returned
32.17 home by the end of the additional six months, the court must conduct a hearing according
32.18 to sections 260C.503 to 260C.521.

32.19 (2) If the court determines that the parent or guardian is not complying, is not making
32.20 progress with or engaging with services in the out-of-home placement plan, or is not
32.21 maintaining regular contact with the child as outlined in the visitation plan required as part
32.22 of the out-of-home placement plan under section 260C.212, the court may order the
32.23 responsible social services agency:

32.24 (i) to develop a plan for legally permanent placement of the child away from the parent;

32.25 (ii) to consider, identify, recruit, and support one or more permanency resources from
32.26 the child's relatives and foster parent, consistent with section 260C.212, subdivision 2,
32.27 paragraph (a), to be the legally permanent home in the event the child cannot be returned
32.28 to the parent. Any relative or the child's foster parent may ask the court to order the agency
32.29 to consider them for permanent placement of the child in the event the child cannot be
32.30 returned to the parent. A relative or foster parent who wants to be considered under this
32.31 item shall cooperate with the background study required under section 245C.08, if the
32.32 individual has not already done so, and with the home study process required under chapter
32.33 245A for providing child foster care and for adoption under section 259.41. The home study

33.1 referred to in this item shall be a single-home study in the form required by the commissioner
 33.2 of human services or similar study required by the individual's state of residence when the
 33.3 subject of the study is not a resident of Minnesota. The court may order the responsible
 33.4 social services agency to make a referral under the Interstate Compact on the Placement of
 33.5 Children when necessary to obtain a home study for an individual who wants to be considered
 33.6 for transfer of permanent legal and physical custody or adoption of the child; and

33.7 (iii) to file a petition to support an order for the legally permanent placement plan.

33.8 (e) Following the review under this section:

33.9 (1) if the court has either returned the child home or continued the matter up to a total
 33.10 of six additional months, the agency shall continue to provide services to support the child's
 33.11 return home or to make reasonable efforts to achieve reunification of the child and the parent
 33.12 as ordered by the court under an approved case plan;

33.13 (2) if the court orders the agency to develop a plan for the transfer of permanent legal
 33.14 and physical custody of the child to a relative, a petition supporting the plan shall be filed
 33.15 in juvenile court within 30 days of the hearing required under this section and a trial on the
 33.16 petition held within 60 days of the filing of the pleadings; or

33.17 (3) if the court orders the agency to file a termination of parental rights, unless the county
 33.18 attorney can show cause why a termination of parental rights petition should not be filed,
 33.19 a petition for termination of parental rights shall be filed in juvenile court within 30 days
 33.20 of the hearing required under this section and a trial on the petition held within 60 days of
 33.21 the filing of the petition.

33.22 Sec. 30. Minnesota Statutes 2021 Supplement, section 260C.212, subdivision 1, is amended
 33.23 to read:

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

33.28 (b) An out-of-home placement plan means a written document ~~which~~ individualized to
 33.29 the needs of the child and the child's parents or guardians that is prepared by the responsible
 33.30 social services agency jointly with ~~the parent or parents or guardian of the child~~ the child's
 33.31 parents or guardians and in consultation with the child's guardian ad litem;² the child's tribe,
 33.32 if the child is an Indian child;² the child's foster parent or representative of the foster care
 33.33 facility;² and, ~~where~~ when appropriate, the child. When a child is age 14 or older, the child

34.1 may include two other individuals on the team preparing the child's out-of-home placement
34.2 plan. The child may select one member of the case planning team to be designated as the
34.3 child's advisor and to advocate with respect to the application of the reasonable and prudent
34.4 parenting standards. The responsible social services agency may reject an individual selected
34.5 by the child if the agency has good cause to believe that the individual would not act in the
34.6 best interest of the child. For a child in voluntary foster care for treatment under chapter
34.7 260D, preparation of the out-of-home placement plan shall additionally include the child's
34.8 mental health treatment provider. For a child 18 years of age or older, the responsible social
34.9 services agency shall involve the child and the child's parents as appropriate. As appropriate,
34.10 the plan shall be:

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

34.12 (2) ordered by the court, either as presented or modified after hearing, under section
34.13 260C.178, subdivision 7, or 260C.201, subdivision 6; and

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

34.17 (c) The out-of-home placement plan shall be explained by the responsible social services
34.18 agency to all persons involved in ~~its~~ the plan's implementation, including the child who has
34.19 signed the plan, and shall set forth:

34.20 (1) a description of the foster care home or facility selected, including how the
34.21 out-of-home placement plan is designed to achieve a safe placement for the child in the
34.22 least restrictive, most family-like, setting available ~~which~~ that is in close proximity to the
34.23 home of the ~~parent or~~ child's parents or ~~guardian of the child~~ guardians when the case plan
34.24 goal is reunification;; and how the placement is consistent with the best interests and special
34.25 needs of the child according to the factors under subdivision 2, paragraph (b);

34.26 (2) the specific reasons for the placement of the child in foster care, and when
34.27 reunification is the plan, a description of the problems or conditions in the home of the
34.28 parent or parents ~~which~~ that necessitated removal of the child from home and the changes
34.29 the parent or parents must make for the child to safely return home;

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

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

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

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

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

35.16 (6) when a child cannot return to or be in the care of either parent, documentation of
35.17 steps to finalize adoption as the permanency plan for the child through reasonable efforts
35.18 to place the child for adoption pursuant to section 260C.605. At a minimum, the
35.19 documentation must include consideration of whether adoption is in the best interests of
35.20 the child; and child-specific recruitment efforts such as a relative search, consideration of
35.21 relatives for adoptive placement, and the use of state, regional, and national adoption
35.22 exchanges to facilitate orderly and timely placements in and outside of the state. A copy of
35.23 this documentation shall be provided to the court in the review required under section
35.24 260C.317, subdivision 3, paragraph (b);

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

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

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

36.9 Educational stability efforts include:

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

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

36.17 (9) the educational records of the child including the most recent information available
36.18 regarding:

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

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

36.21 (iii) the child's school record;

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

36.24 (v) any other relevant educational information;

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

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

36.28 (ii) how the child's known medical problems and identified needs from the screens,
36.29 including any known communicable diseases, as defined in section 144.4172, subdivision
36.30 2, shall be monitored and treated while the child is in foster care;

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

- 37.1 (iv) who is responsible to coordinate and respond to the child's health care needs,
37.2 including the role of the parent, the agency, and the foster parent;
- 37.3 (v) who is responsible for oversight of the child's prescription medications;
- 37.4 (vi) how physicians or other appropriate medical and nonmedical professionals shall be
37.5 consulted and involved in assessing the health and well-being of the child and determine
37.6 the appropriate medical treatment for the child; and
- 37.7 (vii) the responsibility to ensure that the child has access to medical care through either
37.8 medical insurance or medical assistance;
- 37.9 (11) the health records of the child including information available regarding:
- 37.10 (i) the names and addresses of the child's health care and dental care providers;
- 37.11 (ii) a record of the child's immunizations;
- 37.12 (iii) the child's known medical problems, including any known communicable diseases
37.13 as defined in section 144.4172, subdivision 2;
- 37.14 (iv) the child's medications; and
- 37.15 (v) any other relevant health care information such as the child's eligibility for medical
37.16 insurance or medical assistance;
- 37.17 (12) an independent living plan for a child 14 years of age or older, developed in
37.18 consultation with the child. The child may select one member of the case planning team to
37.19 be designated as the child's advisor and to advocate with respect to the application of the
37.20 reasonable and prudent parenting standards in subdivision 14. The plan should include, but
37.21 not be limited to, the following objectives:
- 37.22 (i) educational, vocational, or employment planning;
- 37.23 (ii) health care planning and medical coverage;
- 37.24 (iii) transportation including, where appropriate, assisting the child in obtaining a driver's
37.25 license;
- 37.26 (iv) money management, including the responsibility of the responsible social services
37.27 agency to ensure that the child annually receives, at no cost to the child, a consumer report
37.28 as defined under section 13C.001 and assistance in interpreting and resolving any inaccuracies
37.29 in the report;
- 37.30 (v) planning for housing;
- 37.31 (vi) social and recreational skills;

38.1 (vii) establishing and maintaining connections with the child's family and community;
38.2 and

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

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

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

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

38.16 (d) The parent or parents or guardian and the child each shall have the right to legal
38.17 counsel in the preparation of the case plan and shall be informed of the right at the time of
38.18 placement of the child. The child shall also have the right to a guardian ad litem. If unable
38.19 to employ counsel from their own resources, the court shall appoint counsel upon the request
38.20 of the parent or parents or the child or the child's legal guardian. The parent or parents may
38.21 also receive assistance from any person or social services agency in preparation of the case
38.22 plan.

38.23 (e) After the plan has been agreed upon by the parties involved or approved or ordered
38.24 by the court, the foster parents shall be fully informed of the provisions of the case plan and
38.25 shall be provided a copy of the plan.

38.26 (f) Upon the child's discharge from foster care, the responsible social services agency
38.27 must provide the child's parent, adoptive parent, or permanent legal and physical custodian,
38.28 and the child, if the child is 14 years of age or older, with a current copy of the child's health
38.29 and education record. If a child meets the conditions in subdivision 15, paragraph (b), the
38.30 agency must also provide the child with the child's social and medical history. The responsible
38.31 social services agency may give a copy of the child's health and education record and social
38.32 and medical history to a child who is younger than 14 years of age, if it is appropriate and
38.33 if subdivision 15, paragraph (b), applies.

39.1 Sec. 31. Minnesota Statutes 2021 Supplement, section 260C.212, subdivision 2, is amended
39.2 to read:

39.3 Subd. 2. **Placement decisions based on best interests of the child.** (a) The policy of
39.4 the state of Minnesota is to ensure that the child's best interests are met by requiring an
39.5 individualized determination of the needs of the child in consideration of paragraphs (a) to
39.6 (f), and of how the selected placement will serve the current and future needs of the child
39.7 being placed. The authorized child-placing agency shall place a child, released by court
39.8 order or by voluntary release by the parent or parents, in a family foster home selected by
39.9 considering placement with relatives ~~and important friends~~ in the following order:

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

39.12 (2) with an individual who is an important friend ~~with whom the child has resided or~~
39.13 ~~had significant contact~~ of the child or the child's parent or custodian, including an individual
39.14 with whom the child has resided or had significant contact or who has a significant
39.15 relationship to the child or the child's parent or custodian.

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

39.18 (b) Among the factors the agency shall consider in determining the current and future
39.19 needs of the child are the following:

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

39.21 (2) the medical needs of the child;

39.22 (3) the educational needs of the child;

39.23 (4) the developmental needs of the child;

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

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

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

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

39.28 (9) the child's ~~relationship to current caretakers,~~ current and long-term needs regarding
39.29 relationships with parents, siblings, ~~and~~ relatives, and other caretakers;

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

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

40.6 When placing a child in foster care or in a permanent placement based on an individualized
40.7 determination of the child's needs, the agency must not use one factor in this paragraph to
40.8 the exclusion of all others, and the agency shall consider that the factors in paragraph (b)
40.9 may be interrelated.

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

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

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

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

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

41.1 Sec. 32. Minnesota Statutes 2020, section 260C.221, is amended to read:

41.2 **260C.221 RELATIVE SEARCH AND ENGAGEMENT; PLACEMENT**
41.3 **CONSIDERATION.**

41.4 **Subdivision 1. Relative search requirements.** (a) The responsible social services agency
41.5 shall exercise due diligence to identify and notify adult relatives of a child as well as current
41.6 caregivers of the child's sibling, prior to placement or within 30 days after the child's removal
41.7 from the parent, regardless of whether a child is placed in a relative's home, as required
41.8 under subdivision 2. The county agency shall consider placement with a relative under this
41.9 section without delay and whenever the child must move from or be returned to foster care.
41.10 The relative search required by this section shall be comprehensive in scope. ~~After a finding~~
41.11 ~~that the agency has made reasonable efforts to conduct the relative search under this~~
41.12 ~~paragraph, the agency has the continuing responsibility to appropriately involve relatives,~~
41.13 ~~who have responded to the notice required under this paragraph, in planning for the child~~
41.14 ~~and to continue to consider relatives according to the requirements of section 260C.212,~~
41.15 ~~subdivision 2. At any time during the course of juvenile protection proceedings, the court~~
41.16 ~~may order the agency to reopen its search for relatives when it is in the child's best interest~~
41.17 ~~to do so.~~

41.18 (b) The relative search required by this section shall include both maternal and paternal
41.19 adult relatives of the child; all adult grandparents; all legal parents, guardians, or custodians
41.20 of the child's siblings; and any other adult relatives suggested by the child's parents, subject
41.21 to the exceptions due to family violence in subdivision 5, paragraph (e) (b). The search shall
41.22 also include getting information from the child in an age-appropriate manner about who the
41.23 child considers to be family members and important friends with whom the child has resided
41.24 or had significant contact. The relative search required under this section must fulfill the
41.25 agency's duties under the Indian Child Welfare Act regarding active efforts to prevent the
41.26 breakup of the Indian family under United States Code, title 25, section 1912(d), and to
41.27 meet placement preferences under United States Code, title 25, section 1915.

41.28 (c) The responsible social services agency has a continuing responsibility to search for
41.29 and identify relatives of a child and send the notice to relatives that is required under
41.30 subdivision 2, unless the court has relieved the agency of this duty under subdivision 5,
41.31 paragraph (e).

41.32 **Subd. 2. Relative notice requirements.** (a) The agency may provide oral or written
41.33 notice to a child's relatives. In the child's case record, the agency must document providing

42.1 the required notice to each of the child's relatives. The responsible social services agency
42.2 must notify relatives ~~must be notified:~~

42.3 (1) of the need for a foster home for the child, the option to become a placement resource
42.4 for the child, the order of placement that the agency will consider under section 260C.212,
42.5 subdivision 2, paragraph (a), and the possibility of the need for a permanent placement for
42.6 the child;

42.7 (2) of their responsibility to keep the responsible social services agency and the court
42.8 informed of their current address in order to receive notice in the event that a permanent
42.9 placement is sought for the child and to receive notice of the permanency progress review
42.10 hearing under section 260C.204. A relative who fails to provide a current address to the
42.11 responsible social services agency and the court forfeits the right to receive notice of the
42.12 possibility of permanent placement and of the permanency progress review hearing under
42.13 section 260C.204, until the relative provides a current address to the responsible social
42.14 services agency and the court. A decision by a relative not to be identified as a potential
42.15 permanent placement resource or participate in planning for the child ~~at the beginning of~~
42.16 ~~the case~~ shall not affect whether the relative is considered for placement of, or as a
42.17 permanency resource for, the child with that relative later at any time in the case, and shall
42.18 not be the sole basis for the court to rule out the relative as the child's placement or
42.19 permanency resource;

42.20 (3) that the relative may participate in the care and planning for the child, as specified
42.21 in subdivision 3, including that the opportunity for such participation may be lost by failing
42.22 to respond to the notice sent under this subdivision. ~~"Participate in the care and planning"~~
42.23 ~~includes, but is not limited to, participation in case planning for the parent and child,~~
42.24 ~~identifying the strengths and needs of the parent and child, supervising visits, providing~~
42.25 ~~respite and vacation visits for the child, providing transportation to appointments, suggesting~~
42.26 ~~other relatives who might be able to help support the case plan, and to the extent possible,~~
42.27 ~~helping to maintain the child's familiar and regular activities and contact with friends and~~
42.28 ~~relatives;~~

42.29 (4) of the family foster care licensing and adoption home study requirements, including
42.30 how to complete an application and how to request a variance from licensing standards that
42.31 do not present a safety or health risk to the child in the home under section 245A.04 and
42.32 supports that are available for relatives and children who reside in a family foster home;
42.33 ~~and~~

43.1 (5) of the relatives' right to ask to be notified of any court proceedings regarding the
43.2 child, to attend the hearings, and of a relative's right ~~or opportunity~~ to be heard by the court
43.3 as required under section 260C.152, subdivision 5;

43.4 (6) that regardless of the relative's response to the notice sent under this subdivision, the
43.5 agency is required to establish permanency for a child, including planning for alternative
43.6 permanency options if the agency's reunification efforts fail or are not required; and

43.7 (7) that by responding to the notice, a relative may receive information about participating
43.8 in a child's family and permanency team if the child is placed in a qualified residential
43.9 treatment program as defined in section 260C.007, subdivision 26d.

43.10 (b) The responsible social services agency shall send the notice required under paragraph
43.11 (a) to relatives who become known to the responsible social services agency, except for
43.12 relatives that the agency does not contact due to safety reasons under subdivision 5, paragraph
43.13 (b). The responsible social services agency shall continue to send notice to relatives
43.14 notwithstanding a court's finding that the agency has made reasonable efforts to conduct a
43.15 relative search.

43.16 (c) The responsible social services agency is not required to send the notice under
43.17 paragraph (a) to relatives who become known to the agency after an adoption placement
43.18 agreement has been fully executed under section 260C.613, subdivision 1. If such a relative
43.19 wishes to be considered for adoptive placement of the child, the agency shall inform the
43.20 relative of the relative's ability to file a motion for an order for adoptive placement under
43.21 section 260C.607, subdivision 6.

43.22 **Subd. 3. Relative engagement requirements.** (a) A relative who responds to the notice
43.23 under subdivision 2 has the opportunity to participate in care and planning for a child, which
43.24 must not be limited based solely on the relative's prior inconsistent participation or
43.25 nonparticipation in care and planning for the child. Care and planning for a child may include
43.26 but is not limited to:

43.27 (1) participating in case planning for the child and child's parent, including identifying
43.28 services and resources that meet the individualized needs of the child and child's parent. A
43.29 relative's participation in case planning may be in person, via phone call, or by electronic
43.30 means;

43.31 (2) identifying the strengths and needs of the child and child's parent;

43.32 (3) asking the responsible social services agency to consider the relative for placement
43.33 of the child according to subdivision 4;

44.1 (4) acting as a support person for the child, the child's parents, and the child's current
 44.2 caregiver;

44.3 (5) supervising visits;

44.4 (6) providing respite care for the child and having vacation visits with the child;

44.5 (7) providing transportation;

44.6 (8) suggesting other relatives who may be able to participate in the case plan or that the
 44.7 agency may consider for placement of the child. The agency shall send a notice to each
 44.8 relative identified by other relatives according to subdivision 2, paragraph (b), unless a
 44.9 relative received this notice earlier in the case;

44.10 (9) helping to maintain the child's familiar and regular activities and contact with the
 44.11 child's friends and relatives, including providing supervision of the child at family gatherings
 44.12 and events; and

44.13 (10) participating in the child's family and permanency team if the child is placed in a
 44.14 qualified residential treatment program as defined in section 260C.007, subdivision 26d.

44.15 (b) The responsible social services agency shall make reasonable efforts to contact and
 44.16 engage relatives who respond to the notice required under this section. Upon a request by
 44.17 a relative or party to the proceeding, the court may conduct a review of the agency's
 44.18 reasonable efforts to contact and engage relatives who respond to the notice. If the court
 44.19 finds that the agency did not make reasonable efforts to contact and engage relatives who
 44.20 respond to the notice, the court may order the agency to make reasonable efforts to contact
 44.21 and engage relatives who respond to the notice in care and planning for the child.

44.22 Subd. 4. **Placement considerations.** (a) The responsible social services agency shall
 44.23 consider placing a child with a relative under this section without delay and when the child:

44.24 (1) enters foster care;

44.25 (2) must be moved from the child's current foster setting;

44.26 (3) must be permanently placed away from the child's parent; or

44.27 (4) returns to foster care after permanency has been achieved for the child.

44.28 (b) The agency shall consider placing a child with relatives:

44.29 (1) in the order specified in section 260C.212, subdivision 2, paragraph (a); and

44.30 (2) based on the child's best interests using the factors in section 260C.212, subdivision
 44.31 2.

45.1 (c) The agency shall document how the agency considered relatives in the child's case
45.2 record.

45.3 (d) Any relative who requests to be a placement option for a child in foster care has the
45.4 right to be considered for placement of the child according to section 260C.212, subdivision
45.5 2, paragraph (a), unless the court finds that placing the child with a specific relative would
45.6 endanger the child, sibling, parent, guardian, or any other family member under subdivision
45.7 5, paragraph (b).

45.8 (e) When adoption is the responsible social services agency's permanency goal for the
45.9 child, the agency shall consider adoptive placement of the child with a relative in the order
45.10 specified under section 260C.212, subdivision 2, paragraph (a).

45.11 Subd. 5. Data disclosure; court review. ~~(e)~~ (a) A responsible social services agency
45.12 may disclose private data, as defined in section 13.02 and chapter 260E, to relatives of the
45.13 child for the purpose of locating and assessing a suitable placement and may use any
45.14 reasonable means of identifying and locating relatives including the Internet or other
45.15 electronic means of conducting a search. The agency shall disclose data that is necessary
45.16 to facilitate possible placement with relatives and to ensure that the relative is informed of
45.17 the needs of the child so the relative can participate in planning for the child and be supportive
45.18 of services to the child and family.

45.19 (b) If the child's parent refuses to give the responsible social services agency information
45.20 sufficient to identify the maternal and paternal relatives of the child, the agency shall ask
45.21 the juvenile court to order the parent to provide the necessary information and shall use
45.22 other resources to identify the child's maternal and paternal relatives. If a parent makes an
45.23 explicit request that a specific relative not be contacted or considered for placement due to
45.24 safety reasons, including past family or domestic violence, the agency shall bring the parent's
45.25 request to the attention of the court to determine whether the parent's request is consistent
45.26 with the best interests of the child ~~and~~. The agency shall not contact the specific relative
45.27 when the juvenile court finds that contacting or placing the child with the specific relative
45.28 would endanger the parent, guardian, child, sibling, or any family member. Unless section
45.29 260C.139 applies to the child's case, a court shall not waive or relieve the responsible social
45.30 services agency of reasonable efforts to:

45.31 (1) conduct a relative search;

45.32 (2) notify relatives;

45.33 (3) contact and engage relatives in case planning; and

46.1 (4) consider relatives for placement of the child.

46.2 (c) Notwithstanding chapter 13, the agency shall disclose data to the court about particular
 46.3 relatives that the agency has identified, contacted, or considered for the child's placement
 46.4 for the court to review the agency's due diligence.

46.5 (d) At a regularly scheduled hearing not later than three months after the child's placement
 46.6 in foster care and as required in ~~section~~ sections 260C.193 and 260C.202, the agency shall
 46.7 report to the court:

46.8 (1) ~~its~~ the agency's efforts to identify maternal and paternal relatives of the child and to
 46.9 engage the relatives in providing support for the child and family, and document that the
 46.10 relatives have been provided the notice required under ~~paragraph (a)~~ subdivision 2; and

46.11 (2) ~~its~~ the agency's decision regarding placing the child with a relative as required under
 46.12 section 260C.212, subdivision 2, ~~and to ask~~. If the responsible social services agency decides
 46.13 that relative placement is not in the child's best interests at the time of the hearing, the agency
 46.14 shall inform the court of the agency's decision, including:

46.15 (i) why the agency decided against relative placement of the child; and

46.16 (ii) the agency's efforts to engage relatives to visit or maintain contact with the child in
 46.17 order as required under subdivision 3 to support family connections for the child, when
 46.18 placement with a relative is not possible or appropriate.

46.19 ~~(e) Notwithstanding chapter 13, the agency shall disclose data about particular relatives~~
 46.20 ~~identified, searched for, and contacted for the purposes of the court's review of the agency's~~
 46.21 ~~due diligence.~~

46.22 ~~(f)~~ (e) When the court is satisfied that the agency has exercised due diligence to identify
 46.23 relatives and provide the notice required in ~~paragraph (a)~~ subdivision 2, the court may find
 46.24 that the agency made reasonable efforts ~~have been made~~ to conduct a relative search to
 46.25 identify and provide notice to adult relatives as required under section 260.012, paragraph
 46.26 (e), clause (3). A finding under this paragraph does not relieve the responsible social services
 46.27 agency of the ongoing duty to contact, engage, and consider relatives under this section nor
 46.28 is it a basis for the court to rule out any relative from being a foster care or permanent
 46.29 placement option for the child. The agency has the continuing responsibility to:

46.30 (1) involve relatives who respond to the notice in planning for the child; and

46.31 (2) continue considering relatives for the child's placement while taking the child's short-
 46.32 and long-term permanency goals into consideration, according to the requirements of section
 46.33 260C.212, subdivision 2.

47.1 (f) At any time during the course of juvenile protection proceedings, the court may order
47.2 the agency to reopen the search for relatives when it is in the child's best interests.

47.3 (g) If the court is not satisfied that the agency has exercised due diligence to identify
47.4 relatives and provide the notice required in ~~paragraph (a)~~ subdivision 2, the court may order
47.5 the agency to continue its search and notice efforts and to report back to the court.

47.6 ~~(g) When the placing agency determines that permanent placement proceedings are~~
47.7 ~~necessary because there is a likelihood that the child will not return to a parent's care, the~~
47.8 ~~agency must send the notice provided in paragraph (h), may ask the court to modify the~~
47.9 ~~duty of the agency to send the notice required in paragraph (h), or may ask the court to~~
47.10 ~~completely relieve the agency of the requirements of paragraph (h). The relative notification~~
47.11 ~~requirements of paragraph (h) do not apply when the child is placed with an appropriate~~
47.12 ~~relative or a foster home that has committed to adopting the child or taking permanent legal~~
47.13 ~~and physical custody of the child and the agency approves of that foster home for permanent~~
47.14 ~~placement of the child. The actions ordered by the court under this section must be consistent~~
47.15 ~~with the best interests, safety, permanency, and welfare of the child.~~

47.16 ~~(h) Unless required under the Indian Child Welfare Act or relieved of this duty by the~~
47.17 ~~court under paragraph (f),~~ When the agency determines that it is necessary to prepare for
47.18 permanent placement determination proceedings, or in anticipation of filing a termination
47.19 of parental rights petition, the agency shall send notice to ~~the~~ relatives who responded to a
47.20 notice under this section sent at any time during the case, any adult with whom the child is
47.21 currently residing, any adult with whom the child has resided for one year or longer in the
47.22 past, and any adults who have maintained a relationship or exercised visitation with the
47.23 child as identified in the agency case plan. The notice must state that a permanent home is
47.24 sought for the child and that the individuals receiving the notice may indicate to the agency
47.25 their interest in providing a permanent home. The notice must state that within 30 days of
47.26 receipt of the notice an individual receiving the notice must indicate to the agency the
47.27 individual's interest in providing a permanent home for the child or that the individual may
47.28 lose the opportunity to be considered for a permanent placement. A relative's failure to
47.29 respond or timely respond to the notice is not a basis for ruling out the relative from being
47.30 a permanent placement option for the child should the relative request to be considered for
47.31 permanent placement at a later date.

48.1 Sec. 33. Minnesota Statutes 2020, section 260C.513, is amended to read:

48.2 **260C.513 PERMANENCY DISPOSITIONS WHEN CHILD CANNOT RETURN**
48.3 **HOME.**

48.4 (a) ~~Termination of parental rights and adoption, or guardianship to the commissioner of~~
48.5 ~~human services through a consent to adopt, are preferred permanency options for a child~~
48.6 ~~who cannot return home. If the court finds that termination of parental rights and guardianship~~
48.7 ~~to the commissioner is not in the child's best interests, the court may transfer permanent~~
48.8 ~~legal and physical custody of the child to a relative when that order is in the child's best~~
48.9 ~~interests~~ In determining a permanency disposition under section 260C.515 for a child who
48.10 cannot return home, the court shall give preference to a permanency disposition that will
48.11 result in the child being placed in the permanent care of a relative through a termination of
48.12 parental rights and adoption, guardianship to the commissioner of human services through
48.13 a consent to adopt, or a transfer of permanent legal and physical custody, consistent with
48.14 the best interests of the child and section 260C.212, subdivision 2, paragraph (a). If a relative
48.15 is not available to accept placement or the court finds that a permanent placement with a
48.16 relative is not in the child's best interests, the court may consider a permanency disposition
48.17 that may result in the child being permanently placed in the care of a nonrelative caregiver,
48.18 including adoption.

48.19 (b) When the court has determined that permanent placement of the child away from
48.20 the parent is necessary, the court shall consider permanent alternative homes that are available
48.21 both inside and outside the state.

48.22 Sec. 34. Minnesota Statutes 2021 Supplement, section 260C.605, subdivision 1, is amended
48.23 to read:

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

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

49.1 (c) Reasonable efforts under paragraph (b) must begin as soon as possible when the
49.2 child is in foster care under this chapter, but not later than the hearing required under section
49.3 260C.204.

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

49.5 (1) considering the child's preference for an adoptive family;

49.6 ~~(1)~~ (2) using age-appropriate engagement strategies to plan for adoption with the child;

49.7 ~~(2)~~ (3) identifying an appropriate prospective adoptive parent for the child by updating
49.8 the child's identified needs using the factors in section 260C.212, subdivision 2;

49.9 ~~(3)~~ (4) making an adoptive placement that meets the child's needs by:

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

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

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

49.15 (ii) an updated search is required whenever:

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

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

49.20 (C) the court determines that a relative search by the agency is in the best interests of
49.21 the child;

49.22 (iii) engaging the child's relatives or current or former foster parent and the child's
49.23 ~~relatives identified as an adoptive resource during the search conducted under section~~
49.24 ~~260C.221,~~ parents to commit to being the prospective adoptive parent of the child, and
49.25 considering the child's relatives for adoptive placement of the child in the order specified
49.26 under section 260C.212, subdivision 2, paragraph (a); or

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

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

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

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

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

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

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

50.10 ~~(4)~~ (5) updating and completing the social and medical history required under sections
50.11 260C.212, subdivision 15, and 260C.609;

50.12 ~~(5)~~ (6) making, and keeping updated, appropriate referrals required by section 260.851,
50.13 the Interstate Compact on the Placement of Children;

50.14 ~~(6)~~ (7) giving notice regarding the responsibilities of an adoptive parent to any prospective
50.15 adoptive parent as required under section 259.35;

50.16 ~~(7)~~ (8) offering the adopting parent the opportunity to apply for or decline adoption
50.17 assistance under chapter 256N;

50.18 ~~(8)~~ (9) certifying the child for adoption assistance, assessing the amount of adoption
50.19 assistance, and ascertaining the status of the commissioner's decision on the level of payment
50.20 if the adopting parent has applied for adoption assistance;

50.21 ~~(9)~~ (10) placing the child with siblings. If the child is not placed with siblings, the agency
50.22 must document reasonable efforts to place the siblings together, as well as the reason for
50.23 separation. The agency may not cease reasonable efforts to place siblings together for final
50.24 adoption until the court finds further reasonable efforts would be futile or that placement
50.25 together for purposes of adoption is not in the best interests of one of the siblings; and

50.26 ~~(10)~~ (11) working with the adopting parent to file a petition to adopt the child and with
50.27 the court administrator to obtain a timely hearing to finalize the adoption.

50.28 Sec. 35. Minnesota Statutes 2020, section 260C.607, subdivision 2, is amended to read:

50.29 Subd. 2. **Notice.** Notice of review hearings shall be given by the court to:

50.30 (1) the responsible social services agency;

50.31 (2) the child, if the child is age ten and older;

- 51.1 (3) the child's guardian ad litem;
- 51.2 (4) counsel appointed for the child pursuant to section 260C.163, subdivision 3;
- 51.3 (5) relatives of the child who have kept the court informed of their whereabouts as
51.4 required in section 260C.221 and who have responded to the agency's notice under section
51.5 260C.221, ~~indicating a willingness to provide an adoptive home for the child~~ unless the
51.6 relative has been previously ruled out by the court as a suitable foster parent or permanency
51.7 resource for the child;
- 51.8 (6) the current foster or adopting parent of the child;
- 51.9 (7) any foster or adopting parents of siblings of the child; and
- 51.10 (8) the Indian child's tribe.

51.11 Sec. 36. Minnesota Statutes 2020, section 260C.607, subdivision 5, is amended to read:

51.12 Subd. 5. **Required placement by responsible social services agency.** (a) No petition
51.13 for adoption shall be filed for a child under the guardianship of the commissioner unless
51.14 the child sought to be adopted has been placed for adoption with the adopting parent by the
51.15 responsible social services agency as required under section 260C.613, subdivision 1. The
51.16 court may order the agency to make an adoptive placement using standards and procedures
51.17 under subdivision 6.

51.18 (b) Any relative or the child's foster parent who believes the responsible agency has not
51.19 reasonably considered the relative's or foster parent's request to be considered for adoptive
51.20 placement as required under section 260C.212, subdivision 2, and who wants to be considered
51.21 for adoptive placement of the child shall bring a request for consideration to the attention
51.22 of the court during a review required under this section. The child's guardian ad litem and
51.23 the child may also bring a request for a relative or the child's foster parent to be considered
51.24 for adoptive placement. After hearing from the agency, the court may order the agency to
51.25 take appropriate action regarding the relative's or foster parent's request for consideration
51.26 under section 260C.212, subdivision 2, paragraph (b).

51.27 Sec. 37. Minnesota Statutes 2021 Supplement, section 260C.607, subdivision 6, is amended
51.28 to read:

51.29 Subd. 6. **Motion and hearing to order adoptive placement.** (a) At any time after the
51.30 district court orders the child under the guardianship of the commissioner of human services,
51.31 but not later than 30 days after receiving notice required under section 260C.613, subdivision
51.32 1, paragraph (c), that the agency has made an adoptive placement, a relative or the child's

52.1 foster parent may file a motion for an order for adoptive placement of a child who is under
52.2 the guardianship of the commissioner if the relative or the child's foster parent:

52.3 (1) has an adoption home study under section 259.41 or 260C.611 approving the relative
52.4 or foster parent for adoption ~~and has~~. If the relative or foster parent does not have an adoption
52.5 home study, an affidavit attesting to efforts to complete an adoption home study may be
52.6 filed with the motion. The affidavit must be signed by the relative or foster parent and the
52.7 responsible social services agency or licensed child-placing agency completing the adoption
52.8 home study. The relative or foster parent must also have been a resident of Minnesota for
52.9 at least six months before filing the motion; the court may waive the residency requirement
52.10 for the moving party if there is a reasonable basis to do so; or

52.11 (2) is not a resident of Minnesota, but has an approved adoption home study by an agency
52.12 licensed or approved to complete an adoption home study in the state of the individual's
52.13 residence and the study is filed with the motion for adoptive placement. If the relative or
52.14 foster parent does not have an adoption home study in the relative or foster parent's state
52.15 of residence, an affidavit attesting to efforts to complete an adoption home study may be
52.16 filed with the motion instead. The affidavit must be signed by the relative or foster parent
52.17 and the agency completing the adoption home study.

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

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

52.28 (d) At the evidentiary hearing, the responsible social services agency shall proceed first
52.29 with evidence about the reason for not making the adoptive placement proposed by the
52.30 moving party. When the agency presents evidence regarding the child's current relationship
52.31 with the identified adoptive placement resource, the court must consider the agency's efforts
52.32 to support the child's relationship with the moving party consistent with section 260C.221.
52.33 The moving party then has the burden of proving by a preponderance of the evidence that
52.34 the agency has been unreasonable in failing to make the adoptive placement.

53.1 (e) The court shall review and enter findings regarding whether the agency, in making
53.2 an adoptive placement decision for the child:

53.3 (1) considered relatives for adoptive placement in the order specified under section
53.4 260C.212, subdivision 2, paragraph (a); and

53.5 (2) assessed how the identified adoptive placement resource and the moving party are
53.6 each able to meet the child's current and future needs, based on an individualized
53.7 determination of the child's needs, as required under section 260C.212, subdivision 2, and
53.8 section 260C.613, subdivision 1, paragraph (b).

53.9 ~~(e)~~ (f) At the conclusion of the evidentiary hearing, if the court finds that the agency has
53.10 been unreasonable in failing to make the adoptive placement and that the ~~relative or the~~
53.11 ~~child's foster parent~~ moving party is the most suitable adoptive home to meet the child's
53.12 needs using the factors in section 260C.212, subdivision 2, paragraph (b), the court may:

53.13 (1) order the responsible social services agency to make an adoptive placement in the
53.14 home of the ~~relative or the child's foster parent.~~ moving party if the moving party has an
53.15 approved adoption home study; or

53.16 (2) order the responsible social services agency to place the child in the home of the
53.17 moving party upon approval of an adoption home study. The agency must promote and
53.18 support the child's ongoing visitation and contact with the moving party until the child is
53.19 placed in the moving party's home. The agency must provide an update to the court after
53.20 90 days, including progress and any barriers encountered. If the moving party does not have
53.21 an approved adoption home study within 180 days, the moving party and the agency must
53.22 inform the court of any barriers to obtaining the approved adoption home study during a
53.23 review hearing under this section. If the court finds that the moving party is unable to obtain
53.24 an approved adoption home study, the court must dismiss the order for adoptive placement
53.25 under this subdivision and order the agency to continue making reasonable efforts to finalize
53.26 the adoption of the child as required under section 260C.605.

53.27 ~~(f)~~ (g) If, in order to ensure that a timely adoption may occur, the court orders the
53.28 responsible social services agency to make an adoptive placement under this subdivision,
53.29 the agency shall:

53.30 (1) make reasonable efforts to obtain a fully executed adoption placement agreement,
53.31 including assisting the moving party with the adoption home study process;

53.32 (2) work with the moving party regarding eligibility for adoption assistance as required
53.33 under chapter 256N; and

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

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

54.10 Sec. 38. Minnesota Statutes 2020, section 260C.613, subdivision 1, is amended to read:

54.11 Subdivision 1. **Adoptive placement decisions.** (a) The responsible social services agency
54.12 has exclusive authority to make an adoptive placement of a child under the guardianship of
54.13 the commissioner. The child shall be considered placed for adoption when the adopting
54.14 parent, the agency, and the commissioner have fully executed an adoption placement
54.15 agreement on the form prescribed by the commissioner.

54.16 (b) The responsible social services agency shall use an individualized determination of
54.17 the child's current and future needs, pursuant to section 260C.212, subdivision 2, paragraph
54.18 (b), to determine the most suitable adopting parent for the child in the child's best interests.
54.19 The responsible social services agency must consider adoptive placement of the child with
54.20 relatives in the order specified in section 260C.212, subdivision 2, paragraph (a).

54.21 (c) The responsible social services agency shall notify the court and parties entitled to
54.22 notice under section 260C.607, subdivision 2, when there is a fully executed adoption
54.23 placement agreement for the child.

54.24 (d) In the event an adoption placement agreement terminates, the responsible social
54.25 services agency shall notify the court, the parties entitled to notice under section 260C.607,
54.26 subdivision 2, and the commissioner that the agreement and the adoptive placement have
54.27 terminated.

54.28 Sec. 39. Minnesota Statutes 2020, section 260C.613, subdivision 5, is amended to read:

54.29 Subd. 5. **Required record keeping.** The responsible social services agency shall
54.30 document, in the records required to be kept under section 259.79, the reasons for the
54.31 adoptive placement decision regarding the child, including the individualized determination
54.32 of the child's needs based on the factors in section 260C.212, subdivision 2, paragraph (b);₂

55.1 the agency's consideration of relatives in the order specified in section 260C.212, subdivision
55.2 2, paragraph (a); and the assessment of how the selected adoptive placement meets the
55.3 identified needs of the child. The responsible social services agency shall retain in the
55.4 records required to be kept under section 259.79, copies of all out-of-home placement plans
55.5 made since the child was ordered under guardianship of the commissioner and all court
55.6 orders from reviews conducted pursuant to section 260C.607.

55.7 Sec. 40. Minnesota Statutes 2020, section 268.19, subdivision 1, is amended to read:

55.8 Subdivision 1. **Use of data.** (a) Except as provided by this section, data gathered from
55.9 any person under the administration of the Minnesota Unemployment Insurance Law are
55.10 private data on individuals or nonpublic data not on individuals as defined in section 13.02,
55.11 subdivisions 9 and 12, and may not be disclosed except according to a district court order
55.12 or section 13.05. A subpoena is not considered a district court order. These data may be
55.13 disseminated to and used by the following agencies without the consent of the subject of
55.14 the data:

55.15 (1) state and federal agencies specifically authorized access to the data by state or federal
55.16 law;

55.17 (2) any agency of any other state or any federal agency charged with the administration
55.18 of an unemployment insurance program;

55.19 (3) any agency responsible for the maintenance of a system of public employment offices
55.20 for the purpose of assisting individuals in obtaining employment;

55.21 (4) the public authority responsible for child support in Minnesota or any other state in
55.22 accordance with section 256.978;

55.23 (5) human rights agencies within Minnesota that have enforcement powers;

55.24 (6) the Department of Revenue to the extent necessary for its duties under Minnesota
55.25 laws;

55.26 (7) public and private agencies responsible for administering publicly financed assistance
55.27 programs for the purpose of monitoring the eligibility of the program's recipients;

55.28 (8) the Department of Labor and Industry and the Commerce Fraud Bureau in the
55.29 Department of Commerce for uses consistent with the administration of their duties under
55.30 Minnesota law;

55.31 (9) the Department of Human Services and the Office of Inspector General and its agents
55.32 within the Department of Human Services, including county fraud investigators, for

56.1 investigations related to recipient or provider fraud and employees of providers when the
56.2 provider is suspected of committing public assistance fraud;

56.3 (10) local and state welfare agencies for monitoring the eligibility of the data subject
56.4 for assistance programs, or for any employment or training program administered by those
56.5 agencies, whether alone, in combination with another welfare agency, or in conjunction
56.6 with the department or to monitor and evaluate the statewide Minnesota family investment
56.7 program and other cash assistance programs, the Supplemental Nutrition Assistance Program
56.8 (SNAP), and the Supplemental Nutrition Assistance Program Employment and Training
56.9 program by providing data on recipients and former recipients of Supplemental Nutrition
56.10 Assistance Program (~~SNAP~~) benefits, cash assistance under chapter 256, 256D, 256J, or
56.11 256K, child care assistance under chapter 119B, or medical programs under chapter 256B
56.12 or 256L or formerly codified under chapter 256D;

56.13 (11) local and state welfare agencies for the purpose of identifying employment, wages,
56.14 and other information to assist in the collection of an overpayment debt in an assistance
56.15 program;

56.16 (12) local, state, and federal law enforcement agencies for the purpose of ascertaining
56.17 the last known address and employment location of an individual who is the subject of a
56.18 criminal investigation;

56.19 (13) the United States Immigration and Customs Enforcement has access to data on
56.20 specific individuals and specific employers provided the specific individual or specific
56.21 employer is the subject of an investigation by that agency;

56.22 (14) the Department of Health for the purposes of epidemiologic investigations;

56.23 (15) the Department of Corrections for the purposes of case planning and internal research
56.24 for preprobation, probation, and postprobation employment tracking of offenders sentenced
56.25 to probation and preconfinement and postconfinement employment tracking of committed
56.26 offenders;

56.27 (16) the state auditor to the extent necessary to conduct audits of job opportunity building
56.28 zones as required under section 469.3201; and

56.29 (17) the Office of Higher Education for purposes of supporting program improvement,
56.30 system evaluation, and research initiatives including the Statewide Longitudinal Education
56.31 Data System.

56.32 (b) Data on individuals and employers that are collected, maintained, or used by the
56.33 department in an investigation under section 268.182 are confidential as to data on individuals

57.1 and protected nonpublic data not on individuals as defined in section 13.02, subdivisions 3
 57.2 and 13, and must not be disclosed except under statute or district court order or to a party
 57.3 named in a criminal proceeding, administrative or judicial, for preparation of a defense.

57.4 (c) Data gathered by the department in the administration of the Minnesota unemployment
 57.5 insurance program must not be made the subject or the basis for any suit in any civil
 57.6 proceedings, administrative or judicial, unless the action is initiated by the department.

57.7 Sec. 41. Laws 2021, First Special Session chapter 7, article 10, section 1, the effective
 57.8 date, is amended to read:

57.9 **EFFECTIVE DATE.** This section is effective June 1, ~~2022~~ 2023.

57.10 Sec. 42. Laws 2021, First Special Session chapter 7, article 10, section 3, is amended to
 57.11 read:

57.12 **Sec. 3. LEGISLATIVE TASK FORCE; CHILD PROTECTION.**

57.13 (a) A legislative task force is created to:

57.14 ~~(1) review the efforts being made to implement the recommendations of the Governor's~~
 57.15 ~~Task Force on the Protection of Children;~~

57.16 ~~(2) expand the efforts into related areas of the child welfare system;~~

57.17 ~~(3) work with the commissioner of human services and community partners to establish~~
 57.18 ~~and evaluate child protection grants to address disparities in child welfare pursuant to~~
 57.19 ~~Minnesota Statutes, section 256E.28;~~

57.20 ~~(4) review and recommend alternatives to law enforcement responding to a maltreatment~~
 57.21 ~~report by removing the child and evaluate situations in which it may be appropriate for a~~
 57.22 ~~social worker or other child protection worker to remove the child from the home;~~

57.23 ~~(5)~~ (1) evaluate current statutes governing mandatory reporters, consider the modification
 57.24 of mandatory reporting requirements for private or public youth recreation programs, and,
 57.25 if necessary, introduce legislation by February 15, ~~2022~~ 2023, to implement appropriate
 57.26 modifications; and

57.27 ~~(6) evaluate and consider the intersection of educational neglect and the child protection~~
 57.28 ~~system; and~~

57.29 ~~(7)~~ (2) identify additional areas within the child welfare system that need to be addressed
 57.30 by the legislature.

58.1 (b) Members of the legislative task force shall include:

58.2 (1) six members from the house of representatives appointed by the speaker of the house,
58.3 including three from the majority party and three from the minority party; and

58.4 (2) six members from the senate, including three members appointed by the senate
58.5 majority leader and three members appointed by the senate minority leader.

58.6 (c) Members of the task force shall serve a term that expires on December 31 of the
58.7 ~~even-numbered~~ odd-numbered year following the year they are appointed. The speaker of
58.8 the house and the majority leader of the senate shall each appoint a chair and vice-chair
58.9 from the membership of the task force. The chair shall rotate after each meeting. The task
58.10 force must meet at least quarterly.

58.11 (d) Initial appointments to the task force shall be made by July 15, ~~2021~~ 2022. The chair
58.12 shall convene the first meeting of the task force by August 15, ~~2021~~ 2022.

58.13 (e) The task force may provide oversight and monitoring of:

58.14 (1) the efforts by the Department of Human Services, counties, and Tribes to implement
58.15 laws related to child protection;

58.16 (2) efforts by the Department of Human Services, counties, and Tribes to implement the
58.17 recommendations of the Governor's Task Force on the Protection of Children;

58.18 (3) efforts by agencies including but not limited to the Department of Education, the
58.19 Housing Finance Agency, the Department of Corrections, and the Department of Public
58.20 Safety, to work with the Department of Human Services to assure safety and well-being for
58.21 children at risk of harm or children in the child welfare system; and

58.22 (4) efforts by the Department of Human Services, other agencies, counties, and Tribes
58.23 to implement best practices to ensure every child is protected from maltreatment and neglect
58.24 and to ensure every child has the opportunity for healthy development.

58.25 ~~(f) The task force, in cooperation with the commissioner of human services, shall issue~~
58.26 ~~a report to the legislature and governor by February 1, 2024. The report must contain~~
58.27 ~~information on the progress toward implementation of changes to the child protection system,~~
58.28 ~~recommendations for additional legislative changes and procedures affecting child protection~~
58.29 ~~and child welfare, and funding needs to implement recommended changes.~~

58.30 ~~(g)~~ (f) This section expires December 31, ~~2024~~ 2025.

59.1 Sec. 43. Laws 2021, First Special Session chapter 8, article 6, section 1, subdivision 7, is
59.2 amended to read:

59.3 Subd. 7. **Report.** (a) No later than February 1, 2022, the task force shall submit an initial
59.4 report to the chairs and ranking minority members of the house of representatives and senate
59.5 committees and divisions with jurisdiction over housing and preventing homelessness on
59.6 its findings and recommendations.

59.7 (b) No later than ~~August 31~~ December 15, 2022, the task force shall submit a final report
59.8 to the chairs and ranking minority members of the house of representatives and senate
59.9 committees and divisions with jurisdiction over housing and preventing homelessness on
59.10 its findings and recommendations.

59.11 Sec. 44. **DIRECTION TO COMMISSIONER; PAPERWORK REDUCTION FOR**
59.12 **CHILD PROTECTION CASES.**

59.13 By January 15, 2024, the commissioner of human services must consult with counties,
59.14 local social services agencies, and Minnesota's Tribal governments on its continuing efforts
59.15 to make department operations more efficient and effective by streamlining and minimizing
59.16 required paperwork for child protection cases. The consultation with the counties, local
59.17 social services agencies, and Minnesota's Tribal governments should include a discussion
59.18 of a proposed timeline to implement the improvements and of procedures for soliciting and
59.19 incorporating ongoing input from counties and Minnesota's Tribal governments regarding
59.20 implementation of improvements to maximize benefits and utility for children in placement,
59.21 foster care providers, Tribes, counties, and private child placing agencies.

59.22 **ARTICLE 2**
59.23 **BEHAVIORAL HEALTH**

59.24 Section 1. Minnesota Statutes 2021 Supplement, section 15.01, is amended to read:

59.25 **15.01 DEPARTMENTS OF THE STATE.**

59.26 The following agencies are designated as the departments of the state government: the
59.27 Department of Administration; the Department of Agriculture; the Department of Behavioral
59.28 Health; the Department of Commerce; the Department of Corrections; the Department of
59.29 Education; the Department of Employment and Economic Development; the Department
59.30 of Health; the Department of Human Rights; the Department of Information Technology
59.31 Services; the Department of Iron Range Resources and Rehabilitation; the Department of
59.32 Labor and Industry; the Department of Management and Budget; the Department of Military

60.1 Affairs; the Department of Natural Resources; the Department of Public Safety; the
 60.2 Department of Human Services; the Department of Revenue; the Department of
 60.3 Transportation; the Department of Veterans Affairs; and their successor departments.

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

60.5 Sec. 2. Minnesota Statutes 2021 Supplement, section 15.06, subdivision 1, is amended to
 60.6 read:

60.7 Subdivision 1. **Applicability.** This section applies to the following departments or
 60.8 agencies: the Departments of Administration, Agriculture, Behavioral Health, Commerce,
 60.9 Corrections, Education, Employment and Economic Development, Health, Human Rights,
 60.10 Labor and Industry, Management and Budget, Natural Resources, Public Safety, Human
 60.11 Services, Revenue, Transportation, and Veterans Affairs; the Housing Finance and Pollution
 60.12 Control Agencies; the Office of Commissioner of Iron Range Resources and Rehabilitation;
 60.13 the Department of Information Technology Services; the Bureau of Mediation Services;
 60.14 and their successor departments and agencies. The heads of the foregoing departments or
 60.15 agencies are "commissioners."

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

60.17 Sec. 3. Minnesota Statutes 2020, section 15A.0815, subdivision 2, is amended to read:

60.18 Subd. 2. **Group I salary limits.** The salary for a position listed in this subdivision shall
 60.19 not exceed 133 percent of the salary of the governor. This limit must be adjusted annually
 60.20 on January 1. The new limit must equal the limit for the prior year increased by the percentage
 60.21 increase, if any, in the Consumer Price Index for all urban consumers from October of the
 60.22 second prior year to October of the immediately prior year. The commissioner of management
 60.23 and budget must publish the limit on the department's website. This subdivision applies to
 60.24 the following positions:

60.25 Commissioner of administration;

60.26 Commissioner of agriculture;

60.27 Commissioner of behavioral health;

60.28 Commissioner of education;

60.29 Commissioner of commerce;

60.30 Commissioner of corrections;

60.31 Commissioner of health;

- 61.1 Commissioner, Minnesota Office of Higher Education;
- 61.2 Commissioner, Housing Finance Agency;
- 61.3 Commissioner of human rights;
- 61.4 Commissioner of human services;
- 61.5 Commissioner of labor and industry;
- 61.6 Commissioner of management and budget;
- 61.7 Commissioner of natural resources;
- 61.8 Commissioner, Pollution Control Agency;
- 61.9 Commissioner of public safety;
- 61.10 Commissioner of revenue;
- 61.11 Commissioner of employment and economic development;
- 61.12 Commissioner of transportation; and
- 61.13 Commissioner of veterans affairs.

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

61.15 Sec. 4. Minnesota Statutes 2021 Supplement, section 43A.08, subdivision 1a, is amended
61.16 to read:

61.17 Subd. 1a. **Additional unclassified positions.** Appointing authorities for the following
61.18 agencies may designate additional unclassified positions according to this subdivision: the
61.19 Departments of Administration; Agriculture; Behavioral Health; Commerce; Corrections;
61.20 Education; Employment and Economic Development; Explore Minnesota Tourism;
61.21 Management and Budget; Health; Human Rights; Labor and Industry; Natural Resources;
61.22 Public Safety; Human Services; Revenue; Transportation; and Veterans Affairs; the Housing
61.23 Finance and Pollution Control Agencies; the State Lottery; the State Board of Investment;
61.24 the Office of Administrative Hearings; the Department of Information Technology Services;
61.25 the Offices of the Attorney General, Secretary of State, and State Auditor; the Minnesota
61.26 State Colleges and Universities; the Minnesota Office of Higher Education; the Perpich
61.27 Center for Arts Education; and the Minnesota Zoological Board.

61.28 A position designated by an appointing authority according to this subdivision must
61.29 meet the following standards and criteria:

62.1 (1) the designation of the position would not be contrary to other law relating specifically
62.2 to that agency;

62.3 (2) the person occupying the position would report directly to the agency head or deputy
62.4 agency head and would be designated as part of the agency head's management team;

62.5 (3) the duties of the position would involve significant discretion and substantial
62.6 involvement in the development, interpretation, and implementation of agency policy;

62.7 (4) the duties of the position would not require primarily personnel, accounting, or other
62.8 technical expertise where continuity in the position would be important;

62.9 (5) there would be a need for the person occupying the position to be accountable to,
62.10 loyal to, and compatible with, the governor and the agency head, the employing statutory
62.11 board or commission, or the employing constitutional officer;

62.12 (6) the position would be at the level of division or bureau director or assistant to the
62.13 agency head; and

62.14 (7) the commissioner has approved the designation as being consistent with the standards
62.15 and criteria in this subdivision.

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

62.17 Sec. 5. Minnesota Statutes 2021 Supplement, section 62A.673, subdivision 2, is amended
62.18 to read:

62.19 Subd. 2. **Definitions.** (a) For purposes of this section, the terms defined in this subdivision
62.20 have the meanings given.

62.21 (b) "Distant site" means a site at which a health care provider is located while providing
62.22 health care services or consultations by means of telehealth.

62.23 (c) "Health care provider" means a health care professional who is licensed or registered
62.24 by the state to perform health care services within the provider's scope of practice and in
62.25 accordance with state law. A health care provider includes a mental health professional ~~as~~
62.26 ~~defined~~ under section ~~245.462, subdivision 18, or 245.4871, subdivision 27~~ 245I.04,
62.27 subdivision 2; a mental health practitioner ~~as defined~~ under section ~~245.462, subdivision~~
62.28 ~~17, or 245.4871, subdivision 26~~ 245I.04, subdivision 4; a clinical trainee under section
62.29 245I.04, subdivision 6; a treatment coordinator under section 245G.11, subdivision 7; an
62.30 alcohol and drug counselor under section 245G.11, subdivision 5; and a recovery peer under
62.31 section 245G.11, subdivision 8.

62.32 (d) "Health carrier" has the meaning given in section 62A.011, subdivision 2.

63.1 (e) "Health plan" has the meaning given in section 62A.011, subdivision 3. Health plan
63.2 includes dental plans as defined in section 62Q.76, subdivision 3, but does not include dental
63.3 plans that provide indemnity-based benefits, regardless of expenses incurred, and are designed
63.4 to pay benefits directly to the policy holder.

63.5 (f) "Originating site" means a site at which a patient is located at the time health care
63.6 services are provided to the patient by means of telehealth. For purposes of store-and-forward
63.7 technology, the originating site also means the location at which a health care provider
63.8 transfers or transmits information to the distant site.

63.9 (g) "Store-and-forward technology" means the asynchronous electronic transfer or
63.10 transmission of a patient's medical information or data from an originating site to a distant
63.11 site for the purposes of diagnostic and therapeutic assistance in the care of a patient.

63.12 (h) "Telehealth" means the delivery of health care services or consultations through the
63.13 use of real time two-way interactive audio and visual communications to provide or support
63.14 health care delivery and facilitate the assessment, diagnosis, consultation, treatment,
63.15 education, and care management of a patient's health care. Telehealth includes the application
63.16 of secure video conferencing, store-and-forward technology, and synchronous interactions
63.17 between a patient located at an originating site and a health care provider located at a distant
63.18 site. Until July 1, 2023, telehealth also includes audio-only communication between a health
63.19 care provider and a patient in accordance with subdivision 6, paragraph (b). Telehealth does
63.20 not include communication between health care providers that consists solely of a telephone
63.21 conversation, e-mail, or facsimile transmission. Telehealth does not include communication
63.22 between a health care provider and a patient that consists solely of an e-mail or facsimile
63.23 transmission. Telehealth does not include telemonitoring services as defined in paragraph
63.24 (i).

63.25 (i) "Telemonitoring services" means the remote monitoring of clinical data related to
63.26 the enrollee's vital signs or biometric data by a monitoring device or equipment that transmits
63.27 the data electronically to a health care provider for analysis. Telemonitoring is intended to
63.28 collect an enrollee's health-related data for the purpose of assisting a health care provider
63.29 in assessing and monitoring the enrollee's medical condition or status.

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

64.1 Sec. 6. Minnesota Statutes 2020, section 62N.25, subdivision 5, is amended to read:

64.2 Subd. 5. **Benefits.** Community integrated service networks must offer the health
64.3 maintenance organization benefit set, as defined in chapter 62D, and other laws applicable
64.4 to entities regulated under chapter 62D. Community networks and chemical dependency
64.5 facilities under contract with a community network shall use the assessment criteria in
64.6 ~~Minnesota Rules, parts 9530.6600 to 9530.6655,~~ section 245G.05 when assessing enrollees
64.7 for chemical dependency treatment.

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

64.9 Sec. 7. Minnesota Statutes 2020, section 62Q.1055, is amended to read:

64.10 **62Q.1055 CHEMICAL DEPENDENCY.**

64.11 All health plan companies shall use the assessment criteria in ~~Minnesota Rules, parts~~
64.12 ~~9530.6600 to 9530.6655,~~ section 245G.05 when assessing and ~~placing~~ treating enrollees
64.13 for chemical dependency treatment.

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

64.15 Sec. 8. Minnesota Statutes 2020, section 62Q.47, is amended to read:

64.16 **62Q.47 ALCOHOLISM, MENTAL HEALTH, AND CHEMICAL DEPENDENCY**
64.17 **SERVICES.**

64.18 (a) All health plans, as defined in section 62Q.01, that provide coverage for alcoholism,
64.19 mental health, or chemical dependency services, must comply with the requirements of this
64.20 section.

64.21 (b) Cost-sharing requirements and benefit or service limitations for outpatient mental
64.22 health and outpatient chemical dependency and alcoholism services, except for persons
64.23 ~~placed in~~ seeking chemical dependency services under ~~Minnesota Rules, parts 9530.6600~~
64.24 ~~to 9530.6655~~ section 245G.05, must not place a greater financial burden on the insured or
64.25 enrollee, or be more restrictive than those requirements and limitations for outpatient medical
64.26 services.

64.27 (c) Cost-sharing requirements and benefit or service limitations for inpatient hospital
64.28 mental health and inpatient hospital and residential chemical dependency and alcoholism
64.29 services, except for persons ~~placed in~~ seeking chemical dependency services under ~~Minnesota~~
64.30 ~~Rules, parts 9530.6600 to 9530.6655~~ section 245G.05, must not place a greater financial
64.31 burden on the insured or enrollee, or be more restrictive than those requirements and
64.32 limitations for inpatient hospital medical services.

65.1 (d) A health plan company must not impose an NQTL with respect to mental health and
65.2 substance use disorders in any classification of benefits unless, under the terms of the health
65.3 plan as written and in operation, any processes, strategies, evidentiary standards, or other
65.4 factors used in applying the NQTL to mental health and substance use disorders in the
65.5 classification are comparable to, and are applied no more stringently than, the processes,
65.6 strategies, evidentiary standards, or other factors used in applying the NQTL with respect
65.7 to medical and surgical benefits in the same classification.

65.8 (e) All health plans must meet the requirements of the federal Mental Health Parity Act
65.9 of 1996, Public Law 104-204; Paul Wellstone and Pete Domenici Mental Health Parity and
65.10 Addiction Equity Act of 2008; the Affordable Care Act; and any amendments to, and federal
65.11 guidance or regulations issued under, those acts.

65.12 (f) The commissioner may require information from health plan companies to confirm
65.13 that mental health parity is being implemented by the health plan company. Information
65.14 required may include comparisons between mental health and substance use disorder
65.15 treatment and other medical conditions, including a comparison of prior authorization
65.16 requirements, drug formulary design, claim denials, rehabilitation services, and other
65.17 information the commissioner deems appropriate.

65.18 (g) Regardless of the health care provider's professional license, if the service provided
65.19 is consistent with the provider's scope of practice and the health plan company's credentialing
65.20 and contracting provisions, mental health therapy visits and medication maintenance visits
65.21 shall be considered primary care visits for the purpose of applying any enrollee cost-sharing
65.22 requirements imposed under the enrollee's health plan.

65.23 (h) By June 1 of each year, beginning June 1, 2021, the commissioner of commerce, in
65.24 consultation with the commissioner of health, shall submit a report on compliance and
65.25 oversight to the chairs and ranking minority members of the legislative committees with
65.26 jurisdiction over health and commerce. The report must:

65.27 (1) describe the commissioner's process for reviewing health plan company compliance
65.28 with United States Code, title 42, section 18031(j), any federal regulations or guidance
65.29 relating to compliance and oversight, and compliance with this section and section 62Q.53;

65.30 (2) identify any enforcement actions taken by either commissioner during the preceding
65.31 12-month period regarding compliance with parity for mental health and substance use
65.32 disorders benefits under state and federal law, summarizing the results of any market conduct
65.33 examinations. The summary must include: (i) the number of formal enforcement actions
65.34 taken; (ii) the benefit classifications examined in each enforcement action; and (iii) the

66.1 subject matter of each enforcement action, including quantitative and nonquantitative
66.2 treatment limitations;

66.3 (3) detail any corrective action taken by either commissioner to ensure health plan
66.4 company compliance with this section, section 62Q.53, and United States Code, title 42,
66.5 section 18031(j); and

66.6 (4) describe the information provided by either commissioner to the public about
66.7 alcoholism, mental health, or chemical dependency parity protections under state and federal
66.8 law.

66.9 The report must be written in nontechnical, readily understandable language and must be
66.10 made available to the public by, among other means as the commissioners find appropriate,
66.11 posting the report on department websites. Individually identifiable information must be
66.12 excluded from the report, consistent with state and federal privacy protections.

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

66.14 Sec. 9. Minnesota Statutes 2021 Supplement, section 148F.11, subdivision 1, is amended
66.15 to read:

66.16 Subdivision 1. **Other professionals.** (a) Nothing in this chapter prevents members of
66.17 other professions or occupations from performing functions for which they are qualified or
66.18 licensed. This exception includes, but is not limited to: licensed physicians; registered nurses;
66.19 licensed practical nurses; licensed psychologists and licensed psychological practitioners;
66.20 members of the clergy provided such services are provided within the scope of regular
66.21 ministries; American Indian medicine men and women; licensed attorneys; probation officers;
66.22 licensed marriage and family therapists; licensed social workers; social workers employed
66.23 by city, county, or state agencies; licensed professional counselors; licensed professional
66.24 clinical counselors; licensed school counselors; registered occupational therapists or
66.25 occupational therapy assistants; Upper Midwest Indian Council on Addictive Disorders
66.26 (UMICAD) certified counselors when providing services to Native American people; city,
66.27 county, or state employees when providing assessments or case management under Minnesota
66.28 Rules, chapter 9530; and ~~individuals defined in section 256B.0623, subdivision 5, clauses~~
66.29 ~~(1) to (6),~~ staff persons providing co-occurring substance use disorder treatment in adult
66.30 mental health rehabilitative programs certified or licensed by the Department of Human
66.31 Services under section 245I.23, 256B.0622, or 256B.0623.

67.1 (b) Nothing in this chapter prohibits technicians and resident managers in programs
 67.2 licensed by the Department of Human Services from discharging their duties as provided
 67.3 in Minnesota Rules, chapter 9530.

67.4 (c) Any person who is exempt from licensure under this section must not use a title
 67.5 incorporating the words "alcohol and drug counselor" or "licensed alcohol and drug
 67.6 counselor" or otherwise hold himself or herself out to the public by any title or description
 67.7 stating or implying that he or she is engaged in the practice of alcohol and drug counseling,
 67.8 or that he or she is licensed to engage in the practice of alcohol and drug counseling, unless
 67.9 that person is also licensed as an alcohol and drug counselor. Persons engaged in the practice
 67.10 of alcohol and drug counseling are not exempt from the board's jurisdiction solely by the
 67.11 use of one of the titles in paragraph (a).

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

67.15 Sec. 10. Minnesota Statutes 2020, section 148F.11, is amended by adding a subdivision
 67.16 to read:

67.17 Subd. 2a. **Former students.** (a) A former student may practice alcohol and drug
 67.18 counseling for 90 days after the former student's degree conferral date from an accredited
 67.19 school or educational program or after the last date the former student received credit for
 67.20 an alcohol and drug counseling course from an accredited school or educational program.
 67.21 The former student's practice under this section must be supervised by a supervisor.

67.22 (b) The former student's right to practice under this section automatically expires after
 67.23 90 days from the former student's degree conferral date or date of last course credit for an
 67.24 alcohol and drug counseling course, whichever occurs last.

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

67.26 Sec. 11. Minnesota Statutes 2020, section 169A.70, subdivision 3, is amended to read:

67.27 Subd. 3. **Assessment report.** (a) The assessment report must be on a form prescribed
 67.28 by the commissioner and shall contain an evaluation of the convicted defendant concerning
 67.29 the defendant's prior traffic and criminal record, characteristics and history of alcohol and
 67.30 chemical use problems, and amenability to rehabilitation through the alcohol safety program.
 67.31 The report is classified as private data on individuals as defined in section 13.02, subdivision
 67.32 12.

68.1 (b) The assessment report must include:

68.2 (1) a diagnosis of the nature of the offender's chemical and alcohol involvement;

68.3 (2) an assessment of the severity level of the involvement;

68.4 (3) a recommended level of care for the offender in accordance with the criteria contained
68.5 in ~~rules adopted by the commissioner of human services under section 254A.03, subdivision~~
68.6 ~~3 (chemical dependency treatment rules)~~ section 245G.05;

68.7 (4) an assessment of the offender's placement needs;

68.8 (5) recommendations for other appropriate remedial action or care, including aftercare
68.9 services in section 254B.01, subdivision 3, that may consist of educational programs,
68.10 one-on-one counseling, a program or type of treatment that addresses mental health concerns,
68.11 or a combination of them; and

68.12 (6) a specific explanation why no level of care or action was recommended, if applicable.

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

68.14 Sec. 12. Minnesota Statutes 2020, section 169A.70, subdivision 4, is amended to read:

68.15 Subd. 4. **Assessor standards; rules; assessment time limits.** A chemical use assessment
68.16 required by this section must be conducted by an assessor appointed by the court. The
68.17 assessor must meet the training and qualification requirements of ~~rules adopted by the~~
68.18 ~~commissioner of human services under section 254A.03, subdivision 3 (chemical dependency~~
68.19 ~~treatment rules)~~ section 245G.11, subdivisions 1 and 5. Notwithstanding section 13.82 (law
68.20 enforcement data), the assessor shall have access to any police reports, laboratory test results,
68.21 and other law enforcement data relating to the current offense or previous offenses that are
68.22 necessary to complete the evaluation. ~~An assessor providing an assessment under this section~~
68.23 ~~may not have any direct or shared financial interest or referral relationship resulting in~~
68.24 ~~shared financial gain with a treatment provider, except as authorized under section 254A.19,~~
68.25 ~~subdivision 3. If an independent assessor is not available, the court may use the services of~~
68.26 ~~an assessor authorized to perform assessments for the county social services agency under~~
68.27 ~~a variance granted under rules adopted by the commissioner of human services under section~~
68.28 ~~254A.03, subdivision 3.~~ An appointment for the defendant to undergo the assessment must
68.29 be made by the court, a court services probation officer, or the court administrator as soon
68.30 as possible but in no case more than one week after the defendant's court appearance. The
68.31 assessment must be completed no later than three weeks after the defendant's court
68.32 appearance. If the assessment is not performed within this time limit, the county where the

69.1 defendant is to be sentenced shall perform the assessment. The county of financial
69.2 responsibility must be determined under chapter 256G.

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

69.4 Sec. 13. Minnesota Statutes 2021 Supplement, section 245.467, subdivision 2, is amended
69.5 to read:

69.6 Subd. 2. **Diagnostic assessment.** ~~Providers~~ A provider of services governed by this
69.7 section must complete a diagnostic assessment of a client according to the standards of
69.8 section 245I.10, ~~subdivisions 4 to 6.~~

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

69.12 Sec. 14. Minnesota Statutes 2021 Supplement, section 245.467, subdivision 3, is amended
69.13 to read:

69.14 Subd. 3. **Individual treatment plans.** ~~Providers~~ A provider of services governed by
69.15 this section must complete an individual treatment plan for a client according to the standards
69.16 of section 245I.10, subdivisions 7 and 8.

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

69.20 Sec. 15. Minnesota Statutes 2021 Supplement, section 245.4871, subdivision 21, is amended
69.21 to read:

69.22 Subd. 21. **Individual treatment plan.** (a) "Individual treatment plan" means the
69.23 formulation of planned services that are responsive to the needs and goals of a client. An
69.24 individual treatment plan must be completed according to section 245I.10, subdivisions 7
69.25 and 8.

69.26 (b) A children's residential facility licensed under Minnesota Rules, chapter 2960, is
69.27 exempt from the requirements of section 245I.10, subdivisions 7 and 8. Instead, the individual
69.28 treatment plan must:

69.29 (1) include a written plan of intervention, treatment, and services for a child with an
69.30 emotional disturbance that the service provider develops under the clinical supervision of
69.31 a mental health professional on the basis of a diagnostic assessment;

70.1 (2) be developed in conjunction with the family unless clinically inappropriate; and
 70.2 (3) identify goals and objectives of treatment, treatment strategy, a schedule for
 70.3 accomplishing treatment goals and objectives, and the individuals responsible for providing
 70.4 treatment to the child with an emotional disturbance.

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

70.8 Sec. 16. Minnesota Statutes 2021 Supplement, section 245.4876, subdivision 2, is amended
 70.9 to read:

70.10 Subd. 2. **Diagnostic assessment.** ~~Providers~~ A provider of services governed by this
 70.11 section ~~shall~~ must complete a diagnostic assessment of a client according to the standards
 70.12 of section 245I.10, ~~subdivisions 4 to 6.~~ Notwithstanding the required timelines for completing
 70.13 a diagnostic assessment in section 245I.10, a children's residential facility licensed under
 70.14 Minnesota Rules, chapter 2960, that provides mental health services to children must, within
 70.15 ten days of the client's admission: (1) complete the client's diagnostic assessment; or (2)
 70.16 review and update the client's diagnostic assessment with a summary of the child's current
 70.17 mental health status and service needs if a diagnostic assessment is available that was
 70.18 completed within 180 days preceding admission and the client's mental health status has
 70.19 not changed markedly since the diagnostic assessment.

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

70.23 Sec. 17. Minnesota Statutes 2021 Supplement, section 245.4876, subdivision 3, is amended
 70.24 to read:

70.25 Subd. 3. **Individual treatment plans.** ~~Providers~~ A provider of services governed by
 70.26 this section ~~shall~~ must complete an individual treatment plan for a client according to the
 70.27 standards of section 245I.10, subdivisions 7 and 8. A children's residential facility licensed
 70.28 according to Minnesota Rules, chapter 2960, is exempt from the requirements in section
 70.29 245I.10, subdivisions 7 and 8. Instead, the facility must involve the child and the child's
 70.30 family in all phases of developing and implementing the individual treatment plan to the
 70.31 extent appropriate and must review the individual treatment plan every 90 days after intake.

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

71.4 Sec. 18. Minnesota Statutes 2020, section 245.4882, is amended by adding a subdivision
71.5 to read:

71.6 Subd. 6. **Crisis admissions and stabilization.** (a) A child may be referred for residential
71.7 treatment services under this section for the purpose of crisis stabilization by:

71.8 (1) a mental health professional as defined in section 245I.04, subdivision 2;

71.9 (2) a physician licensed under chapter 147 who is assessing a child in an emergency
71.10 department; or

71.11 (3) a member of a mobile crisis team who meets the qualifications under section
71.12 256B.0624, subdivision 5.

71.13 (b) A provider making a referral under paragraph (a) must conduct an assessment of the
71.14 child's mental health needs and make a determination that the child is experiencing a mental
71.15 health crisis and is in need of residential treatment services under this section.

71.16 (c) A child may receive services under this subdivision for up to 30 days and must be
71.17 subject to the screening and admissions criteria and processes under section 245.4885
71.18 thereafter.

71.19 (d) For a child eligible for medical assistance, the commissioner shall reimburse counties
71.20 for all costs incurred for the child receiving children's residential crisis stabilization services,
71.21 including room and board costs.

71.22 Sec. 19. Minnesota Statutes 2021 Supplement, section 245.4885, subdivision 1, is amended
71.23 to read:

71.24 Subdivision 1. **Admission criteria.** (a) Prior to admission or placement, except in the
71.25 case of an emergency, all children referred for treatment of severe emotional disturbance
71.26 in a treatment foster care setting, residential treatment facility, or informally admitted to a
71.27 regional treatment center shall undergo an assessment to determine the appropriate level of
71.28 care if county funds are used to pay for the child's services. An emergency includes when
71.29 a child is in need of and has been referred for crisis stabilization services under section
71.30 245.4882, subdivision 6. A child who has been referred to residential treatment for crisis
71.31 stabilization services in a residential treatment center is not required to undergo an assessment
71.32 under this section.

72.1 (b) The county board shall determine the appropriate level of care for a child when
72.2 county-controlled funds are used to pay for the child's residential treatment under this
72.3 chapter, including residential treatment provided in a qualified residential treatment program
72.4 as defined in section 260C.007, subdivision 26d. When a county board does not have
72.5 responsibility for a child's placement and the child is enrolled in a prepaid health program
72.6 under section 256B.69, the enrolled child's contracted health plan must determine the
72.7 appropriate level of care for the child. When Indian Health Services funds or funds of a
72.8 tribally owned facility funded under the Indian Self-Determination and Education Assistance
72.9 Act, Public Law 93-638, are used for the child, the Indian Health Services or 638 tribal
72.10 health facility must determine the appropriate level of care for the child. When more than
72.11 one entity bears responsibility for a child's coverage, the entities shall coordinate level of
72.12 care determination activities for the child to the extent possible.

72.13 (c) The child's level of care determination shall determine whether the proposed treatment:

72.14 (1) is necessary;

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

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

72.17 (4) provides a length of stay as short as possible consistent with the individual child's
72.18 needs.

72.19 (d) When a level of care determination is conducted, the county board or other entity
72.20 may not determine that a screening of a child, referral, or admission to a residential treatment
72.21 facility is not appropriate solely because services were not first provided to the child in a
72.22 less restrictive setting and the child failed to make progress toward or meet treatment goals
72.23 in the less restrictive setting. The level of care determination must be based on a diagnostic
72.24 assessment of a child that evaluates the child's family, school, and community living
72.25 situations; and an assessment of the child's need for care out of the home using a validated
72.26 tool which assesses a child's functional status and assigns an appropriate level of care to the
72.27 child. The validated tool must be approved by the commissioner of human services and
72.28 may be the validated tool approved for the child's assessment under section 260C.704 if the
72.29 juvenile treatment screening team recommended placement of the child in a qualified
72.30 residential treatment program. If a diagnostic assessment has been completed by a mental
72.31 health professional within the past 180 days, a new diagnostic assessment need not be
72.32 completed unless in the opinion of the current treating mental health professional the child's
72.33 mental health status has changed markedly since the assessment was completed. The child's
72.34 parent shall be notified if an assessment will not be completed and of the reasons. A copy

73.1 of the notice shall be placed in the child's file. Recommendations developed as part of the
 73.2 level of care determination process shall include specific community services needed by
 73.3 the child and, if appropriate, the child's family, and shall indicate whether these services
 73.4 are available and accessible to the child and the child's family. The child and the child's
 73.5 family must be invited to any meeting where the level of care determination is discussed
 73.6 and decisions regarding residential treatment are made. The child and the child's family
 73.7 may invite other relatives, friends, or advocates to attend these meetings.

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

73.12 (f) The level of care determination, placement decision, and recommendations for mental
 73.13 health services must be documented in the child's record and made available to the child's
 73.14 family, as appropriate.

73.15 Sec. 20. Minnesota Statutes 2021 Supplement, section 245.4889, subdivision 1, is amended
 73.16 to read:

73.17 Subdivision 1. **Establishment and authority.** (a) The commissioner is authorized to
 73.18 make grants from available appropriations to assist:

73.19 (1) counties;

73.20 (2) Indian tribes;

73.21 (3) children's collaboratives under section 124D.23 or 245.493; or

73.22 (4) mental health service providers.

73.23 (b) The following services are eligible for grants under this section:

73.24 (1) services to children with emotional disturbances as defined in section 245.4871,
 73.25 subdivision 15, and their families;

73.26 (2) transition services under section 245.4875, subdivision 8, for young adults under
 73.27 age 21 and their families;

73.28 (3) respite care services for children with emotional disturbances or severe emotional
 73.29 disturbances who are at risk of out-of-home placement or already in out-of-home placement
 73.30 in family foster settings as defined in chapter 245A and at risk of change in out-of-home
 73.31 placement or placement in a residential facility or other higher level of care. Allowable

- 74.1 activities and expenses for respite care services are defined under subdivision 4. A child is
74.2 not required to have case management services to receive respite care services;
- 74.3 (4) children's mental health crisis services;
- 74.4 (5) mental health services for people from cultural and ethnic minorities, including
74.5 supervision of clinical trainees who are Black, indigenous, or people of color;
- 74.6 (6) children's mental health screening and follow-up diagnostic assessment and treatment;
- 74.7 (7) services to promote and develop the capacity of providers to use evidence-based
74.8 practices in providing children's mental health services;
- 74.9 (8) school-linked mental health services under section 245.4901;
- 74.10 (9) building evidence-based mental health intervention capacity for children birth to age
74.11 five;
- 74.12 (10) suicide prevention and counseling services that use text messaging statewide;
- 74.13 (11) mental health first aid training;
- 74.14 (12) training for parents, collaborative partners, and mental health providers on the
74.15 impact of adverse childhood experiences and trauma and development of an interactive
74.16 website to share information and strategies to promote resilience and prevent trauma;
- 74.17 (13) transition age services to develop or expand mental health treatment and supports
74.18 for adolescents and young adults 26 years of age or younger;
- 74.19 (14) early childhood mental health consultation;
- 74.20 (15) evidence-based interventions for youth at risk of developing or experiencing a first
74.21 episode of psychosis, and a public awareness campaign on the signs and symptoms of
74.22 psychosis;
- 74.23 (16) psychiatric consultation for primary care practitioners; ~~and~~
- 74.24 (17) providers to begin operations and meet program requirements when establishing a
74.25 new children's mental health program. These may be start-up grants; and
- 74.26 (18) evidence-informed interventions for youth and young adults who are at risk of
74.27 developing a mood disorder or are experiencing an emerging mood disorder, including
74.28 major depression and bipolar disorders, and a public awareness campaign on the signs and
74.29 symptoms of mood disorders in youth and young adults.
- 74.30 (c) Services under paragraph (b) must be designed to help each child to function and
74.31 remain with the child's family in the community and delivered consistent with the child's

75.1 treatment plan. Transition services to eligible young adults under this paragraph must be
75.2 designed to foster independent living in the community.

75.3 (d) As a condition of receiving grant funds, a grantee shall obtain all available third-party
75.4 reimbursement sources, if applicable.

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

75.6 Sec. 21. Minnesota Statutes 2020, section 245.4889, is amended by adding a subdivision
75.7 to read:

75.8 **Subd. 4. Respite care services.** Respite care services under subdivision 1, paragraph
75.9 (b), clause (3), include hourly or overnight stays at a licensed foster home or with a qualified
75.10 and approved family member or friend and may occur at a child's or provider's home. Respite
75.11 care services may also include the following activities and expenses:

75.12 (1) recreational, sport, and nonsport extracurricular activities and programs for the child
75.13 including camps, clubs, lessons, group outings, sports, or other activities and programs;

75.14 (2) family activities, camps, and retreats that the family does together and provide a
75.15 break from the family's circumstance;

75.16 (3) cultural programs and activities for the child and family designed to address the
75.17 unique needs of individuals who share a common language, racial, ethnic, or social
75.18 background; and

75.19 (4) costs of transportation, food, supplies, and equipment directly associated with
75.20 approved respite care services and expenses necessary for the child and family to access
75.21 and participate in respite care services.

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

75.23 Sec. 22. Minnesota Statutes 2021 Supplement, section 245.735, subdivision 3, is amended
75.24 to read:

75.25 **Subd. 3. Certified community behavioral health clinics.** (a) The commissioner shall
75.26 establish a state certification process for certified community behavioral health clinics
75.27 (CCBHCs) that satisfy all federal requirements necessary for CCBHCs certified under this
75.28 section to be eligible for reimbursement under medical assistance, without service area
75.29 limits based on geographic area or region. The commissioner shall consult with CCBHC
75.30 stakeholders before establishing and implementing changes in the certification process and
75.31 requirements. Entities that choose to be CCBHCs must:

76.1 (1) comply with state licensing requirements and other requirements issued by the
76.2 commissioner;

76.3 (2) employ or contract for clinic staff who have backgrounds in diverse disciplines,
76.4 including licensed mental health professionals and licensed alcohol and drug counselors,
76.5 and staff who are culturally and linguistically trained to meet the needs of the population
76.6 the clinic serves;

76.7 (3) ensure that clinic services are available and accessible to individuals and families of
76.8 all ages and genders and that crisis management services are available 24 hours per day;

76.9 (4) establish fees for clinic services for individuals who are not enrolled in medical
76.10 assistance using a sliding fee scale that ensures that services to patients are not denied or
76.11 limited due to an individual's inability to pay for services;

76.12 (5) comply with quality assurance reporting requirements and other reporting
76.13 requirements, including any required reporting of encounter data, clinical outcomes data,
76.14 and quality data;

76.15 (6) provide crisis mental health and substance use services, withdrawal management
76.16 services, emergency crisis intervention services, and stabilization services through existing
76.17 mobile crisis services; screening, assessment, and diagnosis services, including risk
76.18 assessments and level of care determinations; person- and family-centered treatment planning;
76.19 outpatient mental health and substance use services; targeted case management; psychiatric
76.20 rehabilitation services; peer support and counselor services and family support services;
76.21 and intensive community-based mental health services, including mental health services
76.22 for members of the armed forces and veterans. CCBHCs must directly provide the majority
76.23 of these services to enrollees, but may coordinate some services with another entity through
76.24 a collaboration or agreement, pursuant to paragraph (b);

76.25 (7) provide coordination of care across settings and providers to ensure seamless
76.26 transitions for individuals being served across the full spectrum of health services, including
76.27 acute, chronic, and behavioral needs. Care coordination may be accomplished through
76.28 partnerships or formal contracts with:

76.29 (i) counties, health plans, pharmacists, pharmacies, rural health clinics, federally qualified
76.30 health centers, inpatient psychiatric facilities, substance use and detoxification facilities, or
76.31 community-based mental health providers; and

76.32 (ii) other community services, supports, and providers, including schools, child welfare
76.33 agencies, juvenile and criminal justice agencies, Indian health services clinics, tribally

77.1 licensed health care and mental health facilities, urban Indian health clinics, Department of
77.2 Veterans Affairs medical centers, outpatient clinics, drop-in centers, acute care hospitals,
77.3 and hospital outpatient clinics;

77.4 (8) be certified as a mental health ~~clinics~~ clinic under section ~~245.69, subdivision 2~~
77.5 245I.20;

77.6 (9) comply with standards established by the commissioner relating to CCBHC
77.7 screenings, assessments, and evaluations;

77.8 (10) be licensed to provide substance use disorder treatment under chapter 245G;

77.9 (11) be certified to provide children's therapeutic services and supports under section
77.10 256B.0943;

77.11 (12) be certified to provide adult rehabilitative mental health services under section
77.12 256B.0623;

77.13 (13) be enrolled to provide mental health crisis response services under ~~sections~~ section
77.14 256B.0624 and 256B.0944;

77.15 (14) be enrolled to provide mental health targeted case management under section
77.16 256B.0625, subdivision 20;

77.17 (15) comply with standards relating to mental health case management in Minnesota
77.18 Rules, parts 9520.0900 to 9520.0926;

77.19 (16) provide services that comply with the evidence-based practices described in
77.20 paragraph (e); and

77.21 (17) comply with standards relating to peer services under sections 256B.0615,
77.22 256B.0616, and 245G.07, subdivision 1, paragraph (a), clause (5), as applicable when peer
77.23 services are provided.

77.24 (b) If a certified CCBHC is unable to provide one or more of the services listed in
77.25 paragraph (a), clauses (6) to (17), the CCBHC may contract with another entity that has the
77.26 required authority to provide that service and that meets the following criteria as a designated
77.27 collaborating organization:

77.28 (1) the entity has a formal agreement with the CCBHC to furnish one or more of the
77.29 services under paragraph (a), clause (6);

77.30 (2) the entity provides assurances that it will provide services according to CCBHC
77.31 service standards and provider requirements;

78.1 (3) the entity agrees that the CCBHC is responsible for coordinating care and has clinical
78.2 and financial responsibility for the services that the entity provides under the agreement;
78.3 and

78.4 (4) the entity meets any additional requirements issued by the commissioner.

78.5 (c) Notwithstanding any other law that requires a county contract or other form of county
78.6 approval for certain services listed in paragraph (a), clause (6), a clinic that otherwise meets
78.7 CCBHC requirements may receive the prospective payment under section 256B.0625,
78.8 subdivision 5m, for those services without a county contract or county approval. As part of
78.9 the certification process in paragraph (a), the commissioner shall require a letter of support
78.10 from the CCBHC's host county confirming that the CCBHC and the county or counties it
78.11 serves have an ongoing relationship to facilitate access and continuity of care, especially
78.12 for individuals who are uninsured or who may go on and off medical assistance.

78.13 (d) When the standards listed in paragraph (a) or other applicable standards conflict or
78.14 address similar issues in duplicative or incompatible ways, the commissioner may grant
78.15 variances to state requirements if the variances do not conflict with federal requirements
78.16 for services reimbursed under medical assistance. If standards overlap, the commissioner
78.17 may substitute all or a part of a licensure or certification that is substantially the same as
78.18 another licensure or certification. The commissioner shall consult with stakeholders, as
78.19 described in subdivision 4, before granting variances under this provision. For the CCBHC
78.20 that is certified but not approved for prospective payment under section 256B.0625,
78.21 subdivision 5m, the commissioner may grant a variance under this paragraph if the variance
78.22 does not increase the state share of costs.

78.23 (e) The commissioner shall issue a list of required evidence-based practices to be
78.24 delivered by CCBHCs, and may also provide a list of recommended evidence-based practices.
78.25 The commissioner may update the list to reflect advances in outcomes research and medical
78.26 services for persons living with mental illnesses or substance use disorders. The commissioner
78.27 shall take into consideration the adequacy of evidence to support the efficacy of the practice,
78.28 the quality of workforce available, and the current availability of the practice in the state.
78.29 At least 30 days before issuing the initial list and any revisions, the commissioner shall
78.30 provide stakeholders with an opportunity to comment.

78.31 (f) The commissioner shall recertify CCBHCs at least every three years. The
78.32 commissioner shall establish a process for decertification and shall require corrective action,
78.33 medical assistance repayment, or decertification of a CCBHC that no longer meets the

79.1 requirements in this section or that fails to meet the standards provided by the commissioner
79.2 in the application and certification process.

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

79.6 Sec. 23. Minnesota Statutes 2020, section 245A.19, is amended to read:

79.7 **245A.19 HIV TRAINING IN ~~CHEMICAL DEPENDENCY~~ SUBSTANCE USE**
79.8 **DISORDER TREATMENT PROGRAM.**

79.9 (a) Applicants and license holders for ~~chemical dependency~~ substance use disorder
79.10 residential and nonresidential programs must demonstrate compliance with HIV minimum
79.11 standards ~~prior to~~ before their application ~~being~~ is complete. The HIV minimum standards
79.12 contained in the HIV-1 Guidelines for ~~chemical dependency~~ substance use disorder treatment
79.13 and care programs in Minnesota are not subject to rulemaking.

79.14 (b) ~~Ninety days after April 29, 1992,~~ The applicant or license holder shall orient all
79.15 ~~chemical dependency~~ substance use disorder treatment staff and clients to the HIV minimum
79.16 standards. ~~Thereafter,~~ Orientation shall be provided to all staff and clients; within 72 hours
79.17 of employment or admission to the program. In-service training shall be provided to all staff
79.18 on at least an annual basis and the license holder shall maintain records of training and
79.19 attendance.

79.20 (c) The license holder shall maintain a list of referral sources for the purpose of making
79.21 necessary referrals of clients to HIV-related services. The list of referral services shall be
79.22 updated at least annually.

79.23 (d) Written policies and procedures, consistent with HIV minimum standards, shall be
79.24 developed and followed by the license holder. All policies and procedures concerning HIV
79.25 minimum standards shall be approved by the commissioner. The commissioner ~~shall provide~~
79.26 ~~training on HIV minimum standards to applicants~~ must outline the content required for the
79.27 annual staff training under paragraph (b).

79.28 (e) The commissioner may permit variances from the requirements in this section. License
79.29 holders seeking variances must follow the procedures in section 245A.04, subdivision 9.

80.1 Sec. 24. [245A.26] CHILDREN'S RESIDENTIAL FACILITY CRISIS
80.2 STABILIZATION SERVICES.

80.3 Subdivision 1. Definitions. (a) For the purposes of this section, the terms defined in this
80.4 subdivision have the meanings given.

80.5 (b) "Clinical trainee" means a staff person who is qualified under section 245I.04,
80.6 subdivision 6.

80.7 (c) "License holder" means an individual, organization, or government entity that was
80.8 issued a license by the commissioner of human services under this chapter for residential
80.9 mental health treatment for children with emotional disturbance according to Minnesota
80.10 Rules, parts 2960.0010 to 2960.0220 and 2960.0580 to 2960.0700, or shelter care services
80.11 according to Minnesota Rules, parts 2960.0010 to 2960.0120 and 2960.0510 to 2960.0530.

80.12 (d) "Mental health professional" means an individual who is qualified under section
80.13 245I.04, subdivision 2.

80.14 Subd. 2. Scope and applicability. (a) This section establishes additional licensing
80.15 requirements for a children's residential facility to provide children's residential crisis
80.16 stabilization services to a child who is experiencing a mental health crisis and is in need of
80.17 residential treatment services.

80.18 (b) A children's residential facility may provide residential crisis stabilization services
80.19 only if the facility is licensed to provide:

80.20 (1) residential mental health treatment for children with emotional disturbance according
80.21 to Minnesota Rules, parts 2960.0010 to 2960.0220 and 2960.0580 to 2960.0700; or

80.22 (2) shelter care services according to Minnesota Rules, parts 2960.0010 to 2960.0120
80.23 and 2960.0510 to 2960.0530.

80.24 (c) If a child receives residential crisis stabilization services for 35 days or fewer in a
80.25 facility licensed according to paragraph (b), clause (1), the facility is not required to complete
80.26 a diagnostic assessment or treatment plan under Minnesota Rules, parts 2960.0180, subpart
80.27 2, and 2960.0600.

80.28 (d) If a child receives residential crisis stabilization services for 35 days or fewer in a
80.29 facility licensed according to paragraph (b), clause (2), the facility is not required to develop
80.30 a plan for meeting the child's immediate needs under Minnesota Rules, part 2960.0520,
80.31 subpart 3.

81.1 Subd. 3. **Eligibility for services.** An individual is eligible for children's residential crisis
81.2 stabilization services if the individual is under 19 years of age and meets the eligibility
81.3 criteria for crisis services under section 256B.0624, subdivision 3.

81.4 Subd. 4. **Required services; providers.** (a) A license holder providing residential crisis
81.5 stabilization services must continually follow a child's individual crisis treatment plan to
81.6 improve the child's functioning.

81.7 (b) The license holder must offer and have the capacity to directly provide the following
81.8 treatment services to a child:

81.9 (1) crisis stabilization services as described in section 256B.0624, subdivision 7;

81.10 (2) mental health services as specified in the child's individual crisis treatment plan and
81.11 according to the child's treatment needs;

81.12 (3) health services and medication administration, if applicable; and

81.13 (4) referrals for the child to community-based treatment providers and support services
81.14 for the child's transition from residential crisis stabilization to another treatment setting.

81.15 (c) Children's residential crisis stabilization services must be provided by a qualified
81.16 staff person listed in section 256B.0624, subdivision 8, according to the scope of practice
81.17 for the individual staff person's position.

81.18 Subd. 5. **Assessment and treatment planning.** (a) Within 24 hours of a child's admission
81.19 for residential crisis stabilization, the license holder must assess the child and document the
81.20 child's immediate needs, including the child's:

81.21 (1) health and safety, including the need for crisis assistance; and

81.22 (2) need for connection to family and other natural supports.

81.23 (b) Within 24 hours of a child's admission for residential crisis stabilization, the license
81.24 holder must complete a crisis treatment plan for the child, according to the requirements
81.25 for a crisis treatment plan under section 256B.0624, subdivision 11. The license holder must
81.26 base the child's crisis treatment plan on the child's referral information and the assessment
81.27 of the child's immediate needs under paragraph (a). A mental health professional or a clinical
81.28 trainee under the supervision of a mental health professional must complete the crisis
81.29 treatment plan. A crisis treatment plan completed by a clinical trainee must contain
81.30 documentation of approval, as defined in section 245I.02, subdivision 2, by a mental health
81.31 professional within five business days of initial completion by the clinical trainee.

82.1 (c) A mental health professional must review a child's crisis treatment plan each week
82.2 and document the weekly reviews in the child's client file.

82.3 (d) For a client receiving children's residential crisis stabilization services who is 18
82.4 years of age or older, the license holder must complete an individual abuse prevention plan
82.5 for the client, pursuant to section 245A.65, subdivision 2, as part of the client's crisis
82.6 treatment plan.

82.7 Subd. 6. **Staffing requirements.** Staff members of facilities providing services under
82.8 this section must have access to a mental health professional or clinical trainee within 30
82.9 minutes, either in person or by telephone. The license holder must maintain a current schedule
82.10 of available mental health professionals or clinical trainees and include contact information
82.11 for each mental health professional or clinical trainee. The schedule must be readily available
82.12 to all staff members.

82.13 Sec. 25. Minnesota Statutes 2020, section 245F.03, is amended to read:

82.14 **245F.03 APPLICATION.**

82.15 (a) This chapter establishes minimum standards for withdrawal management programs
82.16 licensed by the commissioner that serve one or more unrelated persons.

82.17 (b) This chapter does not apply to a withdrawal management program licensed as a
82.18 hospital under sections 144.50 to 144.581. A withdrawal management program located in
82.19 a hospital licensed under sections 144.50 to 144.581 that chooses to be licensed under this
82.20 chapter is deemed to be in compliance with section 245F.13.

82.21 ~~(c) Minnesota Rules, parts 9530.6600 to 9530.6655, do not apply to withdrawal~~
82.22 ~~management programs licensed under this chapter.~~

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

82.24 Sec. 26. Minnesota Statutes 2020, section 245F.04, subdivision 1, is amended to read:

82.25 Subdivision 1. **General application and license requirements.** An applicant for licensure
82.26 as a clinically managed withdrawal management program or medically monitored withdrawal
82.27 management program must meet the following requirements, except where otherwise noted.
82.28 All programs must comply with federal requirements and the general requirements in sections
82.29 626.557 and 626.5572 and chapters 245A, 245C, and 260E. A withdrawal management
82.30 program must be located in a hospital licensed under sections 144.50 to 144.581, or must
82.31 be a supervised living facility with a class A or B license from the Department of Health
82.32 under Minnesota Rules, parts 4665.0100 to 4665.9900.

83.1 Sec. 27. Minnesota Statutes 2020, section 245G.01, is amended by adding a subdivision
83.2 to read:

83.3 Subd. 13b. **Guest speaker.** "Guest speaker" means an individual who works under the
83.4 direct observation of the license holder to present to clients on topics in which the guest
83.5 speaker has expertise and that the license holder has determined to be beneficial to a client's
83.6 recovery. Tribally licensed programs have autonomy to identify the qualifications of their
83.7 guest speakers.

83.8 Sec. 28. Minnesota Statutes 2020, section 245G.05, subdivision 2, is amended to read:

83.9 Subd. 2. **Assessment summary.** (a) An alcohol and drug counselor must complete an
83.10 assessment summary within three calendar days from the day of service initiation for a
83.11 residential program and within three calendar days on which a treatment session has been
83.12 provided from the day of service initiation for a client in a nonresidential program. The
83.13 comprehensive assessment summary is complete upon a qualified staff member's dated
83.14 signature. If the comprehensive assessment is used to authorize the treatment service, the
83.15 alcohol and drug counselor must prepare an assessment summary on the same date the
83.16 comprehensive assessment is completed. If the comprehensive assessment and assessment
83.17 summary are to authorize treatment services, the assessor must determine appropriate level
83.18 of care and services for the client using the ~~dimensions in Minnesota Rules, part 9530.6622~~
83.19 criteria established in section 254B.04, subdivision 4, and document the recommendations.

83.20 (b) An assessment summary must include:

83.21 (1) a risk description according to section 245G.05 for each dimension listed in paragraph
83.22 (c);

83.23 (2) a narrative summary supporting the risk descriptions; and

83.24 (3) a determination of whether the client has a substance use disorder.

83.25 (c) An assessment summary must contain information relevant to treatment service
83.26 planning and recorded in the dimensions in clauses (1) to (6). The license holder must
83.27 consider:

83.28 (1) Dimension 1, acute intoxication/withdrawal potential; the client's ability to cope with
83.29 withdrawal symptoms and current state of intoxication;

83.30 (2) Dimension 2, biomedical conditions and complications; the degree to which any
83.31 physical disorder of the client would interfere with treatment for substance use, and the

84.1 client's ability to tolerate any related discomfort. The license holder must determine the
84.2 impact of continued substance use on the unborn child, if the client is pregnant;

84.3 (3) Dimension 3, emotional, behavioral, and cognitive conditions and complications;
84.4 the degree to which any condition or complication is likely to interfere with treatment for
84.5 substance use or with functioning in significant life areas and the likelihood of harm to self
84.6 or others;

84.7 (4) Dimension 4, readiness for change; the support necessary to keep the client involved
84.8 in treatment service;

84.9 (5) Dimension 5, relapse, continued use, and continued problem potential; the degree
84.10 to which the client recognizes relapse issues and has the skills to prevent relapse of either
84.11 substance use or mental health problems; and

84.12 (6) Dimension 6, recovery environment; whether the areas of the client's life are
84.13 supportive of or antagonistic to treatment participation and recovery.

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

84.15 Sec. 29. Minnesota Statutes 2020, section 245G.06, is amended by adding a subdivision
84.16 to read:

84.17 **Subd. 2a. Client record documentation requirements.** (a) The license holder must
84.18 document in the client record any significant event that occurs at the program within 24
84.19 hours of the event. A significant event is an event that impacts the client's treatment plan
84.20 or the client's relationship with other clients, staff, or the client's family.

84.21 (b) A residential treatment program must document in the client record the following
84.22 items within 24 hours that each occurs:

84.23 (1) medical and other appointments the client attended if known by the provider;

84.24 (2) concerns related to medications that are not documented in the medication
84.25 administration record; and

84.26 (3) concerns related to attendance for treatment services, including the reason for any
84.27 client absence from a treatment service.

84.28 Sec. 30. Minnesota Statutes 2020, section 245G.06, subdivision 3, is amended to read:

84.29 **Subd. 3. Documentation of treatment services; Treatment plan review.** (a) ~~A review~~
84.30 ~~of all treatment services must be documented weekly and include a review of:~~

- 85.1 ~~(1) care coordination activities;~~
- 85.2 ~~(2) medical and other appointments the client attended;~~
- 85.3 ~~(3) issues related to medications that are not documented in the medication administration~~
- 85.4 ~~record; and~~
- 85.5 ~~(4) issues related to attendance for treatment services, including the reason for any client~~
- 85.6 ~~absence from a treatment service.~~
- 85.7 ~~(b) A note must be entered immediately following any significant event. A significant~~
- 85.8 ~~event is an event that impacts the client's relationship with other clients, staff, the client's~~
- 85.9 ~~family, or the client's treatment plan.~~
- 85.10 ~~(e) A treatment plan review must be entered in a client's file weekly or after each treatment~~
- 85.11 ~~service, whichever is less frequent, by the staff member providing the service by an alcohol~~
- 85.12 ~~and drug counselor at least every 28 calendar days; when there is a significant change in~~
- 85.13 ~~the client's situation, functioning, or service methods; or at the request of the client. The~~
- 85.14 ~~review must indicate the span of time covered by the review and each of the six dimensions~~
- 85.15 ~~listed in section 245G.05, subdivision 2, paragraph (c). The review must:~~
- 85.16 ~~(1) indicate the date, type, and amount of each treatment service provided and the client's~~
- 85.17 ~~response to each service;~~
- 85.18 ~~(2) address each goal in the treatment plan and whether the methods to address the goals~~
- 85.19 ~~are effective;~~
- 85.20 ~~(3) (2) include monitoring of any physical and mental health problems;~~
- 85.21 ~~(4) (3) document the participation of others;~~
- 85.22 ~~(5) (4) document staff recommendations for changes in the methods identified in the~~
- 85.23 ~~treatment plan and whether the client agrees with the change; and~~
- 85.24 ~~(6) (5) include a review and evaluation of the individual abuse prevention plan according~~
- 85.25 ~~to section 245A.65.~~
- 85.26 ~~(d) (b) Each entry in a client's record must be accurate, legible, signed, and dated. A late~~
- 85.27 ~~entry must be clearly labeled "late entry." A correction to an entry must be made in a way~~
- 85.28 ~~in which the original entry can still be read.~~
- 85.29 **EFFECTIVE DATE.** This section is effective August 1, 2022.

86.1 Sec. 31. Minnesota Statutes 2020, section 245G.12, is amended to read:

86.2 **245G.12 PROVIDER POLICIES AND PROCEDURES.**

86.3 A license holder must develop a written policies and procedures manual, indexed
86.4 according to section 245A.04, subdivision 14, paragraph (c), that provides staff members
86.5 immediate access to all policies and procedures and provides a client and other authorized
86.6 parties access to all policies and procedures. The manual must contain the following
86.7 materials:

86.8 (1) assessment and treatment planning policies, including screening for mental health
86.9 concerns and treatment objectives related to the client's identified mental health concerns
86.10 in the client's treatment plan;

86.11 (2) policies and procedures regarding HIV according to section 245A.19;

86.12 (3) the license holder's methods and resources to provide information on tuberculosis
86.13 and tuberculosis screening to each client and to report a known tuberculosis infection
86.14 according to section 144.4804;

86.15 (4) personnel policies according to section 245G.13;

86.16 (5) policies and procedures that protect a client's rights according to section 245G.15;

86.17 (6) a medical services plan according to section 245G.08;

86.18 (7) emergency procedures according to section 245G.16;

86.19 (8) policies and procedures for maintaining client records according to section 245G.09;

86.20 (9) procedures for reporting the maltreatment of minors according to chapter 260E, and
86.21 vulnerable adults according to sections 245A.65, 626.557, and 626.5572;

86.22 (10) a description of treatment services that: (i) includes the amount and type of services
86.23 provided; (ii) identifies which services meet the definition of group counseling under section
86.24 245G.01, subdivision 13a; ~~and~~ (iii) identifies which groups to and topics on which a guest
86.25 speaker could provide services under the direct observation of a licensed alcohol and drug
86.26 counselor; and (iv) defines the program's treatment week;

86.27 (11) the methods used to achieve desired client outcomes;

86.28 (12) the hours of operation; and

86.29 (13) the target population served.

87.1 Sec. 32. Minnesota Statutes 2020, section 245G.22, subdivision 2, is amended to read:

87.2 Subd. 2. **Definitions.** (a) For purposes of this section, the terms defined in this subdivision
87.3 have the meanings given them.

87.4 (b) "Diversion" means the use of a medication for the treatment of opioid addiction being
87.5 diverted from intended use of the medication.

87.6 (c) "Guest dose" means administration of a medication used for the treatment of opioid
87.7 addiction to a person who is not a client of the program that is administering or dispensing
87.8 the medication.

87.9 (d) "Medical director" means a practitioner licensed to practice medicine in the
87.10 jurisdiction that the opioid treatment program is located who assumes responsibility for
87.11 administering all medical services performed by the program, either by performing the
87.12 services directly or by delegating specific responsibility to a practitioner of the opioid
87.13 treatment program.

87.14 (e) "Medication used for the treatment of opioid use disorder" means a medication
87.15 approved by the Food and Drug Administration for the treatment of opioid use disorder.

87.16 (f) "Minnesota health care programs" has the meaning given in section 256B.0636.

87.17 (g) "Opioid treatment program" has the meaning given in Code of Federal Regulations,
87.18 title 42, section 8.12, and includes programs licensed under this chapter.

87.19 ~~(h) "Placing authority" has the meaning given in Minnesota Rules, part 9530.6605,~~
87.20 ~~subpart 21a.~~

87.21 ~~(h)~~ (h) "Practitioner" means a staff member holding a current, unrestricted license to
87.22 practice medicine issued by the Board of Medical Practice or nursing issued by the Board
87.23 of Nursing and is currently registered with the Drug Enforcement Administration to order
87.24 or dispense controlled substances in Schedules II to V under the Controlled Substances Act,
87.25 United States Code, title 21, part B, section 821. Practitioner includes an advanced practice
87.26 registered nurse and physician assistant if the staff member receives a variance by the state
87.27 opioid treatment authority under section 254A.03 and the federal Substance Abuse and
87.28 Mental Health Services Administration.

87.29 ~~(i)~~ (i) "Unsupervised use" means the use of a medication for the treatment of opioid use
87.30 disorder dispensed for use by a client outside of the program setting.

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

88.1 Sec. 33. Minnesota Statutes 2021 Supplement, section 245I.02, subdivision 19, is amended
88.2 to read:

88.3 Subd. 19. **Level of care assessment.** "Level of care assessment" means the level of care
88.4 decision support tool appropriate to the client's age. For a client five years of age or younger,
88.5 a level of care assessment is the Early Childhood Service Intensity Instrument (ESCII). For
88.6 a client six to 17 years of age, a level of care assessment is the Child and Adolescent Service
88.7 Intensity Instrument (CASII). For a client 18 years of age or older, a level of care assessment
88.8 is the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS)
88.9 or another tool authorized by the commissioner.

88.10 Sec. 34. Minnesota Statutes 2021 Supplement, section 245I.02, subdivision 36, is amended
88.11 to read:

88.12 Subd. 36. **Staff person.** "Staff person" means an individual who works under a license
88.13 holder's direction or under a contract with a license holder. Staff person includes an intern,
88.14 consultant, contractor, individual who works part-time, and an individual who does not
88.15 provide direct contact services to clients but does have physical access to clients. Staff
88.16 person includes a volunteer who provides treatment services to a client or a volunteer whom
88.17 the license holder regards as a staff person for the purpose of meeting staffing or service
88.18 delivery requirements. A staff person must be 18 years of age or older.

88.19 Sec. 35. Minnesota Statutes 2021 Supplement, section 245I.03, subdivision 9, is amended
88.20 to read:

88.21 Subd. 9. **Volunteers.** ~~A~~ If a licence holder uses volunteers, the license holder must have
88.22 policies and procedures for using volunteers, including when a ~~the~~ license holder must
88.23 submit a background study for a volunteer, and the specific tasks that a volunteer may
88.24 perform.

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

88.28 Sec. 36. Minnesota Statutes 2021 Supplement, section 245I.04, subdivision 4, is amended
88.29 to read:

88.30 Subd. 4. **Mental health practitioner qualifications.** (a) An individual who is qualified
88.31 in at least one of the ways described in paragraph (b) to (d) may serve as a mental health
88.32 practitioner.

89.1 (b) An individual is qualified as a mental health practitioner through relevant coursework
89.2 if the individual completes at least 30 semester hours or 45 quarter hours in behavioral
89.3 sciences or related fields and:

89.4 (1) has at least 2,000 hours of experience providing services to individuals with:

89.5 (i) a mental illness or a substance use disorder; or

89.6 (ii) a traumatic brain injury or a developmental disability, and completes the additional
89.7 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct
89.8 contact services to a client;

89.9 (2) is fluent in the non-English language of the ethnic group to which at least 50 percent
89.10 of the individual's clients belong, and completes the additional training described in section
89.11 245I.05, subdivision 3, paragraph (c), before providing direct contact services to a client;

89.12 (3) is working in a day treatment program under section 256B.0671, subdivision 3, or
89.13 256B.0943; ~~or~~

89.14 (4) has completed a practicum or internship that (i) required direct interaction with adult
89.15 clients or child clients, and (ii) was focused on behavioral sciences or related fields; or

89.16 (5) is in the process of completing a practicum or internship as part of a formal
89.17 undergraduate or graduate training program in social work, psychology, or counseling.

89.18 (c) An individual is qualified as a mental health practitioner through work experience
89.19 if the individual:

89.20 (1) has at least 4,000 hours of experience in the delivery of services to individuals with:

89.21 (i) a mental illness or a substance use disorder; or

89.22 (ii) a traumatic brain injury or a developmental disability, and completes the additional
89.23 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct
89.24 contact services to clients; or

89.25 (2) receives treatment supervision at least once per week until meeting the requirement
89.26 in clause (1) of 4,000 hours of experience and has at least 2,000 hours of experience providing
89.27 services to individuals with:

89.28 (i) a mental illness or a substance use disorder; or

89.29 (ii) a traumatic brain injury or a developmental disability, and completes the additional
89.30 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct
89.31 contact services to clients.

90.1 (d) An individual is qualified as a mental health practitioner if the individual has a
90.2 master's or other graduate degree in behavioral sciences or related fields.

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

90.6 Sec. 37. Minnesota Statutes 2021 Supplement, section 245I.05, subdivision 3, is amended
90.7 to read:

90.8 Subd. 3. **Initial training.** (a) A staff person must receive training about:

90.9 (1) vulnerable adult maltreatment under section 245A.65, subdivision 3; and

90.10 (2) the maltreatment of minor reporting requirements and definitions in chapter 260E
90.11 within 72 hours of first providing direct contact services to a client.

90.12 (b) Before providing direct contact services to a client, a staff person must receive training
90.13 about:

90.14 (1) client rights and protections under section 245I.12;

90.15 (2) the Minnesota Health Records Act, including client confidentiality, family engagement
90.16 under section 144.294, and client privacy;

90.17 (3) emergency procedures that the staff person must follow when responding to a fire,
90.18 inclement weather, a report of a missing person, and a behavioral or medical emergency;

90.19 (4) specific activities and job functions for which the staff person is responsible, including
90.20 the license holder's program policies and procedures applicable to the staff person's position;

90.21 (5) professional boundaries that the staff person must maintain; and

90.22 (6) specific needs of each client to whom the staff person will be providing direct contact
90.23 services, including each client's developmental status, cognitive functioning, and physical
90.24 and mental abilities.

90.25 (c) Before providing direct contact services to a client, a mental health rehabilitation
90.26 worker, mental health behavioral aide, or mental health practitioner ~~qualified under~~ required
90.27 to receive the training according to section 245I.04, subdivision 4, must receive 30 hours
90.28 of training about:

90.29 (1) mental illnesses;

90.30 (2) client recovery and resiliency;

91.1 (3) mental health de-escalation techniques;

91.2 (4) co-occurring mental illness and substance use disorders; and

91.3 (5) psychotropic medications and medication side effects.

91.4 (d) Within 90 days of first providing direct contact services to an adult client, a clinical
91.5 trainee, mental health practitioner, mental health certified peer specialist, or mental health
91.6 rehabilitation worker must receive training about:

91.7 (1) trauma-informed care and secondary trauma;

91.8 (2) person-centered individual treatment plans, including seeking partnerships with
91.9 family and other natural supports;

91.10 (3) co-occurring substance use disorders; and

91.11 (4) culturally responsive treatment practices.

91.12 (e) Within 90 days of first providing direct contact services to a child client, a clinical
91.13 trainee, mental health practitioner, mental health certified family peer specialist, mental
91.14 health certified peer specialist, or mental health behavioral aide must receive training about
91.15 the topics in clauses (1) to (5). This training must address the developmental characteristics
91.16 of each child served by the license holder and address the needs of each child in the context
91.17 of the child's family, support system, and culture. Training topics must include:

91.18 (1) trauma-informed care and secondary trauma, including adverse childhood experiences
91.19 (ACEs);

91.20 (2) family-centered treatment plan development, including seeking partnership with a
91.21 child client's family and other natural supports;

91.22 (3) mental illness and co-occurring substance use disorders in family systems;

91.23 (4) culturally responsive treatment practices; and

91.24 (5) child development, including cognitive functioning, and physical and mental abilities.

91.25 (f) For a mental health behavioral aide, the training under paragraph (e) must include
91.26 parent team training using a curriculum approved by the commissioner.

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

92.1 Sec. 38. Minnesota Statutes 2021 Supplement, section 245I.08, subdivision 4, is amended
92.2 to read:

92.3 Subd. 4. **Progress notes.** A license holder must use a progress note to document each
92.4 occurrence of a mental health service that a staff person provides to a client. A progress
92.5 note must include the following:

92.6 (1) the type of service;

92.7 (2) the date of service;

92.8 (3) the start and stop time of the service unless the license holder is licensed as a
92.9 residential program;

92.10 (4) the location of the service;

92.11 (5) the scope of the service, including: (i) the targeted goal and objective; (ii) the
92.12 intervention that the staff person provided to the client and the methods that the staff person
92.13 used; (iii) the client's response to the intervention; (iv) the staff person's plan to take future
92.14 actions, including changes in treatment that the staff person will implement if the intervention
92.15 was ineffective; and (v) the service modality;

92.16 (6) the signature, ~~printed name~~, and credentials of the staff person who provided the
92.17 service to the client;

92.18 (7) the mental health provider travel documentation required by section 256B.0625, if
92.19 applicable; and

92.20 (8) significant observations by the staff person, if applicable, including: (i) the client's
92.21 current risk factors; (ii) emergency interventions by staff persons; (iii) consultations with
92.22 or referrals to other professionals, family, or significant others; and (iv) changes in the
92.23 client's mental or physical symptoms.

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

92.27 Sec. 39. Minnesota Statutes 2021 Supplement, section 245I.09, subdivision 2, is amended
92.28 to read:

92.29 Subd. 2. **Record retention.** A license holder must retain client records of a discharged
92.30 client for a minimum of five years from the date of the client's discharge. A license holder
92.31 who ceases to provide treatment services to a client closes a program must retain the a
92.32 client's records for a minimum of five years from the date that the license holder stopped

93.1 providing services to the client and must notify the commissioner of the location of the
 93.2 client records and the name of the individual responsible for storing and maintaining the
 93.3 client records.

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

93.7 Sec. 40. Minnesota Statutes 2021 Supplement, section 245I.10, subdivision 2, is amended
 93.8 to read:

93.9 Subd. 2. **Generally.** (a) A license holder must use a client's diagnostic assessment or
 93.10 crisis assessment to determine a client's eligibility for mental health services, except as
 93.11 provided in this section.

93.12 (b) Prior to completing a client's initial diagnostic assessment, a license holder may
 93.13 provide a client with the following services:

93.14 (1) an explanation of findings;

93.15 (2) neuropsychological testing, neuropsychological assessment, and psychological
 93.16 testing;

93.17 (3) any combination of psychotherapy sessions, family psychotherapy sessions, and
 93.18 family psychoeducation sessions not to exceed three sessions;

93.19 (4) crisis assessment services according to section 256B.0624; and

93.20 (5) ten days of intensive residential treatment services according to the assessment and
 93.21 treatment planning standards in section ~~245.23~~ 245I.23, subdivision 7.

93.22 (c) Based on the client's needs that a crisis assessment identifies under section 256B.0624,
 93.23 a license holder may provide a client with the following services:

93.24 (1) crisis intervention and stabilization services under section 245I.23 or 256B.0624;
 93.25 and

93.26 (2) any combination of psychotherapy sessions, group psychotherapy sessions, family
 93.27 psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions
 93.28 within a 12-month period without prior authorization.

93.29 (d) Based on the client's needs in the client's brief diagnostic assessment, a license holder
 93.30 may provide a client with any combination of psychotherapy sessions, group psychotherapy
 93.31 sessions, family psychotherapy sessions, and family psychoeducation sessions not to exceed

94.1 ten sessions within a 12-month period without prior authorization for any new client or for
94.2 an existing client who the license holder projects will need fewer than ten sessions during
94.3 the next 12 months.

94.4 (e) Based on the client's needs that a hospital's medical history and presentation
94.5 examination identifies, a license holder may provide a client with:

94.6 (1) any combination of psychotherapy sessions, group psychotherapy sessions, family
94.7 psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions
94.8 within a 12-month period without prior authorization for any new client or for an existing
94.9 client who the license holder projects will need fewer than ten sessions during the next 12
94.10 months; and

94.11 (2) up to five days of day treatment services or partial hospitalization.

94.12 (f) A license holder must complete a new standard diagnostic assessment of a client:

94.13 (1) when the client requires services of a greater number or intensity than the services
94.14 that paragraphs (b) to (e) describe;

94.15 (2) at least annually following the client's initial diagnostic assessment if the client needs
94.16 additional mental health services and the client does not meet the criteria for a brief
94.17 assessment;

94.18 (3) when the client's mental health condition has changed markedly since the client's
94.19 most recent diagnostic assessment; or

94.20 (4) when the client's current mental health condition does not meet the criteria of the
94.21 client's current diagnosis.

94.22 (g) For an existing client, the license holder must ensure that a new standard diagnostic
94.23 assessment includes a written update containing all significant new or changed information
94.24 about the client, and an update regarding what information has not significantly changed,
94.25 including a discussion with the client about changes in the client's life situation, functioning,
94.26 presenting problems, and progress with achieving treatment goals since the client's last
94.27 diagnostic assessment was completed.

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

95.1 Sec. 41. Minnesota Statutes 2021 Supplement, section 245I.10, subdivision 6, is amended
95.2 to read:

95.3 Subd. 6. **Standard diagnostic assessment; required elements.** (a) Only a mental health
95.4 professional or a clinical trainee may complete a standard diagnostic assessment of a client.
95.5 A standard diagnostic assessment of a client must include a face-to-face interview with a
95.6 client and a written evaluation of the client. The assessor must complete a client's standard
95.7 diagnostic assessment within the client's cultural context.

95.8 (b) When completing a standard diagnostic assessment of a client, the assessor must
95.9 gather and document information about the client's current life situation, including the
95.10 following information:

95.11 (1) the client's age;

95.12 (2) the client's current living situation, including the client's housing status and household
95.13 members;

95.14 (3) the status of the client's basic needs;

95.15 (4) the client's education level and employment status;

95.16 (5) the client's current medications;

95.17 (6) any immediate risks to the client's health and safety;

95.18 (7) the client's perceptions of the client's condition;

95.19 (8) the client's description of the client's symptoms, including the reason for the client's
95.20 referral;

95.21 (9) the client's history of mental health treatment; and

95.22 (10) cultural influences on the client.

95.23 (c) If the assessor cannot obtain the information that this ~~subdivision~~ paragraph requires
95.24 without retraumatizing the client or harming the client's willingness to engage in treatment,
95.25 the assessor must identify which topics will require further assessment during the course
95.26 of the client's treatment. The assessor must gather and document information related to the
95.27 following topics:

95.28 (1) the client's relationship with the client's family and other significant personal
95.29 relationships, including the client's evaluation of the quality of each relationship;

95.30 (2) the client's strengths and resources, including the extent and quality of the client's
95.31 social networks;

- 96.1 (3) important developmental incidents in the client's life;
- 96.2 (4) maltreatment, trauma, potential brain injuries, and abuse that the client has suffered;
- 96.3 (5) the client's history of or exposure to alcohol and drug usage and treatment; and
- 96.4 (6) the client's health history and the client's family health history, including the client's
- 96.5 physical, chemical, and mental health history.

96.6 (d) When completing a standard diagnostic assessment of a client, an assessor must use

96.7 a recognized diagnostic framework.

96.8 (1) When completing a standard diagnostic assessment of a client who is five years of

96.9 age or younger, the assessor must use the current edition of the DC: 0-5 Diagnostic

96.10 Classification of Mental Health and Development Disorders of Infancy and Early Childhood

96.11 published by Zero to Three.

96.12 (2) When completing a standard diagnostic assessment of a client who is six years of

96.13 age or older, the assessor must use the current edition of the Diagnostic and Statistical

96.14 Manual of Mental Disorders published by the American Psychiatric Association.

96.15 (3) When completing a standard diagnostic assessment of a client who is five years of

96.16 age or younger, an assessor must administer the Early Childhood Service Intensity Instrument

96.17 (ECSII) to the client and include the results in the client's assessment.

96.18 (4) When completing a standard diagnostic assessment of a client who is six to 17 years

96.19 of age, an assessor must administer the Child and Adolescent Service Intensity Instrument

96.20 (CASII) to the client and include the results in the client's assessment.

96.21 (5) When completing a standard diagnostic assessment of a client who is 18 years of

96.22 age or older, an assessor must use either (i) the CAGE-AID Questionnaire or (ii) the criteria

96.23 in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders

96.24 published by the American Psychiatric Association to screen and assess the client for a

96.25 substance use disorder.

96.26 (e) When completing a standard diagnostic assessment of a client, the assessor must

96.27 include and document the following components of the assessment:

96.28 (1) the client's mental status examination;

96.29 (2) the client's baseline measurements; symptoms; behavior; skills; abilities; resources;

96.30 vulnerabilities; safety needs, including client information that supports the assessor's findings

96.31 after applying a recognized diagnostic framework from paragraph (d); and any differential

96.32 diagnosis of the client;

97.1 (3) an explanation of: (i) how the assessor diagnosed the client using the information
97.2 from the client's interview, assessment, psychological testing, and collateral information
97.3 about the client; (ii) the client's needs; (iii) the client's risk factors; (iv) the client's strengths;
97.4 and (v) the client's responsivity factors.

97.5 (f) When completing a standard diagnostic assessment of a client, the assessor must
97.6 consult the client and the client's family about which services that the client and the family
97.7 prefer to treat the client. The assessor must make referrals for the client as to services required
97.8 by law.

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

97.12 Sec. 42. Minnesota Statutes 2021 Supplement, section 245I.20, subdivision 5, is amended
97.13 to read:

97.14 Subd. 5. **Treatment supervision specified.** (a) A mental health professional must remain
97.15 responsible for each client's case. The certification holder must document the name of the
97.16 mental health professional responsible for each case and the dates that the mental health
97.17 professional is responsible for the client's case from beginning date to end date. The
97.18 certification holder must assign each client's case for assessment, diagnosis, and treatment
97.19 services to a treatment team member who is competent in the assigned clinical service, the
97.20 recommended treatment strategy, and in treating the client's characteristics.

97.21 (b) Treatment supervision of mental health practitioners and clinical trainees required
97.22 by section 245I.06 must include case reviews as described in this paragraph. Every two
97.23 months, a mental health professional must complete and document a case review of each
97.24 client assigned to the mental health professional when the client is receiving clinical services
97.25 from a mental health practitioner or clinical trainee. The case review must include a
97.26 consultation process that thoroughly examines the client's condition and treatment, including:
97.27 (1) a review of the client's reason for seeking treatment, diagnoses and assessments, and
97.28 the individual treatment plan; (2) a review of the appropriateness, duration, and outcome
97.29 of treatment provided to the client; and (3) treatment recommendations.

98.1 Sec. 43. Minnesota Statutes 2021 Supplement, section 245I.23, subdivision 22, is amended
98.2 to read:

98.3 Subd. 22. **Additional policy and procedure requirements.** (a) In addition to the policies
98.4 and procedures in section 245I.03, the license holder must establish, enforce, and maintain
98.5 the policies and procedures in this subdivision.

98.6 (b) The license holder must have policies and procedures for receiving referrals and
98.7 making admissions determinations about referred persons under subdivisions ~~14 to 16~~ 15
98.8 to 17.

98.9 (c) The license holder must have policies and procedures for discharging clients under
98.10 subdivision ~~17~~ 18. In the policies and procedures, the license holder must identify the staff
98.11 persons who are authorized to discharge clients from the program.

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

98.15 Sec. 44. **[245I.40] CHILDREN'S THERAPEUTIC SERVICES AND SUPPORTS.**

98.16 **Subdivision 1. Definitions.** (a) For purposes of this section, the following terms have
98.17 the meanings given them.

98.18 (b) "Care consultation" means consultative activities and communications between
98.19 mental health care providers and primary care clinical care providers, families, school
98.20 support staff, and clients. Care consultation may include psychiatric consultation with
98.21 primary care practitioners and mental health clinical care consultation.

98.22 (c) "Care coordination" means the activities required to coordinate care across settings
98.23 and providers for the people served to ensure seamless transitions across the full spectrum
98.24 of health services. Care coordination includes documenting a plan of care for medical care,
98.25 behavioral health, and social services and supports in the integrated treatment plan; assisting
98.26 with obtaining appointments; confirming that clients attend appointments; developing a
98.27 crisis plan, tracking medication, and implementing care coordination agreements with
98.28 external providers. Care coordination may include psychiatric consultation with primary
98.29 care practitioners and mental health clinical care consultation.

98.30 (d) "Children's therapeutic services and supports" means the flexible package of mental
98.31 health services for children who require varying therapeutic and rehabilitative levels of
98.32 intervention to treat a diagnosed emotional disturbance, as defined in section 245.4871,
98.33 subdivision 15, or a diagnosed mental illness, as defined in section 245.462, subdivision

99.1 20. The services are time-limited interventions that are delivered using various treatment
99.2 modalities and combinations of services designed to reach treatment outcomes identified
99.3 in the individual treatment plan.

99.4 (e) "Clinical trainee" means a staff person who is qualified according to section 245I.04,
99.5 subdivision 6.

99.6 (f) "Crisis planning" has the meaning given in section 245.4871, subdivision 9a.

99.7 (g) "Culturally competent provider" means a provider who understands and can utilize
99.8 to a client's benefit the client's culture when providing services to the client. A provider
99.9 may be culturally competent because the provider is of the same cultural or ethnic group
99.10 as the client or the provider has developed the knowledge and skills through training and
99.11 experience to provide services to culturally diverse clients.

99.12 (h) "Day treatment program" for children means a site-based structured mental health
99.13 program consisting of psychotherapy for three or more individuals and individual or group
99.14 skills training provided by a team, under the treatment supervision of a mental health
99.15 professional.

99.16 (i) "Standard diagnostic assessment" means the assessment described in section 245I.10,
99.17 subdivision 6.

99.18 (j) "Direct service time" means the time that a mental health professional, clinical trainee,
99.19 mental health practitioner, or mental health behavioral aide spends face-to-face with a client
99.20 and the client's family or providing covered services through telehealth as defined under
99.21 section 256B.0625, subdivision 3b. Direct service time includes time in which the provider
99.22 obtains a client's history, develops a client's treatment plan, records individual treatment
99.23 outcomes, or provides service components of children's therapeutic services and supports.
99.24 Direct service time does not include time doing work before and after providing direct
99.25 services, including scheduling or maintaining clinical records.

99.26 (k) "Emotional disturbance" has the meaning given in section 245.4871, subdivision 15.

99.27 (l) "Individual treatment plan" means the plan described in section 245I.10, subdivisions
99.28 7 and 8.

99.29 (m) "Mental health behavioral aide services" means medically necessary one-on-one
99.30 activities performed by a mental health behavioral aide who is qualified according to section
99.31 245I.04, subdivision 16, to assist a child to retain or generalize psychosocial skills as
99.32 previously trained by a mental health professional, clinical trainee, or mental health
99.33 practitioner and as described in the child's individual treatment plan and individual behavior

100.1 plan. Activities involve working directly with the child or child's family as provided in
100.2 subdivision 8, paragraph (b), clause (4).

100.3 (n) "Mental health certified family peer specialist" means a staff person who is qualified
100.4 according to section 245I.04, subdivision 12.

100.5 (o) "Mental health practitioner" means a staff person who is qualified according to section
100.6 245I.04, subdivision 4.

100.7 (p) "Mental health professional" means a staff person who is qualified according to
100.8 section 245I.04, subdivision 2.

100.9 (q) "Mental health service plan development" includes:

100.10 (1) developing and revising a child's individual treatment plan, including care consultation
100.11 and care coordination services; and

100.12 (2) administering and reporting the standardized outcome measurements in section
100.13 245I.10, subdivision 6, paragraph (d), clauses (3) and (4), and other standardized outcome
100.14 measurements approved by the commissioner, as periodically needed to evaluate the
100.15 effectiveness of treatment.

100.16 (r) For persons at least age 18 but under age 21, "mental illness" has the meaning given
100.17 in section 245.462, subdivision 20, paragraph (a).

100.18 (s) "Psychotherapy" means the treatment described in section 256B.0671, subdivision
100.19 11.

100.20 (t) "Rehabilitative services" or "psychiatric rehabilitation services" means interventions
100.21 to:

100.22 (1) restore a child or adolescent to an age-appropriate developmental trajectory that had
100.23 been disrupted by a psychiatric illness; or

100.24 (2) enable the child to self-monitor, compensate for, cope with, counteract, or replace
100.25 psychosocial skills deficits or maladaptive skills acquired over the course of a psychiatric
100.26 illness.

100.27 Psychiatric rehabilitation services for children combine coordinated psychotherapy to address
100.28 internal psychological, emotional, and intellectual processing deficits and skills training to
100.29 restore personal and social functioning. Psychiatric rehabilitation services establish a
100.30 progressive series of goals with each achievement building upon a prior achievement.

100.31 (u) "Skills training" means individual, family, or group training delivered by or under
100.32 the supervision of a mental health professional and designed to facilitate the acquisition of

101.1 psychosocial skills that are medically necessary to rehabilitate the child to an age-appropriate
101.2 developmental trajectory that was disrupted by a psychiatric illness or to enable the child
101.3 to self-monitor, compensate for, cope with, counteract, or replace skills deficits or
101.4 maladaptive skills acquired over the course of a psychiatric illness. Skills training is subject
101.5 to the service delivery requirements under subdivision 8, paragraph (b), clause (2).

101.6 (v) "Treatment supervision" means the supervision described in section 245I.06.

101.7 **Subd. 2. Covered service components of children's therapeutic services and**
101.8 **supports.** (a) Subject to federal approval, medical assistance covers medically necessary
101.9 children's therapeutic services and supports when the services are provided by an eligible
101.10 provider entity certified under and meeting the standards in this section. The provider entity
101.11 must make reasonable and good faith efforts to report individual client outcomes to the
101.12 commissioner, using instruments and protocols approved by the commissioner.

101.13 (b) The service components of children's therapeutic services and supports are:

101.14 (1) patient psychotherapy, family psychotherapy, psychotherapy for crisis, and group
101.15 psychotherapy;

101.16 (2) individual, family, or group skills training provided by a mental health professional,
101.17 clinical trainee, or mental health practitioner;

101.18 (3) crisis planning;

101.19 (4) mental health behavioral aide services;

101.20 (5) direction of a mental health behavioral aide;

101.21 (6) mental health service plan development;

101.22 (7) children's day treatment;

101.23 (8) care coordination;

101.24 (9) care consultation;

101.25 (10) travel to and from a client's location; and

101.26 (11) individual treatment plan development.

101.27 **Subd. 3. Determination of client eligibility.** (a) Children's therapeutic services and
101.28 supports include development and rehabilitative services that support a child's developmental
101.29 treatment needs.

101.30 (b) A client's eligibility to receive children's therapeutic services and supports under this
101.31 section shall be determined based on a standard diagnostic assessment by a mental health

102.1 professional or a clinical trainee that is performed within one year before the initial start of
102.2 service. The standard diagnostic assessment must:

102.3 (1) determine whether a child under age 18 has a diagnosis of emotional disturbance or,
102.4 if the person is between the ages of 18 and 21, whether the person has a mental illness;

102.5 (2) document children's therapeutic services and supports as medically necessary to
102.6 address an identified disability, functional impairment, and the individual client's needs and
102.7 goals; and

102.8 (3) be used in the development of the individual treatment plan.

102.9 (c) Notwithstanding paragraph (b), a client may be determined to be eligible for day
102.10 treatment under this section based on a hospital's medical history and presentation
102.11 examination of the client.

102.12 Subd. 4. **Provider entity certification.** (a) The commissioner shall establish an initial
102.13 provider entity application and certification process and recertification process to determine
102.14 whether a provider entity has an administrative and clinical infrastructure that meets the
102.15 requirements in subdivisions 5 and 6. A provider entity must be certified for the three core
102.16 rehabilitation services of psychotherapy, skills training, and crisis planning. The
102.17 commissioner shall recertify a provider entity every three years, allowing up to a six-month
102.18 grace period for recertification after the certification anniversary. The commissioner may
102.19 approve a recertification extension, in the interest of sustaining services, when a certain
102.20 date for recertification is identified. The commissioner shall establish a process for
102.21 decertification of a provider entity and shall require corrective action, medical assistance
102.22 repayment, or decertification of a provider entity that no longer meets the requirements in
102.23 this section or that fails to meet the clinical quality standards or administrative standards
102.24 provided by the commissioner in the application and certification process.

102.25 (b) The commissioner must provide the following to providers for the certification,
102.26 recertification, and decertification processes:

102.27 (1) a structured listing of required provider certification criteria;

102.28 (2) a formal written letter with a determination of certification, recertification, or
102.29 decertification, signed by the commissioner or the appropriate division director; and

102.30 (3) a formal written communication outlining the process for necessary corrective action
102.31 and follow-up by the commissioner, if applicable.

102.32 (c) For purposes of this section, a provider entity must meet the standards in this section
102.33 and this chapter, as required under section 245I.011, subdivision 5, and be:

103.1 (1) an Indian health services facility or a facility owned and operated by a Tribe or Tribal
103.2 organization operating as a 638 facility under Public Law 93-638, certified by the state;

103.3 (2) a county-operated entity certified by the state; or

103.4 (3) a noncounty entity certified by the state.

103.5 Subd. 5. **Provider entity clinical infrastructure requirements.** (a) To be an eligible
103.6 provider entity under this section, a provider entity must have a clinical infrastructure that
103.7 utilizes diagnostic assessment, individual treatment plans, service delivery, and individual
103.8 treatment plan review that are culturally competent, child-centered, and family-driven to
103.9 achieve maximum benefit for the client. The provider entity must review, and update as
103.10 necessary, the clinical policies and procedures every three years, must distribute the policies
103.11 and procedures to staff initially and upon each subsequent update, and must train staff
103.12 accordingly.

103.13 (b) The clinical infrastructure written policies and procedures must include policies and
103.14 procedures for:

103.15 (1) providing or obtaining a client's standard diagnostic assessment. When required
103.16 components of the standard diagnostic assessment are not provided in an outside or
103.17 independent assessment or cannot be attained immediately, the provider entity must determine
103.18 the missing information within 30 days and amend the child's standard diagnostic assessment
103.19 or incorporate the information into the child's individual treatment plan;

103.20 (2) developing an individual treatment plan;

103.21 (3) providing treatment supervision plans for staff according to section 245I.06. Treatment
103.22 supervision does not include the authority to make or terminate court-ordered placements
103.23 of the child. A treatment supervisor must be available for urgent consultation as required
103.24 by the individual client's needs or the situation;

103.25 (4) requiring a mental health professional to determine the level of supervision for a
103.26 behavioral health aide, and to document and sign the supervision determination in the
103.27 behavioral health aide's supervision plan;

103.28 (5) ensuring the immediate accessibility of a mental health professional, clinical trainee,
103.29 or mental health practitioner to the behavioral aide during service delivery;

103.30 (6) providing service delivery that implements the individual treatment plan and meets
103.31 the requirements under subdivision 8; and

104.1 (7) individual treatment plan review. The review must determine the extent to which
104.2 the services have met each of the goals and objectives in the treatment plan. The review
104.3 must assess the client's progress and ensure that services and treatment goals continue to
104.4 be necessary and appropriate to the client and the client's family or foster family.

104.5 Subd. 6. **Background studies.** The requirements for background studies under section
104.6 245I.011, subdivision 4, paragraph (d), may be met by a children's therapeutic services and
104.7 supports services agency through the commissioner's NETStudy system as provided under
104.8 sections 245C.03, subdivision 7, and 245C.10, subdivision 8.

104.9 Subd. 7. **Provider entity administrative infrastructure requirements.** (a) An eligible
104.10 provider entity shall demonstrate the availability, by means of employment or contract, of
104.11 at least one backup mental health professional in the event of the primary mental health
104.12 professional's absence.

104.13 (b) In addition to the policies and procedures required under section 245I.03, the policies
104.14 and procedures must include:

104.15 (1) fiscal procedures, including internal fiscal control practices and a process for collecting
104.16 revenue that is compliant with federal and state laws; and

104.17 (2) a client-specific treatment outcomes measurement system, including baseline
104.18 measures, to measure a client's progress toward achieving mental health rehabilitation goals.

104.19 (c) A provider entity that uses a restrictive procedure with a client must meet the
104.20 requirements of section 245.8261.

104.21 Subd. 8. **Qualifications of individual and team providers.** (a) An individual or team
104.22 provider working within the scope of the provider's practice or qualifications may provide
104.23 service components of children's therapeutic services and supports that are identified as
104.24 medically necessary in a client's individual treatment plan.

104.25 (b) An individual provider must be qualified as a:

104.26 (1) mental health professional;

104.27 (2) clinical trainee;

104.28 (3) mental health practitioner;

104.29 (4) mental health certified family peer specialist; or

104.30 (5) mental health behavioral aide.

104.31 (c) A day treatment team must include one mental health professional or clinical trainee.

105.1 Subd. 9. Service delivery criteria. (a) In delivering services under this section, a certified
105.2 provider entity must ensure that:

105.3 (1) the provider's caseload size reasonably enables the provider to play an active role in
105.4 service planning, monitoring, and delivering services to meet the client's and client's family's
105.5 needs, as specified in each client's individual treatment plan;

105.6 (2) site-based programs, including day treatment programs, provide staffing and facilities
105.7 to ensure the client's health, safety, and protection of rights, and that the programs are able
105.8 to implement each client's individual treatment plan; and

105.9 (3) a day treatment program is provided to a group of clients by a team under the treatment
105.10 supervision of a mental health professional. The day treatment program must be provided
105.11 in and by (i) an outpatient hospital accredited by the Joint Commission on Accreditation of
105.12 Health Organizations and licensed under sections 144.50 to 144.55; (ii) a community mental
105.13 health center under section 245.62; or (iii) an entity that is certified under subdivision 4 to
105.14 operate a program that meets the requirements of section 245.4884, subdivision 2, and
105.15 Minnesota Rules, parts 9505.0170 to 9505.0475. The day treatment program must stabilize
105.16 the client's mental health status while developing and improving the client's independent
105.17 living and socialization skills. The goal of the day treatment program must be to reduce or
105.18 relieve the effects of mental illness and provide training to enable the client to live in the
105.19 community. The remainder of the structured treatment program may include patient, family,
105.20 and group psychotherapy and individual or group skills training, if included in the client's
105.21 individual treatment plan. Day treatment programs are not part of inpatient or residential
105.22 treatment services. When a day treatment group that meets the minimum group size
105.23 requirement temporarily falls below the minimum group size because of a member's
105.24 temporary absence, medical assistance covers a group session conducted for the group
105.25 members in attendance. A day treatment program may provide fewer than the minimally
105.26 required hours for a particular child during a billing period in which the child is transitioning
105.27 into, or out of, the program.

105.28 (b) To be eligible for medical assistance payment, a provider entity must deliver the
105.29 service components of children's therapeutic services and supports in compliance with the
105.30 following requirements:

105.31 (1) psychotherapy to address the child's underlying mental health disorder must be
105.32 documented as part of the child's ongoing treatment. A provider must deliver, or arrange
105.33 for, medically necessary psychotherapy, unless the child's parent or caregiver chooses not
105.34 to receive it or the provider determines that psychotherapy is no longer medically necessary.

106.1 When a provider determines that psychotherapy is no longer medically necessary, the
106.2 provider must update required documentation, including but not limited to the individual
106.3 treatment plan, the child's medical record, or other authorizations, to include the
106.4 determination. When a provider determines that a child needs psychotherapy but
106.5 psychotherapy cannot be delivered due to a shortage of licensed mental health professionals
106.6 in the child's community, the provider must document the lack of access in the child's
106.7 medical record;

106.8 (2) individual, family, or group skills training is subject to the following requirements:

106.9 (i) a mental health professional, clinical trainee, or mental health practitioner shall provide
106.10 skills training;

106.11 (ii) skills training delivered to a child or the child's family must be targeted to the specific
106.12 deficits or maladaptations of the child's mental health disorder and must be prescribed in
106.13 the child's individual treatment plan;

106.14 (iii) group skills training may be provided to multiple recipients who, because of the
106.15 nature of their emotional, behavioral, or social dysfunction, can derive mutual benefit from
106.16 interaction in a group setting, which must be staffed as follows:

106.17 (A) one mental health professional, clinical trainee, or mental health practitioner must
106.18 work with a group of three to eight clients; or

106.19 (B) any combination of two mental health professionals, clinical trainees, or mental
106.20 health practitioners must work with a group of nine to 12 clients;

106.21 (iv) a mental health professional, clinical trainee, or mental health practitioner must have
106.22 taught the psychosocial skill before a mental health behavioral aide may practice that skill
106.23 with the client; and

106.24 (v) for group skills training, when a skills group that meets the minimum group size
106.25 requirement temporarily falls below the minimum group size because of a group member's
106.26 temporary absence, the provider may conduct the session for the group members in
106.27 attendance;

106.28 (3) crisis planning to a child and family must include development of a written plan that
106.29 anticipates the particular factors specific to the child that may precipitate a psychiatric crisis
106.30 for the child in the near future. The written plan must document actions that the family
106.31 should be prepared to take to resolve or stabilize a crisis, such as advance arrangements for
106.32 direct intervention and support services to the child and the child's family. Crisis planning
106.33 must include preparing resources designed to address abrupt or substantial changes in the

107.1 functioning of the child or the child's family when sudden change in behavior or a loss of
107.2 usual coping mechanisms is observed or the child begins to present a danger to self or others;

107.3 (4) mental health behavioral aide services must be medically necessary treatment services
107.4 identified in the child's individual treatment plan. To be eligible for medical assistance
107.5 payment, mental health behavioral aide services must be delivered to a child who has been
107.6 diagnosed with an emotional disturbance or a mental illness, as provided in subdivision 1,
107.7 paragraph (m). The mental health behavioral aide must document the delivery of services
107.8 in written progress notes. Progress notes must reflect implementation of the treatment
107.9 strategies as performed by the mental health behavioral aide and the child's responses to
107.10 the treatment strategies; and

107.11 (5) mental health service plan development must be performed in consultation with the
107.12 child's family and, when appropriate, with other key participants in the child's life by the
107.13 child's treating mental health professional or clinical trainee or by a mental health practitioner
107.14 and approved by the treating mental health professional. Treatment plan drafting consists
107.15 of development, review, and revision by face-to-face or electronic communication. The
107.16 provider must document events, including the time spent with the family and other key
107.17 participants in the child's life to approve the individual treatment plan. Medical assistance
107.18 covers service plan development before completion of the child's individual treatment plan.
107.19 Service plan development is covered only if a treatment plan is completed for the child. If
107.20 upon review it is determined that a treatment plan was not completed for the child, the
107.21 commissioner shall recover the payment for the service plan development.

107.22 Subd. 10. **Documentation and billing.** (a) A provider entity must document the services
107.23 it provides under this section. The provider entity must ensure that documentation complies
107.24 with Minnesota Rules, parts 9505.2175 and 9505.2197. Services billed under this section
107.25 that are not documented according to this subdivision shall be subject to monetary recovery
107.26 by the commissioner. Billing for covered service components under subdivision 2, paragraph
107.27 (b), must not include anything other than direct service time.

107.28 (b) Required documentation must be completed for each individual provider and service
107.29 modality, for each day a child receives a service under subdivision 2, paragraph (b).

107.30 Subd. 11. **Excluded services.** The following services are not eligible for medical
107.31 assistance payment as children's therapeutic services and supports:

107.32 (1) service components of children's therapeutic services and supports simultaneously
107.33 provided by more than one provider entity unless prior authorization is obtained;

107.34 (2) treatment by multiple providers within the same agency at the same clock time;

108.1 (3) children's therapeutic services and supports provided in violation of medical assistance
108.2 policy in Minnesota Rules, part 9505.0220;

108.3 (4) mental health behavioral aide services provided by a personal care assistant who is
108.4 not qualified as a mental health behavioral aide and employed by a certified children's
108.5 therapeutic services and supports provider entity;

108.6 (5) service components of CTSS that are the responsibility of a residential or program
108.7 license holder, including foster care providers under the terms of a service agreement or
108.8 administrative rules governing licensure; and

108.9 (6) adjunctive activities that may be offered by a provider entity but are not otherwise
108.10 covered by medical assistance, including a service that is primarily recreation-oriented or
108.11 that is provided in a setting that is not medically supervised. This includes sports activities,
108.12 exercise groups, activities such as craft hours, leisure time, social hours, meal or snack time,
108.13 trips to community activities, and tours.

108.14 Subd. 12. **Exception to excluded services.** Notwithstanding subdivision 11, up to 15
108.15 hours of children's therapeutic services and supports provided within a six-month period to
108.16 a child with severe emotional disturbance who is residing in a hospital; a residential treatment
108.17 facility licensed under Minnesota Rules, parts 2960.0580 to 2960.0690; a psychiatric
108.18 residential treatment facility under section 256B.0625, subdivision 45a; a regional treatment
108.19 center; or other institutional group setting or who is participating in a program of partial
108.20 hospitalization are eligible for medical assistance payment if part of the discharge plan.

108.21 **EFFECTIVE DATE.** This section is effective July 1, 2023, or upon federal approval,
108.22 whichever is later. The commissioner of human services shall not submit a state plan
108.23 amendment to implement this section until an appropriation is enacted to cover the cost of
108.24 implementing this section. The commissioner of human services shall notify the revisor of
108.25 statutes when federal approval is obtained.

108.26 Sec. 45. Minnesota Statutes 2021 Supplement, section 254A.03, subdivision 3, is amended
108.27 to read:

108.28 Subd. 3. **Rules for substance use disorder care.** (a) ~~The commissioner of human~~
108.29 ~~services shall establish by rule criteria to be used in determining the appropriate level of~~
108.30 ~~chemical dependency care for each recipient of public assistance seeking treatment for~~
108.31 ~~substance misuse or substance use disorder. Upon federal approval of a comprehensive~~
108.32 ~~assessment as a Medicaid benefit, or on July 1, 2018, whichever is later, and notwithstanding~~
108.33 ~~the criteria in Minnesota Rules, parts 9530.6600 to 9530.6655, An eligible vendor of~~

109.1 comprehensive assessments under section 254B.05 may determine and approve the
 109.2 appropriate level of substance use disorder treatment for a recipient of public assistance.
 109.3 ~~The process for determining an individual's financial eligibility for the behavioral health~~
 109.4 ~~fund or determining an individual's enrollment in or eligibility for a publicly subsidized~~
 109.5 ~~health plan is not affected by the individual's choice to access a comprehensive assessment~~
 109.6 ~~for placement.~~

109.7 (b) The commissioner shall develop and implement a utilization review process for
 109.8 publicly funded treatment placements to monitor and review the clinical appropriateness
 109.9 and timeliness of all publicly funded placements in treatment.

109.10 (c) If a screen result is positive for alcohol or substance misuse, a brief screening for
 109.11 alcohol or substance use disorder that is provided to a recipient of public assistance within
 109.12 a primary care clinic, hospital, or other medical setting or school setting establishes medical
 109.13 necessity and approval for an initial set of substance use disorder services identified in
 109.14 section 254B.05, subdivision 5. The initial set of services approved for a recipient whose
 109.15 screen result is positive may include any combination of up to four hours of individual or
 109.16 group substance use disorder treatment, two hours of substance use disorder treatment
 109.17 coordination, or two hours of substance use disorder peer support services provided by a
 109.18 qualified individual according to chapter 245G. A recipient must obtain an assessment
 109.19 pursuant to paragraph (a) to be approved for additional treatment services. ~~Minnesota Rules,~~
 109.20 ~~parts 9530.6600 to 9530.6655, and~~ A comprehensive assessment pursuant to section 245G.05
 109.21 ~~are not applicable~~ is not required to receive the initial set of services allowed under this
 109.22 subdivision. A positive screen result establishes eligibility for the initial set of services
 109.23 allowed under this subdivision.

109.24 (d) ~~Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655,~~ An individual
 109.25 may choose to obtain a comprehensive assessment as provided in section 245G.05.
 109.26 Individuals obtaining a comprehensive assessment may access any enrolled provider that
 109.27 is licensed to provide the level of service authorized pursuant to section 254A.19, subdivision
 109.28 3, ~~paragraph (d).~~ If the individual is enrolled in a prepaid health plan, the individual must
 109.29 comply with any provider network requirements or limitations. ~~This paragraph expires July~~
 109.30 ~~1, 2022.~~

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

109.32 Sec. 46. Minnesota Statutes 2020, section 254A.19, subdivision 1, is amended to read:

109.33 Subdivision 1. **Persons arrested outside of home county of residence.** When a chemical
 109.34 use assessment is required ~~under Minnesota Rules, parts 9530.6600 to 9530.6655,~~ for a

110.1 person who is arrested and taken into custody by a peace officer outside of the person's
 110.2 county of residence, the assessment must be completed by the person's county of residence
 110.3 no later than three weeks after the assessment is initially requested. If the assessment is not
 110.4 performed within this time limit, the county where the person is to be sentenced shall perform
 110.5 the assessment county where the person is detained must facilitate access to an assessor
 110.6 qualified under subdivision 3. The county of financial responsibility is determined under
 110.7 chapter 256G.

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

110.9 Sec. 47. Minnesota Statutes 2020, section 254A.19, subdivision 3, is amended to read:

110.10 Subd. 3. ~~Financial conflicts of interest~~ Comprehensive assessments. (a) Except as
 110.11 provided in paragraph (b), (c), or (d), an assessor conducting a chemical use assessment
 110.12 under Minnesota Rules, parts 9530.6600 to 9530.6655, may not have any direct or shared
 110.13 financial interest or referral relationship resulting in shared financial gain with a treatment
 110.14 provider.

110.15 (b) A county may contract with an assessor having a conflict described in paragraph (a)
 110.16 if the county documents that:

110.17 (1) the assessor is employed by a culturally specific service provider or a service provider
 110.18 with a program designed to treat individuals of a specific age, sex, or sexual preference;

110.19 (2) the county does not employ a sufficient number of qualified assessors and the only
 110.20 qualified assessors available in the county have a direct or shared financial interest or a
 110.21 referral relationship resulting in shared financial gain with a treatment provider; or

110.22 (3) the county social service agency has an existing relationship with an assessor or
 110.23 service provider and elects to enter into a contract with that assessor to provide both
 110.24 assessment and treatment under circumstances specified in the county's contract, provided
 110.25 the county retains responsibility for making placement decisions.

110.26 (c) The county may contract with a hospital to conduct chemical assessments if the
 110.27 requirements in subdivision 1a are met.

110.28 An assessor under this paragraph may not place clients in treatment. The assessor shall
 110.29 gather required information and provide it to the county along with any required
 110.30 documentation. The county shall make all placement decisions for clients assessed by
 110.31 assessors under this paragraph.

111.1 ~~(d)~~ An eligible vendor under section 254B.05 conducting a comprehensive assessment
 111.2 for an individual seeking treatment shall approve the nature, intensity level, and duration
 111.3 of treatment service if a need for services is indicated, but the individual assessed can access
 111.4 any enrolled provider that is licensed to provide the level of service authorized, including
 111.5 the provider or program that completed the assessment. If an individual is enrolled in a
 111.6 prepaid health plan, the individual must comply with any provider network requirements
 111.7 or limitations. An eligible vendor of a comprehensive assessment must provide information,
 111.8 in a format provided by the commissioner, on medical assistance and the behavioral health
 111.9 fund to individuals seeking an assessment.

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

111.11 Sec. 48. Minnesota Statutes 2021 Supplement, section 254A.19, subdivision 4, is amended
 111.12 to read:

111.13 Subd. 4. **Civil commitments.** ~~A Rule 25 assessment, under Minnesota Rules, part~~
 111.14 ~~9530.6615,~~ For the purposes of determining level of care, a comprehensive assessment does
 111.15 not need to be completed for an individual being committed as a chemically dependent
 111.16 person, as defined in section 253B.02, and for the duration of a civil commitment under
 111.17 section ~~253B.065,~~ 253B.09; or 253B.095 in order for a county to access the behavioral
 111.18 health fund under section 254B.04. The county must determine if the individual meets the
 111.19 financial eligibility requirements for the behavioral health fund under section 254B.04.
 111.20 ~~Nothing in this subdivision prohibits placement in a treatment facility or treatment program~~
 111.21 ~~governed under this chapter or Minnesota Rules, parts 9530.6600 to 9530.6655.~~

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

111.23 Sec. 49. Minnesota Statutes 2020, section 254A.19, is amended by adding a subdivision
 111.24 to read:

111.25 Subd. 6. **Assessments for detoxification programs.** For detoxification programs licensed
 111.26 under chapter 245A according to Minnesota Rules, parts 9530.6510 to 9530.6590, a
 111.27 "chemical use assessment" means a comprehensive assessment and assessment summary
 111.28 completed according to section 245G.05 and a "chemical dependency assessor" or "assessor"
 111.29 means an individual who meets the qualifications of section 245G.11, subdivisions 1 and
 111.30 5.

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

112.1 Sec. 50. Minnesota Statutes 2020, section 254A.19, is amended by adding a subdivision
112.2 to read:

112.3 Subd. 7. **Assessments for children's residential facilities.** For children's residential
112.4 facilities licensed under chapter 245A according to Minnesota Rules, parts 2960.0010 to
112.5 2960.0220 and 2960.0430 to 2960.0500, a "chemical use assessment" means a comprehensive
112.6 assessment and assessment summary completed according to section 245G.05 by an
112.7 individual who meets the qualifications of section 245G.11, subdivisions 1 and 5.

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

112.9 Sec. 51. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
112.10 to read:

112.11 Subd. 2a. **Behavioral health fund.** "Behavioral health fund" means money allocated
112.12 for payment of treatment services under this chapter.

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

112.14 Sec. 52. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
112.15 to read:

112.16 Subd. 2b. **Client.** "Client" means an individual who has requested substance use disorder
112.17 services, or for whom substance use disorder services have been requested.

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

112.19 Sec. 53. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
112.20 to read:

112.21 Subd. 2c. **Co-payment.** "Co-payment" means the amount an insured person is obligated
112.22 to pay before the person's third-party payment source is obligated to make a payment, or
112.23 the amount an insured person is obligated to pay in addition to the amount the person's
112.24 third-party payment source is obligated to pay.

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

112.26 Sec. 54. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
112.27 to read:

112.28 Subd. 4c. **Department.** "Department" means the Department of Human Services.

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

113.1 Sec. 55. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
113.2 to read:

113.3 Subd. 4d. **Drug and alcohol abuse normative evaluation system or DAANES.** "Drug
113.4 and alcohol abuse normative evaluation system" or "DAANES" means the reporting system
113.5 used to collect substance use disorder treatment data across all levels of care and providers.

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

113.7 Sec. 56. Minnesota Statutes 2020, section 254B.01, subdivision 5, is amended to read:

113.8 Subd. 5. **Local agency.** "Local agency" means the agency designated by a board of
113.9 county commissioners, a local social services agency, or a human services board to make
113.10 placements and submit state invoices according to Laws 1986, chapter 394, sections 8 to
113.11 20 authorized under section 254B.03, subdivision 1, to determine financial eligibility for
113.12 the behavioral health fund.

113.13 Sec. 57. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
113.14 to read:

113.15 Subd. 6a. **Minor child.** "Minor child" means an individual under the age of 18 years.

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

113.17 Sec. 58. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
113.18 to read:

113.19 Subd. 6b. **Policy holder.** "Policy holder" means a person who has a third-party payment
113.20 policy under which a third-party payment source has an obligation to pay all or part of a
113.21 client's treatment costs.

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

113.23 Sec. 59. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
113.24 to read:

113.25 Subd. 9. **Responsible relative.** "Responsible relative" means a person who is a member
113.26 of the client's household and is a client's spouse or the parent of a minor child who is a
113.27 client.

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

114.1 Sec. 60. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
114.2 to read:

114.3 Subd. 10. **Third-party payment source.** "Third-party payment source" means a person,
114.4 entity, or public or private agency other than medical assistance or general assistance medical
114.5 care that has a probable obligation to pay all or part of the costs of a client's substance use
114.6 disorder treatment.

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

114.8 Sec. 61. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
114.9 to read:

114.10 Subd. 11. **Vendor.** "Vendor" means a provider of substance use disorder treatment
114.11 services that meets the criteria established in section 254B.05 and that has applied to
114.12 participate as a provider in the medical assistance program according to Minnesota Rules,
114.13 part 9505.0195.

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

114.15 Sec. 62. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
114.16 to read:

114.17 Subd. 12. **American Society of Addiction Medicine criteria or ASAM**
114.18 **criteria.** "American Society of Addiction Medicine criteria" or "ASAM criteria" means the
114.19 clinical guidelines for purposes of the assessment, treatment, placement, and transfer or
114.20 discharge of individuals with substance use disorders. The ASAM criteria are contained in
114.21 the current edition of the ASAM Criteria: Treatment Criteria for Addictive,
114.22 Substance-Related, and Co-Occurring Conditions.

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

114.24 Sec. 63. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
114.25 to read:

114.26 Subd. 13. **Skilled treatment services.** "Skilled treatment services" means the "treatment
114.27 services" described by section 245G.07, subdivisions 1, paragraph (a), clauses (1) to (4);
114.28 and 2, clauses (1) to (6). Skilled treatment services must be provided by qualified
114.29 professionals as identified in section 245G.07, subdivision 3.

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

115.1 Sec. 64. Minnesota Statutes 2020, section 254B.03, subdivision 1, is amended to read:

115.2 Subdivision 1. **Local agency duties.** (a) Every local agency ~~shall~~ must determine financial
 115.3 eligibility for substance use disorder services and provide chemical dependency substance
 115.4 use disorder services to persons residing within its jurisdiction who meet criteria established
 115.5 by the commissioner ~~for placement in a chemical dependency residential or nonresidential~~
 115.6 ~~treatment service~~. Chemical dependency money must be administered by the local agencies
 115.7 according to law and rules adopted by the commissioner under sections 14.001 to 14.69.

115.8 (b) In order to contain costs, the commissioner of human services shall select eligible
 115.9 vendors of chemical dependency services who can provide economical and appropriate
 115.10 treatment. Unless the local agency is a social services department directly administered by
 115.11 a county or human services board, the local agency shall not be an eligible vendor under
 115.12 section 254B.05. The commissioner may approve proposals from county boards to provide
 115.13 services in an economical manner or to control utilization, with safeguards to ensure that
 115.14 necessary services are provided. If a county implements a demonstration or experimental
 115.15 medical services funding plan, the commissioner shall transfer the money as appropriate.

115.16 ~~(e) A culturally specific vendor that provides assessments under a variance under~~
 115.17 ~~Minnesota Rules, part 9530.6610, shall be allowed to provide assessment services to persons~~
 115.18 ~~not covered by the variance.~~

115.19 ~~(d) Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655, (c)~~ An individual
 115.20 may choose to obtain a comprehensive assessment as provided in section 245G.05.
 115.21 Individuals obtaining a comprehensive assessment may access any enrolled provider that
 115.22 is licensed to provide the level of service authorized pursuant to section 254A.19, subdivision
 115.23 3, ~~paragraph (d)~~. If the individual is enrolled in a prepaid health plan, the individual must
 115.24 comply with any provider network requirements or limitations.

115.25 ~~(e)~~ (d) Beginning July 1, 2022, local agencies shall not make placement location
 115.26 determinations.

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

115.28 Sec. 65. Minnesota Statutes 2021 Supplement, section 254B.03, subdivision 2, is amended
 115.29 to read:

115.30 Subd. 2. **Behavioral health fund payment.** (a) Payment from the behavioral health
 115.31 fund is limited to payments for services identified in section 254B.05, other than
 115.32 detoxification licensed under Minnesota Rules, parts 9530.6510 to 9530.6590, and
 115.33 detoxification provided in another state that would be required to be licensed as a chemical

116.1 dependency program if the program were in the state. Out of state vendors must also provide
116.2 the commissioner with assurances that the program complies substantially with state licensing
116.3 requirements and possesses all licenses and certifications required by the host state to provide
116.4 chemical dependency treatment. Vendors receiving payments from the behavioral health
116.5 fund must not require co-payment from a recipient of benefits for services provided under
116.6 this subdivision. The vendor is prohibited from using the client's public benefits to offset
116.7 the cost of services paid under this section. The vendor shall not require the client to use
116.8 public benefits for room or board costs. This includes but is not limited to cash assistance
116.9 benefits under chapters 119B, 256D, and 256J, or SNAP benefits. Retention of SNAP
116.10 benefits is a right of a client receiving services through the behavioral health fund or through
116.11 state contracted managed care entities. Payment from the behavioral health fund shall be
116.12 made for necessary room and board costs provided by vendors meeting the criteria under
116.13 section 254B.05, subdivision 1a, or in a community hospital licensed by the commissioner
116.14 of health according to sections 144.50 to 144.56 to a client who is:

116.15 (1) determined to meet the criteria for placement in a residential chemical dependency
116.16 treatment program according to rules adopted under section 254A.03, subdivision 3; and

116.17 (2) concurrently receiving a chemical dependency treatment service in a program licensed
116.18 by the commissioner and reimbursed by the behavioral health fund.

116.19 ~~(b) A county may, from its own resources, provide chemical dependency services for~~
116.20 ~~which state payments are not made. A county may elect to use the same invoice procedures~~
116.21 ~~and obtain the same state payment services as are used for chemical dependency services~~
116.22 ~~for which state payments are made under this section if county payments are made to the~~
116.23 ~~state in advance of state payments to vendors. When a county uses the state system for~~
116.24 ~~payment, the commissioner shall make monthly billings to the county using the most recent~~
116.25 ~~available information to determine the anticipated services for which payments will be made~~
116.26 ~~in the coming month. Adjustment of any overestimate or underestimate based on actual~~
116.27 ~~expenditures shall be made by the state agency by adjusting the estimate for any succeeding~~
116.28 ~~month.~~

116.29 ~~(e)~~ (b) The commissioner shall coordinate chemical dependency services and determine
116.30 whether there is a need for any proposed expansion of chemical dependency treatment
116.31 services. The commissioner shall deny vendor certification to any provider that has not
116.32 received prior approval from the commissioner for the creation of new programs or the
116.33 expansion of existing program capacity. The commissioner shall consider the provider's
116.34 capacity to obtain clients from outside the state based on plans, agreements, and previous
116.35 utilization history, when determining the need for new treatment services.

117.1 ~~(d)~~ (c) At least 60 days prior to submitting an application for new licensure under chapter
 117.2 245G, the applicant must notify the county human services director in writing of the
 117.3 applicant's intent to open a new treatment program. The written notification must include,
 117.4 at a minimum:

117.5 (1) a description of the proposed treatment program; and

117.6 (2) a description of the target population to be served by the treatment program.

117.7 ~~(e)~~ (d) The county human services director may submit a written statement to the
 117.8 commissioner, within 60 days of receiving notice from the applicant, regarding the county's
 117.9 support of or opposition to the opening of the new treatment program. The written statement
 117.10 must include documentation of the rationale for the county's determination. The commissioner
 117.11 shall consider the county's written statement when determining whether there is a need for
 117.12 the treatment program as required by paragraph ~~(e)~~ (b).

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

117.14 Sec. 66. Minnesota Statutes 2020, section 254B.03, subdivision 5, is amended to read:

117.15 Subd. 5. **Rules; appeal.** The commissioner shall adopt rules as necessary to implement
 117.16 this chapter. ~~The commissioner shall establish an appeals process for use by recipients when~~
 117.17 ~~services certified by the county are disputed. The commissioner shall adopt rules and~~
 117.18 ~~standards for the appeal process to assure adequate redress for persons referred to~~
 117.19 ~~inappropriate services.~~

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

117.21 Sec. 67. Minnesota Statutes 2021 Supplement, section 254B.04, subdivision 1, is amended
 117.22 to read:

117.23 Subdivision 1. **Client eligibility.** (a) Persons eligible for benefits under Code of Federal
 117.24 Regulations, title 25, part 20, who meet the income standards of section 256B.056,
 117.25 subdivision 4, and are not enrolled in medical assistance, are entitled to behavioral health
 117.26 fund services. State money appropriated for this paragraph must be placed in a separate
 117.27 account established for this purpose.

117.28 (b) Persons with dependent children who are determined to be in need of chemical
 117.29 dependency treatment pursuant to an assessment under section 260E.20, subdivision 1, or
 117.30 a case plan under section 260C.201, subdivision 6, or 260C.212, shall be assisted by the
 117.31 local agency to access needed treatment services. Treatment services must be appropriate
 117.32 for the individual or family, which may include long-term care treatment or treatment in a

118.1 facility that allows the dependent children to stay in the treatment facility. The county shall
118.2 pay for out-of-home placement costs, if applicable.

118.3 (c) Notwithstanding paragraph (a), persons enrolled in medical assistance are eligible
118.4 for room and board services under section 254B.05, subdivision 5, paragraph (b), clause
118.5 ~~(12)~~ (11).

118.6 (d) A client is eligible to have substance use disorder treatment paid for with funds from
118.7 the behavioral health fund if:

118.8 (1) the client is eligible for MFIP as determined under chapter 256J;

118.9 (2) the client is eligible for medical assistance as determined under Minnesota Rules,
118.10 parts 9505.0010 to 9505.0150;

118.11 (3) the client is eligible for general assistance, general assistance medical care, or work
118.12 readiness as determined under Minnesota Rules, parts 9500.1200 to 9500.1272; or

118.13 (4) the client's income is within current household size and income guidelines for entitled
118.14 persons, as defined in this subdivision and subdivision 7.

118.15 (e) Clients who meet the financial eligibility requirement in paragraph (a) and who have
118.16 a third-party payment source are eligible for the behavioral health fund if the third-party
118.17 payment source pays less than 100 percent of the cost of treatment services for eligible
118.18 clients.

118.19 (f) A client is ineligible to have substance use disorder treatment services paid for by
118.20 the behavioral health fund if the client:

118.21 (1) has an income that exceeds current household size and income guidelines for entitled
118.22 persons, as defined in this subdivision and subdivision 7; or

118.23 (2) has an available third-party payment source that will pay the total cost of the client's
118.24 treatment.

118.25 (g) A client who is disenrolled from a state prepaid health plan during a treatment episode
118.26 is eligible for continued treatment service paid for by the behavioral health fund until the
118.27 treatment episode is completed or the client is re-enrolled in a state prepaid health plan if
118.28 the client:

118.29 (1) continues to be enrolled in MinnesotaCare, medical assistance, or general assistance
118.30 medical care; or

118.31 (2) is eligible according to paragraphs (a) and (b) and is determined eligible by a local
118.32 agency under this section.

119.1 (h) If a county commits a client under chapter 253B to a regional treatment center for
119.2 substance use disorder services and the client is ineligible for the behavioral health fund,
119.3 the county is responsible for payment to the regional treatment center according to section
119.4 254B.05, subdivision 4.

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

119.6 Sec. 68. Minnesota Statutes 2020, section 254B.04, subdivision 2a, is amended to read:

119.7 Subd. 2a. Eligibility for ~~treatment in residential settings~~ **room and board services**
119.8 **for persons in outpatient substance use disorder treatment.** Notwithstanding provisions
119.9 of Minnesota Rules, part 9530.6622, subparts 5 and 6, related to an assessor's discretion in
119.10 making placements to residential treatment settings, A person eligible for room and board
119.11 services under this section 254B.05, subdivision 5, paragraph (b), clause (12), must score
119.12 at level 4 on assessment dimensions related to readiness to change, relapse, continued use,
119.13 or recovery environment ~~in order~~ to be assigned to services with a room and board component
119.14 reimbursed under this section. Whether a treatment facility has been designated an institution
119.15 for mental diseases under United States Code, title 42, section 1396d, shall not be a factor
119.16 in making placements.

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

119.18 Sec. 69. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
119.19 to read:

119.20 Subd. 4. **Assessment criteria and risk descriptions.** (a) The level of care determination
119.21 must follow criteria approved by the commissioner.

119.22 (b) Dimension 1: the vendor must use the criteria in Dimension 1 to determine a client's
119.23 acute intoxication and withdrawal potential.

119.24 (1) "0" The client displays full functioning with good ability to tolerate and cope with
119.25 withdrawal discomfort. The client displays no signs or symptoms of intoxication or
119.26 withdrawal or diminishing signs or symptoms.

119.27 (2) "1" The client can tolerate and cope with withdrawal discomfort. The client displays
119.28 mild to moderate intoxication or signs and symptoms interfering with daily functioning but
119.29 does not immediately endanger self or others. The client poses minimal risk of severe
119.30 withdrawal.

119.31 (3) "2" The client has some difficulty tolerating and coping with withdrawal discomfort.
119.32 The client's intoxication may be severe, but the client responds to support and treatment

120.1 such that the client does not immediately endanger self or others. The client displays moderate
120.2 signs and symptoms with moderate risk of severe withdrawal.

120.3 (4) "3" The client tolerates and copes with withdrawal discomfort poorly. The client has
120.4 severe intoxication, such that the client endangers self or others, or has intoxication that has
120.5 not abated with less intensive services. The client displays severe signs and symptoms, risk
120.6 of severe but manageable withdrawal, or worsening withdrawal despite detoxification at a
120.7 less intensive level.

120.8 (5) "4" The client is incapacitated with severe signs and symptoms. The client displays
120.9 severe withdrawal and is a danger to self or others.

120.10 (c) Dimension 2: the vendor must use the criteria in Dimension 2 to determine a client's
120.11 biomedical conditions and complications.

120.12 (1) "0" The client displays full functioning with good ability to cope with physical
120.13 discomfort.

120.14 (2) "1" The client tolerates and copes with physical discomfort and is able to get the
120.15 services that the client needs.

120.16 (3) "2" The client has difficulty tolerating and coping with physical problems or has
120.17 other biomedical problems that interfere with recovery and treatment. The client neglects
120.18 or does not seek care for serious biomedical problems.

120.19 (4) "3" The client tolerates and copes poorly with physical problems or has poor general
120.20 health. The client neglects the client's medical problems without active assistance.

120.21 (5) "4" The client is unable to participate in substance use disorder treatment and has
120.22 severe medical problems, has a condition that requires immediate intervention, or is
120.23 incapacitated.

120.24 (d) Dimension 3: the vendor must use the criteria in Dimension 3 to determine a client's
120.25 emotional, behavioral, and cognitive conditions and complications.

120.26 (1) "0" The client has good impulse control and coping skills and presents no risk of
120.27 harm to self or others. The client functions in all life areas and displays no emotional,
120.28 behavioral, or cognitive problems or the problems are stable.

120.29 (2) "1" The client has impulse control and coping skills. The client presents a mild to
120.30 moderate risk of harm to self or others or displays symptoms of emotional, behavioral, or
120.31 cognitive problems. The client has a mental health diagnosis and is stable. The client
120.32 functions adequately in significant life areas.

121.1 (3) "2" The client has difficulty with impulse control and lacks coping skills. The client
121.2 has thoughts of suicide or harm to others without means; however, the thoughts may interfere
121.3 with participation in some activities. The client has difficulty functioning in significant life
121.4 areas. The client has moderate symptoms of emotional, behavioral, or cognitive problems.
121.5 The client is able to participate in most treatment activities.

121.6 (4) "3" The client has a severe lack of impulse control and coping skills. The client also
121.7 has frequent thoughts of suicide or harm to others, including a plan and the means to carry
121.8 out the plan. In addition, the client is severely impaired in significant life areas and has
121.9 severe symptoms of emotional, behavioral, or cognitive problems that interfere with the
121.10 client's participation in treatment activities.

121.11 (5) "4" The client has severe emotional or behavioral symptoms that place the client or
121.12 others at acute risk of harm. The client also has intrusive thoughts of harming self or others.
121.13 The client is unable to participate in treatment activities.

121.14 (e) Dimension 4: the vendor must use the criteria in Dimension 4 to determine a client's
121.15 readiness for change.

121.16 (1) "0" The client admits to problems and is cooperative, motivated, ready to change,
121.17 committed to change, and engaged in treatment as a responsible participant.

121.18 (2) "1" The client is motivated with active reinforcement to explore treatment and
121.19 strategies for change but ambivalent about the client's illness or need for change.

121.20 (3) "2" The client displays verbal compliance but lacks consistent behaviors, has low
121.21 motivation for change, and is passively involved in treatment.

121.22 (4) "3" The client displays inconsistent compliance, has minimal awareness of either
121.23 the client's addiction or mental disorder, and is minimally cooperative.

121.24 (5) "4" The client is:

121.25 (i) noncompliant with treatment and has no awareness of addiction or mental disorder
121.26 and does not want or is unwilling to explore change or is in total denial of the client's illness
121.27 and its implications; or

121.28 (ii) dangerously oppositional to the extent that the client is a threat of imminent harm
121.29 to self and others.

121.30 (f) Dimension 5: the vendor must use the criteria in Dimension 5 to determine a client's
121.31 relapse, continued substance use, and continued problem potential.

121.32 (1) "0" The client recognizes risk well and is able to manage potential problems.

122.1 (2) "1" The client recognizes relapse issues and prevention strategies, but displays some
122.2 vulnerability for further substance use or mental health problems.

122.3 (3) "2" The client has minimal recognition and understanding of relapse and recidivism
122.4 issues and displays moderate vulnerability for further substance use or mental health
122.5 problems. The client has some coping skills inconsistently applied.

122.6 (4) "3" The client has poor recognition and understanding of relapse and recidivism
122.7 issues and displays moderately high vulnerability for further substance use or mental health
122.8 problems. The client has few coping skills and rarely applies coping skills.

122.9 (5) "4" The client has no coping skills to arrest mental health or addiction illnesses or
122.10 to prevent relapse. The client has no recognition or understanding of relapse and recidivism
122.11 issues and displays high vulnerability for further substance use or mental health problems.

122.12 (g) Dimension 6: the vendor must use the criteria in Dimension 6 to determine a client's
122.13 recovery environment.

122.14 (1) "0" The client is engaged in structured, meaningful activity and has a supportive
122.15 significant other, family, and living environment.

122.16 (2) "1" The client has passive social network support or the client's family and significant
122.17 other are not interested in the client's recovery. The client is engaged in structured, meaningful
122.18 activity.

122.19 (3) "2" The client is engaged in structured, meaningful activity, but the client's peers,
122.20 family, significant other, and living environment are unsupportive, or there is criminal
122.21 justice system involvement by the client or among the client's peers or significant other or
122.22 in the client's living environment.

122.23 (4) "3" The client is not engaged in structured, meaningful activity and the client's peers,
122.24 family, significant other, and living environment are unsupportive, or there is significant
122.25 criminal justice system involvement.

122.26 (5) "4" The client has:

122.27 (i) a chronically antagonistic significant other, living environment, family, or peer group
122.28 or long-term criminal justice system involvement that is harmful to the client's recovery or
122.29 treatment progress; or

122.30 (ii) an actively antagonistic significant other, family, work, or living environment, with
122.31 an immediate threat to the client's safety and well-being.

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

123.1 Sec. 70. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
123.2 to read:

123.3 Subd. 5. **Scope and applicability.** This section governs administration of the behavioral
123.4 health fund, establishes the criteria to be applied by local agencies to determine a client's
123.5 financial eligibility under the behavioral health fund, and determines a client's obligation
123.6 to pay for substance use disorder treatment services.

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

123.8 Sec. 71. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
123.9 to read:

123.10 Subd. 6. **Local agency responsibility to provide services.** The local agency may employ
123.11 individuals to conduct administrative activities and facilitate access to substance use disorder
123.12 treatment services.

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

123.14 Sec. 72. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
123.15 to read:

123.16 Subd. 7. **Local agency to determine client financial eligibility.** (a) The local agency
123.17 shall determine a client's financial eligibility for the behavioral health fund according to
123.18 subdivision 1 with the income calculated prospectively for one year from the date of
123.19 comprehensive assessment. The local agency shall pay for eligible clients according to
123.20 chapter 256G. The local agency shall enter the financial eligibility span within ten calendar
123.21 days of request. Client eligibility must be determined using forms prescribed by the
123.22 commissioner. The local agency must determine a client's eligibility as follows:

123.23 (1) The local agency must determine the client's income. A client who is a minor child
123.24 must not be deemed to have income available to pay for substance use disorder treatment,
123.25 unless the minor child is responsible for payment under section 144.347 for substance use
123.26 disorder treatment services sought under section 144.343, subdivision 1.

123.27 (2) The local agency must determine the client's household size according to the
123.28 following:

123.29 (i) If the client is a minor child, the household size includes the following persons living
123.30 in the same dwelling unit:

123.31 (A) the client;

- 124.1 (B) the client's birth or adoptive parents; and
- 124.2 (C) the client's siblings who are minors.
- 124.3 (ii) If the client is an adult, the household size includes the following persons living in
- 124.4 the same dwelling unit:
- 124.5 (A) the client;
- 124.6 (B) the client's spouse;
- 124.7 (C) the client's minor children; and
- 124.8 (D) the client's spouse's minor children.
- 124.9 (iii) Household size includes a person listed in items (i) and (ii) who is in out-of-home
- 124.10 placement if a person listed in item (i) or (ii) is contributing to the cost of care of the person
- 124.11 in out-of-home placement.
- 124.12 (3) The local agency must determine the client's current prepaid health plan enrollment
- 124.13 and the availability of a third-party payment source, including the availability of total or
- 124.14 partial payment and the amount of co-payment.
- 124.15 (4) The local agency must provide the required eligibility information to the commissioner
- 124.16 in the manner specified by the commissioner.
- 124.17 (5) The local agency must require the client and policyholder to conditionally assign to
- 124.18 the department the client's and policyholder's rights and the rights of minor children to
- 124.19 benefits or services provided to the client if the commissioner is required to collect from a
- 124.20 third-party payment source.
- 124.21 (b) The local agency must redetermine a client's eligibility for the behavioral health fund
- 124.22 every 12 months.
- 124.23 (c) A client, responsible relative, and policyholder must provide income or wage
- 124.24 verification and household size verification under paragraph (a), clause (3), and must make
- 124.25 an assignment of third-party payment rights under paragraph (a), clause (5). If a client,
- 124.26 responsible relative, or policyholder does not comply with this subdivision, the client is
- 124.27 ineligible for behavioral health fund payment for substance use disorder treatment, and the
- 124.28 client and responsible relative are obligated to pay the full cost of substance use disorder
- 124.29 treatment services provided to the client.
- 124.30 **EFFECTIVE DATE.** This section is effective July 1, 2022.

125.1 Sec. 73. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
125.2 to read:

125.3 Subd. 8. **Client fees.** A client whose household income is within current household size
125.4 and income guidelines for entitled persons as defined in subdivision 1 must pay no fee.

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

125.6 Sec. 74. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
125.7 to read:

125.8 Subd. 9. **Vendor must participate in DAANES.** To be eligible for payment under the
125.9 behavioral health fund, a vendor must participate in DAANES or submit to the commissioner
125.10 the information required in DAANES in the format specified by the commissioner.

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

125.12 Sec. 75. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 4, is amended
125.13 to read:

125.14 Subd. 4. **Regional treatment centers.** Regional treatment center chemical dependency
125.15 treatment units are eligible vendors. The commissioner may expand the capacity of chemical
125.16 dependency treatment units beyond the capacity funded by direct legislative appropriation
125.17 to serve individuals who are referred for treatment by counties and whose treatment will be
125.18 paid for by funding under this chapter or other funding sources. Notwithstanding the
125.19 provisions of sections 254B.03 to ~~254B.04~~ 254B.04, payment for any person committed
125.20 at county request to a regional treatment center under chapter 253B for chemical dependency
125.21 treatment and determined to be ineligible under the behavioral health fund, shall become
125.22 the responsibility of the county.

125.23 Sec. 76. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 5, is amended
125.24 to read:

125.25 Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for substance
125.26 use disorder services and service enhancements funded under this chapter.

125.27 (b) Eligible substance use disorder treatment services include:

125.28 ~~(1) outpatient treatment services that are licensed according to sections 245G.01 to~~
125.29 ~~245G.17, or applicable tribal license;~~

125.30 (1) outpatient treatment services licensed under sections 245G.01 to 245G.17, or
125.31 applicable Tribal license, including:

126.1 (i) ASAM 1.0 outpatient: zero to eight hours per week of skilled treatment services for
 126.2 adults and zero to five hours per week for adolescents. Peer recovery and treatment
 126.3 coordination may be provided beyond the skilled treatment service hours allowable per
 126.4 week; and

126.5 (ii) ASAM 2.1 intensive outpatient: nine or more hours per week of skilled treatment
 126.6 services for adults and six or more hours per week for adolescents in accordance with the
 126.7 limitations in paragraph (h). Peer recovery and treatment coordination may be provided
 126.8 beyond the skilled treatment service hours allowable per week;

126.9 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),
 126.10 and 245G.05;

126.11 (3) ~~care~~treatment coordination services provided according to section 245G.07,
 126.12 subdivision 1, paragraph (a), clause (5);

126.13 (4) peer recovery support services provided according to section 245G.07, subdivision
 126.14 2, clause (8);

126.15 (5) on July 1, 2019, or upon federal approval, whichever is later, withdrawal management
 126.16 services provided according to chapter 245F;

126.17 (6) medication-assisted therapy services that are licensed according to sections 245G.01
 126.18 to 245G.17 and 245G.22, or applicable tribal license;

126.19 ~~(7) medication-assisted therapy plus enhanced treatment services that meet the~~
 126.20 ~~requirements of clause (6) and provide nine hours of clinical services each week;~~

126.21 ~~(8)~~ (7) high, medium, and low intensity residential treatment services that are licensed
 126.22 according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license ~~which~~ that
 126.23 provide, respectively, 30, 15, and five hours of clinical services each treatment week. For
 126.24 purposes of this section, residential treatment services provided by a program that meets
 126.25 the American Society of Addiction Medicine (ASAM) level 3.3 standards for care, must
 126.26 be considered high intensity, including when the program makes and appropriately documents
 126.27 clinically supported modifications to, or reductions in, the hours of services provided to
 126.28 better meet the needs of individuals with cognitive deficits;

126.29 ~~(9)~~ (8) hospital-based treatment services that are licensed according to sections 245G.01
 126.30 to 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
 126.31 144.56;

126.32 ~~(10)~~ (9) adolescent treatment programs that are licensed as outpatient treatment programs
 126.33 according to sections 245G.01 to 245G.18 or as residential treatment programs according

127.1 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
 127.2 applicable tribal license;

127.3 ~~(11)~~ (10) high-intensity residential treatment services that are licensed according to
 127.4 sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license, ~~which~~ that provide
 127.5 30 hours of clinical services each week provided by a state-operated vendor or to clients
 127.6 who have been civilly committed to the commissioner, present the most complex and difficult
 127.7 care needs, and are a potential threat to the community; and

127.8 ~~(12)~~ (11) room and board facilities that meet the requirements of subdivision 1a.

127.9 (c) The commissioner shall establish higher rates for programs that meet the requirements
 127.10 of paragraph (b) and one of the following additional requirements:

127.11 (1) programs that serve parents with their children if the program:

127.12 (i) provides on-site child care during the hours of treatment activity that:

127.13 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
 127.14 9503; or

127.15 (B) meets the licensure exclusion criteria of section 245A.03, subdivision 2, paragraph
 127.16 (a), clause (6), and meets the requirements under section 245G.19, subdivision 4; or

127.17 (ii) arranges for off-site child care during hours of treatment activity at a facility that is
 127.18 licensed under chapter 245A as:

127.19 (A) a child care center under Minnesota Rules, chapter 9503; or

127.20 (B) a family child care home under Minnesota Rules, chapter 9502;

127.21 (2) culturally specific or culturally responsive programs as defined in section 254B.01,
 127.22 subdivision 4a;

127.23 (3) disability responsive programs as defined in section 254B.01, subdivision 4b;

127.24 (4) programs that offer medical services delivered by appropriately credentialed health
 127.25 care staff in an amount equal to two hours per client per week if the medical needs of the
 127.26 client and the nature and provision of any medical services provided are documented in the
 127.27 client file; or

127.28 (5) programs that offer services to individuals with co-occurring mental health and
 127.29 chemical dependency problems if:

127.30 (i) the program meets the co-occurring requirements in section 245G.20;

128.1 (ii) ~~25 percent of the program employs sufficient counseling staff who are licensed~~
128.2 ~~mental health professionals, as defined in section 245.462, subdivision 18, clauses (1) to~~
128.3 ~~(6) under section 245I.04, subdivision 2, or are students or licensing candidates under the~~
128.4 ~~supervision of a licensed alcohol and drug counselor supervisor and licensed mental health~~
128.5 ~~professional under section 245I.04, subdivision 2, except that no more than 50 percent of~~
128.6 ~~the mental health staff may be students or licensing candidates with time documented to be~~
128.7 ~~directly related to provisions of co-occurring to meet the need for client services;~~

128.8 (iii) clients scoring positive on a standardized mental health screen receive a mental
128.9 health diagnostic assessment within ten days of admission;

128.10 (iv) the program has standards for multidisciplinary case review that include a monthly
128.11 review for each client that, at a minimum, includes a licensed mental health professional
128.12 and licensed alcohol and drug counselor, and their involvement in the review is documented;

128.13 (v) family education is offered that addresses mental health and substance abuse disorders
128.14 and the interaction between the two; and

128.15 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder
128.16 training annually.

128.17 (d) ~~In order to~~ To be eligible for a higher rate under paragraph (c), clause (1), a program
128.18 that provides arrangements for off-site child care must maintain current documentation at
128.19 the chemical dependency facility of the child care provider's current licensure to provide
128.20 child care services. Programs that provide child care according to paragraph (c), clause (1),
128.21 must be deemed in compliance with the licensing requirements in section 245G.19.

128.22 (e) Adolescent residential programs that meet the requirements of Minnesota Rules,
128.23 parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements
128.24 in paragraph (c), clause (4), items (i) to (iv).

128.25 (f) Subject to federal approval, substance use disorder services that are otherwise covered
128.26 as direct face-to-face services may be provided via telehealth as defined in section 256B.0625,
128.27 subdivision 3b. The use of telehealth to deliver services must be medically appropriate to
128.28 the condition and needs of the person being served. Reimbursement shall be at the same
128.29 rates and under the same conditions that would otherwise apply to direct face-to-face services.

128.30 (g) For the purpose of reimbursement under this section, substance use disorder treatment
128.31 services provided in a group setting without a group participant maximum or maximum
128.32 client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one.
128.33 At least one of the attending staff must meet the qualifications as established under this

129.1 chapter for the type of treatment service provided. A recovery peer may not be included as
129.2 part of the staff ratio.

129.3 (h) Payment for outpatient substance use disorder services that are licensed according
129.4 to sections 245G.01 to 245G.17 is limited to six hours per day or 30 hours per week unless
129.5 prior authorization of a greater number of hours is obtained from the commissioner.

129.6 (i) Programs using a qualified guest speaker must maintain documentation of the person's
129.7 qualifications to present to clients on a topic the programs has determined to be of value to
129.8 its clients. A qualified counselor must be present during the delivery of content and must
129.9 be responsible for documentation of the group.

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

129.13 Sec. 77. Minnesota Statutes 2021 Supplement, section 256B.0622, subdivision 2, is
129.14 amended to read:

129.15 Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the
129.16 meanings given them.

129.17 (b) "ACT team" means the group of interdisciplinary mental health staff who work as
129.18 a team to provide assertive community treatment.

129.19 (c) "Assertive community treatment" means intensive nonresidential treatment and
129.20 rehabilitative mental health services provided according to the assertive community treatment
129.21 model. Assertive community treatment provides a single, fixed point of responsibility for
129.22 treatment, rehabilitation, and support needs for clients. Services are offered 24 hours per
129.23 day, seven days per week, in a community-based setting.

129.24 (d) "Individual treatment plan" means a plan described by section 245I.10, subdivisions
129.25 7 and 8.

129.26 (e) "Crisis assessment and intervention" means ~~mental health~~ mobile crisis response
129.27 services ~~as defined in under~~ section 256B.0624, ~~subdivision 2.~~

129.28 (f) "Individual treatment team" means a minimum of three members of the ACT team
129.29 who are responsible for consistently carrying out most of a client's assertive community
129.30 treatment services.

129.31 (g) "Primary team member" means the person who leads and coordinates the activities
129.32 of the individual treatment team and is the individual treatment team member who has

130.1 primary responsibility for establishing and maintaining a therapeutic relationship with the
130.2 client on a continuing basis.

130.3 (h) "Certified rehabilitation specialist" means a staff person who is qualified according
130.4 to section 245I.04, subdivision 8.

130.5 (i) "Clinical trainee" means a staff person who is qualified according to section 245I.04,
130.6 subdivision 6.

130.7 (j) "Mental health certified peer specialist" means a staff person who is qualified
130.8 according to section 245I.04, subdivision 10.

130.9 (k) "Mental health practitioner" means a staff person who is qualified according to section
130.10 245I.04, subdivision 4.

130.11 (l) "Mental health professional" means a staff person who is qualified according to
130.12 section 245I.04, subdivision 2.

130.13 (m) "Mental health rehabilitation worker" means a staff person who is qualified according
130.14 to section 245I.04, subdivision 14.

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

130.18 Sec. 78. Minnesota Statutes 2021 Supplement, section 256B.0671, subdivision 6, is
130.19 amended to read:

130.20 Subd. 6. **Dialectical behavior therapy.** (a) Subject to federal approval, medical assistance
130.21 covers intensive mental health outpatient treatment for dialectical behavior therapy for
130.22 adults. A dialectical behavior therapy provider must make reasonable and good faith efforts
130.23 to report individual client outcomes to the commissioner using instruments and protocols
130.24 that are approved by the commissioner.

130.25 (b) "Dialectical behavior therapy" means an evidence-based treatment approach that a
130.26 mental health professional or clinical trainee provides to a client or a group of clients in an
130.27 intensive outpatient treatment program using a combination of individualized rehabilitative
130.28 and psychotherapeutic interventions. A dialectical behavior therapy program involves:
130.29 individual dialectical behavior therapy, group skills training, telephone coaching, and team
130.30 consultation meetings.

130.31 (c) To be eligible for dialectical behavior therapy, a client must:

130.32 ~~(1) be 18 years of age or older;~~

- 131.1 ~~(2)~~ (1) have mental health needs that available community-based services cannot meet
131.2 or that the client must receive concurrently with other community-based services;
- 131.3 ~~(3)~~ (2) have either:
- 131.4 (i) a diagnosis of borderline personality disorder; or
- 131.5 (ii) multiple mental health diagnoses, exhibit behaviors characterized by impulsivity or
131.6 intentional self-harm, and be at significant risk of death, morbidity, disability, or severe
131.7 dysfunction in multiple areas of the client's life;
- 131.8 ~~(4)~~ (3) be cognitively capable of participating in dialectical behavior therapy as an
131.9 intensive therapy program and be able and willing to follow program policies and rules to
131.10 ensure the safety of the client and others; and
- 131.11 ~~(5)~~ (4) be at significant risk of one or more of the following if the client does not receive
131.12 dialectical behavior therapy:
- 131.13 (i) having a mental health crisis;
- 131.14 (ii) requiring a more restrictive setting such as hospitalization;
- 131.15 (iii) decompensating; or
- 131.16 (iv) engaging in intentional self-harm behavior.
- 131.17 (d) Individual dialectical behavior therapy combines individualized rehabilitative and
131.18 psychotherapeutic interventions to treat a client's suicidal and other dysfunctional behaviors
131.19 and to reinforce a client's use of adaptive skillful behaviors. A mental health professional
131.20 or clinical trainee must provide individual dialectical behavior therapy to a client. A mental
131.21 health professional or clinical trainee providing dialectical behavior therapy to a client must:
- 131.22 (1) identify, prioritize, and sequence the client's behavioral targets;
- 131.23 (2) treat the client's behavioral targets;
- 131.24 (3) assist the client in applying dialectical behavior therapy skills to the client's natural
131.25 environment through telephone coaching outside of treatment sessions;
- 131.26 (4) measure the client's progress toward dialectical behavior therapy targets;
- 131.27 (5) help the client manage mental health crises and life-threatening behaviors; and
- 131.28 (6) help the client learn and apply effective behaviors when working with other treatment
131.29 providers.

132.1 (e) Group skills training combines individualized psychotherapeutic and psychiatric
132.2 rehabilitative interventions conducted in a group setting to reduce the client's suicidal and
132.3 other dysfunctional coping behaviors and restore function. Group skills training must teach
132.4 the client adaptive skills in the following areas: (1) mindfulness; (2) interpersonal
132.5 effectiveness; (3) emotional regulation; and (4) distress tolerance.

132.6 (f) Group skills training must be provided by two mental health professionals or by a
132.7 mental health professional co-facilitating with a clinical trainee or a mental health practitioner.
132.8 Individual skills training must be provided by a mental health professional, a clinical trainee,
132.9 or a mental health practitioner.

132.10 (g) Before a program provides dialectical behavior therapy to a client, the commissioner
132.11 must certify the program as a dialectical behavior therapy provider. To qualify for
132.12 certification as a dialectical behavior therapy provider, a provider must:

132.13 (1) allow the commissioner to inspect the provider's program;

132.14 (2) provide evidence to the commissioner that the program's policies, procedures, and
132.15 practices meet the requirements of this subdivision and chapter 245I;

132.16 (3) be enrolled as a MHCP provider; and

132.17 (4) have a manual that outlines the program's policies, procedures, and practices that
132.18 meet the requirements of this subdivision.

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

132.22 Sec. 79. Minnesota Statutes 2020, section 256B.0757, subdivision 1, is amended to read:

132.23 Subdivision 1. **Provision of coverage.** (a) The commissioner shall provide medical
132.24 assistance coverage of behavioral health home services for eligible individuals with chronic
132.25 conditions who select a designated provider as the individual's behavioral health home.

132.26 (b) The commissioner shall implement this section in compliance with the requirements
132.27 of the state option to provide behavioral health homes for enrollees with chronic conditions,
132.28 as provided under the Patient Protection and Affordable Care Act, Public Law 111-148,
132.29 sections 2703 and 3502. Terms used in this section have the meaning provided in that act.

132.30 (c) The commissioner shall establish behavioral health homes to serve populations with
132.31 serious mental illness who meet the eligibility requirements described under subdivision 2.

133.1 The behavioral health home services provided by behavioral health homes shall focus on
133.2 both the behavioral and the physical health of these populations.

133.3 Sec. 80. Minnesota Statutes 2020, section 256B.0757, subdivision 2, is amended to read:

133.4 Subd. 2. **Eligible individual.** (a) The commissioner may elect to develop behavioral
133.5 health home models in accordance with United States Code, title 42, section 1396w-4.

133.6 (b) An individual is eligible for behavioral health home services under this section if
133.7 the individual is eligible for medical assistance under this chapter and has a condition that
133.8 meets the definition of mental illness as described in section 245.462, subdivision 20,
133.9 paragraph (a), or emotional disturbance as defined in section 245.4871, subdivision 15,
133.10 clause (2). The commissioner shall establish criteria for determining continued eligibility.

133.11 Sec. 81. Minnesota Statutes 2020, section 256B.0757, subdivision 3, is amended to read:

133.12 Subd. 3. **Behavioral health home services.** (a) Behavioral health home services means
133.13 comprehensive and timely high-quality services that are provided by a behavioral health
133.14 home. These services include:

133.15 (1) comprehensive care management;

133.16 (2) care coordination and health promotion;

133.17 (3) comprehensive transitional care, including appropriate follow-up, from inpatient to
133.18 other settings;

133.19 (4) patient and family support, including authorized representatives;

133.20 (5) referral to community and social support services, if relevant; and

133.21 (6) use of health information technology to link services, as feasible and appropriate.

133.22 (b) The commissioner shall maximize the number and type of services included in this
133.23 subdivision to the extent permissible under federal law, including physician, outpatient,
133.24 mental health treatment, and rehabilitation services necessary for comprehensive transitional
133.25 care following hospitalization.

133.26 Sec. 82. Minnesota Statutes 2020, section 256B.0757, subdivision 4, is amended to read:

133.27 Subd. 4. **Designated provider.** Behavioral health home services are voluntary and an
133.28 eligible individual may choose any designated provider. The commissioner shall establish
133.29 designated providers to serve as behavioral health homes and provide the services described
133.30 in subdivision 3 to individuals eligible under subdivision 2. The commissioner shall apply

134.1 for grants as provided under section 3502 of the Patient Protection and Affordable Care Act
134.2 to establish behavioral health homes and provide capitated payments to designated providers.
134.3 For purposes of this section, "designated provider" means a provider, clinical practice or
134.4 clinical group practice, rural clinic, community health center, community mental health
134.5 center, or any other entity that is determined by the commissioner to be qualified to be a
134.6 behavioral health home for eligible individuals. This determination must be based on
134.7 documentation evidencing that the designated provider has the systems and infrastructure
134.8 in place to provide behavioral health home services and satisfies the qualification standards
134.9 established by the commissioner in consultation with stakeholders and approved by the
134.10 Centers for Medicare and Medicaid Services.

134.11 Sec. 83. Minnesota Statutes 2020, section 256B.0757, subdivision 5, is amended to read:

134.12 Subd. 5. **Payments.** The commissioner shall make payments to each designated provider
134.13 for the provision of behavioral health home services described in subdivision 3 to each
134.14 eligible individual under subdivision 2 that selects the behavioral health home as a provider.

134.15 Sec. 84. Minnesota Statutes 2020, section 256B.0757, subdivision 8, is amended to read:

134.16 Subd. 8. **Evaluation and continued development.** (a) For continued certification under
134.17 this section, behavioral health homes must meet process, outcome, and quality standards
134.18 developed and specified by the commissioner. The commissioner shall collect data from
134.19 behavioral health homes as necessary to monitor compliance with certification standards.

134.20 (b) The commissioner may contract with a private entity to evaluate patient and family
134.21 experiences, health care utilization, and costs.

134.22 (c) The commissioner shall utilize findings from the implementation of behavioral health
134.23 homes to determine populations to serve under subsequent health home models for individuals
134.24 with chronic conditions.

134.25 Sec. 85. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 1, is
134.26 amended to read:

134.27 Subdivision 1. **Required covered service components.** (a) Subject to federal approval,
134.28 medical assistance covers medically necessary intensive treatment services when the services
134.29 are provided by a provider entity certified under and meeting the standards in this section.
134.30 The provider entity must make reasonable and good faith efforts to report individual client
134.31 outcomes to the commissioner, using instruments and protocols approved by the
134.32 commissioner.

135.1 (b) Intensive treatment services to children with mental illness residing in foster family
135.2 settings that comprise specific required service components provided in clauses (1) to (6)
135.3 are reimbursed by medical assistance when they meet the following standards:

135.4 (1) psychotherapy provided by a mental health professional or a clinical trainee;

135.5 (2) crisis planning;

135.6 (3) individual, family, and group psychoeducation services provided by a mental health
135.7 professional or a clinical trainee;

135.8 (4) clinical care consultation provided by a mental health professional or a clinical
135.9 trainee;

135.10 (5) individual treatment plan development as defined in ~~Minnesota Rules, part 9505.0371,~~
135.11 ~~subpart 7~~ section 245I.10, subdivisions 7 and 8; and

135.12 (6) service delivery payment requirements as provided under subdivision 4.

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

135.16 Sec. 86. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 2, is
135.17 amended to read:

135.18 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings
135.19 given them.

135.20 (a) "Intensive nonresidential rehabilitative mental health services" means child
135.21 rehabilitative mental health services as defined in section 256B.0943, except that these
135.22 services are provided by a multidisciplinary staff using a total team approach consistent
135.23 with assertive community treatment, as adapted for youth, and are directed to recipients
135.24 who are eight years of age or older and under 26 years of age who require intensive services
135.25 to prevent admission to an inpatient psychiatric hospital or placement in a residential
135.26 treatment facility or who require intensive services to step down from inpatient or residential
135.27 care to community-based care.

135.28 (b) "Co-occurring mental illness and substance use disorder" means a dual diagnosis of
135.29 at least one form of mental illness and at least one substance use disorder. Substance use
135.30 disorders include alcohol or drug abuse or dependence, excluding nicotine use.

135.31 (c) "Standard diagnostic assessment" means the assessment described in section 245I.10,
135.32 subdivision 6.

136.1 (d) "Medication education services" means services provided individually or in groups,
136.2 which focus on:

136.3 (1) educating the client and client's family or significant nonfamilial supporters about
136.4 mental illness and symptoms;

136.5 (2) the role and effects of medications in treating symptoms of mental illness; and

136.6 (3) the side effects of medications.

136.7 Medication education is coordinated with medication management services and does not
136.8 duplicate it. Medication education services are provided by physicians, pharmacists, or
136.9 registered nurses with certification in psychiatric and mental health care.

136.10 (e) "Mental health professional" means a staff person who is qualified according to
136.11 section 245I.04, subdivision 2.

136.12 (f) "Provider agency" means a for-profit or nonprofit organization established to
136.13 administer an assertive community treatment for youth team.

136.14 (g) "Substance use disorders" means one or more of the disorders defined in the diagnostic
136.15 and statistical manual of mental disorders, current edition.

136.16 (h) "Transition services" means:

136.17 (1) activities, materials, consultation, and coordination that ensures continuity of the
136.18 client's care in advance of and in preparation for the client's move from one stage of care
136.19 or life to another by maintaining contact with the client and assisting the client to establish
136.20 provider relationships;

136.21 (2) providing the client with knowledge and skills needed posttransition;

136.22 (3) establishing communication between sending and receiving entities;

136.23 (4) supporting a client's request for service authorization and enrollment; and

136.24 (5) establishing and enforcing procedures and schedules.

136.25 ~~A youth's transition from the children's mental health system and services to the adult~~
136.26 ~~mental health system and services and return to the client's home and entry or re-entry into~~
136.27 ~~community-based mental health services following discharge from an out-of-home placement~~
136.28 ~~or inpatient hospital stay.~~

136.29 (i) "Treatment team" means all staff who provide services to recipients under this section.

136.30 (j) "Family peer specialist" means a staff person who is qualified under section
136.31 256B.0616.

137.1 Sec. 87. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 6, is
137.2 amended to read:

137.3 Subd. 6. **Service standards.** The standards in this subdivision apply to intensive
137.4 nonresidential rehabilitative mental health services.

137.5 (a) The treatment team must use team treatment, not an individual treatment model.

137.6 (b) Services must be available at times that meet client needs.

137.7 (c) Services must be age-appropriate and meet the specific needs of the client.

137.8 (d) The level of care assessment as defined in section 245I.02, subdivision 19, and
137.9 functional assessment as defined in section 245I.02, subdivision 17, must be updated at
137.10 least every ~~90 days~~ six months or prior to discharge from the service, whichever comes
137.11 first.

137.12 (e) The treatment team must complete an individual treatment plan for each client,
137.13 according to section 245I.10, subdivisions 7 and 8, and the individual treatment plan must:

137.14 (1) be completed in consultation with the client's current therapist and key providers and
137.15 provide for ongoing consultation with the client's current therapist to ensure therapeutic
137.16 continuity and to facilitate the client's return to the community. For clients under the age of
137.17 18, the treatment team must consult with parents and guardians in developing the treatment
137.18 plan;

137.19 (2) if a need for substance use disorder treatment is indicated by validated assessment:

137.20 (i) identify goals, objectives, and strategies of substance use disorder treatment;

137.21 (ii) develop a schedule for accomplishing substance use disorder treatment goals and
137.22 objectives; and

137.23 (iii) identify the individuals responsible for providing substance use disorder treatment
137.24 services and supports; and

137.25 (3) provide for the client's transition out of intensive nonresidential rehabilitative mental
137.26 health services by defining the team's actions to assist the client and subsequent providers
137.27 in the transition to less intensive or "stepped down" services; ~~and.~~

137.28 ~~(4) notwithstanding section 245I.10, subdivision 8, be reviewed at least every 90 days~~
137.29 ~~and revised to document treatment progress or, if progress is not documented, to document~~
137.30 ~~changes in treatment.~~

138.1 (f) The treatment team shall actively and assertively engage the client's family members
138.2 and significant others by establishing communication and collaboration with the family and
138.3 significant others and educating the family and significant others about the client's mental
138.4 illness, symptom management, and the family's role in treatment, unless the team knows or
138.5 has reason to suspect that the client has suffered or faces a threat of suffering any physical
138.6 or mental injury, abuse, or neglect from a family member or significant other.

138.7 (g) For a client age 18 or older, the treatment team may disclose to a family member,
138.8 other relative, or a close personal friend of the client, or other person identified by the client,
138.9 the protected health information directly relevant to such person's involvement with the
138.10 client's care, as provided in Code of Federal Regulations, title 45, part 164.502(b). If the
138.11 client is present, the treatment team shall obtain the client's agreement, provide the client
138.12 with an opportunity to object, or reasonably infer from the circumstances, based on the
138.13 exercise of professional judgment, that the client does not object. If the client is not present
138.14 or is unable, by incapacity or emergency circumstances, to agree or object, the treatment
138.15 team may, in the exercise of professional judgment, determine whether the disclosure is in
138.16 the best interests of the client and, if so, disclose only the protected health information that
138.17 is directly relevant to the family member's, relative's, friend's, or client-identified person's
138.18 involvement with the client's health care. The client may orally agree or object to the
138.19 disclosure and may prohibit or restrict disclosure to specific individuals.

138.20 (h) The treatment team shall provide interventions to promote positive interpersonal
138.21 relationships.

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

138.25 Sec. 88. Minnesota Statutes 2021 Supplement, section 256B.69, subdivision 9f, is amended
138.26 to read:

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

138.32 (b) The report must include, for each managed care and county-based purchasing plan,
138.33 the mean and median provider reimbursement rates by county for the calendar year preceding
138.34 the reporting year, for the five most common billing codes statewide across all plans, in

139.1 each of the following provider service categories if within the county there are more than
139.2 three medical assistance enrolled providers providing the specific service within the specific
139.3 category:

139.4 (1) physician prenatal services;

139.5 (2) physician preventive services;

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

139.7 (4) dental services;

139.8 (5) inpatient hospital services;

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

139.10 (7) mental health services; and

139.11 (8) substance use disorder services.

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

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

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

139.19 Sec. 89. Minnesota Statutes 2020, section 256D.09, subdivision 2a, is amended to read:

139.20 Subd. 2a. **Vendor payments for drug dependent persons.** If, at the time of application
139.21 or at any other time, there is a reasonable basis for questioning whether a person applying
139.22 for or receiving financial assistance is drug dependent, as defined in section 254A.02,
139.23 subdivision 5, the person shall be referred for a chemical health assessment, and only
139.24 emergency assistance payments or general assistance vendor payments may be provided
139.25 until the assessment is complete and the results of the assessment made available to the
139.26 county agency. A reasonable basis for referring an individual for an assessment exists when:

139.27 (1) the person has required detoxification two or more times in the past 12 months;

139.28 (2) the person appears intoxicated at the county agency as indicated by two or more of
139.29 the following:

139.30 (i) the odor of alcohol;

- 140.1 (ii) slurred speech;
- 140.2 (iii) disconjugate gaze;
- 140.3 (iv) impaired balance;
- 140.4 (v) difficulty remaining awake;
- 140.5 (vi) consumption of alcohol;
- 140.6 (vii) responding to sights or sounds that are not actually present;
- 140.7 (viii) extreme restlessness, fast speech, or unusual belligerence;
- 140.8 (3) the person has been involuntarily committed for drug dependency at least once in
- 140.9 the past 12 months; or
- 140.10 (4) the person has received treatment, including domiciliary care, for drug abuse or
- 140.11 dependency at least twice in the past 12 months.

140.12 The assessment and determination of drug dependency, if any, must be made by an

140.13 assessor qualified under ~~Minnesota Rules, part 9530.6615, subpart 2~~ section 245G.11,

140.14 subdivisions 1 and 5, to perform an assessment of chemical use. The county shall only

140.15 provide emergency general assistance or vendor payments to an otherwise eligible applicant

140.16 or recipient who is determined to be drug dependent, except up to 15 percent of the grant

140.17 amount the person would otherwise receive may be paid in cash. Notwithstanding subdivision

140.18 1, the commissioner of human services shall also require county agencies to provide

140.19 assistance only in the form of vendor payments to all eligible recipients who assert chemical

140.20 dependency as a basis for eligibility under section 256D.05, subdivision 1, paragraph (a),

140.21 clauses (1) and (5).

140.22 The determination of drug dependency shall be reviewed at least every 12 months. If

140.23 the county determines a recipient is no longer drug dependent, the county may cease vendor

140.24 payments and provide the recipient payments in cash.

140.25 Sec. 90. Minnesota Statutes 2021 Supplement, section 256L.03, subdivision 2, is amended

140.26 to read:

140.27 Subd. 2. **Alcohol and drug dependency.** Beginning July 1, 1993, covered health services

140.28 shall include individual outpatient treatment of alcohol or drug dependency by a qualified

140.29 health professional or outpatient program.

140.30 Persons who may need chemical dependency services under the provisions of this chapter

140.31 ~~shall be assessed by a local agency~~ must be offered access by a local agency to a

141.1 comprehensive assessment as defined under section ~~254B.01~~ 245G.05, and under the
 141.2 assessment provisions of section 254A.03, subdivision 3. A local agency or managed care
 141.3 plan under contract with the Department of Human Services must ~~place~~ offer services to a
 141.4 person in need of chemical dependency services as provided in Minnesota Rules, parts
 141.5 ~~9530.6600 to 9530.6655~~ based on the recommendations of section 245G.05. Persons who
 141.6 are recipients of medical benefits under the provisions of this chapter and who are financially
 141.7 eligible for behavioral health fund services provided under the provisions of chapter 254B
 141.8 shall receive chemical dependency treatment services under the provisions of chapter 254B
 141.9 only if:

141.10 (1) they have exhausted the chemical dependency benefits offered under this chapter;
 141.11 or

141.12 (2) an assessment indicates that they need a level of care not provided under the provisions
 141.13 of this chapter.

141.14 Recipients of covered health services under the children's health plan, as provided in
 141.15 Minnesota Statutes 1990, section 256.936, and as amended by Laws 1991, chapter 292,
 141.16 article 4, section 17, and recipients of covered health services enrolled in the children's
 141.17 health plan or the MinnesotaCare program after October 1, 1992, pursuant to Laws 1992,
 141.18 chapter 549, article 4, sections 5 and 17, are eligible to receive alcohol and drug dependency
 141.19 benefits under this subdivision.

141.20 Sec. 91. Minnesota Statutes 2020, section 256L.12, subdivision 8, is amended to read:

141.21 Subd. 8. **Chemical dependency assessments.** The managed care plan shall be responsible
 141.22 for assessing the need and ~~placement for~~ provision of chemical dependency services
 141.23 according to criteria set forth in ~~Minnesota Rules, parts 9530.6600 to 9530.6655~~ section
 141.24 245G.05.

141.25 Sec. 92. Minnesota Statutes 2021 Supplement, section 256P.01, subdivision 6a, is amended
 141.26 to read:

141.27 Subd. 6a. **Qualified professional.** (a) For illness, injury, or incapacity, a "qualified
 141.28 professional" means a licensed physician, physician assistant, advanced practice registered
 141.29 nurse, physical therapist, occupational therapist, or licensed chiropractor, according to their
 141.30 scope of practice.

141.31 (b) For developmental disability, learning disability, and intelligence testing, a "qualified
 141.32 professional" means a licensed physician, physician assistant, advanced practice registered

142.1 nurse, licensed independent clinical social worker, licensed psychologist, certified school
142.2 psychologist, or certified psychometrist working under the supervision of a licensed
142.3 psychologist.

142.4 (c) For mental health, a "qualified professional" means a licensed physician, advanced
142.5 practice registered nurse, or qualified mental health professional under section 245I.04,
142.6 subdivision 2.

142.7 (d) For substance use disorder, a "qualified professional" means a licensed physician, a
142.8 qualified mental health professional under section ~~245.462, subdivision 18, clauses (1) to~~
142.9 ~~(6)~~ 245I.04, subdivision 2, or an individual as defined in section 245G.11, subdivision 3,
142.10 4, or 5.

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

142.14 Sec. 93. **[256T.01] DEPARTMENT OF BEHAVIORAL HEALTH.**

142.15 The Department of Behavioral Health is created. The governor shall appoint the
142.16 commissioner of behavioral health under section 15.06. The commissioner shall administer:

142.17 (1) the behavioral health services under the medical assistance program under chapters
142.18 256 and 256B;

142.19 (2) the behavioral health services under the MinnesotaCare program under chapter 256L;

142.20 (3) mental health and chemical dependency services under chapters 245, 245G, 253C,
142.21 254A, and 254B; and

142.22 (4) behavioral health quality, behavioral health analysis, behavioral health economics,
142.23 and related data collection initiatives under chapters 62J, 62U, and 144.

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

142.25 Sec. 94. **[256T.02] TRANSFER OF DUTIES.**

142.26 (a) Section 15.039 applies to the transfer of duties required by this chapter.

142.27 (b) The commissioner of administration, with the approval of the governor, may issue
142.28 reorganization orders under section 16B.37 as necessary to carry out the transfer of duties
142.29 required by this chapter. The provision of section 16B.37, subdivision 1, stating that transfers
142.30 under section 16B.37 may be made only to an agency that has been in existence for at least
142.31 one year does not apply to transfers to an agency created by this chapter.

143.1 (c) The initial salary for the commissioner of behavioral health is the same as the salary
143.2 for the commissioner of health. The salary may be changed in the manner specified in section
143.3 15A.0815.

143.4 (d) For an employee affected by the transfer of duties required by this chapter, the
143.5 seniority accrued by the employee at the employee's former agency transfers to the employee's
143.6 new agency.

143.7 (e) The commissioner of management and budget must ensure that the aggregate cost
143.8 for the commissioner of behavioral health is not more than the aggregate cost during the
143.9 transition of creating the Department of Behavioral Health as it currently exists under the
143.10 Department of Human Services and the Department of Health immediately before the
143.11 effective date of this chapter, excluding any appropriation made during this legislative
143.12 session.

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

143.14 Sec. 95. Minnesota Statutes 2020, section 260B.157, subdivision 1, is amended to read:

143.15 Subdivision 1. **Investigation.** Upon request of the court the local social services agency
143.16 or probation officer shall investigate the personal and family history and environment of
143.17 any minor coming within the jurisdiction of the court under section 260B.101 and shall
143.18 report its findings to the court. The court may order any minor coming within its jurisdiction
143.19 to be examined by a duly qualified physician, psychiatrist, or psychologist appointed by the
143.20 court.

143.21 The court shall order a chemical use assessment conducted when a child is (1) found to
143.22 be delinquent for violating a provision of chapter 152, or for committing a felony-level
143.23 violation of a provision of chapter 609 if the probation officer determines that alcohol or
143.24 drug use was a contributing factor in the commission of the offense, or (2) alleged to be
143.25 delinquent for violating a provision of chapter 152, if the child is being held in custody
143.26 under a detention order. The assessor's qualifications must comply with section 245G.11,
143.27 subdivisions 1 and 5, and the assessment criteria shall must comply with Minnesota Rules,
143.28 parts ~~9530.6600 to 9530.6655~~ section 245G.05. If funds under chapter 254B are to be used
143.29 to pay for the recommended treatment, the assessment ~~and placement~~ must comply with all
143.30 provisions of ~~Minnesota Rules, parts 9530.6600 to 9530.6655 and 9530.7000 to 9530.7030~~
143.31 sections 245G.05 and 254B.04. The commissioner of human services shall reimburse the
143.32 court for the cost of the chemical use assessment, up to a maximum of \$100.

144.1 The court shall order a children's mental health screening conducted when a child is
144.2 found to be delinquent. The screening shall be conducted with a screening instrument
144.3 approved by the commissioner of human services and shall be conducted by a mental health
144.4 practitioner as defined in section 245.4871, subdivision 26, or a probation officer who is
144.5 trained in the use of the screening instrument. If the screening indicates a need for assessment,
144.6 the local social services agency, in consultation with the child's family, shall have a diagnostic
144.7 assessment conducted, including a functional assessment, as defined in section 245.4871.

144.8 With the consent of the commissioner of corrections and agreement of the county to pay
144.9 the costs thereof, the court may, by order, place a minor coming within its jurisdiction in
144.10 an institution maintained by the commissioner for the detention, diagnosis, custody and
144.11 treatment of persons adjudicated to be delinquent, in order that the condition of the minor
144.12 be given due consideration in the disposition of the case. Any funds received under the
144.13 provisions of this subdivision shall not cancel until the end of the fiscal year immediately
144.14 following the fiscal year in which the funds were received. The funds are available for use
144.15 by the commissioner of corrections during that period and are hereby appropriated annually
144.16 to the commissioner of corrections as reimbursement of the costs of providing these services
144.17 to the juvenile courts.

144.18 Sec. 96. Minnesota Statutes 2020, section 260B.157, subdivision 3, is amended to read:

144.19 Subd. 3. **Juvenile treatment screening team.** (a) The local social services agency shall
144.20 establish a juvenile treatment screening team to conduct screenings and prepare case plans
144.21 under this subdivision. The team, which may be the team constituted under section 245.4885
144.22 or 256B.092 or Minnesota Rules, ~~parts 9530.6600 to 9530.6655~~ chapter 254B, shall consist
144.23 of social workers, juvenile justice professionals, and persons with expertise in the treatment
144.24 of juveniles who are emotionally disabled, chemically dependent, or have a developmental
144.25 disability. The team shall involve parents or guardians in the screening process as appropriate.
144.26 The team may be the same team as defined in section 260C.157, subdivision 3.

144.27 (b) If the court, prior to, or as part of, a final disposition, proposes to place a child:

144.28 (1) for the primary purpose of treatment for an emotional disturbance, and residential
144.29 placement is consistent with section 260.012, a developmental disability, or chemical
144.30 dependency in a residential treatment facility out of state or in one which is within the state
144.31 and licensed by the commissioner of human services under chapter 245A; or

144.32 (2) in any out-of-home setting potentially exceeding 30 days in duration, including a
144.33 post-dispositional placement in a facility licensed by the commissioner of corrections or

145.1 human services, the court shall notify the county welfare agency. The county's juvenile
145.2 treatment screening team must either:

145.3 (i) screen and evaluate the child and file its recommendations with the court within 14
145.4 days of receipt of the notice; or

145.5 (ii) elect not to screen a given case, and notify the court of that decision within three
145.6 working days.

145.7 (c) If the screening team has elected to screen and evaluate the child, the child may not
145.8 be placed for the primary purpose of treatment for an emotional disturbance, a developmental
145.9 disability, or chemical dependency, in a residential treatment facility out of state nor in a
145.10 residential treatment facility within the state that is licensed under chapter 245A, unless one
145.11 of the following conditions applies:

145.12 (1) a treatment professional certifies that an emergency requires the placement of the
145.13 child in a facility within the state;

145.14 (2) the screening team has evaluated the child and recommended that a residential
145.15 placement is necessary to meet the child's treatment needs and the safety needs of the
145.16 community, that it is a cost-effective means of meeting the treatment needs, and that it will
145.17 be of therapeutic value to the child; or

145.18 (3) the court, having reviewed a screening team recommendation against placement,
145.19 determines to the contrary that a residential placement is necessary. The court shall state
145.20 the reasons for its determination in writing, on the record, and shall respond specifically to
145.21 the findings and recommendation of the screening team in explaining why the
145.22 recommendation was rejected. The attorney representing the child and the prosecuting
145.23 attorney shall be afforded an opportunity to be heard on the matter.

145.24 Sec. 97. Minnesota Statutes 2021 Supplement, section 260C.157, subdivision 3, is amended
145.25 to read:

145.26 Subd. 3. **Juvenile treatment screening team.** (a) The responsible social services agency
145.27 shall establish a juvenile treatment screening team to conduct screenings under this chapter
145.28 and chapter 260D, for a child to receive treatment for an emotional disturbance, a
145.29 developmental disability, or related condition in a residential treatment facility licensed by
145.30 the commissioner of human services under chapter 245A, or licensed or approved by a
145.31 Tribe. A screening team is not required for a child to be in: (1) a residential facility
145.32 specializing in prenatal, postpartum, or parenting support; (2) a facility specializing in
145.33 high-quality residential care and supportive services to children and youth who have been

146.1 or are at risk of becoming victims of sex trafficking or commercial sexual exploitation; (3)
146.2 supervised settings for youth who are 18 years of age or older and living independently; or
146.3 (4) a licensed residential family-based treatment facility for substance abuse consistent with
146.4 section 260C.190. Screenings are also not required when a child must be placed in a facility
146.5 due to an emotional crisis or other mental health emergency.

146.6 (b) The responsible social services agency shall conduct screenings within 15 days of a
146.7 request for a screening, unless the screening is for the purpose of residential treatment and
146.8 the child is enrolled in a prepaid health program under section 256B.69, in which case the
146.9 agency shall conduct the screening within ten working days of a request. The responsible
146.10 social services agency shall convene the juvenile treatment screening team, which may be
146.11 constituted under section 245.4885 ~~or~~, 254B.05, or 256B.092 ~~or Minnesota Rules, parts~~
146.12 ~~9530.6600 to 9530.6655~~. The team shall consist of social workers; persons with expertise
146.13 in the treatment of juveniles who are emotionally disturbed, chemically dependent, or have
146.14 a developmental disability; and the child's parent, guardian, or permanent legal custodian.
146.15 The team may include the child's relatives as defined in section 260C.007, subdivisions 26b
146.16 and 27, the child's foster care provider, and professionals who are a resource to the child's
146.17 family such as teachers, medical or mental health providers, and clergy, as appropriate,
146.18 consistent with the family and permanency team as defined in section 260C.007, subdivision
146.19 16a. Prior to forming the team, the responsible social services agency must consult with the
146.20 child's parents, the child if the child is age 14 or older, and, if applicable, the child's Tribe
146.21 to obtain recommendations regarding which individuals to include on the team and to ensure
146.22 that the team is family-centered and will act in the child's best interests. If the child, child's
146.23 parents, or legal guardians raise concerns about specific relatives or professionals, the team
146.24 should not include those individuals. This provision does not apply to paragraph (c).

146.25 (c) If the agency provides notice to Tribes under section 260.761, and the child screened
146.26 is an Indian child, the responsible social services agency must make a rigorous and concerted
146.27 effort to include a designated representative of the Indian child's Tribe on the juvenile
146.28 treatment screening team, unless the child's Tribal authority declines to appoint a
146.29 representative. The Indian child's Tribe may delegate its authority to represent the child to
146.30 any other federally recognized Indian Tribe, as defined in section 260.755, subdivision 12.
146.31 The provisions of the Indian Child Welfare Act of 1978, United States Code, title 25, sections
146.32 1901 to 1963, and the Minnesota Indian Family Preservation Act, sections 260.751 to
146.33 260.835, apply to this section.

146.34 (d) If the court, prior to, or as part of, a final disposition or other court order, proposes
146.35 to place a child with an emotional disturbance or developmental disability or related condition

147.1 in residential treatment, the responsible social services agency must conduct a screening.

147.2 If the team recommends treating the child in a qualified residential treatment program, the

147.3 agency must follow the requirements of sections 260C.70 to 260C.714.

147.4 The court shall ascertain whether the child is an Indian child and shall notify the

147.5 responsible social services agency and, if the child is an Indian child, shall notify the Indian

147.6 child's Tribe as paragraph (c) requires.

147.7 (e) When the responsible social services agency is responsible for placing and caring

147.8 for the child and the screening team recommends placing a child in a qualified residential

147.9 treatment program as defined in section 260C.007, subdivision 26d, the agency must: (1)

147.10 begin the assessment and processes required in section 260C.704 without delay; and (2)

147.11 conduct a relative search according to section 260C.221 to assemble the child's family and

147.12 permanency team under section 260C.706. Prior to notifying relatives regarding the family

147.13 and permanency team, the responsible social services agency must consult with the child's

147.14 parent or legal guardian, the child if the child is age 14 or older, and, if applicable, the child's

147.15 Tribe to ensure that the agency is providing notice to individuals who will act in the child's

147.16 best interests. The child and the child's parents may identify a culturally competent qualified

147.17 individual to complete the child's assessment. The agency shall make efforts to refer the

147.18 assessment to the identified qualified individual. The assessment may not be delayed for

147.19 the purpose of having the assessment completed by a specific qualified individual.

147.20 (f) When a screening team determines that a child does not need treatment in a qualified

147.21 residential treatment program, the screening team must:

147.22 (1) document the services and supports that will prevent the child's foster care placement

147.23 and will support the child remaining at home;

147.24 (2) document the services and supports that the agency will arrange to place the child

147.25 in a family foster home; or

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

147.27 (g) When the Indian child's Tribe or Tribal health care services provider or Indian Health

147.28 Services provider proposes to place a child for the primary purpose of treatment for an

147.29 emotional disturbance, a developmental disability, or co-occurring emotional disturbance

147.30 and chemical dependency, the Indian child's Tribe or the Tribe delegated by the child's Tribe

147.31 shall submit necessary documentation to the county juvenile treatment screening team,

147.32 which must invite the Indian child's Tribe to designate a representative to the screening

147.33 team.

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

148.3 Sec. 98. Minnesota Statutes 2020, section 260E.20, subdivision 1, is amended to read:

148.4 Subdivision 1. **General duties.** (a) The local welfare agency shall offer services to
148.5 prevent future maltreatment, safeguarding and enhancing the welfare of the maltreated child,
148.6 and supporting and preserving family life whenever possible.

148.7 (b) If the report alleges a violation of a criminal statute involving maltreatment or child
148.8 endangerment under section 609.378, the local law enforcement agency and local welfare
148.9 agency shall coordinate the planning and execution of their respective investigation and
148.10 assessment efforts to avoid a duplication of fact-finding efforts and multiple interviews.
148.11 Each agency shall prepare a separate report of the results of the agency's investigation or
148.12 assessment.

148.13 (c) In cases of alleged child maltreatment resulting in death, the local agency may rely
148.14 on the fact-finding efforts of a law enforcement investigation to make a determination of
148.15 whether or not maltreatment occurred.

148.16 (d) When necessary, the local welfare agency shall seek authority to remove the child
148.17 from the custody of a parent, guardian, or adult with whom the child is living.

148.18 (e) In performing any of these duties, the local welfare agency shall maintain an
148.19 appropriate record.

148.20 (f) In conducting a family assessment or investigation, the local welfare agency shall
148.21 gather information on the existence of substance abuse and domestic violence.

148.22 (g) If the family assessment or investigation indicates there is a potential for abuse of
148.23 alcohol or other drugs by the parent, guardian, or person responsible for the child's care,
148.24 the local welfare agency ~~shall conduct a chemical use~~ must coordinate a comprehensive
148.25 assessment pursuant to Minnesota Rules, part 9530.6615 section 245G.05.

148.26 (h) The agency may use either a family assessment or investigation to determine whether
148.27 the child is safe when responding to a report resulting from birth match data under section
148.28 260E.03, subdivision 23, paragraph (c). If the child subject of birth match data is determined
148.29 to be safe, the agency shall consult with the county attorney to determine the appropriateness
148.30 of filing a petition alleging the child is in need of protection or services under section
148.31 260C.007, subdivision 6, clause (16), in order to deliver needed services. If the child is
148.32 determined not to be safe, the agency and the county attorney shall take appropriate action
148.33 as required under section 260C.503, subdivision 2.

149.1 Sec. 99. Minnesota Statutes 2020, section 299A.299, subdivision 1, is amended to read:

149.2 Subdivision 1. **Establishment of team.** A county, a multicounty organization of counties
149.3 formed by an agreement under section 471.59, or a city with a population of no more than
149.4 50,000, may establish a multidisciplinary chemical abuse prevention team. The chemical
149.5 abuse prevention team may include, but not be limited to, representatives of health, mental
149.6 health, public health, law enforcement, educational, social service, court service, community
149.7 education, religious, and other appropriate agencies, and parent and youth groups. For
149.8 purposes of this section, "chemical abuse" has the meaning given in ~~Minnesota Rules, part~~
149.9 ~~9530.6605, subpart 6~~ section 254A.02, subdivision 6a. When possible the team must
149.10 coordinate its activities with existing local groups, organizations, and teams dealing with
149.11 the same issues the team is addressing.

149.12 Sec. 100. Laws 2021, First Special Session chapter 7, article 11, section 38, is amended
149.13 to read:

149.14 Sec. 38. **DIRECTION TO THE COMMISSIONER; SUBSTANCE USE DISORDER**
149.15 **TREATMENT PAPERWORK REDUCTION.**

149.16 (a) The commissioner of human services, in consultation with counties, tribes, managed
149.17 care organizations, substance use disorder treatment professional associations, and other
149.18 relevant stakeholders, shall develop, assess, and recommend systems improvements to
149.19 minimize regulatory paperwork and improve systems for substance use disorder programs
149.20 licensed under Minnesota Statutes, chapter 245A, and regulated under Minnesota Statutes,
149.21 chapters 245F and 245G, and Minnesota Rules, chapters 2960 and 9530. The commissioner
149.22 of human services shall make available any resources needed from other divisions within
149.23 the department to implement systems improvements.

149.24 (b) The commissioner of health shall make available needed information and resources
149.25 from the Division of Health Policy.

149.26 (c) The Office of MN.IT Services shall provide advance consultation and implementation
149.27 of the changes needed in data systems.

149.28 (d) The commissioner of human services shall contract with a vendor that has experience
149.29 with developing statewide system changes for multiple states at the payer and provider
149.30 levels. If the commissioner, after exercising reasonable diligence, is unable to secure a
149.31 vendor with the requisite qualifications, the commissioner may select the best qualified
149.32 vendor available. When developing recommendations, the commissioner shall consider

150.1 input from all stakeholders. The commissioner's recommendations shall maximize benefits
 150.2 for clients and utility for providers, regulatory agencies, and payers.

150.3 (e) The commissioner of human services and the contracted vendor shall follow the
 150.4 recommendations from the report issued in response to Laws 2019, First Special Session
 150.5 chapter 9, article 6, section 76.

150.6 (f) ~~By December 15, 2022~~ Within two years of contracting with a qualified vendor
 150.7 according to paragraph (d), the commissioner of human services shall take steps to implement
 150.8 paperwork reductions and systems improvements within the commissioner's authority and
 150.9 submit to the chairs and ranking minority members of the legislative committees with
 150.10 jurisdiction over health and human services a report that includes recommendations for
 150.11 changes in statutes that would further enhance systems improvements to reduce paperwork.
 150.12 The report shall include a summary of the approaches developed and assessed by the
 150.13 commissioner of human services and stakeholders and the results of any assessments
 150.14 conducted.

150.15 Sec. 101. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
 150.16 **ACCESS TO BEHAVIORAL HEALTH SERVICES FOR OLDER ADULTS.**

150.17 The commissioner of human services, in consultation with Minnesota counties, shall
 150.18 develop modifications to existing covered medical assistance and waiver services to authorize
 150.19 behavioral health services for adults 65 years of age and older and who are under the
 150.20 protection of a court order through civil commitment. By January 1, 2023, the commissioner
 150.21 must provide to the chairs and ranking minority members of the legislative committees and
 150.22 divisions with jurisdiction over direct care and treatment any draft legislation as may be
 150.23 necessary to implement the new or modified covered services.

150.24 Sec. 102. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
 150.25 **BEHAVIORAL HEALTH FUND ALLOCATION.**

150.26 The commissioner of human services, in consultation with counties and Tribal Nations,
 150.27 must make recommendations on an updated allocation to local agencies from funds allocated
 150.28 under Minnesota Statutes, section 254B.02, subdivision 5. The commissioner must submit
 150.29 the recommendations to the chairs and ranking minority members of the legislative
 150.30 committees with jurisdiction over health and human services finance and policy by January
 150.31 1, 2024.

151.1 Sec. 103. **REVISOR INSTRUCTION.**

151.2 (a) The revisor of statutes shall change the term "chemical dependency" or similar terms
151.3 to "substance use disorder" wherever the term appears in Minnesota Statutes. The revisor
151.4 may make grammatical changes related to the term change.

151.5 (b) The revisor of statutes, in consultation with staff from the House Research
151.6 Department; House Fiscal Analysis; the Office of Senate Counsel, Research, and Fiscal
151.7 Analysis; and the respective departments shall prepare legislation for introduction in the
151.8 2023 legislative session proposing the statutory changes needed to implement the transfers
151.9 of duties required by this act.

151.10 (c) The revisor of statutes shall make necessary cross-reference changes and remove
151.11 statutory cross-references in Minnesota Statutes to conform with the repealer in section 104,
151.12 paragraphs (d) and (e). The revisor may make technical and other necessary changes to
151.13 language and sentence structure to preserve the meaning of the text.

151.14 **EFFECTIVE DATE.** Paragraph (b) is effective July 1, 2022.

151.15 Sec. 104. **REPEALER.**

151.16 (a) Minnesota Statutes 2020, sections 169A.70, subdivision 6; 245G.22, subdivision 19;
151.17 254A.02, subdivision 8a; 254A.04; 254A.16, subdivision 6; 254A.19, subdivisions 1a and
151.18 2; 254B.04, subdivisions 2b and 2c; 254B.041, subdivision 2; and 254B.14, subdivisions
151.19 1, 2, 3, 4, and 6, are repealed.

151.20 (b) Minnesota Statutes 2021 Supplement, sections 254A.19, subdivision 5; and 254B.14,
151.21 subdivision 5, are repealed.

151.22 (c) Minnesota Rules, parts 9530.7000, subparts 1, 2, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 17a,
151.23 19, 20, and 21; 9530.7005; 9530.7010; 9530.7012; 9530.7015, subparts 1, 2a, 4, 5, and 6;
151.24 9530.7020, subparts 1, 1a, and 2; 9530.7021; 9530.7022, subpart 1; 9530.7025; and
151.25 9530.7030, subpart 1, are repealed.

151.26 (d) Minnesota Statutes 2020, section 256B.0943, subdivisions 8, 8a, 10, 12, and 13, are
151.27 repealed.

151.28 (e) Minnesota Statutes 2021 Supplement, section 256B.0943, subdivisions 1, 2, 3, 4, 5,
151.29 5a, 6, 7, 9, and 11, are repealed.

151.30 **EFFECTIVE DATE.** Paragraphs (d) and (e) are effective July 1, 2023, or upon federal
151.31 approval, whichever is later. The commissioner of human services shall not submit a state

152.1 plan amendment to implement this section until an appropriation is enacted to cover the
152.2 cost of implementing section 44.

152.3

ARTICLE 3

152.4

COMMUNITY SUPPORTS

152.5 Section 1. Minnesota Statutes 2021 Supplement, section 245A.03, subdivision 7, is
152.6 amended to read:

152.7 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license
152.8 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult
152.9 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter
152.10 for a physical location that will not be the primary residence of the license holder for the
152.11 entire period of licensure. If a family child foster care home or family adult foster care home
152.12 license is issued during this moratorium, and the license holder changes the license holder's
152.13 primary residence away from the physical location of the foster care license, the
152.14 commissioner shall revoke the license according to section 245A.07. The commissioner
152.15 shall not issue an initial license for a community residential setting licensed under chapter
152.16 245D. When approving an exception under this paragraph, the commissioner shall consider
152.17 the resource need determination process in paragraph (h), the availability of foster care
152.18 licensed beds in the geographic area in which the licensee seeks to operate, the results of a
152.19 person's choices during their annual assessment and service plan review, and the
152.20 recommendation of the local county board. The determination by the commissioner is final
152.21 and not subject to appeal. Exceptions to the moratorium include:

152.22 (1) foster care settings where at least 80 percent of the residents are 55 years of age or
152.23 older;

152.24 (2) foster care licenses replacing foster care licenses in existence on May 15, 2009, or
152.25 community residential setting licenses replacing adult foster care licenses in existence on
152.26 December 31, 2013, and determined to be needed by the commissioner under paragraph
152.27 (b);

152.28 (3) new foster care licenses or community residential setting licenses determined to be
152.29 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,
152.30 or regional treatment center; restructuring of state-operated services that limits the capacity
152.31 of state-operated facilities; or allowing movement to the community for people who no
152.32 longer require the level of care provided in state-operated facilities as provided under section
152.33 256B.092, subdivision 13, or 256B.49, subdivision 24;

153.1 (4) new foster care licenses or community residential setting licenses determined to be
 153.2 needed by the commissioner under paragraph (b) for persons requiring hospital level care;
 153.3 or

153.4 ~~(5) new foster care licenses or community residential setting licenses for people receiving~~
 153.5 ~~services under chapter 245D and residing in an unlicensed setting before May 1, 2017, and~~
 153.6 ~~for which a license is required. This exception does not apply to people living in their own~~
 153.7 ~~home. For purposes of this clause, there is a presumption that a foster care or community~~
 153.8 ~~residential setting license is required for services provided to three or more people in a~~
 153.9 ~~dwelling unit when the setting is controlled by the provider. A license holder subject to this~~
 153.10 ~~exception may rebut the presumption that a license is required by seeking a reconsideration~~
 153.11 ~~of the commissioner's determination. The commissioner's disposition of a request for~~
 153.12 ~~reconsideration is final and not subject to appeal under chapter 14. The exception is available~~
 153.13 ~~until June 30, 2018. This exception is available when:~~

153.14 ~~(i) the person's case manager provided the person with information about the choice of~~
 153.15 ~~service, service provider, and location of service, including in the person's home, to help~~
 153.16 ~~the person make an informed choice; and~~

153.17 ~~(ii) the person's services provided in the licensed foster care or community residential~~
 153.18 ~~setting are less than or equal to the cost of the person's services delivered in the unlicensed~~
 153.19 ~~setting as determined by the lead agency; or~~

153.20 ~~(6)~~ (5) new foster care licenses or community residential setting licenses for people
 153.21 receiving customized living or 24-hour customized living services under the brain injury
 153.22 or community access for disability inclusion waiver plans under section 256B.49 and residing
 153.23 in the customized living setting before July 1, 2022, for which a license is required. A
 153.24 customized living service provider subject to this exception may rebut the presumption that
 153.25 a license is required by seeking a reconsideration of the commissioner's determination. The
 153.26 commissioner's disposition of a request for reconsideration is final and not subject to appeal
 153.27 under chapter 14. The exception is available until June 30, 2023. This exception is available
 153.28 when:

153.29 (i) the person's customized living services are provided in a customized living service
 153.30 setting serving four or fewer people under the brain injury or community access for disability
 153.31 inclusion waiver plans under section 256B.49 in a single-family home operational on or
 153.32 before June 30, 2021. Operational is defined in section 256B.49, subdivision 28;

154.1 (ii) the person's case manager provided the person with information about the choice of
154.2 service, service provider, and location of service, including in the person's home, to help
154.3 the person make an informed choice; and

154.4 (iii) the person's services provided in the licensed foster care or community residential
154.5 setting are less than or equal to the cost of the person's services delivered in the customized
154.6 living setting as determined by the lead agency.

154.7 (b) The commissioner shall determine the need for newly licensed foster care homes or
154.8 community residential settings as defined under this subdivision. As part of the determination,
154.9 the commissioner shall consider the availability of foster care capacity in the area in which
154.10 the licensee seeks to operate, and the recommendation of the local county board. The
154.11 determination by the commissioner must be final. A determination of need is not required
154.12 for a change in ownership at the same address.

154.13 (c) When an adult resident served by the program moves out of a foster home that is not
154.14 the primary residence of the license holder according to section 256B.49, subdivision 15,
154.15 paragraph (f), or the adult community residential setting, the county shall immediately
154.16 inform the Department of Human Services Licensing Division. The department may decrease
154.17 the statewide licensed capacity for adult foster care settings.

154.18 (d) Residential settings that would otherwise be subject to the decreased license capacity
154.19 established in paragraph (c) shall be exempt if the license holder's beds are occupied by
154.20 residents whose primary diagnosis is mental illness and the license holder is certified under
154.21 the requirements in subdivision 6a or section 245D.33.

154.22 (e) A resource need determination process, managed at the state level, using the available
154.23 reports required by section 144A.351, and other data and information shall be used to
154.24 determine where the reduced capacity determined under section 256B.493 will be
154.25 implemented. The commissioner shall consult with the stakeholders described in section
154.26 144A.351, and employ a variety of methods to improve the state's capacity to meet the
154.27 informed decisions of those people who want to move out of corporate foster care or
154.28 community residential settings, long-term service needs within budgetary limits, including
154.29 seeking proposals from service providers or lead agencies to change service type, capacity,
154.30 or location to improve services, increase the independence of residents, and better meet
154.31 needs identified by the long-term services and supports reports and statewide data and
154.32 information.

154.33 (f) At the time of application and reapplication for licensure, the applicant and the license
154.34 holder that are subject to the moratorium or an exclusion established in paragraph (a) are

155.1 required to inform the commissioner whether the physical location where the foster care
155.2 will be provided is or will be the primary residence of the license holder for the entire period
155.3 of licensure. If the primary residence of the applicant or license holder changes, the applicant
155.4 or license holder must notify the commissioner immediately. The commissioner shall print
155.5 on the foster care license certificate whether or not the physical location is the primary
155.6 residence of the license holder.

155.7 (g) License holders of foster care homes identified under paragraph (f) that are not the
155.8 primary residence of the license holder and that also provide services in the foster care home
155.9 that are covered by a federally approved home and community-based services waiver, as
155.10 authorized under chapter 256S or section 256B.092 or 256B.49, must inform the human
155.11 services licensing division that the license holder provides or intends to provide these
155.12 waiver-funded services.

155.13 (h) The commissioner may adjust capacity to address needs identified in section
155.14 144A.351. Under this authority, the commissioner may approve new licensed settings or
155.15 delicense existing settings. Delicensing of settings will be accomplished through a process
155.16 identified in section 256B.493. Annually, by August 1, the commissioner shall provide
155.17 information and data on capacity of licensed long-term services and supports, actions taken
155.18 under the subdivision to manage statewide long-term services and supports resources, and
155.19 any recommendations for change to the legislative committees with jurisdiction over the
155.20 health and human services budget.

155.21 (i) The commissioner must notify a license holder when its corporate foster care or
155.22 community residential setting licensed beds are reduced under this section. The notice of
155.23 reduction of licensed beds must be in writing and delivered to the license holder by certified
155.24 mail or personal service. The notice must state why the licensed beds are reduced and must
155.25 inform the license holder of its right to request reconsideration by the commissioner. The
155.26 license holder's request for reconsideration must be in writing. If mailed, the request for
155.27 reconsideration must be postmarked and sent to the commissioner within 20 calendar days
155.28 after the license holder's receipt of the notice of reduction of licensed beds. If a request for
155.29 reconsideration is made by personal service, it must be received by the commissioner within
155.30 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

155.31 (j) The commissioner shall not issue an initial license for children's residential treatment
155.32 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter
155.33 for a program that Centers for Medicare and Medicaid Services would consider an institution
155.34 for mental diseases. Facilities that serve only private pay clients are exempt from the
155.35 moratorium described in this paragraph. The commissioner has the authority to manage

156.1 existing statewide capacity for children's residential treatment services subject to the
156.2 moratorium under this paragraph and may issue an initial license for such facilities if the
156.3 initial license would not increase the statewide capacity for children's residential treatment
156.4 services subject to the moratorium under this paragraph.

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

156.6 Sec. 2. Minnesota Statutes 2020, section 245A.11, subdivision 2, is amended to read:

156.7 Subd. 2. **Permitted single-family residential use.** (a) Residential programs with a
156.8 licensed capacity of six or fewer persons shall be considered a permitted single-family
156.9 residential use of property for the purposes of zoning and other land use regulations, except
156.10 that a residential program whose primary purpose is to treat juveniles who have violated
156.11 criminal statutes relating to sex offenses or have been adjudicated delinquent on the basis
156.12 of conduct in violation of criminal statutes relating to sex offenses shall not be considered
156.13 a permitted use. This exception shall not apply to residential programs licensed before July
156.14 1, 1995. Programs otherwise allowed under this subdivision shall not be prohibited by
156.15 operation of restrictive covenants or similar restrictions, regardless of when entered into,
156.16 which cannot be met because of the nature of the licensed program, including provisions
156.17 which require the home's occupants be related, and that the home must be occupied by the
156.18 owner, or similar provisions.

156.19 (b) Unless otherwise provided in any town, municipal, or county zoning regulation, a
156.20 licensed residential program in an intermediate care facility for persons with developmental
156.21 disabilities with a licensed capacity of seven to eight persons shall be considered a permitted
156.22 single-family residential use of property for the purposes of zoning and other land use
156.23 regulations. A town, municipal, or county zoning authority may require a conditional use
156.24 or special use permit to assure proper maintenance and operation of the residential program.
156.25 Conditions imposed on the residential program must not be more restrictive than those
156.26 imposed on other conditional uses or special uses of residential property in the same zones,
156.27 unless the additional conditions are necessary to protect the health and safety of the persons
156.28 being served by the program.

156.29 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
156.30 of human services shall notify the revisor of statutes when federal approval is obtained.

156.31 Sec. 3. Minnesota Statutes 2020, section 245A.11, subdivision 2a, is amended to read:

156.32 Subd. 2a. **Adult foster care and community residential setting license capacity.** (a)
156.33 The commissioner shall issue adult foster care and community residential setting licenses

157.1 with a maximum licensed capacity of four beds, including nonstaff roomers and boarders,
157.2 except that the commissioner may issue a license with a capacity of five up to six beds,
157.3 including roomers and boarders, according to paragraphs (b) to ~~(g)~~ (f).

157.4 (b) The license holder may have a maximum license capacity of ~~five~~ six if all persons
157.5 in care are age 55 or over and do not have a serious and persistent mental illness or a
157.6 developmental disability.

157.7 (c) The commissioner may grant variances to paragraph (b) to allow a facility with a
157.8 licensed capacity of up to ~~five~~ six persons to admit an individual under the age of 55 if the
157.9 variance complies with section 245A.04, subdivision 9, and approval of the variance is
157.10 recommended by the county in which the licensed facility is located.

157.11 (d) The commissioner may grant variances to paragraph (a) to allow the use of an
157.12 additional bed, up to five, for emergency crisis services for a person with serious and
157.13 persistent mental illness or a developmental disability, regardless of age, if the variance
157.14 complies with section 245A.04, subdivision 9, and approval of the variance is recommended
157.15 by the county in which the licensed facility is located.

157.16 (e) The commissioner may grant a variance to paragraph (b) to allow for the use of an
157.17 additional bed, up to ~~five~~ six, for respite services, as defined in section 245A.02, for persons
157.18 with disabilities, regardless of age, if the variance complies with sections 245A.03,
157.19 subdivision 7, and 245A.04, subdivision 9, and approval of the variance is recommended
157.20 by the county in which the licensed facility is located. Respite care may be provided under
157.21 the following conditions:

157.22 (1) staffing ratios cannot be reduced below the approved level for the individuals being
157.23 served in the home on a permanent basis;

157.24 (2) no more than two different individuals can be accepted for respite services in any
157.25 calendar month and the total respite days may not exceed 120 days per program in any
157.26 calendar year;

157.27 (3) the person receiving respite services must have his or her own bedroom, which could
157.28 be used for alternative purposes when not used as a respite bedroom, and cannot be the
157.29 room of another person who lives in the facility; and

157.30 (4) individuals living in the facility must be notified when the variance is approved. The
157.31 provider must give 60 days' notice in writing to the residents and their legal representatives
157.32 prior to accepting the first respite placement. Notice must be given to residents at least two
157.33 days prior to service initiation, or as soon as the license holder is able if they receive notice

158.1 of the need for respite less than two days prior to initiation, each time a respite client will
158.2 be served, unless the requirement for this notice is waived by the resident or legal guardian.

158.3 (f) The commissioner ~~may issue~~ shall increase the licensed capacity of an adult foster
158.4 care or community residential setting license ~~with up to~~ a capacity of ~~five~~ six adults if the
158.5 fifth or sixth bed does not increase the overall statewide capacity of licensed adult foster
158.6 care or community residential setting beds in homes that are not the primary residence of
158.7 the license holder, as identified in a plan submitted to the commissioner by the county, when
158.8 the capacity is recommended by the county licensing agency of the county in which the
158.9 facility is located and if the recommendation verifies that:

158.10 (1) the facility meets the physical environment requirements in the adult foster care
158.11 licensing rule or the community residential settings requirements in chapter 245D;

158.12 (2) the five-bed or six-bed living arrangement is specified for each resident in the
158.13 resident's:

158.14 (i) individualized plan of care;

158.15 (ii) individual service plan under section 256B.092, subdivision 1b, if required; or

158.16 (iii) individual resident placement agreement under Minnesota Rules, part 9555.5105,
158.17 subpart 19, if required; and

158.18 (3) the license holder obtains written and signed informed consent from each resident
158.19 or resident's legal representative documenting the resident's informed choice to remain
158.20 living in the home and that the resident's refusal to consent would not have resulted in
158.21 service termination; ~~and~~

158.22 ~~(4) the facility was licensed for adult foster care before March 1, 2016.~~

158.23 ~~(g) The commissioner shall not issue a new adult foster care license under paragraph (f)~~
158.24 ~~after December 31, 2020.~~ The commissioner shall allow a facility ~~with an adult foster care~~
158.25 ~~license issued under paragraph (f) before December 31, 2020,~~ to continue with a an increased
158.26 capacity of five adults if the license holder continues to comply with the requirements in
158.27 this paragraph (f).

158.28 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
158.29 of human services shall notify the revisor of statutes when federal approval is obtained.

159.1 Sec. 4. Minnesota Statutes 2020, section 245A.11, is amended by adding a subdivision to
159.2 read:

159.3 Subd. 2c. **Residential programs in intermediate care facilities; license**
159.4 **capacity.** Notwithstanding subdivision 4 and section 252.28, subdivision 3, for a licensed
159.5 residential program in an intermediate care facility for persons with developmental disabilities
159.6 located in a single-family home and in a town, municipal, or county zoning authority that
159.7 will permit a licensed capacity of seven or eight persons in a single-family home, the
159.8 commissioner may increase the licensed capacity of the program to seven or eight if the
159.9 seventh or eighth bed does not increase the overall statewide capacity in intermediate care
159.10 facilities for persons with developmental disabilities. If the licensed capacity of a residential
159.11 program in an intermediate care facility for persons with developmental disabilities is
159.12 increased under this subdivision, the capacity of the license may remain at the increased
159.13 number of persons.

159.14 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
159.15 of human services shall notify the revisor of statutes when federal approval is obtained.

159.16 Sec. 5. Minnesota Statutes 2020, section 245D.10, subdivision 3a, is amended to read:

159.17 Subd. 3a. **Service termination.** (a) The license holder must establish policies and
159.18 procedures for service termination that promote continuity of care and service coordination
159.19 with the person and the case manager and with other licensed caregivers, if any, who also
159.20 provide support to the person. The policy must include the requirements specified in
159.21 paragraphs (b) to (f).

159.22 (b) The license holder must permit each person to remain in the program or to continue
159.23 receiving services and must not terminate services unless:

159.24 (1) the termination is necessary for the person's welfare and the facility provider cannot
159.25 meet the person's needs;

159.26 (2) the safety of the person or others ~~in the program~~ is endangered and positive support
159.27 strategies were attempted and have not achieved and effectively maintained safety for the
159.28 person or others;

159.29 (3) the health of the person or others ~~in the program~~ would otherwise be endangered;

159.30 (4) the program provider has not been paid for services;

159.31 (5) the program provider ceases to operate;

159.32 (6) the person has been terminated by the lead agency from waiver eligibility; or

160.1 (7) for state-operated community-based services, the person no longer demonstrates
160.2 complex behavioral needs that cannot be met by private community-based providers
160.3 identified in section 252.50, subdivision 5, paragraph (a), clause (1).

160.4 (c) Prior to giving notice of service termination, the license holder must document actions
160.5 taken to minimize or eliminate the need for termination. Action taken by the license holder
160.6 must include, at a minimum:

160.7 (1) consultation with the person and the person's support team or expanded support team
160.8 to identify and resolve issues leading to issuance of the termination notice;

160.9 (2) a request to the case manager for intervention services identified in section 245D.03,
160.10 subdivision 1, paragraph (c), clause (1), or other professional consultation or intervention
160.11 services to support the person in the program. This requirement does not apply to notices
160.12 of service termination issued under paragraph (b), clauses (4) and (7); ~~and~~

160.13 (3) for state-operated community-based services terminating services under paragraph
160.14 (b), clause (7), the state-operated community-based services must engage in consultation
160.15 with the person and the person's support team or expanded support team to:

160.16 (i) identify that the person no longer demonstrates complex behavioral needs that cannot
160.17 be met by private community-based providers identified in section 252.50, subdivision 5,
160.18 paragraph (a), clause (1);

160.19 (ii) provide notice of intent to issue a termination of services to the lead agency when a
160.20 finding has been made that a person no longer demonstrates complex behavioral needs that
160.21 cannot be met by private community-based providers identified in section 252.50, subdivision
160.22 5, paragraph (a), clause (1);

160.23 (iii) assist the lead agency and case manager in developing a person-centered transition
160.24 plan to a private community-based provider to ensure continuity of care; and

160.25 (iv) coordinate with the lead agency to ensure the private community-based service
160.26 provider is able to meet the person's needs and criteria established in a person's
160.27 person-centered transition plan; and

160.28 (4) providing the person, the person's legal representative, and the person's extended
160.29 support team with:

160.30 (i) a statement that the person or the person's legal representative may contact the Office
160.31 of Ombudsman for Mental Health and Developmental Disabilities or the Office of
160.32 Ombudsman for Long-Term Care to request an advocate to assist regarding the termination;
160.33 and

161.1 (ii) the telephone number, e-mail address, website address, mailing address, and street
 161.2 address for the state and applicable regional Office of Ombudsman for Long-Term Care
 161.3 and the Office of Ombudsman for Mental Health and Developmental Disabilities.

161.4 If, based on the best interests of the person, the circumstances at the time of the notice were
 161.5 such that the license holder was unable to take the action specified in clauses (1) and (2),
 161.6 the license holder must document the specific circumstances and the reason for being unable
 161.7 to do so.

161.8 (d) The notice of service termination must meet the following requirements:

161.9 (1) the license holder must notify the person or the person's legal representative and the
 161.10 case manager in writing of the intended service termination. If the service termination is
 161.11 from residential supports and services as defined in section 245D.03, subdivision 1, paragraph
 161.12 (c), clause (3), the license holder must also notify ~~the commissioner~~ in writing the
 161.13 commissioner, the Office of Ombudsman for Long-Term Care and the Office of Ombudsman
 161.14 for Mental Health and Developmental Disabilities; and

161.15 (2) the notice must include:

161.16 (i) the reason for the action;

161.17 ~~(ii) except for a service termination under paragraph (b), clause (5),~~ a summary of actions
 161.18 taken to minimize or eliminate the need for service termination or temporary service
 161.19 suspension as required under paragraph (c), and why these measures failed to prevent the
 161.20 termination or suspension;

161.21 (iii) the person's right to appeal the termination of services under section 256.045,
 161.22 subdivision 3, paragraph (a); and

161.23 (iv) the person's right to seek a temporary order staying the termination of services
 161.24 according to the procedures in section 256.045, subdivision 4a or 6, paragraph (c).

161.25 (e) Notice of the proposed termination of service, including those situations that began
 161.26 with a temporary service suspension, must be given at least 90 days prior to termination of
 161.27 services under paragraph (b), clause (7), and 60 days prior to termination when a license
 161.28 holder is providing intensive supports and services identified in section 245D.03, subdivision
 161.29 1, paragraph (c), and. Notice of the proposed termination of service, including those situations
 161.30 that began with temporary service suspension, must be given at least 30 days prior to
 161.31 termination for all other services licensed under this chapter. This notice may be given in
 161.32 conjunction with a notice of temporary service suspension under subdivision 3.

161.33 (f) During the service termination notice period, the license holder must:

162.1 (1) work with the support team or expanded support team to develop reasonable
162.2 alternatives to protect the person and others and to support continuity of care;

162.3 (2) provide information requested by the person or case manager; and

162.4 (3) maintain information about the service termination, including the written notice of
162.5 intended service termination, in the service recipient record.

162.6 (g) For notices issued under paragraph (b), clause (7), the lead agency shall provide
162.7 notice to the commissioner and state-operated services at least 30 days before the conclusion
162.8 of the 90-day termination period, if an appropriate alternative provider cannot be secured.
162.9 Upon receipt of this notice, the commissioner and state-operated services shall reassess
162.10 whether a private community-based service can meet the person's needs. If the commissioner
162.11 determines that a private provider can meet the person's needs, state-operated services shall,
162.12 if necessary, extend notice of service termination until placement can be made. If the
162.13 commissioner determines that a private provider cannot meet the person's needs,
162.14 state-operated services shall rescind the notice of service termination and re-engage with
162.15 the lead agency in service planning for the person.

162.16 (h) For notices issued under paragraph (b), if the lead agency has not finalized an
162.17 alternative program or service that will meet the assessed needs of the individual receiving
162.18 services 30 days before the effective date of the termination period for services under
162.19 paragraph (b), clause (7), or section 245D.03, subdivision 1, paragraph (c), the lead agency
162.20 shall provide written notice, to the commissioner. Upon receipt of this notice the
162.21 commissioner shall provide technical assistance as necessary to the lead agency until the
162.22 lead agency finalizes an alternative placement or service that will meet the assessed needs
162.23 of the individual. After assessing the circumstance, the commissioner is authorized to require
162.24 the license holder to continue services until the lead agency finalizes an alternative program
162.25 or service.

162.26 ~~(h)~~ (i) For state-operated community-based services, the license holder shall prioritize
162.27 the capacity created within the existing service site by the termination of services under
162.28 paragraph (b), clause (7), to serve persons described in section 252.50, subdivision 5,
162.29 paragraph (a), clause (1).

163.1 Sec. 6. Minnesota Statutes 2020, section 245D.12, is amended to read:

163.2 **245D.12 INTEGRATED COMMUNITY SUPPORTS; SETTING CAPACITY**
 163.3 **REPORT.**

163.4 (a) The license holder providing integrated community support, as defined in section
 163.5 245D.03, subdivision 1, paragraph (c), clause (8), must submit a setting capacity report to
 163.6 the commissioner to ensure the identified location of service delivery meets the criteria of
 163.7 the home and community-based service requirements as specified in section 256B.492.

163.8 (b) The license holder shall provide the setting capacity report on the forms and in the
 163.9 manner prescribed by the commissioner. The report must include:

163.10 (1) the address of the multifamily housing building where the license holder delivers
 163.11 integrated community supports and owns, leases, or has a direct or indirect financial
 163.12 relationship with the property owner;

163.13 (2) the total number of living units in the multifamily housing building described in
 163.14 clause (1) where integrated community supports are delivered;

163.15 (3) the total number of living units in the multifamily housing building described in
 163.16 clause (1), including the living units identified in clause (2); ~~and~~

163.17 (4) the total number of people who could reside in the living units in the multifamily
 163.18 housing building described in clause (2) and receive integrated community supports; and

163.19 ~~(4)~~ (5) the percentage of living units that are controlled by the license holder in the
 163.20 multifamily housing building by dividing clause (2) by clause (3).

163.21 (c) Only one license holder may deliver integrated community supports at the address
 163.22 of the multifamily housing building.

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

163.24 Sec. 7. Minnesota Statutes 2020, section 256.01, is amended by adding a subdivision to
 163.25 read:

163.26 **Subd. 12b. Department of Human Services systemic critical incident review team.** (a)
 163.27 The commissioner may establish a Department of Human Services systemic critical incident
 163.28 review team to review critical incidents reported as required under section 626.557 for
 163.29 which the Department of Human Services is responsible under section 626.5572, subdivision
 163.30 13; chapter 245D; or Minnesota Rules, chapter 9544. When reviewing a critical incident,
 163.31 the systemic critical incident review team shall identify systemic influences to the incident
 163.32 rather than determining the culpability of any actors involved in the incident. The systemic

164.1 critical incident review may assess the entire critical incident process from the point of an
164.2 entity reporting the critical incident through the ongoing case management process.
164.3 Department staff shall lead and conduct the reviews and may utilize county staff as reviewers.
164.4 The systemic critical incident review process may include but is not limited to:
164.5 (1) data collection about the incident and actors involved. Data may include the critical
164.6 incident report under review; previous incident reports pertaining to the person receiving
164.7 services; the service provider's policies and procedures applicable to the incident; the
164.8 coordinated service and support plan as defined in section 245D.02, subdivision 4b, for the
164.9 person receiving services; or an interview of an actor involved in the critical incident or the
164.10 review of the critical incident. Actors may include:
164.11 (i) staff of the provider agency;
164.12 (ii) lead agency staff administering home and community-based services delivered by
164.13 the provider;
164.14 (iii) Department of Human Services staff with oversight of home and community-based
164.15 services;
164.16 (iv) Department of Health staff with oversight of home and community-based services;
164.17 (v) members of the community including advocates, legal representatives, health care
164.18 providers, pharmacy staff, or others with knowledge of the incident or the actors in the
164.19 incident; and
164.20 (vi) staff from the office of the ombudsman for mental health and developmental
164.21 disabilities;
164.22 (2) systemic mapping of the critical incident. The team conducting the systemic mapping
164.23 of the incident may include any actors identified in clause (1), designated representatives
164.24 of other provider agencies, regional teams, and representatives of the local regional quality
164.25 council identified in section 256B.097; and
164.26 (3) analysis of the case for systemic influences.
164.27 Data collected by the critical incident review team shall be aggregated and provided to
164.28 regional teams, participating regional quality councils, and the commissioner. The regional
164.29 teams and quality councils shall analyze the data and make recommendations to the
164.30 commissioner regarding systemic changes that would decrease the number and severity of
164.31 critical incidents in the future or improve the quality of the home and community-based
164.32 service system.

165.1 (b) Cases selected for the systemic critical incident review process shall be selected by
165.2 a selection committee among the following critical incident categories:

165.3 (1) cases of caregiver neglect identified in section 626.5572, subdivision 17;

165.4 (2) cases involving financial exploitation identified in section 626.5572, subdivision 9;

165.5 (3) incidents identified in section 245D.02, subdivision 11;

165.6 (4) incidents identified in Minnesota Rules, part 9544.0110; and

165.7 (5) service terminations reported to the department in accordance with section 245D.10,
165.8 subdivision 3a.

165.9 (c) The systemic critical incident review under this section shall not replace the process
165.10 for screening or investigating cases of alleged maltreatment of an adult under section 626.557.
165.11 The department may select cases for systemic critical incident review, under the jurisdiction
165.12 of the commissioner, reported for suspected maltreatment and closed following initial or
165.13 final disposition.

165.14 (d) A member of the systemic critical incident review team shall not disclose what
165.15 transpired during the review, except to carry out the duties of the review. The proceedings
165.16 and records of the review team are protected nonpublic data as defined in section 13.02,
165.17 subdivision 13, and are not subject to discovery or introduction into evidence in a civil or
165.18 criminal action against a professional, the state, or a county agency arising out of the matters
165.19 that the team is reviewing. Information, documents, and records otherwise available from
165.20 other sources are not immune from discovery or use in a civil or criminal action solely
165.21 because the information, documents, and records were assessed or presented during
165.22 proceedings of the review team. A person who presented information before the systemic
165.23 critical incident review team or who is a member of the team shall not be prevented from
165.24 testifying about matters within the person's knowledge. In a civil or criminal proceeding, a
165.25 person shall not be questioned about the person's presentation of information to the review
165.26 team or opinions formed by the person as a result of the review.

165.27 Sec. 8. Minnesota Statutes 2020, section 256.0112, is amended by adding a subdivision
165.28 to read:

165.29 Subd. 11. **Contracts for case management services.** (a) Any contract between a local
165.30 agency and a private agency for the purchase of case management services must include
165.31 provisions requiring a process to evaluate the performance of individual case managers,
165.32 including service recipient input during reassessments under section 256B.0911. As a part

166.1 of this process, the private agency must also have a process by which a service recipient
166.2 can request and be offered a different case manager.

166.3 (b) Any contract between a local agency and a private agency for the purchase of case
166.4 management services must include provisions stating that continued use of individual case
166.5 managers who have received substandard performance evaluations to provide case
166.6 management services to medical assistance enrollees constitutes materially deficient quality
166.7 of service and is a breach of the contract. Such a contract must also include provisions
166.8 authorizing the local agency to enforce appropriate remedies and sanctions for materially
166.9 deficient quality of service resulting from continued use of individual case managers who
166.10 have received substandard performance reviews.

166.11 (c) All current contracts between a local agency and a private agency for the purchase
166.12 of case management services must be updated by July 31, 2023, to reflect the new
166.13 requirements under this subdivision.

166.14 **EFFECTIVE DATE.** This section is effective for all new contracts between a local
166.15 agency and a private agency for the purchase of case management services entered into on
166.16 or after August 1, 2022.

166.17 Sec. 9. Minnesota Statutes 2020, section 256.045, subdivision 3, is amended to read:

166.18 Subd. 3. **State agency hearings.** (a) State agency hearings are available for the following:

166.19 (1) any person applying for, receiving or having received public assistance, medical
166.20 care, or a program of social services granted by the state agency or a county agency or the
166.21 federal Food and Nutrition Act whose application for assistance is denied, not acted upon
166.22 with reasonable promptness, or whose assistance is suspended, reduced, terminated, or
166.23 claimed to have been incorrectly paid;

166.24 (2) any patient or relative aggrieved by an order of the commissioner under section
166.25 252.27;

166.26 (3) a party aggrieved by a ruling of a prepaid health plan;

166.27 (4) except as provided under chapter 245C, any individual or facility determined by a
166.28 lead investigative agency to have maltreated a vulnerable adult under section 626.557 after
166.29 they have exercised their right to administrative reconsideration under section 626.557;

166.30 (5) any person whose claim for foster care payment according to a placement of the
166.31 child resulting from a child protection assessment under chapter 260E is denied or not acted
166.32 upon with reasonable promptness, regardless of funding source;

167.1 (6) any person to whom a right of appeal according to this section is given by other
167.2 provision of law;

167.3 (7) an applicant aggrieved by an adverse decision to an application for a hardship waiver
167.4 under section 256B.15;

167.5 (8) an applicant aggrieved by an adverse decision to an application or redetermination
167.6 for a Medicare Part D prescription drug subsidy under section 256B.04, subdivision 4a;

167.7 (9) except as provided under chapter 245A, an individual or facility determined to have
167.8 maltreated a minor under chapter 260E, after the individual or facility has exercised the
167.9 right to administrative reconsideration under chapter 260E;

167.10 (10) except as provided under chapter 245C, an individual disqualified under sections
167.11 245C.14 and 245C.15, following a reconsideration decision issued under section 245C.23,
167.12 on the basis of serious or recurring maltreatment; a preponderance of the evidence that the
167.13 individual has committed an act or acts that meet the definition of any of the crimes listed
167.14 in section 245C.15, subdivisions 1 to 4; or for failing to make reports required under section
167.15 260E.06, subdivision 1, or 626.557, subdivision 3. Hearings regarding a maltreatment
167.16 determination under clause (4) or (9) and a disqualification under this clause in which the
167.17 basis for a disqualification is serious or recurring maltreatment, shall be consolidated into
167.18 a single fair hearing. In such cases, the scope of review by the human services judge shall
167.19 include both the maltreatment determination and the disqualification. The failure to exercise
167.20 the right to an administrative reconsideration shall not be a bar to a hearing under this section
167.21 if federal law provides an individual the right to a hearing to dispute a finding of
167.22 maltreatment;

167.23 (11) any person with an outstanding debt resulting from receipt of public assistance,
167.24 medical care, or the federal Food and Nutrition Act who is contesting a setoff claim by the
167.25 Department of Human Services or a county agency. The scope of the appeal is the validity
167.26 of the claimant agency's intention to request a setoff of a refund under chapter 270A against
167.27 the debt;

167.28 (12) a person issued a notice of service termination under section 245D.10, subdivision
167.29 3a, ~~from~~ by a licensed provider of any residential supports and or services as defined listed
167.30 in section 245D.03, subdivision 1, paragraph paragraphs (b) and (c), clause (3), that is not
167.31 otherwise subject to appeal under subdivision 4a;

167.32 (13) an individual disability waiver recipient based on a denial of a request for a rate
167.33 exception under section 256B.4914; or

168.1 (14) a person issued a notice of service termination under section 245A.11, subdivision
168.2 11, that is not otherwise subject to appeal under subdivision 4a.

168.3 (b) The hearing for an individual or facility under paragraph (a), clause (4), (9), or (10),
168.4 is the only administrative appeal to the final agency determination specifically, including
168.5 a challenge to the accuracy and completeness of data under section 13.04. Hearings requested
168.6 under paragraph (a), clause (4), apply only to incidents of maltreatment that occur on or
168.7 after October 1, 1995. Hearings requested by nursing assistants in nursing homes alleged
168.8 to have maltreated a resident prior to October 1, 1995, shall be held as a contested case
168.9 proceeding under the provisions of chapter 14. Hearings requested under paragraph (a),
168.10 clause (9), apply only to incidents of maltreatment that occur on or after July 1, 1997. A
168.11 hearing for an individual or facility under paragraph (a), clauses (4), (9), and (10), is only
168.12 available when there is no district court action pending. If such action is filed in district
168.13 court while an administrative review is pending that arises out of some or all of the events
168.14 or circumstances on which the appeal is based, the administrative review must be suspended
168.15 until the judicial actions are completed. If the district court proceedings are completed,
168.16 dismissed, or overturned, the matter may be considered in an administrative hearing.

168.17 (c) For purposes of this section, bargaining unit grievance procedures are not an
168.18 administrative appeal.

168.19 (d) The scope of hearings involving claims to foster care payments under paragraph (a),
168.20 clause (5), shall be limited to the issue of whether the county is legally responsible for a
168.21 child's placement under court order or voluntary placement agreement and, if so, the correct
168.22 amount of foster care payment to be made on the child's behalf and shall not include review
168.23 of the propriety of the county's child protection determination or child placement decision.

168.24 (e) The scope of hearings under paragraph (a), clauses (12) and (14), shall be limited to
168.25 whether the proposed termination of services is authorized under section 245D.10,
168.26 subdivision 3a, paragraph (b), or 245A.11, subdivision 11, and whether the requirements
168.27 of section 245D.10, subdivision 3a, paragraphs (c) to (e), or 245A.11, subdivision 2a,
168.28 paragraphs (d) to (f), were met. If the appeal includes a request for a temporary stay of
168.29 termination of services, the scope of the hearing shall also include whether the case
168.30 management provider has finalized arrangements for a residential facility, a program, or
168.31 services that will meet the assessed needs of the recipient by the effective date of the service
168.32 termination.

168.33 (f) A vendor of medical care as defined in section 256B.02, subdivision 7, or a vendor
168.34 under contract with a county agency to provide social services is not a party and may not

169.1 request a hearing under this section, except if assisting a recipient as provided in subdivision
169.2 4.

169.3 (g) An applicant or recipient is not entitled to receive social services beyond the services
169.4 prescribed under chapter 256M or other social services the person is eligible for under state
169.5 law.

169.6 (h) The commissioner may summarily affirm the county or state agency's proposed
169.7 action without a hearing when the sole issue is an automatic change due to a change in state
169.8 or federal law.

169.9 (i) Unless federal or Minnesota law specifies a different time frame in which to file an
169.10 appeal, an individual or organization specified in this section may contest the specified
169.11 action, decision, or final disposition before the state agency by submitting a written request
169.12 for a hearing to the state agency within 30 days after receiving written notice of the action,
169.13 decision, or final disposition, or within 90 days of such written notice if the applicant,
169.14 recipient, patient, or relative shows good cause, as defined in section 256.0451, subdivision
169.15 13, why the request was not submitted within the 30-day time limit. The individual filing
169.16 the appeal has the burden of proving good cause by a preponderance of the evidence.

169.17 Sec. 10. Minnesota Statutes 2020, section 256B.057, subdivision 12, is amended to read:

169.18 Subd. 12. **Presumptive eligibility determinations made by qualified hospitals;**
169.19 **presumptive eligibility process for home and community-based waiver services.** (a)
169.20 The commissioner shall establish a process to qualify hospitals that are participating providers
169.21 under the medical assistance program to determine presumptive eligibility for medical
169.22 assistance for applicants who may have a basis of eligibility using the modified adjusted
169.23 gross income methodology as defined in section 256B.056, subdivision 1a, paragraph (b),
169.24 clause (1).

169.25 (b) The commissioner shall establish a presumptive eligibility process for home and
169.26 community-based waiver services applicants and alternative care applicants. The process
169.27 must allow counties, home and community-based services providers, hospitals, and other
169.28 agencies, including local area agencies on aging, to determine presumptive eligibility under
169.29 a Medicaid state plan or waiver authorities.

169.30 (c) Prior to July 1, 2023, the commissioner of human services shall seek federal approval
169.31 for an amendment to applicable 1915(c) home and community-based waivers to establish
169.32 a presumptive eligibility process for home and community-based waiver services under this
169.33 section.

170.1 **EFFECTIVE DATE** This section is effective July 1, 2024, or 90 days after federal
170.2 approval, whichever is later. The commissioner of human services shall notify the revisor
170.3 of statutes when federal approval is obtained.

170.4 Sec. 11. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 3b, is
170.5 amended to read:

170.6 Subd. 3b. **Telehealth services.** (a) Medical assistance covers medically necessary services
170.7 and consultations delivered by a health care provider through telehealth in the same manner
170.8 as if the service or consultation was delivered through in-person contact. Services or
170.9 consultations delivered through telehealth shall be paid at the full allowable rate.

170.10 (b) The commissioner may establish criteria that a health care provider must attest to in
170.11 order to demonstrate the safety or efficacy of delivering a particular service through
170.12 telehealth. The attestation may include that the health care provider:

170.13 (1) has identified the categories or types of services the health care provider will provide
170.14 through telehealth;

170.15 (2) has written policies and procedures specific to services delivered through telehealth
170.16 that are regularly reviewed and updated;

170.17 (3) has policies and procedures that adequately address patient safety before, during,
170.18 and after the service is delivered through telehealth;

170.19 (4) has established protocols addressing how and when to discontinue telehealth services;
170.20 and

170.21 (5) has an established quality assurance process related to delivering services through
170.22 telehealth.

170.23 (c) As a condition of payment, a licensed health care provider must document each
170.24 occurrence of a health service delivered through telehealth to a medical assistance enrollee.
170.25 Health care service records for services delivered through telehealth must meet the
170.26 requirements set forth in Minnesota Rules, part 9505.2175, subparts 1 and 2, and must
170.27 document:

170.28 (1) the type of service delivered through telehealth;

170.29 (2) the time the service began and the time the service ended, including an a.m. and p.m.
170.30 designation;

170.31 (3) the health care provider's basis for determining that telehealth is an appropriate and
170.32 effective means for delivering the service to the enrollee;

171.1 (4) the mode of transmission used to deliver the service through telehealth and records
171.2 evidencing that a particular mode of transmission was utilized;

171.3 (5) the location of the originating site and the distant site;

171.4 (6) if the claim for payment is based on a physician's consultation with another physician
171.5 through telehealth, the written opinion from the consulting physician providing the telehealth
171.6 consultation; and

171.7 (7) compliance with the criteria attested to by the health care provider in accordance
171.8 with paragraph (b).

171.9 (d) Telehealth visits, as described in this subdivision provided through audio and visual
171.10 communication; or accessible video-based platforms may be used to satisfy the face-to-face
171.11 requirement for reimbursement under the payment methods that apply to a federally qualified
171.12 health center, rural health clinic, Indian health service, 638 tribal clinic, and certified
171.13 community behavioral health clinic, if the service would have otherwise qualified for
171.14 payment if performed in person.

171.15 ~~(e) For mental health services or assessments delivered through telehealth that are based~~
171.16 ~~on an individual treatment plan, the provider may document the client's verbal approval or~~
171.17 ~~electronic written approval of the treatment plan or change in the treatment plan in lieu of~~
171.18 ~~the client's signature in accordance with Minnesota Rules, part 9505.0371.~~

171.19 ~~(f)~~ (e) For purposes of this subdivision, unless otherwise covered under this chapter:

171.20 (1) "telehealth" means the delivery of health care services or consultations through the
171.21 use of real-time two-way interactive audio and visual communication to provide or support
171.22 health care delivery and facilitate the assessment, diagnosis, consultation, treatment,
171.23 education, and care management of a patient's health care. Telehealth includes the application
171.24 of secure video conferencing, store-and-forward technology, and synchronous interactions
171.25 between a patient located at an originating site and a health care provider located at a distant
171.26 site. Telehealth does not include communication between health care providers, or between
171.27 a health care provider and a patient that consists solely of an audio-only communication,
171.28 e-mail, or facsimile transmission or as specified by law;

171.29 (2) "health care provider" means a health care provider as defined under section 62A.673,
171.30 a community paramedic as defined under section 144E.001, subdivision 5f, a community
171.31 health worker who meets the criteria under subdivision 49, paragraph (a), a mental health
171.32 certified peer specialist under section ~~256B.0615, subdivision 5~~ 245I.04, subdivision 10, a
171.33 mental health certified family peer specialist under section ~~256B.0616, subdivision 5~~ 245I.04,

172.1 ~~subdivision 12~~, a mental health rehabilitation worker under section ~~256B.0623~~, ~~subdivision~~
 172.2 ~~5, paragraph (a), clause (4), and paragraph (b)~~ 245I.04, subdivision 14, a mental health
 172.3 behavioral aide under section ~~256B.0943~~, ~~subdivision 7, paragraph (b), clause (3)~~ 245I.04,
 172.4 subdivision 16, a treatment coordinator under section 245G.11, subdivision 7, an alcohol
 172.5 and drug counselor under section 245G.11, subdivision 5, a recovery peer under section
 172.6 245G.11, subdivision 8; and

172.7 (3) "originating site," "distant site," and "store-and-forward technology" have the
 172.8 meanings given in section 62A.673, subdivision 2.

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

172.12 Sec. 12. Minnesota Statutes 2020, section 256B.0659, subdivision 19, is amended to read:

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

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

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

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

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

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

172.26 (6) engage in an annual ~~face-to-face~~ reassessment as required in subdivision 3a to
 172.27 determine continuing eligibility and service authorization; and

172.28 (7) use the same personal care assistance choice provider agency if shared personal
 172.29 assistance care is being used.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

173.29 Sec. 13. [256B.0909] LONG-TERM CARE DECISION REVIEWS.

173.30 Subdivision 1. Notice of intent to deny, reduce, suspend, or terminate required. At
173.31 least ten calendar days prior to issuing a written notice of action, a lead agency must provide

174.1 in a format accessible to the person or the person's legal representative, if any, a notice of
174.2 the lead agency's intent to deny, reduce, suspend, or terminate the person's access to or
174.3 eligibility for:

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

174.6 (2) specific home and community-based services available under sections 256B.092 and
174.7 256B.49;

174.8 (3) consumer-directed community supports;

174.9 (4) the following state plan services:

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

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

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

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

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

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

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

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

174.22 Subd. 2. **Opportunity to respond required.** A lead agency must provide the person,
174.23 or the person's legal representative, if any, the opportunity to respond to the agency's intent
174.24 to deny, reduce, suspend, or terminate eligibility or access to the services described in
174.25 subdivision 1. A lead agency must provide the person or the person's legal representative,
174.26 if any, ten days to respond. If the person or the person's legal representative, if any, responds,
174.27 the agency must initiate a decision review.

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

174.30 (b) The lead agency must conduct the decision review in a manner that allows an
174.31 opportunity for interactive communication between the person and a representative of the

175.1 lead agency who has specific knowledge of the proposed decision and the basis for the
175.2 decision. The interactive communication must be in a format that is accessible to the recipient,
175.3 and may include a phone call, written exchange, in-person meeting, or other format as
175.4 chosen by the person or the person's legal representative, if any.

175.5 (c) During the decision review, the representative of the lead agency must provide a
175.6 thorough explanation of the lead agency's intent to deny, reduce, suspend, or terminate
175.7 eligibility or access to the services described in subdivision 1 and provide the person or the
175.8 person's legal representative, if any, an opportunity to ask questions about the decision. If
175.9 the lead agency's explanation of the decision is based on a misunderstanding of the person's
175.10 circumstances, incomplete information, missing documentation, or similar missing or
175.11 inaccurate information, the lead agency must provide the person or the person's legal
175.12 representative, if any, an opportunity to provide clarifying or additional information.

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

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

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

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

175.23 Sec. 14. Minnesota Statutes 2021 Supplement, section 256B.0911, subdivision 3a, is
175.24 amended to read:

175.25 Subd. 3a. **Assessment and support planning.** (a) Persons requesting assessment, services
175.26 planning, or other assistance intended to support community-based living, including persons
175.27 who need assessment ~~in order~~ to determine waiver or alternative care program eligibility,
175.28 must be visited by a long-term care consultation team within 20 calendar days after the date
175.29 on which an assessment was requested or recommended. Upon statewide implementation
175.30 of subdivisions 2b, 2c, and 5, this requirement also applies to an assessment of a person
175.31 requesting personal care assistance services. The commissioner shall provide at least a
175.32 90-day notice to lead agencies prior to the effective date of this requirement. Assessments
175.33 must be conducted according to paragraphs (b) to (r).

176.1 (b) Upon implementation of subdivisions 2b, 2c, and 5, lead agencies shall use certified
176.2 assessors to conduct the assessment. For a person with complex health care needs, a public
176.3 health or registered nurse from the team must be consulted.

176.4 (c) The MnCHOICES assessment provided by the commissioner to lead agencies must
176.5 be used to complete a comprehensive, conversation-based, person-centered assessment.
176.6 The assessment must include the health, psychological, functional, environmental, and
176.7 social needs of the individual necessary to develop a person-centered community support
176.8 plan that meets the individual's needs and preferences.

176.9 (d) Except as provided in paragraph (r), the assessment must be conducted by a certified
176.10 assessor in a face-to-face conversational interview with the person being assessed. The
176.11 person's legal representative must provide input during the assessment process and may do
176.12 so remotely if requested. At the request of the person, other individuals may participate in
176.13 the assessment to provide information on the needs, strengths, and preferences of the person
176.14 necessary to develop a community support plan that ensures the person's health and safety.
176.15 Except for legal representatives or family members invited by the person, persons
176.16 participating in the assessment may not be a provider of service or have any financial interest
176.17 in the provision of services. For persons who are to be assessed for ~~elderly waiver~~ customized
176.18 living services under chapter 256S or section 256B.49 or adult day services under chapter
176.19 256S, with the permission of the person being assessed or the person's designated or legal
176.20 representative, the client's current or proposed provider of services may submit a copy of
176.21 the provider's nursing assessment or written report outlining its recommendations regarding
176.22 the client's care needs. The person conducting the assessment must notify the provider of
176.23 the date by which this information is to be submitted. This information shall be provided
176.24 to the person conducting the assessment prior to the assessment. The certified assessor must
176.25 consider the content of the submitted nursing assessment or report prior to finalizing the
176.26 person's assessment or reassessment. For a person who is to be assessed for waiver services
176.27 under section 256B.092 or 256B.49, with the permission of the person being assessed or
176.28 the person's designated legal representative, the person's current provider of services may
176.29 submit a written report outlining recommendations regarding the person's care needs the
176.30 person completed in consultation with someone who is known to the person and has
176.31 interaction with the person on a regular basis. The provider must submit the report at least
176.32 60 days before the end of the person's current service agreement. The certified assessor
176.33 must consider the content of the submitted report prior to finalizing the person's assessment
176.34 or reassessment.

177.1 (e) The certified assessor and the individual responsible for developing the coordinated
177.2 service and support plan must complete the community support plan and the coordinated
177.3 service and support plan no more than 60 calendar days from the assessment visit. The
177.4 person or the person's legal representative must be provided with a written community
177.5 support plan within the timelines established by the commissioner, regardless of whether
177.6 the person is eligible for Minnesota health care programs.

177.7 (f) For a person being assessed for elderly waiver services under chapter 256S or
177.8 customized living services under section 256B.49, a provider who submitted information
177.9 under paragraph (d) shall receive the final written community support plan when available
177.10 and the Residential Services Workbook or customized living tool.

177.11 (g) The written community support plan must include:

177.12 (1) a summary of assessed needs as defined in paragraphs (c) and (d);

177.13 (2) the individual's options and choices to meet identified needs, including:

177.14 (i) all available options for case management services and providers;

177.15 (ii) all available options for employment services, settings, and providers;

177.16 (iii) all available options for living arrangements;

177.17 (iv) all available options for self-directed services and supports, including self-directed
177.18 budget options; and

177.19 (v) service provided in a non-disability-specific setting;

177.20 (3) identification of health and safety risks and how those risks will be addressed,
177.21 including personal risk management strategies;

177.22 (4) referral information; and

177.23 (5) informal caregiver supports, if applicable.

177.24 For a person determined eligible for state plan home care under subdivision 1a, paragraph
177.25 (b), clause (1), the person or person's representative must also receive a copy of the home
177.26 care service plan developed by the certified assessor.

177.27 (h) A person may request assistance in identifying community supports without
177.28 participating in a complete assessment. Upon a request for assistance identifying community
177.29 support, the person must be transferred or referred to long-term care options counseling
177.30 services available under sections 256.975, subdivision 7, and 256.01, subdivision 24, for
177.31 telephone assistance and follow up.

- 178.1 (i) The person has the right to make the final decision:
- 178.2 (1) between institutional placement and community placement after the recommendations
178.3 have been provided, except as provided in section 256.975, subdivision 7a, paragraph (d);
- 178.4 (2) between community placement in a setting controlled by a provider and living
178.5 independently in a setting not controlled by a provider;
- 178.6 (3) between day services and employment services; and
- 178.7 (4) regarding available options for self-directed services and supports, including
178.8 self-directed funding options.
- 178.9 (j) The lead agency must give the person receiving long-term care consultation services
178.10 or the person's legal representative, materials, and forms supplied by the commissioner
178.11 containing the following information:
- 178.12 (1) written recommendations for community-based services and consumer-directed
178.13 options;
- 178.14 (2) documentation that the most cost-effective alternatives available were offered to the
178.15 individual. For purposes of this clause, "cost-effective" means community services and
178.16 living arrangements that cost the same as or less than institutional care. For an individual
178.17 found to meet eligibility criteria for home and community-based service programs under
178.18 chapter 256S or section 256B.49, "cost-effectiveness" has the meaning found in the federally
178.19 approved waiver plan for each program;
- 178.20 (3) the need for and purpose of preadmission screening conducted by long-term care
178.21 options counselors according to section 256.975, subdivisions 7a to 7c, if the person selects
178.22 nursing facility placement. If the individual selects nursing facility placement, the lead
178.23 agency shall forward information needed to complete the level of care determinations and
178.24 screening for developmental disability and mental illness collected during the assessment
178.25 to the long-term care options counselor using forms provided by the commissioner;
- 178.26 (4) the role of long-term care consultation assessment and support planning in eligibility
178.27 determination for waiver and alternative care programs, and state plan home care, case
178.28 management, and other services as defined in subdivision 1a, paragraphs (a), clause (6),
178.29 and (b);
- 178.30 (5) information about Minnesota health care programs;
- 178.31 (6) the person's freedom to accept or reject the recommendations of the team;

179.1 (7) the person's right to confidentiality under the Minnesota Government Data Practices
179.2 Act, chapter 13;

179.3 (8) the certified assessor's decision regarding the person's need for institutional level of
179.4 care as determined under criteria established in subdivision 4e and the certified assessor's
179.5 decision regarding eligibility for all services and programs as defined in subdivision 1a,
179.6 paragraphs (a), clause (6), and (b);

179.7 (9) the person's right to appeal the certified assessor's decision regarding eligibility for
179.8 all services and programs as defined in subdivision 1a, paragraphs (a), clauses (6), (7), and
179.9 (8), and (b), and incorporating the decision regarding the need for institutional level of care
179.10 or the lead agency's final decisions regarding public programs eligibility according to section
179.11 256.045, subdivision 3. The certified assessor must verbally communicate this appeal right
179.12 to the person and must visually point out where in the document the right to appeal is stated;
179.13 and

179.14 (10) documentation that available options for employment services, independent living,
179.15 and self-directed services and supports were described to the individual.

179.16 (k) An assessment that is completed as part of an eligibility determination for multiple
179.17 programs for the alternative care, elderly waiver, developmental disabilities, community
179.18 access for disability inclusion, community alternative care, and brain injury waiver programs
179.19 under chapter 256S and sections 256B.0913, 256B.092, and 256B.49 is valid to establish
179.20 service eligibility for no more than 60 calendar days after the date of the assessment.

179.21 (l) The effective eligibility start date for programs in paragraph (k) can never be prior
179.22 to the date of assessment. If an assessment was completed more than 60 days before the
179.23 effective waiver or alternative care program eligibility start date, assessment and support
179.24 plan information must be updated and documented in the department's Medicaid Management
179.25 Information System (MMIS). Notwithstanding retroactive medical assistance coverage of
179.26 state plan services, the effective date of eligibility for programs included in paragraph (k)
179.27 cannot be prior to the date the most recent updated assessment is completed.

179.28 (m) If an eligibility update is completed within 90 days of the previous assessment and
179.29 documented in the department's Medicaid Management Information System (MMIS), the
179.30 effective date of eligibility for programs included in paragraph (k) is the date of the previous
179.31 face-to-face assessment when all other eligibility requirements are met.

179.32 (n) If a person who receives home and community-based waiver services under section
179.33 256B.0913, 256B.092, or 256B.49 or chapter 256S temporarily enters for 121 days or fewer
179.34 a hospital, institution of mental disease, nursing facility, intensive residential treatment

180.1 services program, transitional care unit, or inpatient substance use disorder treatment setting,
180.2 the person may return to the community with home and community-based waiver services
180.3 under the same waiver, without requiring an assessment or reassessment under this section,
180.4 unless the person's annual reassessment is otherwise due. Nothing in this paragraph shall
180.5 change annual long-term care consultation reassessment requirements, payment for
180.6 institutional or treatment services, medical assistance financial eligibility, or any other law.

180.7 (o) At the time of reassessment, the certified assessor shall assess each person receiving
180.8 waiver residential supports and services currently residing in a community residential setting,
180.9 licensed adult foster care home that is either not the primary residence of the license holder
180.10 or in which the license holder is not the primary caregiver, family adult foster care residence,
180.11 customized living setting, or supervised living facility to determine if that person would
180.12 prefer to be served in a community-living setting as defined in section 256B.49, subdivision
180.13 23, in a setting not controlled by a provider, or to receive integrated community supports
180.14 as described in section 245D.03, subdivision 1, paragraph (c), clause (8). The certified
180.15 assessor shall offer the person, through a person-centered planning process, the option to
180.16 receive alternative housing and service options.

180.17 (p) At the time of reassessment, the certified assessor shall assess each person receiving
180.18 waiver day services to determine if that person would prefer to receive employment services
180.19 as described in section 245D.03, subdivision 1, paragraph (c), clauses (5) to (7). The certified
180.20 assessor shall describe to the person through a person-centered planning process the option
180.21 to receive employment services.

180.22 (q) At the time of reassessment, the certified assessor shall assess each person receiving
180.23 non-self-directed waiver services to determine if that person would prefer an available
180.24 service and setting option that would permit self-directed services and supports. The certified
180.25 assessor shall describe to the person through a person-centered planning process the option
180.26 to receive self-directed services and supports.

180.27 (r) All assessments performed according to this subdivision must be face-to-face unless
180.28 the assessment is a reassessment meeting the requirements of this paragraph. Remote
180.29 reassessments conducted by interactive video or telephone may substitute for face-to-face
180.30 reassessments. For services provided by the developmental disabilities waiver under section
180.31 256B.092, and the community access for disability inclusion, community alternative care,
180.32 and brain injury waiver programs under section 256B.49, remote reassessments may be
180.33 substituted for two consecutive reassessments if followed by a face-to-face reassessment.
180.34 For services provided by alternative care under section 256B.0913, essential community
180.35 supports under section 256B.0922, and the elderly waiver under chapter 256S, remote

181.1 reassessments may be substituted for one reassessment if followed by a face-to-face
181.2 reassessment. A remote reassessment is permitted only if the person being reassessed, or
181.3 the person's legal representative, ~~and the lead agency case manager both agree that there is~~
181.4 ~~no change in the person's condition, there is no need for a change in service, and that a~~
181.5 ~~remote reassessment is appropriate~~ makes an informed choice for a remote assessment. The
181.6 person being reassessed, or the person's legal representative, has the right to refuse a remote
181.7 reassessment at any time. During a remote reassessment, if the certified assessor determines
181.8 a face-to-face reassessment is necessary in order to complete the assessment, the lead agency
181.9 shall schedule a face-to-face reassessment. All other requirements of a face-to-face
181.10 reassessment shall apply to a remote reassessment, including updates to a person's support
181.11 plan.

181.12 Sec. 15. Minnesota Statutes 2021 Supplement, section 256B.0911, subdivision 3f, is
181.13 amended to read:

181.14 Subd. 3f. **Long-term care reassessments and community support plan updates.** (a)
181.15 Prior to a reassessment, the certified assessor must review the person's most recent
181.16 assessment. Reassessments must be tailored using the professional judgment of the assessor
181.17 to the person's known needs, strengths, preferences, and circumstances. Reassessments
181.18 provide information to support the person's informed choice and opportunities to express
181.19 choice regarding activities that contribute to quality of life, as well as information and
181.20 opportunity to identify goals related to desired employment, community activities, and
181.21 preferred living environment. Reassessments require a review of the most recent assessment,
181.22 review of the current coordinated service and support plan's effectiveness, monitoring of
181.23 services, and the development of an updated person-centered community support plan.
181.24 Reassessments must verify continued eligibility, offer alternatives as warranted, and provide
181.25 an opportunity for quality assurance of service delivery, including an opportunity to provide
181.26 a confidential performance assessment of the person's case manager. Reassessments must
181.27 be conducted annually or as required by federal and state laws and rules. For reassessments,
181.28 the certified assessor and the individual responsible for developing the coordinated service
181.29 and support plan must ensure the continuity of care for the person receiving services and
181.30 complete the updated community support plan and the updated coordinated service and
181.31 support plan no more than 60 days from the reassessment visit.

181.32 (b) The commissioner shall develop mechanisms for providers and case managers to
181.33 share information with the assessor to facilitate a reassessment and support planning process
181.34 tailored to the person's current needs and preferences.

182.1 Sec. 16. Minnesota Statutes 2021 Supplement, section 256B.0949, subdivision 2, is
182.2 amended to read:

182.3 Subd. 2. **Definitions.** (a) The terms used in this section have the meanings given in this
182.4 subdivision.

182.5 (b) "Advanced certification" means a person who has completed advanced certification
182.6 in an approved modality under subdivision 13, paragraph (b).

182.7 ~~(b)~~ (c) "Agency" means the legal entity that is enrolled with Minnesota health care
182.8 programs as a medical assistance provider according to Minnesota Rules, part 9505.0195,
182.9 to provide EIDBI services and that has the legal responsibility to ensure that its employees
182.10 or contractors carry out the responsibilities defined in this section. Agency includes a licensed
182.11 individual professional who practices independently and acts as an agency.

182.12 ~~(e)~~ (d) "Autism spectrum disorder or a related condition" or "ASD or a related condition"
182.13 means either autism spectrum disorder (ASD) as defined in the current version of the
182.14 Diagnostic and Statistical Manual of Mental Disorders (DSM) or a condition that is found
182.15 to be closely related to ASD, as identified under the current version of the DSM, and meets
182.16 all of the following criteria:

182.17 (1) is severe and chronic;

182.18 (2) results in impairment of adaptive behavior and function similar to that of a person
182.19 with ASD;

182.20 (3) requires treatment or services similar to those required for a person with ASD; and

182.21 (4) results in substantial functional limitations in three core developmental deficits of
182.22 ASD: social or interpersonal interaction; functional communication, including nonverbal
182.23 or social communication; and restrictive or repetitive behaviors or hyperreactivity or
182.24 hyporeactivity to sensory input; and may include deficits or a high level of support in one
182.25 or more of the following domains:

182.26 (i) behavioral challenges and self-regulation;

182.27 (ii) cognition;

182.28 (iii) learning and play;

182.29 (iv) self-care; or

182.30 (v) safety.

182.31 ~~(d)~~ (e) "Person" means a person under 21 years of age.

183.1 ~~(e)~~ (f) "Clinical supervision" means the overall responsibility for the control and direction
 183.2 of EIDBI service delivery, including individual treatment planning, staff supervision,
 183.3 individual treatment plan progress monitoring, and treatment review for each person. Clinical
 183.4 supervision is provided by a qualified supervising professional (QSP) who takes full
 183.5 professional responsibility for the service provided by each supervisee.

183.6 ~~(f)~~ (g) "Commissioner" means the commissioner of human services, unless otherwise
 183.7 specified.

183.8 ~~(g)~~ (h) "Comprehensive multidisciplinary evaluation" or "CMDE" means a comprehensive
 183.9 evaluation of a person to determine medical necessity for EIDBI services based on the
 183.10 requirements in subdivision 5.

183.11 ~~(h)~~ (i) "Department" means the Department of Human Services, unless otherwise
 183.12 specified.

183.13 ~~(i)~~ (j) "Early intensive developmental and behavioral intervention benefit" or "EIDBI
 183.14 benefit" means a variety of individualized, intensive treatment modalities approved and
 183.15 published by the commissioner that are based in behavioral and developmental science
 183.16 consistent with best practices on effectiveness.

183.17 ~~(j)~~ (k) "Generalizable goals" means results or gains that are observed during a variety
 183.18 of activities over time with different people, such as providers, family members, other adults,
 183.19 and people, and in different environments including, but not limited to, clinics, homes,
 183.20 schools, and the community.

183.21 ~~(k)~~ (l) "Incident" means when any of the following occur:

183.22 (1) an illness, accident, or injury that requires first aid treatment;

183.23 (2) a bump or blow to the head; or

183.24 (3) an unusual or unexpected event that jeopardizes the safety of a person or staff,
 183.25 including a person leaving the agency unattended.

183.26 ~~(l)~~ (m) "Individual treatment plan" or "ITP" means the person-centered, individualized
 183.27 written plan of care that integrates and coordinates person and family information from the
 183.28 CMDE for a person who meets medical necessity for the EIDBI benefit. An individual
 183.29 treatment plan must meet the standards in subdivision 6.

183.30 ~~(m)~~ (n) "Legal representative" means the parent of a child who is under 18 years of age,
 183.31 a court-appointed guardian, or other representative with legal authority to make decisions
 183.32 about service for a person. For the purpose of this subdivision, "other representative with

184.1 legal authority to make decisions" includes a health care agent or an attorney-in-fact
184.2 authorized through a health care directive or power of attorney.

184.3 ~~(n)~~ (o) "Mental health professional" means a staff person who is qualified according to
184.4 section 245I.04, subdivision 2.

184.5 ~~(o)~~ (p) "Person-centered" means a service that both responds to the identified needs,
184.6 interests, values, preferences, and desired outcomes of the person or the person's legal
184.7 representative and respects the person's history, dignity, and cultural background and allows
184.8 inclusion and participation in the person's community.

184.9 ~~(p)~~ (q) "Qualified EIDBI provider" means a person who is a QSP or a level I, level II,
184.10 or level III treatment provider.

184.11 Sec. 17. Minnesota Statutes 2021 Supplement, section 256B.0949, subdivision 13, is
184.12 amended to read:

184.13 Subd. 13. **Covered services.** (a) The services described in paragraphs (b) to (l) are
184.14 eligible for reimbursement by medical assistance under this section. Services must be
184.15 provided by a qualified EIDBI provider and supervised by a QSP. An EIDBI service must
184.16 address the person's medically necessary treatment goals and must be targeted to develop,
184.17 enhance, or maintain the individual developmental skills of a person with ASD or a related
184.18 condition to improve functional communication, including nonverbal or social
184.19 communication, social or interpersonal interaction, restrictive or repetitive behaviors,
184.20 hyperreactivity or hyporeactivity to sensory input, behavioral challenges and self-regulation,
184.21 cognition, learning and play, self-care, and safety.

184.22 (b) EIDBI treatment must be delivered consistent with the standards of an approved
184.23 modality, as published by the commissioner. EIDBI modalities include:

184.24 (1) applied behavior analysis (ABA);

184.25 (2) developmental individual-difference relationship-based model (DIR/Floortime);

184.26 (3) early start Denver model (ESDM);

184.27 (4) PLAY project;

184.28 (5) relationship development intervention (RDI); or

184.29 (6) additional modalities not listed in clauses (1) to (5) upon approval by the
184.30 commissioner.

185.1 (c) An EIDBI provider may use one or more of the EIDBI modalities in paragraph (b),
185.2 clauses (1) to (5), as the primary modality for treatment as a covered service, or several
185.3 EIDBI modalities in combination as the primary modality of treatment, as approved by the
185.4 commissioner. An EIDBI provider that identifies and provides assurance of qualifications
185.5 for a single specific treatment modality, including an EIDBI provider with advanced
185.6 certification overseeing implementation, must document the required qualifications to meet
185.7 fidelity to the specific model in a manner determined by the commissioner.

185.8 (d) Each qualified EIDBI provider must identify and provide assurance of qualifications
185.9 for professional licensure certification, or training in evidence-based treatment methods,
185.10 and must document the required qualifications outlined in subdivision 15 in a manner
185.11 determined by the commissioner.

185.12 (e) CMDE is a comprehensive evaluation of the person's developmental status to
185.13 determine medical necessity for EIDBI services and meets the requirements of subdivision
185.14 5. The services must be provided by a qualified CMDE provider.

185.15 (f) EIDBI intervention observation and direction is the clinical direction and oversight
185.16 of EIDBI services by the QSP, level I treatment provider, or level II treatment provider,
185.17 including developmental and behavioral techniques, progress measurement, data collection,
185.18 function of behaviors, and generalization of acquired skills for the direct benefit of a person.
185.19 EIDBI intervention observation and direction informs any modification of the current
185.20 treatment protocol to support the outcomes outlined in the ITP.

185.21 (g) Intervention is medically necessary direct treatment provided to a person with ASD
185.22 or a related condition as outlined in their ITP. All intervention services must be provided
185.23 under the direction of a QSP. Intervention may take place across multiple settings. The
185.24 frequency and intensity of intervention services are provided based on the number of
185.25 treatment goals, person and family or caregiver preferences, and other factors. Intervention
185.26 services may be provided individually or in a group. Intervention with a higher provider
185.27 ratio may occur when deemed medically necessary through the person's ITP.

185.28 (1) Individual intervention is treatment by protocol administered by a single qualified
185.29 EIDBI provider delivered to one person.

185.30 (2) Group intervention is treatment by protocol provided by one or more qualified EIDBI
185.31 providers, delivered to at least two people who receive EIDBI services.

185.32 (3) Higher provider ratio intervention is treatment with protocol modification provided
185.33 by two or more qualified EIDBI providers delivered to one person in an environment that
185.34 meets the person's needs and under the direction of the QSP or level I provider.

186.1 (h) ITP development and ITP progress monitoring is development of the initial, annual,
186.2 and progress monitoring of an ITP. ITP development and ITP progress monitoring documents
186.3 provide oversight and ongoing evaluation of a person's treatment and progress on targeted
186.4 goals and objectives and integrate and coordinate the person's and the person's legal
186.5 representative's information from the CMDE and ITP progress monitoring. This service
186.6 must be reviewed and completed by the QSP, and may include input from a level I provider
186.7 or a level II provider.

186.8 (i) Family caregiver training and counseling is specialized training and education for a
186.9 family or primary caregiver to understand the person's developmental status and help with
186.10 the person's needs and development. This service must be provided by the QSP, level I
186.11 provider, or level II provider.

186.12 (j) A coordinated care conference is a voluntary meeting with the person and the person's
186.13 family to review the CMDE or ITP progress monitoring and to integrate and coordinate
186.14 services across providers and service-delivery systems to develop the ITP. This service
186.15 ~~must be provided by the QSP and~~ may include the CMDE provider ~~or, QSP,~~ a level I
186.16 provider, or a level II provider.

186.17 (k) Travel time is allowable billing for traveling to and from the person's home, school,
186.18 a community setting, or place of service outside of an EIDBI center, clinic, or office from
186.19 a specified location to provide in-person EIDBI intervention, observation and direction, or
186.20 family caregiver training and counseling. The person's ITP must specify the reasons the
186.21 provider must travel to the person.

186.22 (l) Medical assistance covers medically necessary EIDBI services and consultations
186.23 ~~delivered by a licensed health care provider~~ via telehealth, as defined under section
186.24 256B.0625, subdivision 3b, in the same manner as if the service or consultation was delivered
186.25 in person.

186.26 Sec. 18. Minnesota Statutes 2020, section 256B.49, subdivision 23, is amended to read:

186.27 Subd. 23. **Community-living settings.** (a) For the purposes of this chapter,
186.28 "community-living settings" means a single-family home or multifamily dwelling unit where
186.29 a service recipient or a service recipient's family owns or rents, and maintains control over
186.30 the individual unit as demonstrated by a lease agreement. Community-living settings does
186.31 not include a home or dwelling unit that the service provider owns, operates, or leases or
186.32 in which the service provider has a direct or indirect financial interest.

187.1 (b) To ensure a service recipient or the service recipient's family maintains control over
187.2 the home or dwelling unit, community-living settings are subject to the following
187.3 requirements:

187.4 (1) service recipients must not be required to receive services or share services;

187.5 (2) service recipients must not be required to have a disability or specific diagnosis to
187.6 live in the community-living setting;

187.7 (3) service recipients may hire service providers of their choice;

187.8 (4) service recipients may choose whether to share their household and with whom;

187.9 (5) the home or multifamily dwelling unit must include living, sleeping, bathing, and
187.10 cooking areas;

187.11 (6) service recipients must have lockable access and egress;

187.12 (7) service recipients must be free to receive visitors and leave the settings at times and
187.13 for durations of their own choosing;

187.14 (8) leases must comply with chapter 504B;

187.15 (9) landlords must not charge different rents to tenants who are receiving home and
187.16 community-based services; and

187.17 (10) access to the greater community must be easily facilitated based on the service
187.18 recipient's needs and preferences.

187.19 (c) Nothing in this section prohibits a service recipient from having another person or
187.20 entity not affiliated with the service provider cosign a lease. Nothing in this section prohibits
187.21 a service recipient, during any period in which a service provider has cosigned the service
187.22 recipient's lease, from modifying services with an existing cosigning service provider and,
187.23 subject to the approval of the landlord, maintaining a lease cosigned by the service provider.
187.24 Nothing in this section prohibits a service recipient, during any period in which a service
187.25 provider has cosigned the service recipient's lease, from terminating services with the
187.26 cosigning service provider, receiving services from a new service provider, and, subject to
187.27 the approval of the landlord, maintaining a lease cosigned by the new service provider.

187.28 (d) A lease cosigned by a service provider meets the requirements of paragraph (a) if
187.29 the service recipient and service provider develop and implement a transition plan which
187.30 must provide that, within two years of cosigning the initial lease, the service provider shall
187.31 transfer the lease to the service recipient and other cosigners, if any.

188.1 (e) In the event the landlord has not approved the transfer of the lease within two years
 188.2 of the service provider cosigning the initial lease, the service provider must submit a
 188.3 time-limited extension request to the commissioner of human services to continue the
 188.4 cosigned lease arrangement. The extension request must include:

188.5 (1) the reason the landlord denied the transfer;

188.6 (2) the plan to overcome the denial to transfer the lease;

188.7 (3) the length of time needed to successfully transfer the lease, not to exceed an additional
 188.8 two years;

188.9 (4) a description of the information provided to the person to help the person make an
 188.10 informed choice about entering into a time-limited cosigned lease extension with the service
 188.11 provider;

188.12 ~~(4)~~ (5) a description of how the transition plan was followed, what occurred that led to
 188.13 the landlord denying the transfer, and what changes in circumstances or condition, if any,
 188.14 the service recipient experienced; and

188.15 ~~(5)~~ (6) a revised transition plan to transfer the cosigned lease between the service provider
 188.16 and the service recipient to the service recipient.

188.17 The commissioner must approve an extension within sufficient time to ensure the continued
 188.18 occupancy by the service recipient.

188.19 (f) In the event the landlord has not approved the transfer of the lease within the timelines
 188.20 of an approved time-limited extension request, the service provider must submit another
 188.21 time-limited extension request to the commissioner of human services to continue the
 188.22 cosigned lease arrangement. A time-limited extension request submitted under this paragraph
 188.23 must include the same information required for an initial time-limited extension request
 188.24 under paragraph (e). The commissioner must approve or deny an extension within 60 days.

188.25 (g) The commissioner may grant a service recipient no more than three additional
 188.26 time-limited extensions under paragraph (f).

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

188.30 Sec. 19. Minnesota Statutes 2020, section 256B.4911, subdivision 4, is amended to read:

188.31 Subd. 4. **Budget exception for persons leaving institutions and crisis residential**
 188.32 **settings.** (a) The commissioner must establish an institutional and crisis bed

189.1 consumer-directed community supports budget exception process in the home and
 189.2 community-based services waivers under sections 256B.092 and 256B.49. This budget
 189.3 exception process must be available for any individual who:

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

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

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

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

189.17 (d) Consistent with informed choice and informed decision making, the commissioner
 189.18 must establish in the home and community-based services waivers under sections 256B.092
 189.19 and 256B.49, a consumer-directed community supports budget exception process for
 189.20 individuals living in licensed community residential settings whose cost of residential
 189.21 services may otherwise exceed their available consumer-directed community supports
 189.22 budget. The budget exception process must be available to an individual living in licensed
 189.23 community residential settings.

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

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

189.29 Sec. 20. Minnesota Statutes 2020, section 256B.4914, subdivision 8, as amended by Laws
 189.30 2022, chapter 33, section 1, subdivision 8, is amended to read:

189.31 Subd. 8. **Unit-based services with programming; component values and calculation**
 189.32 **of payment rates.** (a) For the purpose of this section, unit-based services with programming
 189.33 include employment exploration services, employment development services, employment

190.1 support services, individualized home supports with family training, individualized home
190.2 supports with training, and positive support services provided to an individual outside of
190.3 any service plan for a day program or residential support service.

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

190.5 (1) competitive workforce factor: 4.7 percent;

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

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

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

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

190.10 (6) client programming and support ratio: 4.7 percent, updated as specified in subdivision
190.11 5b;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

191.10 (11) this is the subtotal rate;

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

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

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

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

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

191.21 (iii) for individualized home supports with training and individualized home supports
191.22 with family training, divide by the number of service recipients, not to exceed two; and

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

191.25 Sec. 21. Minnesota Statutes 2020, section 256B.493, subdivision 4, is amended to read:

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

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

192.1 (2) the proposed timetable for any proposed closure, including the proposed dates for
 192.2 notification to residents and the affected lead agencies, commencement of closure, and
 192.3 completion of closure;

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

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

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

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

192.15 (i) need for other types of services;

192.16 (ii) need for specialized services;

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

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

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

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

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

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

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

192.30 (c) The commissioner shall select proposals that best meet the criteria established in this
 192.31 subdivision for planned closure of adult foster care or community residential settings. The

193.1 commissioner shall notify license holders of the selections conditionally approved by the
193.2 commissioner. Approval of closure is obtained following confirmation that every individual
193.3 impacted by the planned closure has an established plan to continue services in an equivalent
193.4 residential setting or in a less restrictive setting in the community of their choice.

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

193.8 Sec. 22. Minnesota Statutes 2020, section 256B.493, subdivision 5, is amended to read:

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

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

193.14 (2) current and prospective residents, any legal representatives, and family members
193.15 involved.

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

193.18 Sec. 23. Minnesota Statutes 2020, section 256B.493, is amended by adding a subdivision
193.19 to read:

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

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

193.27 Sec. 24. Minnesota Statutes 2020, section 256B.493, is amended by adding a subdivision
193.28 to read:

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

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

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

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

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

194.12 Sec. 25. Minnesota Statutes 2020, section 256B.493, subdivision 6, is amended to read:

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

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

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

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

194.26 Sec. 27. Minnesota Statutes 2020, section 256G.02, subdivision 6, is amended to read:

194.27 **Subd. 6. Excluded time.** "Excluded time" means:

194.28 (1) any period an applicant spends in a hospital, sanitarium, nursing home, shelter other
 194.29 than an emergency shelter, halfway house, foster home, community residential setting
 194.30 licensed under chapter 245D, semi-independent living domicile or services program,
 194.31 residential facility offering care, board and lodging facility or other institution for the

195.1 hospitalization or care of human beings, as defined in section 144.50, 144A.01, or 245A.02,
 195.2 subdivision 14; maternity home, battered women's shelter, or correctional facility; or any
 195.3 facility based on an emergency hold under section 253B.05, subdivisions 1 and 2;

195.4 (2) any period an applicant spends on a placement basis in a training and habilitation
 195.5 program, including: a rehabilitation facility or work or employment program as defined in
 195.6 section 268A.01; semi-independent living services provided under section 252.275, and
 195.7 chapter 245D; or day training and habilitation programs ~~and~~;

195.8 (3) any period an applicant is receiving assisted living services, integrated community
 195.9 supports, or day support services; and

195.10 ~~(3)~~ (4) any placement for a person with an indeterminate commitment, including
 195.11 independent living.

195.12 Sec. 28. Minnesota Statutes 2020, section 256I.04, subdivision 3, is amended to read:

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

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

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

195.25 (3) notwithstanding the provisions of subdivision 2a, for up to 226 supportive housing
 195.26 units in Anoka, Carver, Dakota, Hennepin, or Ramsey, Scott, or Washington County for
 195.27 homeless adults with a disability, including but not limited to mental illness, a history of
 195.28 substance abuse, or human immunodeficiency virus or acquired immunodeficiency syndrome.
 195.29 For purposes of this ~~section~~ clause, "homeless adult" means a person who is (i) living on
 195.30 the street or in a shelter or (ii) discharged from a regional treatment center, community
 195.31 hospital, or residential treatment program and has no appropriate housing available and
 195.32 lacks the resources and support necessary to access appropriate housing. ~~At least 70 percent~~
 195.33 ~~of the supportive housing units must serve homeless adults with mental illness, substance~~

196.1 ~~abuse problems, or human immunodeficiency virus or acquired immunodeficiency syndrome~~
196.2 ~~who are about to be or, within the previous six months, have been discharged from a regional~~
196.3 ~~treatment center, or a state-contracted psychiatric bed in a community hospital, or a residential~~
196.4 ~~mental health or chemical dependency treatment program.~~ If a person meets the requirements
196.5 of subdivision 1, paragraph (a) or (b), and receives a federal or state housing subsidy, the
196.6 housing support rate for that person is limited to the supplementary rate under section
196.7 256I.05, subdivision 1a, ~~and is determined by subtracting the amount of the person's~~
196.8 ~~countable income that exceeds the MSA equivalent rate from the housing support~~
196.9 ~~supplementary service rate.~~ A resident in a demonstration project site who no longer
196.10 participates in the demonstration program shall retain eligibility for a housing support
196.11 payment in an amount determined under section 256I.06, subdivision 8, using the MSA
196.12 equivalent rate. ~~Service funding under section 256I.05, subdivision 1a, will end June 30,~~
196.13 ~~1997, if federal matching funds are available and the services can be provided through a~~
196.14 ~~managed care entity. If federal matching funds are not available, then service funding will~~
196.15 ~~continue under section 256I.05, subdivision 1a;~~

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

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

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

196.27 (7) for a housing support provider that operates two ten-bed facilities, one located in
196.28 Hennepin County and one located in Ramsey County, that provide community support and
196.29 24-hour-a-day supervision to serve the mental health needs of individuals who have
196.30 chronically lived unsheltered; and

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

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

197.9 Sec. 29. Minnesota Statutes 2020, section 256K.26, subdivision 2, is amended to read:

197.10 Subd. 2. **Implementation.** The commissioner, in consultation with the commissioners
197.11 of the Department of Corrections and the Minnesota Housing Finance Agency, counties,
197.12 Tribes, providers and funders of supportive housing and services, shall develop application
197.13 requirements and make funds available according to this section, with the goal of providing
197.14 maximum flexibility in program design.

197.15 Sec. 30. Minnesota Statutes 2020, section 256K.26, subdivision 6, is amended to read:

197.16 Subd. 6. **Outcomes.** Projects will be selected to further the following outcomes:

197.17 (1) reduce the number of Minnesota individuals and families that experience long-term
197.18 homelessness;

197.19 (2) increase the number of housing opportunities with supportive services;

197.20 (3) develop integrated, cost-effective service models that address the multiple barriers
197.21 to obtaining housing stability faced by people experiencing long-term homelessness,
197.22 including abuse, neglect, chemical dependency, disability, chronic health problems, or other
197.23 factors including ethnicity and race that may result in poor outcomes or service disparities;

197.24 (4) encourage partnerships among counties, Tribes, community agencies, schools, and
197.25 other providers so that the service delivery system is seamless for people experiencing
197.26 long-term homelessness;

197.27 (5) increase employability, self-sufficiency, and other social outcomes for individuals
197.28 and families experiencing long-term homelessness; and

197.29 (6) reduce inappropriate use of emergency health care, shelter, ~~chemical dependency~~
197.30 substance use disorder treatment, foster care, child protection, corrections, and similar
197.31 services used by people experiencing long-term homelessness.

198.1 Sec. 31. Minnesota Statutes 2020, section 256K.26, subdivision 7, is amended to read:

198.2 Subd. 7. **Eligible services.** Services eligible for funding under this section are all services
198.3 needed to maintain households in permanent supportive housing, as determined by the
198.4 ~~county or counties~~ or Tribes administering the project or projects.

198.5 Sec. 32. Minnesota Statutes 2020, section 256Q.06, is amended by adding a subdivision
198.6 to read:

198.7 Subd. 6. **Account creation.** If an eligible individual is unable to establish the eligible
198.8 individual's own ABLE account, an ABLE account may be established on behalf of the
198.9 eligible individual by the eligible individual's agent under a power of attorney or, if none,
198.10 by the eligible individual's conservator or legal guardian, spouse, parent, sibling, or
198.11 grandparent or a representative payee appointed for the eligible individual by the Social
198.12 Security Administration, in that order.

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

198.14 Sec. 33. Laws 2020, First Special Session chapter 7, section 1, subdivision 1, as amended
198.15 by Laws 2021, First Special Session chapter 7, article 2, section 71, is amended to read:

198.16 Subdivision 1. **Waivers and modifications; federal funding extension.** When the
198.17 peacetime emergency declared by the governor in response to the COVID-19 outbreak
198.18 expires, is terminated, or is rescinded by the proper authority, the following waivers and
198.19 modifications to human services programs issued by the commissioner of human services
198.20 pursuant to Executive Orders 20-11 and 20-12 ~~that are required to comply with federal law~~
198.21 may remain in effect for the time period set out in applicable federal law or for the time
198.22 period set out in any applicable federally approved waiver or state plan amendment,
198.23 whichever is later:

198.24 (1) CV15: allowing telephone or video visits for waiver programs;

198.25 (2) CV17: preserving health care coverage for Medical Assistance and MinnesotaCare;

198.26 (3) CV18: implementation of federal changes to the Supplemental Nutrition Assistance
198.27 Program;

198.28 (4) CV20: eliminating cost-sharing for COVID-19 diagnosis and treatment;

198.29 (5) CV24: allowing telephone or video use for targeted case management visits;

198.30 (6) CV30: expanding telemedicine in health care, mental health, and substance use
198.31 disorder settings;

199.1 (7) CV37: implementation of federal changes to the Supplemental Nutrition Assistance
199.2 Program;

199.3 (8) CV39: implementation of federal changes to the Supplemental Nutrition Assistance
199.4 Program;

199.5 (9) CV42: implementation of federal changes to the Supplemental Nutrition Assistance
199.6 Program;

199.7 (10) CV43: expanding remote home and community-based waiver services;

199.8 (11) CV44: allowing remote delivery of adult day services;

199.9 (12) CV59: modifying eligibility period for the federally funded Refugee Cash Assistance
199.10 Program;

199.11 (13) CV60: modifying eligibility period for the federally funded Refugee Social Services
199.12 Program; and

199.13 (14) CV109: providing 15 percent increase for Minnesota Food Assistance Program and
199.14 Minnesota Family Investment Program maximum food benefits.

199.15 Sec. 34. **TEMPORARY TELEPHONE-ONLY TELEHEALTH AUTHORIZATION.**

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

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

199.27 Sec. 35. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
199.28 **INFORMED CHOICE UPON CLOSURE.**

199.29 The commissioner of human services shall direct department staff, lead agency staff,
199.30 and lead agency partners to ensure that solutions to workforce shortages in licensed home
199.31 and community-based disability settings are consistent with the state's policy priority of

200.1 informed choice and the integration mandate under the state's Olmstead Plan. Specifically,
 200.2 the commissioner shall direct department staff, lead agency staff, and lead agency partners
 200.3 to ensure that when a licensed setting cannot continue providing services as a result of
 200.4 staffing shortages, a person who had been receiving services in that setting is not discharged
 200.5 to a more restrictive setting than the person was in previously and the person receives an
 200.6 informed choice process about how and where the person will receive services following
 200.7 the suspension or closure of the program or setting in which the person had previously been
 200.8 receiving services.

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

200.10 **Sec. 36. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
 200.11 **BUDGET EXCEPTIONS FOR COMMUNITY RESIDENTIAL SETTINGS.**

200.12 The commissioner of human services must take steps to inform individuals, families,
 200.13 and lead agencies of the amendments to Minnesota Statutes, section 256B.4911, subdivision
 200.14 4, and widely disseminate easily understood instructions for quickly applying for a budget
 200.15 exception under that section.

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

200.17 **Sec. 37. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
 200.18 **REASSESSMENT FREQUENCY.**

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

200.24 **Sec. 38. DIRECTION TO COMMISSIONER OF HUMAN SERVICES; FINANCIAL**
 200.25 **MANAGEMENT SERVICES PROVIDERS.**

200.26 The commissioner of human services shall accept on a rolling basis proposals submitted
 200.27 in response to "Request for Proposals for Qualified Grantees to Provide Vendor
 200.28 Fiscal/Employer Agent Financial Management Services," published on May 2, 2016.
 200.29 Responders must comply with all proposal instructions and requirements as set forth in the
 200.30 request for proposals except the submission deadlines. The commissioner shall evaluate all
 200.31 responsive proposals submitted under this section regardless of the date on which the proposal
 200.32 is submitted. The commissioner shall conduct phase I and phase II evaluations using the

201.1 same procedures and evaluation standards set forth in the request for proposals. The
 201.2 commissioner shall contact responders who submit substantially complete proposals to
 201.3 provide further or missing information or to clarify the responder's proposal. The
 201.4 commissioner shall select all responders that successfully move on to phase III evaluation.
 201.5 For all proposals that move on to phase III evaluation, the commissioner shall not exercise
 201.6 the commissioner's right to reject any or all proposals. The commissioner shall not compare
 201.7 proposals that successfully move on to phase III evaluation. The commissioner shall not
 201.8 reject a proposal that successfully moved on to phase III evaluation after determining that
 201.9 another proposal is more advantageous to the state. This section expires upon publication
 201.10 of a new request for proposal related to financial management services providers.

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

201.12 **ARTICLE 4**
 201.13 **LICENSING**

201.14 Section 1. Minnesota Statutes 2020, section 245A.11, subdivision 7, is amended to read:

201.15 **Subd. 7. Adult foster care; variance for alternate overnight supervision.** (a) The
 201.16 commissioner may grant a variance under section 245A.04, subdivision 9, to rule parts
 201.17 requiring a caregiver to be present in an adult foster care home during normal sleeping hours
 201.18 to allow for alternative methods of overnight supervision. The commissioner may grant the
 201.19 variance if the local county licensing agency recommends the variance and the county
 201.20 recommendation includes documentation verifying that:

201.21 (1) the county has approved the license holder's plan for alternative methods of providing
 201.22 overnight supervision and determined the plan protects the residents' health, safety, and
 201.23 rights;

201.24 (2) the license holder has obtained written and signed informed consent from each
 201.25 resident or each resident's legal representative documenting the resident's or legal
 201.26 representative's agreement with the alternative method of overnight supervision; and

201.27 (3) the alternative method of providing overnight supervision, which may include the
 201.28 use of technology, is specified for each resident in the resident's: (i) individualized plan of
 201.29 care; (ii) individual service plan under section 256B.092, subdivision 1b, if required; or (iii)
 201.30 individual resident placement agreement under Minnesota Rules, part 9555.5105, subpart
 201.31 19, if required.

201.32 (b) To be eligible for a variance under paragraph (a), the adult foster care license holder
 201.33 must not have had a conditional license issued under section 245A.06, or any other licensing

202.1 sanction issued under section 245A.07 during the prior 24 months based on failure to provide
 202.2 adequate supervision, health care services, or resident safety in the adult foster care home.

202.3 (c) A license holder requesting a variance under this subdivision to utilize technology
 202.4 as a component of a plan for alternative overnight supervision may request the commissioner's
 202.5 review in the absence of a county recommendation. Upon receipt of such a request from a
 202.6 license holder, the commissioner shall review the variance request with the county.

202.7 (d) ~~A variance granted by the commissioner according to this subdivision before January~~
 202.8 ~~1, 2014, to a license holder for an adult foster care home must transfer with the license when~~
 202.9 ~~the license converts to a community residential setting license under chapter 245D. The~~
 202.10 ~~terms and conditions of the variance remain in effect as approved at the time the variance~~
 202.11 ~~was granted. The variance requirements under this subdivision for alternate overnight~~
 202.12 ~~supervision do not apply to community residential settings licensed under chapter 245D.~~

202.13 Sec. 2. Minnesota Statutes 2020, section 245A.11, subdivision 7a, is amended to read:

202.14 Subd. 7a. **Alternate overnight supervision technology; adult foster care and**
 202.15 **community residential setting licenses.** (a) The commissioner may grant an applicant or
 202.16 license holder an adult foster care ~~or community residential setting~~ license for a residence
 202.17 that does not have a caregiver in the residence during normal sleeping hours as required
 202.18 under Minnesota Rules, part 9555.5105, subpart 37, item B, or section 245D.02, subdivision
 202.19 33b, but uses monitoring technology to alert the license holder when an incident occurs that
 202.20 may jeopardize the health, safety, or rights of a foster care recipient. The applicant or license
 202.21 holder must comply with all other requirements under Minnesota Rules, parts 9555.5105
 202.22 to 9555.6265, ~~or applicable requirements under chapter 245D,~~ and the requirements under
 202.23 this subdivision. The license printed by the commissioner must state in bold and large font:

202.24 (1) that the facility is under electronic monitoring; and

202.25 (2) the telephone number of the county's common entry point for making reports of
 202.26 suspected maltreatment of vulnerable adults under section 626.557, subdivision 9.

202.27 (b) Applications for a license under this section must be submitted directly to the
 202.28 Department of Human Services licensing division. The licensing division must immediately
 202.29 notify the county licensing agency. The licensing division must collaborate with the county
 202.30 licensing agency in the review of the application and the licensing of the program.

202.31 (c) Before a license is issued by the commissioner, and for the duration of the license,
 202.32 the applicant or license holder must establish, maintain, and document the implementation

203.1 of written policies and procedures addressing the requirements in paragraphs (d) through
203.2 (f).

203.3 (d) The applicant or license holder must have policies and procedures that:

203.4 (1) establish characteristics of target populations that will be admitted into the home,
203.5 and characteristics of populations that will not be accepted into the home;

203.6 (2) explain the discharge process when a resident served by the program requires
203.7 overnight supervision or other services that cannot be provided by the license holder due
203.8 to the limited hours that the license holder is on site;

203.9 (3) describe the types of events to which the program will respond with a physical
203.10 presence when those events occur in the home during time when staff are not on site, and
203.11 how the license holder's response plan meets the requirements in paragraph (e), clause (1)
203.12 or (2);

203.13 (4) establish a process for documenting a review of the implementation and effectiveness
203.14 of the response protocol for the response required under paragraph (e), clause (1) or (2).

203.15 The documentation must include:

203.16 (i) a description of the triggering incident;

203.17 (ii) the date and time of the triggering incident;

203.18 (iii) the time of the response or responses under paragraph (e), clause (1) or (2);

203.19 (iv) whether the response met the resident's needs;

203.20 (v) whether the existing policies and response protocols were followed; and

203.21 (vi) whether the existing policies and protocols are adequate or need modification.

203.22 When no physical presence response is completed for a three-month period, the license
203.23 holder's written policies and procedures must require a physical presence response drill to
203.24 be conducted for which the effectiveness of the response protocol under paragraph (e),
203.25 clause (1) or (2), will be reviewed and documented as required under this clause; and

203.26 (5) establish that emergency and nonemergency phone numbers are posted in a prominent
203.27 location in a common area of the home where they can be easily observed by a person
203.28 responding to an incident who is not otherwise affiliated with the home.

203.29 (e) The license holder must document and include in the license application which
203.30 response alternative under clause (1) or (2) is in place for responding to situations that
203.31 present a serious risk to the health, safety, or rights of residents served by the program:

204.1 (1) response alternative (1) requires only the technology to provide an electronic
204.2 notification or alert to the license holder that an event is underway that requires a response.
204.3 Under this alternative, no more than ten minutes will pass before the license holder will be
204.4 physically present on site to respond to the situation; or

204.5 (2) response alternative (2) requires the electronic notification and alert system under
204.6 alternative (1), but more than ten minutes may pass before the license holder is present on
204.7 site to respond to the situation. Under alternative (2), all of the following conditions are
204.8 met:

204.9 (i) the license holder has a written description of the interactive technological applications
204.10 that will assist the license holder in communicating with and assessing the needs related to
204.11 the care, health, and safety of the foster care recipients. This interactive technology must
204.12 permit the license holder to remotely assess the well being of the resident served by the
204.13 program without requiring the initiation of the foster care recipient. Requiring the foster
204.14 care recipient to initiate a telephone call does not meet this requirement;

204.15 (ii) the license holder documents how the remote license holder is qualified and capable
204.16 of meeting the needs of the foster care recipients and assessing foster care recipients' needs
204.17 under item (i) during the absence of the license holder on site;

204.18 (iii) the license holder maintains written procedures to dispatch emergency response
204.19 personnel to the site in the event of an identified emergency; and

204.20 (iv) each resident's individualized plan of care, coordinated service and support plan
204.21 under sections 256B.0913, subdivision 8; 256B.092, subdivision 1b; 256B.49, subdivision
204.22 15; and 256S.10, if required, or individual resident placement agreement under Minnesota
204.23 Rules, part 9555.5105, subpart 19, if required, identifies the maximum response time, which
204.24 may be greater than ten minutes, for the license holder to be on site for that resident.

204.25 (f) Each resident's placement agreement, individual service agreement, and plan must
204.26 clearly state that the adult foster care ~~or community residential setting~~ license category is
204.27 a program without the presence of a caregiver in the residence during normal sleeping hours;
204.28 the protocols in place for responding to situations that present a serious risk to the health,
204.29 safety, or rights of residents served by the program under paragraph (e), clause (1) or (2);
204.30 and a signed informed consent from each resident served by the program or the person's
204.31 legal representative documenting the person's or legal representative's agreement with
204.32 placement in the program. If electronic monitoring technology is used in the home, the
204.33 informed consent form must also explain the following:

204.34 (1) how any electronic monitoring is incorporated into the alternative supervision system;

205.1 (2) the backup system for any electronic monitoring in times of electrical outages or
205.2 other equipment malfunctions;

205.3 (3) how the caregivers or direct support staff are trained on the use of the technology;

205.4 (4) the event types and license holder response times established under paragraph (e);

205.5 (5) how the license holder protects each resident's privacy related to electronic monitoring
205.6 and related to any electronically recorded data generated by the monitoring system. A
205.7 resident served by the program may not be removed from a program under this subdivision
205.8 for failure to consent to electronic monitoring. The consent form must explain where and
205.9 how the electronically recorded data is stored, with whom it will be shared, and how long
205.10 it is retained; and

205.11 (6) the risks and benefits of the alternative overnight supervision system.

205.12 The written explanations under clauses (1) to (6) may be accomplished through
205.13 cross-references to other policies and procedures as long as they are explained to the person
205.14 giving consent, and the person giving consent is offered a copy.

205.15 (g) Nothing in this section requires the applicant or license holder to develop or maintain
205.16 separate or duplicative policies, procedures, documentation, consent forms, or individual
205.17 plans that may be required for other licensing standards, if the requirements of this section
205.18 are incorporated into those documents.

205.19 (h) The commissioner may grant variances to the requirements of this section according
205.20 to section 245A.04, subdivision 9.

205.21 (i) For the purposes of paragraphs (d) through (h), "license holder" has the meaning
205.22 under section 245A.02, subdivision 9, and additionally includes all staff, volunteers, and
205.23 contractors affiliated with the license holder.

205.24 (j) For the purposes of paragraph (e), the terms "assess" and "assessing" mean to remotely
205.25 determine what action the license holder needs to take to protect the well-being of the foster
205.26 care recipient.

205.27 (k) The commissioner shall evaluate license applications using the requirements in
205.28 paragraphs (d) to (f). The commissioner shall provide detailed application forms, including
205.29 a checklist of criteria needed for approval.

205.30 (l) To be eligible for a license under paragraph (a), the adult foster care ~~or community~~
205.31 ~~residential setting~~ license holder must not have had a conditional license issued under section
205.32 245A.06 or any licensing sanction under section 245A.07 during the prior 24 months based

206.1 on failure to provide adequate supervision, health care services, or resident safety in the
206.2 adult foster care home ~~or community residential setting~~.

206.3 (m) The commissioner shall review an application for an alternative overnight supervision
206.4 license within 60 days of receipt of the application. When the commissioner receives an
206.5 application that is incomplete because the applicant failed to submit required documents or
206.6 that is substantially deficient because the documents submitted do not meet licensing
206.7 requirements, the commissioner shall provide the applicant written notice that the application
206.8 is incomplete or substantially deficient. In the written notice to the applicant, the
206.9 commissioner shall identify documents that are missing or deficient and give the applicant
206.10 45 days to resubmit a second application that is substantially complete. An applicant's failure
206.11 to submit a substantially complete application after receiving notice from the commissioner
206.12 is a basis for license denial under section 245A.05. The commissioner shall complete
206.13 subsequent review within 30 days.

206.14 (n) Once the application is considered complete under paragraph (m), the commissioner
206.15 will approve or deny an application for an alternative overnight supervision license within
206.16 60 days.

206.17 (o) For the purposes of this subdivision, "supervision" means:

206.18 (1) oversight by a caregiver or direct support staff as specified in the individual resident's
206.19 place agreement or coordinated service and support plan and awareness of the resident's
206.20 needs and activities; and

206.21 (2) the presence of a caregiver or direct support staff in a residence during normal sleeping
206.22 hours, unless a determination has been made and documented in the individual's coordinated
206.23 service and support plan that the individual does not require the presence of a caregiver or
206.24 direct support staff during normal sleeping hours.

206.25 Sec. 3. Minnesota Statutes 2020, section 245C.04, subdivision 1, is amended to read:

206.26 Subdivision 1. **Licensed programs; other child care programs.** (a) The commissioner
206.27 shall conduct a background study of an individual required to be studied under section
206.28 245C.03, subdivision 1, at least upon application for initial license for all license types.

206.29 (b) The commissioner shall conduct a background study of an individual required to be
206.30 studied under section 245C.03, subdivision 1, including a child care background study
206.31 subject as defined in section 245C.02, subdivision 6a, in a family child care program, licensed
206.32 child care center, certified license-exempt child care center, or legal nonlicensed child care
206.33 provider, on a schedule determined by the commissioner. Except as provided in section

207.1 245C.05, subdivision 5a, a child care background study must include submission of
207.2 fingerprints for a national criminal history record check and a review of the information
207.3 under section 245C.08. A background study for a child care program must be repeated
207.4 within five years from the most recent study conducted under this paragraph.

207.5 (c) At reapplication for a family child care license:

207.6 (1) for a background study affiliated with a licensed family child care center or legal
207.7 nonlicensed child care provider, the individual shall provide information required under
207.8 section 245C.05, subdivision 1, paragraphs (a), (b), and (d), to the county agency, and be
207.9 fingerprinted and photographed under section 245C.05, subdivision 5;

207.10 (2) the county agency shall verify the information received under clause (1) and forward
207.11 the information to the commissioner to complete the background study; and

207.12 (3) the background study conducted by the commissioner under this paragraph must
207.13 include a review of the information required under section 245C.08.

207.14 (d) The commissioner is not required to conduct a study of an individual at the time of
207.15 reapplication for a license if the individual's background study was completed by the
207.16 commissioner of human services and the following conditions are met:

207.17 (1) a study of the individual was conducted either at the time of initial licensure or when
207.18 the individual became affiliated with the license holder;

207.19 (2) the individual has been continuously affiliated with the license holder since the last
207.20 study was conducted; and

207.21 (3) the last study of the individual was conducted on or after October 1, 1995.

207.22 (e) The commissioner of human services shall conduct a background study of an
207.23 individual specified under section 245C.03, subdivision 1, paragraph (a), clauses (2) to (6),
207.24 who is newly affiliated with a child foster family setting license holder:

207.25 (1) the county or private agency shall collect and forward to the commissioner the
207.26 information required under section 245C.05, subdivisions 1 and 5, when the child foster
207.27 family setting applicant or license holder resides in the home where child foster care services
207.28 are provided; and

207.29 (2) the background study conducted by the commissioner of human services under this
207.30 paragraph must include a review of the information required under section 245C.08,
207.31 subdivisions 1, 3, and 4.

208.1 (f) The commissioner shall conduct a background study of an individual specified under
208.2 section 245C.03, subdivision 1, paragraph (a), clauses (2) to (6), who is newly affiliated
208.3 with an adult foster care or family adult day services and with a family child care license
208.4 holder or a legal nonlicensed child care provider authorized under chapter 119B and:

208.5 (1) except as provided in section 245C.05, subdivision 5a, the county shall collect and
208.6 forward to the commissioner the information required under section 245C.05, subdivision
208.7 1, paragraphs (a) and (b), and subdivision 5, paragraphs (a), (b), and (d), for background
208.8 studies conducted by the commissioner for all family adult day services, for adult foster
208.9 care when the adult foster care license holder resides in the adult foster care residence, and
208.10 for family child care and legal nonlicensed child care authorized under chapter 119B;

208.11 (2) the license holder shall collect and forward to the commissioner the information
208.12 required under section 245C.05, subdivisions 1, paragraphs (a) and (b); and 5, paragraphs
208.13 (a) and (b), for background studies conducted by the commissioner for adult foster care
208.14 when the license holder does not reside in the adult foster care residence; and

208.15 (3) the background study conducted by the commissioner under this paragraph must
208.16 include a review of the information required under section 245C.08, subdivision 1, paragraph
208.17 (a), and subdivisions 3 and 4.

208.18 (g) Applicants for licensure, license holders, and other entities as provided in this chapter
208.19 must submit completed background study requests to the commissioner using the electronic
208.20 system known as NETStudy before individuals specified in section 245C.03, subdivision
208.21 1, begin positions allowing direct contact in any licensed program.

208.22 (h) For an individual who is not on the entity's active roster, the entity must initiate a
208.23 new background study through NETStudy when:

208.24 (1) an individual returns to a position requiring a background study following an absence
208.25 of 120 or more consecutive days; or

208.26 (2) a program that discontinued providing licensed direct contact services for 120 or
208.27 more consecutive days begins to provide direct contact licensed services again.

208.28 The license holder shall maintain a copy of the notification provided to the commissioner
208.29 under this paragraph in the program's files. If the individual's disqualification was previously
208.30 set aside for the license holder's program and the new background study results in no new
208.31 information that indicates the individual may pose a risk of harm to persons receiving
208.32 services from the license holder, the previous set-aside shall remain in effect.

209.1 (i) For purposes of this section, a physician licensed under chapter 147 or advanced
209.2 practice registered nurse licensed under chapter 148 is considered to be continuously affiliated
209.3 upon the license holder's receipt from the commissioner of health or human services of the
209.4 physician's or advanced practice registered nurse's background study results.

209.5 (j) For purposes of family child care, a substitute caregiver must receive repeat
209.6 background studies at the time of each license renewal.

209.7 (k) A repeat background study at the time of license renewal is not required if the family
209.8 child care substitute caregiver's background study was completed by the commissioner on
209.9 or after October 1, 2017, and the substitute caregiver is on the license holder's active roster
209.10 in NETStudy 2.0.

209.11 (l) Before and after school programs authorized under chapter 119B, are exempt from
209.12 the background study requirements under section 123B.03, for an employee for whom a
209.13 background study under this chapter has been completed.

209.14 (m) A licensed child care center, certified license-exempt child care center, licensed
209.15 family child care program, or legal nonlicensed child care provider authorized under chapter
209.16 119B is not required to submit a background study request for a private therapist for whom
209.17 a licensed program maintains a completed background study in the program's personnel
209.18 files.

209.19 (n) Upon request of the license holder, the commissioner of human services shall conduct
209.20 a background study of an individual specified under section 245C.03, subdivision 1,
209.21 paragraph (a), clauses (2) to (6), who is newly affiliated with a home and community-based
209.22 service provider licensed certified to provide children's out-of-home respite under section
209.23 245D.34. The license holder shall collect and forward to the commissioner all the information
209.24 described under section 245C.05, subdivisions 1 and 5. The background study conducted
209.25 by the commissioner of human services under this paragraph must include a review of all
209.26 the information described under section 245C.08, subdivisions 1, 3, and 4.

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

209.30 Sec. 4. Minnesota Statutes 2021 Supplement, section 245C.05, subdivision 5, is amended
209.31 to read:

209.32 Subd. 5. **Fingerprints and photograph.** (a) Notwithstanding paragraph (b), for
209.33 background studies conducted by the commissioner for certified children's out-of-home

210.1 respite, child foster care, children's residential facilities, adoptions, or a transfer of permanent
210.2 legal and physical custody of a child, the subject of the background study, who is 18 years
210.3 of age or older, shall provide the commissioner with a set of classifiable fingerprints obtained
210.4 from an authorized agency for a national criminal history record check.

210.5 (b) For background studies initiated on or after the implementation of NETStudy 2.0,
210.6 except as provided under subdivision 5a, every subject of a background study must provide
210.7 the commissioner with a set of the background study subject's classifiable fingerprints and
210.8 photograph. The photograph and fingerprints must be recorded at the same time by the
210.9 authorized fingerprint collection vendor or vendors and sent to the commissioner through
210.10 the commissioner's secure data system described in section 245C.32, subdivision 1a,
210.11 paragraph (b).

210.12 (c) The fingerprints shall be submitted by the commissioner to the Bureau of Criminal
210.13 Apprehension and, when specifically required by law, submitted to the Federal Bureau of
210.14 Investigation for a national criminal history record check.

210.15 (d) The fingerprints must not be retained by the Department of Public Safety, Bureau
210.16 of Criminal Apprehension, or the commissioner. The Federal Bureau of Investigation will
210.17 not retain background study subjects' fingerprints.

210.18 (e) The authorized fingerprint collection vendor or vendors shall, for purposes of verifying
210.19 the identity of the background study subject, be able to view the identifying information
210.20 entered into NETStudy 2.0 by the entity that initiated the background study, but shall not
210.21 retain the subject's fingerprints, photograph, or information from NETStudy 2.0. The
210.22 authorized fingerprint collection vendor or vendors shall retain no more than the name and
210.23 date and time the subject's fingerprints were recorded and sent, only as necessary for auditing
210.24 and billing activities.

210.25 (f) For any background study conducted under this chapter, the subject shall provide the
210.26 commissioner with a set of classifiable fingerprints when the commissioner has reasonable
210.27 cause to require a national criminal history record check as defined in section 245C.02,
210.28 subdivision 15a.

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

211.1 Sec. 5. [245D.34] CHILDREN'S OUT-OF-HOME RESPITE CERTIFICATION
211.2 STANDARDS.

211.3 Subdivision 1. Certification. (a) The commissioner of human services shall issue a
211.4 children's out-of-home respite certification for services licensed under this chapter when a
211.5 license holder is determined to have met the requirements under this section. This certification
211.6 is voluntary for license holders. The certification shall be printed on the license and identified
211.7 on the commissioner's public website.

211.8 (b) A license holder seeking certification under this section must request this certification
211.9 on forms and in the manner prescribed by the commissioner.

211.10 (c) If a commissioner finds that a license holder has failed to comply with the certification
211.11 requirements under this section, the commissioner may issue a correction order and an order
211.12 of conditional license in accordance with section 245A.06 or may issue a sanction in
211.13 accordance with section 245A.07, including and up to removal of the certification.

211.14 (d) A denial of the certification or the removal of the certification based on a
211.15 determination that the requirements of this section have not been met is not subject to appeal.
211.16 A license holder that has been denied a certification or that has had a certification removed
211.17 may again request certification when the license holder is in compliance with the
211.18 requirements of this section.

211.19 Subd. 2. Certification requirements. The requirements for certification under this
211.20 section are:

211.21 (1) the license holder maintains a current roster of staff who meet the background study
211.22 requirements under section 245C.04, subdivision 1, paragraph (n);

211.23 (2) the license holder assigns only individuals on the roster described in clause (1) to
211.24 provide out-of-home respite to a minor in an unlicensed service site;

211.25 (3) the case manager has verified, on the forms and in the manner prescribed by the
211.26 commissioner, and documented in the person's coordinated service and support plan that
211.27 any proposed unlicensed service site is appropriate to meet the person's unique assessed
211.28 needs; and

211.29 (4) when providing out-of-home respite to a minor at an unlicensed service site, the
211.30 service site the license holder uses is identified and approved by the case manager in the
211.31 person's coordinated service and support plan.

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

212.4 Sec. 6. Laws 2021, First Special Session chapter 7, article 2, section 74, is amended by
 212.5 adding a subdivision to read:

212.6 Subd. 4a. **Furnishing and analyzing data.** In the event the Department of Human
 212.7 Services is unable to furnish or analyze the relevant data on the background studies,
 212.8 disqualifications, set-asides, and other relevant topics under this section, the department
 212.9 may use an outside organization to analyze and furnish the relevant data to the task force.

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

212.11 **ARTICLE 5**

212.12 **CONTINUING CARE FOR OLDER ADULTS**

212.13 Section 1. Minnesota Statutes 2020, section 245A.14, subdivision 14, is amended to read:

212.14 Subd. 14. **Attendance records for publicly funded services.** (a) A child care center
 212.15 licensed under this chapter and according to Minnesota Rules, chapter 9503, must maintain
 212.16 documentation of actual attendance for each child receiving care for which the license holder
 212.17 is reimbursed by a governmental program. The records must be accessible to the
 212.18 commissioner during the program's hours of operation, they must be completed on the actual
 212.19 day of attendance, and they must include:

212.20 (1) the first and last name of the child;

212.21 (2) the time of day that the child was dropped off; and

212.22 (3) the time of day that the child was picked up.

212.23 (b) A family child care provider licensed under this chapter and according to Minnesota
 212.24 Rules, chapter 9502, must maintain documentation of actual attendance for each child
 212.25 receiving care for which the license holder is reimbursed for the care of that child by a
 212.26 governmental program. The records must be accessible to the commissioner during the
 212.27 program's hours of operation, they must be completed on the actual day of attendance, and
 212.28 they must include:

212.29 (1) the first and last name of the child;

212.30 (2) the time of day that the child was dropped off; and

212.31 (3) the time of day that the child was picked up.

213.1 (c) An adult day services program licensed under this chapter and according to Minnesota
 213.2 Rules, parts 9555.5105 to 9555.6265, must maintain documentation of actual attendance
 213.3 for each adult day service recipient for which the license holder is reimbursed by a
 213.4 governmental program. The records must be accessible to the commissioner during the
 213.5 program's hours of operation, they must be completed on the actual day of attendance, and
 213.6 they must include:

- 213.7 (1) the first, middle, and last name of the recipient;
 213.8 (2) the time of day that the recipient was dropped off; and
 213.9 (3) the time of day that the recipient was picked up.

213.10 (d) ~~The commissioner shall not issue a correction for attendance record errors that occur~~
 213.11 ~~before August 1, 2013.~~ Adult day services programs licensed under this chapter that are
 213.12 designated for remote adult day services must maintain documentation of actual participation
 213.13 for each adult day service recipient for whom the license holder is reimbursed by a
 213.14 governmental program. The records must be accessible to the commissioner during the
 213.15 program's hours of operation, must be completed on the actual day service is provided, and
 213.16 must include the:

- 213.17 (1) first, middle, and last name of the recipient;
 213.18 (2) time of day the remote services started;
 213.19 (3) time of day that the remote services ended; and
 213.20 (4) means by which the remote services were provided, through audio remote services
 213.21 or through audio and video remote services.

213.22 **EFFECTIVE DATE.** This section is effective January 1, 2023.

213.23 **Sec. 2. [245A.70] REMOTE ADULT DAY SERVICES.**

213.24 (a) For the purposes of sections 245A.70 to 245A.75, the following terms have the
 213.25 meanings given.

213.26 (b) "Adult day care" and "adult day services" have the meanings given in section 245A.02,
 213.27 subdivision 2a.

213.28 (c) "Remote adult day services" means an individualized and coordinated set of services
 213.29 provided via live two-way communication by an adult day care or adult day services center.

213.30 (d) "Live two-way communication" means real-time audio or audio and video
 213.31 transmission of information between a participant and an actively involved staff member.

214.1 Sec. 3. **[245A.71] APPLICABILITY AND SCOPE.**

214.2 Subdivision 1. **Licensing requirements.** Adult day care centers or adult day services
214.3 centers that provide remote adult day services must be licensed under this chapter and
214.4 comply with the requirements set forth in this section.

214.5 Subd. 2. **Standards for licensure.** License holders seeking to provide remote adult day
214.6 services must submit a request in the manner prescribed by the commissioner. Remote adult
214.7 day services must not be delivered until approved by the commissioner. The designation to
214.8 provide remote services is voluntary for license holders. Upon approval, the designation of
214.9 approval for remote adult day services shall be printed on the center's license, and identified
214.10 on the commissioner's public website.

214.11 Subd. 3. **Federal requirements.** Adult day care centers or adult day services centers
214.12 that provide remote adult day services to participants receiving alternative care under section
214.13 256B.0913, essential community supports under section 256B.0922, or home and
214.14 community-based services waivers under chapter 256S or section 256B.092 or 256B.49,
214.15 must comply with federally approved waiver plans.

214.16 Subd. 4. **Service limitations.** Remote adult day services must be provided during the
214.17 days and hours of in-person services specified on the license of the adult day care center.

214.18 Sec. 4. **[245A.72] RECORD REQUIREMENTS.**

214.19 Adult day centers and adult day services centers providing remote adult day services
214.20 must comply with participant record requirements set forth in Minnesota Rules, part
214.21 9555.9660. The center must document how remote services will help a participant reach
214.22 the short- and long-term objectives in the participant's plan of care.

214.23 Sec. 5. **[245A.73] REMOTE ADULT DAY SERVICES STAFF.**

214.24 Subdivision 1. **Staff ratios.** (a) A staff person who provides remote adult day services
214.25 without two-way interactive video must only provide services to one participant at a time.

214.26 (b) A staff person who provides remote adult day services through two-way interactive
214.27 video must not provide services to more than eight participants at one time.

214.28 Subd. 2. **Staff training.** A center licensed under section 245A.71 must document training
214.29 provided to each staff person regarding the provision of remote services in the staff person's
214.30 record. The training must be provided prior to a staff person delivering remote adult day
214.31 services without supervision. The training must include:

215.1 (1) how to use the equipment, technology, and devices required to provide remote adult
 215.2 day services via live two-way communication;

215.3 (2) orientation and training on each participant's plan of care as directly related to remote
 215.4 adult day services; and

215.5 (3) direct observation by a manager or supervisor of the staff person while providing
 215.6 supervised remote service delivery sufficient to assess staff competency.

215.7 **Sec. 6. [245A.74] INDIVIDUAL SERVICE PLANNING.**

215.8 Subdivision 1. **Eligibility.** (a) A person must be eligible for and receiving in-person
 215.9 adult day services to receive remote adult day services from the same provider. The same
 215.10 provider must deliver both in-person adult day services and remote adult day services to a
 215.11 participant.

215.12 (b) The license holder must update the participant's plan of care according to Minnesota
 215.13 Rules, part 9555.9700.

215.14 (c) For a participant who chooses to receive remote adult day services, the license holder
 215.15 must document in the participant's plan of care the participant's proposed schedule and
 215.16 frequency for receiving both in-person and remote services. The license holder must also
 215.17 document in the participant's plan of care that remote services:

215.18 (1) are chosen as a service delivery method by the participant or legal representative;

215.19 (2) will meet the participant's assessed needs;

215.20 (3) are provided within the scope of adult day services; and

215.21 (4) will help the participant achieve identified short- and long-term objectives specific
 215.22 to the provision of remote adult day services.

215.23 Subd. 2. **Participant daily service limitations.** In a 24-hour period, a participant may
 215.24 receive:

215.25 (1) a combination of in-person adult day services and remote adult day services on the
 215.26 same day but not at the same time;

215.27 (2) a combination of in-person and remote adult day services that does not exceed 12
 215.28 hours in total; and

215.29 (3) up to six hours of remote adult day services.

215.30 Subd. 3. **Minimum in-person requirement.** A participant who receives remote services
 215.31 must receive services in person as assigned in the participant's plan of care at least quarterly.

216.1 Sec. 7. [245A.75] SERVICE AND PROGRAM REQUIREMENTS.

216.2 Remote adult day services must be in the scope of adult day services provided in
216.3 Minnesota Rules, part 9555.9710, subparts 3 to 7.

216.4 EFFECTIVE DATE. This section is effective January 1, 2023.

216.5 ARTICLE 6

216.6 DIRECT CARE AND TREATMENT

216.7 Section 1. Minnesota Statutes 2020, section 253B.18, subdivision 6, is amended to read:

216.8 Subd. 6. **Transfer.** (a) A patient who is a person who has a mental illness and is
216.9 dangerous to the public shall not be transferred out of a secure treatment facility unless it
216.10 appears to the satisfaction of the commissioner, after a hearing and favorable recommendation
216.11 by a majority of the special review board, that the transfer is appropriate. Transfer may be
216.12 to another state-operated treatment program. In those instances where a commitment also
216.13 exists to the Department of Corrections, transfer may be to a facility designated by the
216.14 commissioner of corrections.

216.15 (b) The following factors must be considered in determining whether a transfer is
216.16 appropriate:

216.17 (1) the person's clinical progress and present treatment needs;

216.18 (2) the need for security to accomplish continuing treatment;

216.19 (3) the need for continued institutionalization;

216.20 (4) which facility can best meet the person's needs; and

216.21 (5) whether transfer can be accomplished with a reasonable degree of safety for the
216.22 public.

216.23 (c) If a committed person has been transferred out of a secure treatment facility pursuant
216.24 to this subdivision, that committed person may voluntarily return to a secure treatment
216.25 facility for a period of up to 60 days with the consent of the head of the treatment facility.

216.26 (d) If the committed person is not returned to the original, nonsecure transfer facility
216.27 within 60 days of being readmitted to a secure treatment facility, the transfer is revoked and
216.28 the committed person must remain in a secure treatment facility. The committed person
216.29 must immediately be notified in writing of the revocation.

216.30 (e) Within 15 days of receiving notice of the revocation, the committed person may
216.31 petition the special review board for a review of the revocation. The special review board

217.1 shall review the circumstances of the revocation and shall recommend to the commissioner
217.2 whether or not the revocation should be upheld. The special review board may also
217.3 recommend a new transfer at the time of the revocation hearing.

217.4 (f) No action by the special review board is required if the transfer has not been revoked
217.5 and the committed person is returned to the original, nonsecure transfer facility with no
217.6 substantive change to the conditions of the transfer ordered under this subdivision.

217.7 (g) The head of the treatment facility may revoke a transfer made under this subdivision
217.8 and require a committed person to return to a secure treatment facility if:

217.9 (1) remaining in a nonsecure setting does not provide a reasonable degree of safety to
217.10 the committed person or others; or

217.11 (2) the committed person has regressed clinically and the facility to which the committed
217.12 person was transferred does not meet the committed person's needs.

217.13 (h) Upon the revocation of the transfer, the committed person must be immediately
217.14 returned to a secure treatment facility. A report documenting the reasons for revocation
217.15 must be issued by the head of the treatment facility within seven days after the committed
217.16 person is returned to the secure treatment facility. Advance notice to the committed person
217.17 of the revocation is not required.

217.18 (i) The committed person must be provided a copy of the revocation report and informed,
217.19 orally and in writing, of the rights of a committed person under this section. The revocation
217.20 report must be served upon the committed person, the committed person's counsel, and the
217.21 designated agency. The report must outline the specific reasons for the revocation, including
217.22 but not limited to the specific facts upon which the revocation is based.

217.23 (j) If a committed person's transfer is revoked, the committed person may re-petition for
217.24 transfer according to subdivision 5.

217.25 (k) A committed person aggrieved by a transfer revocation decision may petition the
217.26 special review board within seven business days after receipt of the revocation report for a
217.27 review of the revocation. The matter must be scheduled within 30 days. The special review
217.28 board shall review the circumstances leading to the revocation and, after considering the
217.29 factors in paragraph (b), shall recommend to the commissioner whether or not the revocation
217.30 shall be upheld. The special review board may also recommend a new transfer out of a
217.31 secure treatment facility at the time of the revocation hearing.

218.1 Sec. 2. **REPEALER.**

218.2 Minnesota Statutes 2020, sections 246.0136; 252.025, subdivision 7; and 252.035, are
218.3 repealed.

218.4 **ARTICLE 7**

218.5 **DEPARTMENT OF HEALTH**

218.6 Section 1. Minnesota Statutes 2020, section 144.1222, subdivision 2d, is amended to read:

218.7 Subd. 2d. **Hot tubs on rental ~~houseboats~~ property.** (a) A ~~hot water~~ spa pool intended
218.8 for seated recreational use, including a hot tub or whirlpool, that is located on a houseboat
218.9 that is rented to the public is not a public pool and is exempt from the requirements for
218.10 public pools under this section and Minnesota Rules, chapter 4717.

218.11 (b) A spa pool intended for seated recreational use, including a hot tub or whirlpool,
218.12 that is located on the property of a stand-alone single-unit rental property that is rented to
218.13 the public by the property owner or through a resort and that is a spa pool only intended to
218.14 be used by the occupants of the rental property is not a public pool and is exempt from the
218.15 requirements for public pools under this section and Minnesota Rules, chapter 4717.

218.16 (c) A ~~hot water~~ spa pool under this subdivision must be conspicuously posted with the
218.17 following notice to renters:

218.18 "NOTICE

218.19 This spa is exempt from state and local sanitary requirements that prevent disease
218.20 transmission.

218.21 USE AT YOUR OWN RISK

218.22 This notice is required under Minnesota Statutes, section 144.1222, subdivision 2d."

218.23 Sec. 2. Minnesota Statutes 2021 Supplement, section 144.551, subdivision 1, is amended
218.24 to read:

218.25 Subdivision 1. **Restricted construction or modification.** (a) The following construction
218.26 or modification may not be commenced:

218.27 (1) any erection, building, alteration, reconstruction, modernization, improvement,
218.28 extension, lease, or other acquisition by or on behalf of a hospital that increases the bed
218.29 capacity of a hospital, relocates hospital beds from one physical facility, complex, or site
218.30 to another, or otherwise results in an increase or redistribution of hospital beds within the
218.31 state; and

219.1 (2) the establishment of a new hospital.

219.2 (b) This section does not apply to:

219.3 (1) construction or relocation within a county by a hospital, clinic, or other health care
219.4 facility that is a national referral center engaged in substantial programs of patient care,
219.5 medical research, and medical education meeting state and national needs that receives more
219.6 than 40 percent of its patients from outside the state of Minnesota;

219.7 (2) a project for construction or modification for which a health care facility held an
219.8 approved certificate of need on May 1, 1984, regardless of the date of expiration of the
219.9 certificate;

219.10 (3) a project for which a certificate of need was denied before July 1, 1990, if a timely
219.11 appeal results in an order reversing the denial;

219.12 (4) a project exempted from certificate of need requirements by Laws 1981, chapter 200,
219.13 section 2;

219.14 (5) a project involving consolidation of pediatric specialty hospital services within the
219.15 Minneapolis-St. Paul metropolitan area that would not result in a net increase in the number
219.16 of pediatric specialty hospital beds among the hospitals being consolidated;

219.17 (6) a project involving the temporary relocation of pediatric-orthopedic hospital beds to
219.18 an existing licensed hospital that will allow for the reconstruction of a new philanthropic,
219.19 pediatric-orthopedic hospital on an existing site and that will not result in a net increase in
219.20 the number of hospital beds. Upon completion of the reconstruction, the licenses of both
219.21 hospitals must be reinstated at the capacity that existed on each site before the relocation;

219.22 (7) the relocation or redistribution of hospital beds within a hospital building or
219.23 identifiable complex of buildings provided the relocation or redistribution does not result
219.24 in: (i) an increase in the overall bed capacity at that site; (ii) relocation of hospital beds from
219.25 one physical site or complex to another; or (iii) redistribution of hospital beds within the
219.26 state or a region of the state;

219.27 (8) relocation or redistribution of hospital beds within a hospital corporate system that
219.28 involves the transfer of beds from a closed facility site or complex to an existing site or
219.29 complex provided that: (i) no more than 50 percent of the capacity of the closed facility is
219.30 transferred; (ii) the capacity of the site or complex to which the beds are transferred does
219.31 not increase by more than 50 percent; (iii) the beds are not transferred outside of a federal
219.32 health systems agency boundary in place on July 1, 1983; (iv) the relocation or redistribution
219.33 does not involve the construction of a new hospital building; and (v) the transferred beds

220.1 are used first to replace within the hospital corporate system the total number of beds
220.2 previously used in the closed facility site or complex for mental health services and substance
220.3 use disorder services. Only after the hospital corporate system has fulfilled the requirements
220.4 of this item may the remainder of the available capacity of the closed facility site or complex
220.5 be transferred for any other purpose;

220.6 (9) a construction project involving up to 35 new beds in a psychiatric hospital in Rice
220.7 County that primarily serves adolescents and that receives more than 70 percent of its
220.8 patients from outside the state of Minnesota;

220.9 (10) a project to replace a hospital or hospitals with a combined licensed capacity of
220.10 130 beds or less if: (i) the new hospital site is located within five miles of the current site;
220.11 and (ii) the total licensed capacity of the replacement hospital, either at the time of
220.12 construction of the initial building or as the result of future expansion, will not exceed 70
220.13 licensed hospital beds, or the combined licensed capacity of the hospitals, whichever is less;

220.14 (11) the relocation of licensed hospital beds from an existing state facility operated by
220.15 the commissioner of human services to a new or existing facility, building, or complex
220.16 operated by the commissioner of human services; from one regional treatment center site
220.17 to another; or from one building or site to a new or existing building or site on the same
220.18 campus;

220.19 (12) the construction or relocation of hospital beds operated by a hospital having a
220.20 statutory obligation to provide hospital and medical services for the indigent that does not
220.21 result in a net increase in the number of hospital beds, notwithstanding section 144.552, 27
220.22 beds, of which 12 serve mental health needs, may be transferred from Hennepin County
220.23 Medical Center to Regions Hospital under this clause;

220.24 (13) a construction project involving the addition of up to 31 new beds in an existing
220.25 nonfederal hospital in Beltrami County;

220.26 (14) a construction project involving the addition of up to eight new beds in an existing
220.27 nonfederal hospital in Otter Tail County with 100 licensed acute care beds;

220.28 (15) a construction project involving the addition of 20 new hospital beds in an existing
220.29 hospital in Carver County serving the southwest suburban metropolitan area;

220.30 (16) a project for the construction or relocation of up to 20 hospital beds for the operation
220.31 of up to two psychiatric facilities or units for children provided that the operation of the
220.32 facilities or units have received the approval of the commissioner of human services;

221.1 (17) a project involving the addition of 14 new hospital beds to be used for rehabilitation
221.2 services in an existing hospital in Itasca County;

221.3 (18) a project to add 20 licensed beds in existing space at a hospital in Hennepin County
221.4 that closed 20 rehabilitation beds in 2002, provided that the beds are used only for
221.5 rehabilitation in the hospital's current rehabilitation building. If the beds are used for another
221.6 purpose or moved to another location, the hospital's licensed capacity is reduced by 20 beds;

221.7 (19) a critical access hospital established under section 144.1483, clause (9), and section
221.8 1820 of the federal Social Security Act, United States Code, title 42, section 1395i-4, that
221.9 delicensed beds since enactment of the Balanced Budget Act of 1997, Public Law 105-33,
221.10 to the extent that the critical access hospital does not seek to exceed the maximum number
221.11 of beds permitted such hospital under federal law;

221.12 (20) notwithstanding section 144.552, a project for the construction of a new hospital
221.13 in the city of Maple Grove with a licensed capacity of up to 300 beds provided that:

221.14 (i) the project, including each hospital or health system that will own or control the entity
221.15 that will hold the new hospital license, is approved by a resolution of the Maple Grove City
221.16 Council as of March 1, 2006;

221.17 (ii) the entity that will hold the new hospital license will be owned or controlled by one
221.18 or more not-for-profit hospitals or health systems that have previously submitted a plan or
221.19 plans for a project in Maple Grove as required under section 144.552, and the plan or plans
221.20 have been found to be in the public interest by the commissioner of health as of April 1,
221.21 2005;

221.22 (iii) the new hospital's initial inpatient services must include, but are not limited to,
221.23 medical and surgical services, obstetrical and gynecological services, intensive care services,
221.24 orthopedic services, pediatric services, noninvasive cardiac diagnostics, behavioral health
221.25 services, and emergency room services;

221.26 (iv) the new hospital:

221.27 (A) will have the ability to provide and staff sufficient new beds to meet the growing
221.28 needs of the Maple Grove service area and the surrounding communities currently being
221.29 served by the hospital or health system that will own or control the entity that will hold the
221.30 new hospital license;

221.31 (B) will provide uncompensated care;

221.32 (C) will provide mental health services, including inpatient beds;

222.1 (D) will be a site for workforce development for a broad spectrum of health-care-related
222.2 occupations and have a commitment to providing clinical training programs for physicians
222.3 and other health care providers;

222.4 (E) will demonstrate a commitment to quality care and patient safety;

222.5 (F) will have an electronic medical records system, including physician order entry;

222.6 (G) will provide a broad range of senior services;

222.7 (H) will provide emergency medical services that will coordinate care with regional
222.8 providers of trauma services and licensed emergency ambulance services in order to enhance
222.9 the continuity of care for emergency medical patients; and

222.10 (I) will be completed by December 31, 2009, unless delayed by circumstances beyond
222.11 the control of the entity holding the new hospital license; and

222.12 (v) as of 30 days following submission of a written plan, the commissioner of health
222.13 has not determined that the hospitals or health systems that will own or control the entity
222.14 that will hold the new hospital license are unable to meet the criteria of this clause;

222.15 (21) a project approved under section 144.553;

222.16 (22) a project for the construction of a hospital with up to 25 beds in Cass County within
222.17 a 20-mile radius of the state Ah-Gwah-Ching facility, provided the hospital's license holder
222.18 is approved by the Cass County Board;

222.19 (23) a project for an acute care hospital in Fergus Falls that will increase the bed capacity
222.20 from 108 to 110 beds by increasing the rehabilitation bed capacity from 14 to 16 and closing
222.21 a separately licensed 13-bed skilled nursing facility;

222.22 (24) notwithstanding section 144.552, a project for the construction and expansion of a
222.23 specialty psychiatric hospital in Hennepin County for up to 50 beds, exclusively for patients
222.24 who are under 21 years of age on the date of admission. The commissioner conducted a
222.25 public interest review of the mental health needs of Minnesota and the Twin Cities
222.26 metropolitan area in 2008. No further public interest review shall be conducted for the
222.27 construction or expansion project under this clause;

222.28 (25) a project for a 16-bed psychiatric hospital in the city of Thief River Falls, if the
222.29 commissioner finds the project is in the public interest after the public interest review
222.30 conducted under section 144.552 is complete;

222.31 (26)(i) a project for a 20-bed psychiatric hospital, within an existing facility in the city
222.32 of Maple Grove, exclusively for patients who are under 21 years of age on the date of

223.1 admission, if the commissioner finds the project is in the public interest after the public
223.2 interest review conducted under section 144.552 is complete;

223.3 (ii) this project shall serve patients in the continuing care benefit program under section
223.4 256.9693. The project may also serve patients not in the continuing care benefit program;
223.5 and

223.6 (iii) if the project ceases to participate in the continuing care benefit program, the
223.7 commissioner must complete a subsequent public interest review under section 144.552. If
223.8 the project is found not to be in the public interest, the license must be terminated six months
223.9 from the date of that finding. If the commissioner of human services terminates the contract
223.10 without cause or reduces per diem payment rates for patients under the continuing care
223.11 benefit program below the rates in effect for services provided on December 31, 2015, the
223.12 project may cease to participate in the continuing care benefit program and continue to
223.13 operate without a subsequent public interest review;

223.14 (27) a project involving the addition of 21 new beds in an existing psychiatric hospital
223.15 in Hennepin County that is exclusively for patients who are under 21 years of age on the
223.16 date of admission;

223.17 (28) a project to add 55 licensed beds in an existing safety net, level I trauma center
223.18 hospital in Ramsey County as designated under section 383A.91, subdivision 5, of which
223.19 15 beds are to be used for inpatient mental health and 40 are to be used for other services.
223.20 In addition, five unlicensed observation mental health beds shall be added;

223.21 (29) upon submission of a plan to the commissioner for public interest review under
223.22 section 144.552 and the addition of the 15 inpatient mental health beds specified in clause
223.23 (28), to its bed capacity, a project to add 45 licensed beds in an existing safety net, level I
223.24 trauma center hospital in Ramsey County as designated under section 383A.91, subdivision
223.25 5. Five of the 45 additional beds authorized under this clause must be designated for use
223.26 for inpatient mental health and must be added to the hospital's bed capacity before the
223.27 remaining 40 beds are added. Notwithstanding section 144.552, the hospital may add licensed
223.28 beds under this clause prior to completion of the public interest review, provided the hospital
223.29 submits its plan by the 2021 deadline and adheres to the timelines for the public interest
223.30 review described in section 144.552; ~~or~~

223.31 (30) upon submission of a plan to the commissioner for public interest review under
223.32 section 144.552, a project to add up to 30 licensed beds in an existing psychiatric hospital
223.33 in Hennepin County that exclusively provides care to patients who are under 21 years of
223.34 age on the date of admission. Notwithstanding section 144.552, the psychiatric hospital

224.1 may add licensed beds under this clause prior to completion of the public interest review,
 224.2 provided the hospital submits its plan by the 2021 deadline and adheres to the timelines for
 224.3 the public interest review described in section 144.552; or

224.4 (31) any project to add licensed beds in a hospital that: (i) is designated as a critical
 224.5 access hospital under section 144.1483, clause (9), and United States Code, title 42, section
 224.6 1395i-4; (ii) has a licensed bed capacity of fewer than 25 beds; and (iii) has an attached
 224.7 nursing home, so long as the total number of licensed beds in the hospital after the bed
 224.8 addition does not exceed 25 beds. Notwithstanding section 144.552, a public interest review
 224.9 is not required for a project authorized under this clause.

224.10 Sec. 3. Minnesota Statutes 2020, section 144A.75, subdivision 12, is amended to read:

224.11 Subd. 12. **Palliative care.** "Palliative care" means ~~the total active care of patients whose~~
 224.12 ~~disease is not responsive to curative treatment. Control of pain, of other symptoms, and of~~
 224.13 ~~psychological, social, and spiritual problems is paramount~~ specialized medical care for
 224.14 people living with a serious illness or life-limiting condition. This type of care is focused
 224.15 on reducing the pain, symptoms, and stress of a serious illness or condition. Palliative care
 224.16 is a team-based approach to care, providing essential support at any age or stage of a serious
 224.17 illness or condition, and is often provided together with curative treatment. The goal of
 224.18 palliative care is ~~the achievement of the best quality of life for patients and their families~~
 224.19 to improve quality of life for both the patient and the patient's family or care partner.

224.20 ARTICLE 8

224.21 MANDATED REPORTS

224.22 Section 1. Minnesota Statutes 2020, section 62Q.37, subdivision 7, is amended to read:

224.23 Subd. 7. **Human services.** ~~(a)~~ The commissioner of human services shall implement
 224.24 this section in a manner that is consistent with applicable federal laws and regulations and
 224.25 that avoids the duplication of review activities performed by a nationally recognized
 224.26 independent organization.

224.27 ~~(b) By December 31 of each year, the commissioner shall submit to the legislature a~~
 224.28 ~~written report identifying the number of audits performed by a nationally recognized~~
 224.29 ~~independent organization that were accepted, partially accepted, or rejected by the~~
 224.30 ~~commissioner under this section. The commissioner shall provide the rationale for partial~~
 224.31 ~~acceptance or rejection. If the rationale for the partial acceptance or rejection was based on~~
 224.32 ~~the commissioner's determination that the standards used in the audit were not equivalent~~

225.1 ~~to state law, regulation, or contract requirement, the report must document the variances~~
225.2 ~~between the audit standards and the applicable state requirements.~~

225.3 Sec. 2. Minnesota Statutes 2020, section 144A.351, subdivision 1, is amended to read:

225.4 Subdivision 1. **Report requirements.** (a) The commissioners of health and human
225.5 services, with the cooperation of counties and in consultation with stakeholders, including
225.6 persons who need or are using long-term care services and supports, lead agencies, regional
225.7 entities, senior, disability, and mental health organization representatives, service providers,
225.8 and community members shall ~~prepare a report to the legislature by August 15, 2013, and~~
225.9 ~~biennially thereafter,~~ compile data regarding the status of the full range of long-term care
225.10 services and supports for the elderly and children and adults with disabilities and mental
225.11 illnesses in Minnesota. ~~Any amounts appropriated for this report are available in either year~~
225.12 ~~of the biennium.~~ The report shall address compiled data shall include:

225.13 (1) demographics and need for long-term care services and supports in Minnesota;

225.14 (2) summary of county and regional reports on long-term care gaps, surpluses, imbalances,
225.15 and corrective action plans;

225.16 (3) status of long-term care services and related mental health services, housing options,
225.17 and supports by county and region including:

225.18 (i) changes in availability of the range of long-term care services and housing options;

225.19 (ii) access problems, including access to the least restrictive and most integrated services
225.20 and settings, regarding long-term care services; and

225.21 (iii) comparative measures of long-term care services availability, including serving
225.22 people in their home areas near family, and changes over time; and

225.23 (4) recommendations regarding goals for the future of long-term care services and
225.24 supports, policy and fiscal changes, and resource development and transition needs.

225.25 (b) The commissioners of health and human services shall make the compiled data
225.26 available on at least one of the department's websites.

225.27 Sec. 3. Minnesota Statutes 2020, section 245.4661, subdivision 10, is amended to read:

225.28 Subd. 10. **Commissioner duty to report on use of grant funds biennially.** (a) By
225.29 November 1, 2016, and biennially thereafter, the commissioner of human services shall
225.30 provide sufficient information to the members of the legislative committees having
225.31 jurisdiction over mental health funding and policy issues to evaluate the use of funds

226.1 appropriated under this section of law. The commissioner shall provide, at a minimum, the
226.2 following information:

226.3 (1) the amount of funding to mental health initiatives, what programs and services were
226.4 funded in the previous two years, gaps in services that each initiative brought to the attention
226.5 of the commissioner, and outcome data for the programs and services that were funded; and

226.6 (2) the amount of funding for other targeted services and the location of services.

226.7 (b) This subdivision expires January 1, 2032.

226.8 Sec. 4. Minnesota Statutes 2020, section 245.4889, subdivision 3, is amended to read:

226.9 Subd. 3. **Commissioner duty to report on use of grant funds biennially.** (a) By
226.10 November 1, 2016, and biennially thereafter, the commissioner of human services shall
226.11 provide sufficient information to the members of the legislative committees having
226.12 jurisdiction over mental health funding and policy issues to evaluate the use of funds
226.13 appropriated under this section. The commissioner shall provide, at a minimum, the following
226.14 information:

226.15 (1) the amount of funding for children's mental health grants, what programs and services
226.16 were funded in the previous two years, and outcome data for the programs and services that
226.17 were funded; and

226.18 (2) the amount of funding for other targeted services and the location of services.

226.19 (b) This subdivision expires January 1, 2032.

226.20 Sec. 5. Minnesota Statutes 2021 Supplement, section 245A.03, subdivision 7, is amended
226.21 to read:

226.22 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license
226.23 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult
226.24 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter
226.25 for a physical location that will not be the primary residence of the license holder for the
226.26 entire period of licensure. If a family child foster care home or family adult foster care home
226.27 license is issued during this moratorium, and the license holder changes the license holder's
226.28 primary residence away from the physical location of the foster care license, the
226.29 commissioner shall revoke the license according to section 245A.07. The commissioner
226.30 shall not issue an initial license for a community residential setting licensed under chapter
226.31 245D. When approving an exception under this paragraph, the commissioner shall consider
226.32 the resource need determination process in paragraph (h), the availability of foster care

227.1 licensed beds in the geographic area in which the licensee seeks to operate, the results of a
227.2 person's choices during their annual assessment and service plan review, and the
227.3 recommendation of the local county board. The determination by the commissioner is final
227.4 and not subject to appeal. Exceptions to the moratorium include:

227.5 (1) foster care settings where at least 80 percent of the residents are 55 years of age or
227.6 older;

227.7 (2) foster care licenses replacing foster care licenses in existence on May 15, 2009, or
227.8 community residential setting licenses replacing adult foster care licenses in existence on
227.9 December 31, 2013, and determined to be needed by the commissioner under paragraph
227.10 (b);

227.11 (3) new foster care licenses or community residential setting licenses determined to be
227.12 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,
227.13 or regional treatment center; restructuring of state-operated services that limits the capacity
227.14 of state-operated facilities; or allowing movement to the community for people who no
227.15 longer require the level of care provided in state-operated facilities as provided under section
227.16 256B.092, subdivision 13, or 256B.49, subdivision 24;

227.17 (4) new foster care licenses or community residential setting licenses determined to be
227.18 needed by the commissioner under paragraph (b) for persons requiring hospital level care;

227.19 (5) new foster care licenses or community residential setting licenses for people receiving
227.20 services under chapter 245D and residing in an unlicensed setting before May 1, 2017, and
227.21 for which a license is required. This exception does not apply to people living in their own
227.22 home. For purposes of this clause, there is a presumption that a foster care or community
227.23 residential setting license is required for services provided to three or more people in a
227.24 dwelling unit when the setting is controlled by the provider. A license holder subject to this
227.25 exception may rebut the presumption that a license is required by seeking a reconsideration
227.26 of the commissioner's determination. The commissioner's disposition of a request for
227.27 reconsideration is final and not subject to appeal under chapter 14. The exception is available
227.28 until June 30, 2018. This exception is available when:

227.29 (i) the person's case manager provided the person with information about the choice of
227.30 service, service provider, and location of service, including in the person's home, to help
227.31 the person make an informed choice; and

227.32 (ii) the person's services provided in the licensed foster care or community residential
227.33 setting are less than or equal to the cost of the person's services delivered in the unlicensed
227.34 setting as determined by the lead agency; or

228.1 (6) new foster care licenses or community residential setting licenses for people receiving
228.2 customized living or 24-hour customized living services under the brain injury or community
228.3 access for disability inclusion waiver plans under section 256B.49 and residing in the
228.4 customized living setting before July 1, 2022, for which a license is required. A customized
228.5 living service provider subject to this exception may rebut the presumption that a license
228.6 is required by seeking a reconsideration of the commissioner's determination. The
228.7 commissioner's disposition of a request for reconsideration is final and not subject to appeal
228.8 under chapter 14. The exception is available until June 30, 2023. This exception is available
228.9 when:

228.10 (i) the person's customized living services are provided in a customized living service
228.11 setting serving four or fewer people under the brain injury or community access for disability
228.12 inclusion waiver plans under section 256B.49 in a single-family home operational on or
228.13 before June 30, 2021. Operational is defined in section 256B.49, subdivision 28;

228.14 (ii) the person's case manager provided the person with information about the choice of
228.15 service, service provider, and location of service, including in the person's home, to help
228.16 the person make an informed choice; and

228.17 (iii) the person's services provided in the licensed foster care or community residential
228.18 setting are less than or equal to the cost of the person's services delivered in the customized
228.19 living setting as determined by the lead agency.

228.20 (b) The commissioner shall determine the need for newly licensed foster care homes or
228.21 community residential settings as defined under this subdivision. As part of the determination,
228.22 the commissioner shall consider the availability of foster care capacity in the area in which
228.23 the licensee seeks to operate, and the recommendation of the local county board. The
228.24 determination by the commissioner must be final. A determination of need is not required
228.25 for a change in ownership at the same address.

228.26 (c) When an adult resident served by the program moves out of a foster home that is not
228.27 the primary residence of the license holder according to section 256B.49, subdivision 15,
228.28 paragraph (f), or the adult community residential setting, the county shall immediately
228.29 inform the Department of Human Services Licensing Division. The department may decrease
228.30 the statewide licensed capacity for adult foster care settings.

228.31 (d) Residential settings that would otherwise be subject to the decreased license capacity
228.32 established in paragraph (c) shall be exempt if the license holder's beds are occupied by
228.33 residents whose primary diagnosis is mental illness and the license holder is certified under
228.34 the requirements in subdivision 6a or section 245D.33.

229.1 (e) A resource need determination process, managed at the state level, using the available
229.2 ~~reports~~ data required by section 144A.351, and other data and information shall be used to
229.3 determine where the reduced capacity determined under section 256B.493 will be
229.4 implemented. The commissioner shall consult with the stakeholders described in section
229.5 144A.351, and employ a variety of methods to improve the state's capacity to meet the
229.6 informed decisions of those people who want to move out of corporate foster care or
229.7 community residential settings, long-term service needs within budgetary limits, including
229.8 seeking proposals from service providers or lead agencies to change service type, capacity,
229.9 or location to improve services, increase the independence of residents, and better meet
229.10 needs identified by the long-term services and supports reports and statewide data and
229.11 information.

229.12 (f) At the time of application and reapplication for licensure, the applicant and the license
229.13 holder that are subject to the moratorium or an exclusion established in paragraph (a) are
229.14 required to inform the commissioner whether the physical location where the foster care
229.15 will be provided is or will be the primary residence of the license holder for the entire period
229.16 of licensure. If the primary residence of the applicant or license holder changes, the applicant
229.17 or license holder must notify the commissioner immediately. The commissioner shall print
229.18 on the foster care license certificate whether or not the physical location is the primary
229.19 residence of the license holder.

229.20 (g) License holders of foster care homes identified under paragraph (f) that are not the
229.21 primary residence of the license holder and that also provide services in the foster care home
229.22 that are covered by a federally approved home and community-based services waiver, as
229.23 authorized under chapter 256S or section 256B.092 or 256B.49, must inform the human
229.24 services licensing division that the license holder provides or intends to provide these
229.25 waiver-funded services.

229.26 (h) The commissioner may adjust capacity to address needs identified in section
229.27 144A.351. Under this authority, the commissioner may approve new licensed settings or
229.28 delicense existing settings. Delicensing of settings will be accomplished through a process
229.29 identified in section 256B.493. ~~Annually, by August 1, the commissioner shall provide~~
229.30 ~~information and data on capacity of licensed long-term services and supports, actions taken~~
229.31 ~~under the subdivision to manage statewide long-term services and supports resources, and~~
229.32 ~~any recommendations for change to the legislative committees with jurisdiction over the~~
229.33 ~~health and human services budget.~~

229.34 (i) The commissioner must notify a license holder when its corporate foster care or
229.35 community residential setting licensed beds are reduced under this section. The notice of

230.1 reduction of licensed beds must be in writing and delivered to the license holder by certified
230.2 mail or personal service. The notice must state why the licensed beds are reduced and must
230.3 inform the license holder of its right to request reconsideration by the commissioner. The
230.4 license holder's request for reconsideration must be in writing. If mailed, the request for
230.5 reconsideration must be postmarked and sent to the commissioner within 20 calendar days
230.6 after the license holder's receipt of the notice of reduction of licensed beds. If a request for
230.7 reconsideration is made by personal service, it must be received by the commissioner within
230.8 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

230.9 (j) The commissioner shall not issue an initial license for children's residential treatment
230.10 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter
230.11 for a program that Centers for Medicare and Medicaid Services would consider an institution
230.12 for mental diseases. Facilities that serve only private pay clients are exempt from the
230.13 moratorium described in this paragraph. The commissioner has the authority to manage
230.14 existing statewide capacity for children's residential treatment services subject to the
230.15 moratorium under this paragraph and may issue an initial license for such facilities if the
230.16 initial license would not increase the statewide capacity for children's residential treatment
230.17 services subject to the moratorium under this paragraph.

230.18 Sec. 6. Minnesota Statutes 2020, section 256.01, subdivision 29, is amended to read:

230.19 Subd. 29. **State medical review team.** (a) To ensure the timely processing of
230.20 determinations of disability by the commissioner's state medical review team under sections
230.21 256B.055, subdivisions 7, paragraph (b), and 12, and 256B.057, subdivision 9, the
230.22 commissioner shall review all medical evidence and seek information from providers,
230.23 applicants, and enrollees to support the determination of disability where necessary. Disability
230.24 shall be determined according to the rules of title XVI and title XIX of the Social Security
230.25 Act and pertinent rules and policies of the Social Security Administration.

230.26 (b) Prior to a denial or withdrawal of a requested determination of disability due to
230.27 insufficient evidence, the commissioner shall (1) ensure that the missing evidence is necessary
230.28 and appropriate to a determination of disability, and (2) assist applicants and enrollees to
230.29 obtain the evidence, including, but not limited to, medical examinations and electronic
230.30 medical records.

230.31 ~~(e) The commissioner shall provide the chairs of the legislative committees with~~
230.32 ~~jurisdiction over health and human services finance and budget the following information~~
230.33 ~~on the activities of the state medical review team by February 1 of each year:~~

231.1 ~~(1) the number of applications to the state medical review team that were denied,~~
 231.2 ~~approved, or withdrawn;~~

231.3 ~~(2) the average length of time from receipt of the application to a decision;~~

231.4 ~~(3) the number of appeals, appeal results, and the length of time taken from the date the~~
 231.5 ~~person involved requested an appeal for a written decision to be made on each appeal;~~

231.6 ~~(4) for applicants, their age, health coverage at the time of application, hospitalization~~
 231.7 ~~history within three months of application, and whether an application for Social Security~~
 231.8 ~~or Supplemental Security Income benefits is pending; and~~

231.9 ~~(5) specific information on the medical certification, licensure, or other credentials of~~
 231.10 ~~the person or persons performing the medical review determinations and length of time in~~
 231.11 ~~that position.~~

231.12 ~~(d)~~ (c) Any appeal made under section 256.045, subdivision 3, of a disability
 231.13 determination made by the state medical review team must be decided according to the
 231.14 timelines under section 256.0451, subdivision 22, paragraph (a). If a written decision is not
 231.15 issued within the timelines under section 256.0451, subdivision 22, paragraph (a), the appeal
 231.16 must be immediately reviewed by the chief human services judge.

231.17 Sec. 7. Minnesota Statutes 2021 Supplement, section 256.01, subdivision 42, is amended
 231.18 to read:

231.19 Subd. 42. **Expiration of report mandates.** (a) If the submission of a report by the
 231.20 commissioner of human services to the legislature is mandated by statute and the enabling
 231.21 legislation does not include a date for the submission of a final report or an expiration date,
 231.22 the mandate to submit the report shall expire in accordance with this section.

231.23 (b) If the mandate requires the submission of an annual or more frequent report and the
 231.24 mandate was enacted before January 1, 2021, the mandate shall expire on January 1, 2023.
 231.25 If the mandate requires the submission of a biennial or less frequent report and the mandate
 231.26 was enacted before January 1, 2021, the mandate shall expire on January 1, 2024.

231.27 (c) Any reporting mandate enacted on or after January 1, 2021, shall expire three years
 231.28 after the date of enactment if the mandate requires the submission of an annual or more
 231.29 frequent report and shall expire five years after the date of enactment if the mandate requires
 231.30 the submission of a biennial or less frequent report unless the enacting legislation provides
 231.31 for a different expiration date.

232.1 (d) By January 15 of each year, the commissioner shall submit ~~a list~~ to the chairs and
232.2 ranking minority members of the legislative committees with jurisdiction over human
232.3 services ~~by February 15 of each year, beginning February 15, 2022, a list~~ of all reports set
232.4 to expire during the following calendar year ~~in accordance with this section~~. Notwithstanding
232.5 paragraph (c), this paragraph does not expire.

232.6 Sec. 8. Minnesota Statutes 2020, section 256.021, subdivision 3, is amended to read:

232.7 Subd. 3. **Report.** (a) By January 15 of each year, the panel shall submit a report to the
232.8 committees of the legislature with jurisdiction over section 626.557 regarding the number
232.9 of requests for review it receives under this section, the number of cases where the panel
232.10 requires the lead investigative agency to reconsider its final disposition, and the number of
232.11 cases where the final disposition is changed, and any recommendations to improve the
232.12 review or investigative process.

232.13 (b) This subdivision expires January 1, 2024.

232.14 Sec. 9. Minnesota Statutes 2021 Supplement, section 256.042, subdivision 4, is amended
232.15 to read:

232.16 Subd. 4. **Grants.** (a) The commissioner of human services shall submit a report of the
232.17 grants proposed by the advisory council to be awarded for the upcoming calendar year to
232.18 the chairs and ranking minority members of the legislative committees with jurisdiction
232.19 over health and human services policy and finance, by December 1 of each year, beginning
232.20 ~~March 1, 2020~~ December 1, 2022. This paragraph expires upon the expiration of the advisory
232.21 council.

232.22 (b) The grants shall be awarded to proposals selected by the advisory council that address
232.23 the priorities in subdivision 1, paragraph (a), clauses (1) to (4), unless otherwise appropriated
232.24 by the legislature. The advisory council shall determine grant awards and funding amounts
232.25 based on the funds appropriated to the commissioner under section 256.043, subdivision 3,
232.26 paragraph (e). The commissioner shall award the grants from the opiate epidemic response
232.27 fund and administer the grants in compliance with section 16B.97. No more than ten percent
232.28 of the grant amount may be used by a grantee for administration.

232.29 Sec. 10. Minnesota Statutes 2020, section 256.042, subdivision 5, is amended to read:

232.30 Subd. 5. **Reports.** (a) The advisory council shall report annually to the chairs and ranking
232.31 minority members of the legislative committees with jurisdiction over health and human
232.32 services policy and finance by January 31 of each year, beginning January 31, 2021. The

233.1 report shall include information about the individual projects that receive grants and the
233.2 overall role of the project in addressing the opioid addiction and overdose epidemic in
233.3 Minnesota. The report must describe the grantees and the activities implemented, along
233.4 with measurable outcomes as determined by the council in consultation with the
233.5 commissioner of human services and the commissioner of management and budget. At a
233.6 minimum, the report must include information about the number of individuals who received
233.7 information or treatment, the outcomes the individuals achieved, and demographic
233.8 information about the individuals participating in the project; an assessment of the progress
233.9 toward achieving statewide access to qualified providers and comprehensive treatment and
233.10 recovery services; and an update on the evaluations implemented by the commissioner of
233.11 management and budget for the promising practices and theory-based projects that receive
233.12 funding.

233.13 (b) The commissioner of management and budget, in consultation with the Opiate
233.14 Epidemic Response Advisory Council, shall report to the chairs and ranking minority
233.15 members of the legislative committees with jurisdiction over health and human services
233.16 policy and finance when an evaluation study described in subdivision 1, paragraph (c), is
233.17 complete on the promising practices or theory-based projects that are selected for evaluation
233.18 activities. The report shall include demographic information; outcome information for the
233.19 individuals in the program; the results for the program in promoting recovery, employment,
233.20 family reunification, and reducing involvement with the criminal justice system; and other
233.21 relevant outcomes determined by the commissioner of management and budget that are
233.22 specific to the projects that are evaluated. The report shall include information about the
233.23 ability of grant programs to be scaled to achieve the statewide results that the grant project
233.24 demonstrated.

233.25 (c) The advisory council, in its annual report to the legislature under paragraph (a) due
233.26 by January 31, 2024, shall include recommendations on whether the appropriations to the
233.27 specified entities under Laws 2019, chapter 63, should be continued, adjusted, or
233.28 discontinued; whether funding should be appropriated for other purposes related to opioid
233.29 abuse prevention, education, and treatment; and on the appropriate level of funding for
233.30 existing and new uses.

233.31 (d) This subdivision expires upon the expiration of the advisory council.

233.32 Sec. 11. Minnesota Statutes 2020, section 256.9657, subdivision 8, is amended to read:

233.33 Subd. 8. **Commissioner's duties.** (a) Beginning October 1, 2023, the commissioner of
233.34 human services shall annually report to the legislature ~~quarterly on the first day of January,~~

234.1 ~~April, July, and October~~ chairs and ranking minority members of the legislative committees
 234.2 with jurisdiction over health care policy and finance regarding the provider surcharge
 234.3 program. The report shall include information on total billings, total collections, and
 234.4 administrative expenditures for the previous fiscal year. ~~The report on January 1, 1993,~~
 234.5 ~~shall include information on all surcharge billings, collections, federal matching payments~~
 234.6 ~~received, efforts to collect unpaid amounts, and administrative costs pertaining to the~~
 234.7 ~~surcharge program in effect from July 1, 1991, to September 30, 1992~~ This paragraph expires
 234.8 January 1, 2032.

234.9 (b) The surcharge shall be adjusted by inflationary and caseload changes in future
 234.10 bienniums to maintain reimbursement of health care providers in accordance with the
 234.11 requirements of the state and federal laws governing the medical assistance program,
 234.12 including the requirements of the Medicaid moratorium amendments of 1991 found in
 234.13 Public Law No. 102-234.

234.14 (c) The commissioner shall request the Minnesota congressional delegation to support
 234.15 a change in federal law that would prohibit federal disallowances for any state that makes
 234.16 a good faith effort to comply with Public Law 102-234 by enacting conforming legislation
 234.17 prior to the issuance of federal implementing regulations.

234.18 Sec. 12. Minnesota Statutes 2020, section 256.975, subdivision 11, is amended to read:

234.19 Subd. 11. **Regional and local dementia grants.** (a) The Minnesota Board on Aging
 234.20 shall award competitive grants to eligible applicants for regional and local projects and
 234.21 initiatives targeted to a designated community, which may consist of a specific geographic
 234.22 area or population, to increase awareness of Alzheimer's disease and other dementias,
 234.23 increase the rate of cognitive testing in the population at risk for dementias, promote the
 234.24 benefits of early diagnosis of dementias, or connect caregivers of persons with dementia to
 234.25 education and resources.

234.26 (b) The project areas for grants include:

234.27 (1) local or community-based initiatives to promote the benefits of physician or advanced
 234.28 practice registered nurse consultations for all individuals who suspect a memory or cognitive
 234.29 problem;

234.30 (2) local or community-based initiatives to promote the benefits of early diagnosis of
 234.31 Alzheimer's disease and other dementias; and

234.32 (3) local or community-based initiatives to provide informational materials and other
 234.33 resources to caregivers of persons with dementia.

235.1 (c) Eligible applicants for local and regional grants may include, but are not limited to,
235.2 community health boards, school districts, colleges and universities, community clinics,
235.3 tribal communities, nonprofit organizations, and other health care organizations.

235.4 (d) Applicants must:

235.5 (1) describe the proposed initiative, including the targeted community and how the
235.6 initiative meets the requirements of this subdivision; and

235.7 (2) identify the proposed outcomes of the initiative and the evaluation process to be used
235.8 to measure these outcomes.

235.9 (e) In awarding the regional and local dementia grants, the Minnesota Board on Aging
235.10 must give priority to applicants who demonstrate that the proposed project:

235.11 (1) is supported by and appropriately targeted to the community the applicant serves;

235.12 (2) is designed to coordinate with other community activities related to other health
235.13 initiatives, particularly those initiatives targeted at the elderly;

235.14 (3) is conducted by an applicant able to demonstrate expertise in the project areas;

235.15 (4) utilizes and enhances existing activities and resources or involves innovative
235.16 approaches to achieve success in the project areas; and

235.17 (5) strengthens community relationships and partnerships in order to achieve the project
235.18 areas.

235.19 (f) The board shall divide the state into specific geographic regions and allocate a
235.20 percentage of the money available for the local and regional dementia grants to projects or
235.21 initiatives aimed at each geographic region.

235.22 (g) The board shall award any available grants by January 1, 2016, and each July 1
235.23 thereafter.

235.24 (h) Each grant recipient shall report to the board on the progress of the initiative at least
235.25 once during the grant period, and within two months of the end of the grant period shall
235.26 submit a final report to the board that includes the outcome results.

235.27 (i) The Minnesota Board on Aging shall:

235.28 ~~(1)~~ develop the criteria and procedures to allocate the grants under this subdivision,
235.29 evaluate all applicants on a competitive basis and award the grants, and select qualified
235.30 providers to offer technical assistance to grant applicants and grantees. The selected provider

236.1 shall provide applicants and grantees assistance with project design, evaluation methods,
 236.2 materials, and training; ~~and.~~

236.3 ~~(2) submit by January 15, 2017, and on each January 15 thereafter, a progress report on~~
 236.4 ~~the dementia grants programs under this subdivision to the chairs and ranking minority~~
 236.5 ~~members of the senate and house of representatives committees and divisions with jurisdiction~~
 236.6 ~~over health finance and policy. The report shall include:~~

236.7 ~~(i) information on each grant recipient;~~

236.8 ~~(ii) a summary of all projects or initiatives undertaken with each grant;~~

236.9 ~~(iii) the measurable outcomes established by each grantee, an explanation of the~~
 236.10 ~~evaluation process used to determine whether the outcomes were met, and the results of the~~
 236.11 ~~evaluation; and~~

236.12 ~~(iv) an accounting of how the grant funds were spent.~~

236.13 Sec. 13. Minnesota Statutes 2020, section 256B.0561, subdivision 4, is amended to read:

236.14 Subd. 4. **Report.** (a) By September 1, 2019, and each September 1 thereafter, the
 236.15 commissioner shall submit a report to the chairs and ranking minority members of the house
 236.16 and senate committees with jurisdiction over human services finance that includes the
 236.17 number of cases affected by periodic data matching under this section, the number of
 236.18 recipients identified as possibly ineligible as a result of a periodic data match, and the number
 236.19 of recipients whose eligibility was terminated as a result of a periodic data match. The report
 236.20 must also specify, for recipients whose eligibility was terminated, how many cases were
 236.21 closed due to failure to cooperate.

236.22 (b) This subdivision expires January 1, 2027.

236.23 Sec. 14. Minnesota Statutes 2020, section 256B.0911, subdivision 5, is amended to read:

236.24 Subd. 5. **Administrative activity.** (a) The commissioner shall streamline the processes,
 236.25 including timelines for when assessments need to be completed, required to provide the
 236.26 services in this section and shall implement integrated solutions to automate the business
 236.27 processes to the extent necessary for community support plan approval, reimbursement,
 236.28 program planning, evaluation, and policy development.

236.29 (b) The commissioner of human services shall work with lead agencies responsible for
 236.30 conducting long-term consultation services to modify the MnCHOICES application and

237.1 assessment policies to create efficiencies while ensuring federal compliance with medical
237.2 assistance and long-term services and supports eligibility criteria.

237.3 (c) The commissioner shall work with lead agencies responsible for conducting long-term
237.4 consultation services to develop a set of measurable benchmarks sufficient to demonstrate
237.5 quarterly improvement in the average time per assessment and other mutually agreed upon
237.6 measures of increasing efficiency. The commissioner shall collect data on these benchmarks
237.7 and provide to the lead agencies ~~and the chairs and ranking minority members of the~~
237.8 ~~legislative committees with jurisdiction over human services~~ an annual trend analysis of
237.9 the data in order to demonstrate the commissioner's compliance with the requirements of
237.10 this subdivision.

237.11 Sec. 15. Minnesota Statutes 2020, section 256B.0949, subdivision 17, is amended to read:

237.12 Subd. 17. **Provider shortage; authority for exceptions.** (a) In consultation with the
237.13 Early Intensive Developmental and Behavioral Intervention Advisory Council and
237.14 stakeholders, including agencies, professionals, parents of people with ASD or a related
237.15 condition, and advocacy organizations, the commissioner shall determine if a shortage of
237.16 EIDBI providers exists. For the purposes of this subdivision, "shortage of EIDBI providers"
237.17 means a lack of availability of providers who meet the EIDBI provider qualification
237.18 requirements under subdivision 15 that results in the delay of access to timely services under
237.19 this section, or that significantly impairs the ability of a provider agency to have sufficient
237.20 providers to meet the requirements of this section. The commissioner shall consider
237.21 geographic factors when determining the prevalence of a shortage. The commissioner may
237.22 determine that a shortage exists only in a specific region of the state, multiple regions of
237.23 the state, or statewide. The commissioner shall also consider the availability of various types
237.24 of treatment modalities covered under this section.

237.25 (b) The commissioner, in consultation with the Early Intensive Developmental and
237.26 Behavioral Intervention Advisory Council and stakeholders, must establish processes and
237.27 criteria for granting an exception under this paragraph. The commissioner may grant an
237.28 exception only if the exception would not compromise a person's safety and not diminish
237.29 the effectiveness of the treatment. The commissioner may establish an expiration date for
237.30 an exception granted under this paragraph. The commissioner may grant an exception for
237.31 the following:

237.32 (1) EIDBI provider qualifications under this section;

237.33 (2) medical assistance provider enrollment requirements under section 256B.04,
237.34 subdivision 21; or

238.1 (3) EIDBI provider or agency standards or requirements.

238.2 (c) If the commissioner, in consultation with the Early Intensive Developmental and
238.3 Behavioral Intervention Advisory Council and stakeholders, determines that a shortage no
238.4 longer exists, the commissioner must submit a notice that a shortage no longer exists to the
238.5 chairs and ranking minority members of the senate and the house of representatives
238.6 committees with jurisdiction over health and human services. The commissioner must post
238.7 the notice for public comment for 30 days. The commissioner shall consider public comments
238.8 before submitting to the legislature a request to end the shortage declaration. ~~The~~
238.9 ~~commissioner shall annually provide an update on the status of the provider shortage and~~
238.10 ~~exceptions granted to the chairs and ranking minority members of the senate and house of~~
238.11 ~~representatives committees with jurisdiction over health and human services.~~ The
238.12 commissioner shall not declare the shortage of EIDBI providers ended without direction
238.13 from the legislature to declare it ended.

238.14 Sec. 16. Minnesota Statutes 2020, section 256B.493, subdivision 2, is amended to read:

238.15 Subd. 2. **Planned closure process needs determination.** A resource need determination
238.16 process, managed at the state level, using available ~~reports~~ data required by section 144A.351
238.17 and other data and information shall be used by the commissioner to align capacity where
238.18 needed.

238.19 Sec. 17. Minnesota Statutes 2020, section 256B.69, subdivision 9d, is amended to read:

238.20 Subd. 9d. **Financial and quality assurance audits.** (a) The commissioner shall require,
238.21 in the request for bids and resulting contracts with managed care plans and county-based
238.22 purchasing plans under this section and section 256B.692, that each managed care plan and
238.23 county-based purchasing plan submit to and fully cooperate with the independent third-party
238.24 financial audits by the legislative auditor under subdivision 9e of the information required
238.25 under subdivision 9c, paragraph (b). Each contract with a managed care plan or county-based
238.26 purchasing plan under this section or section 256B.692 must provide the commissioner, the
238.27 legislative auditor, and vendors contracting with the legislative auditor, access to all data
238.28 required to complete audits under subdivision 9e.

238.29 (b) Each managed care plan and county-based purchasing plan providing services under
238.30 this section shall provide to the commissioner biweekly encounter data and claims data for
238.31 state public health care programs and shall participate in a quality assurance program that
238.32 verifies the timeliness, completeness, accuracy, and consistency of the data provided. The
238.33 commissioner shall develop written protocols for the quality assurance program and shall

239.1 make the protocols publicly available. The commissioner shall contract for an independent
239.2 third-party audit to evaluate the quality assurance protocols as to the capacity of the protocols
239.3 to ensure complete and accurate data and to evaluate the commissioner's implementation
239.4 of the protocols.

239.5 (c) Upon completion of the evaluation under paragraph (b), the commissioner shall
239.6 provide copies of the report to the legislative auditor ~~and the chairs and ranking minority~~
239.7 ~~members of the legislative committees with jurisdiction over health care policy and financing.~~

239.8 (d) Any actuary under contract with the commissioner to provide actuarial services must
239.9 meet the independence requirements under the professional code for fellows in the Society
239.10 of Actuaries and must not have provided actuarial services to a managed care plan or
239.11 county-based purchasing plan that is under contract with the commissioner pursuant to this
239.12 section and section 256B.692 during the period in which the actuarial services are being
239.13 provided. An actuary or actuarial firm meeting the requirements of this paragraph must
239.14 certify and attest to the rates paid to the managed care plans and county-based purchasing
239.15 plans under this section and section 256B.692, and the certification and attestation must be
239.16 auditable.

239.17 (e) The commissioner, to the extent of available funding, shall conduct ad hoc audits of
239.18 state public health care program administrative and medical expenses reported by managed
239.19 care plans and county-based purchasing plans. This includes: financial and encounter data
239.20 reported to the commissioner under subdivision 9c, including payments to providers and
239.21 subcontractors; supporting documentation for expenditures; categorization of administrative
239.22 and medical expenses; and allocation methods used to attribute administrative expenses to
239.23 state public health care programs. These audits also must monitor compliance with data and
239.24 financial report certification requirements established by the commissioner for the purposes
239.25 of managed care capitation payment rate-setting. The managed care plans and county-based
239.26 purchasing plans shall fully cooperate with the audits in this subdivision.

239.27 ~~The commissioner shall report to the chairs and ranking minority members of the~~
239.28 ~~legislative committees with jurisdiction over health and human services policy and finance~~
239.29 ~~by February 1, 2016, and each February 1 thereafter, the number of ad hoc audits conducted~~
239.30 ~~in the past calendar year and the results of these audits.~~

239.31 (f) Nothing in this subdivision shall allow the release of information that is nonpublic
239.32 data pursuant to section 13.02.

240.1 Sec. 18. Minnesota Statutes 2020, section 256E.28, subdivision 6, is amended to read:

240.2 Subd. 6. **Evaluation.** (a) Using the outcomes established according to subdivision 3,
240.3 the commissioner shall conduct a biennial evaluation of the grant program funded under
240.4 this section. Grant recipients shall cooperate with the commissioner in the evaluation and
240.5 shall provide the commissioner with the information needed to conduct the evaluation.

240.6 (b) The commissioner shall consult with the legislative task force on child protection
240.7 during the evaluation process ~~and~~.

240.8 (c) The commissioner shall submit a biennial evaluation report to the task force and to
240.9 the chairs and ranking minority members of the house of representatives and senate
240.10 committees with jurisdiction over child protection funding. This paragraph expires January
240.11 1, 2032.

240.12 Sec. 19. Minnesota Statutes 2020, section 256R.18, is amended to read:

240.13 **256R.18 REPORT BY COMMISSIONER OF HUMAN SERVICES.**

240.14 (a) Beginning January 1, 2019, the commissioner shall provide to the house of
240.15 representatives and senate committees with jurisdiction over nursing facility payment rates
240.16 a biennial report on the effectiveness of the reimbursement system in improving quality,
240.17 restraining costs, and any other features of the system as determined by the commissioner.

240.18 (b) This section expires January 1, 2026.

240.19 Sec. 20. Minnesota Statutes 2020, section 257.0725, is amended to read:

240.20 **257.0725 ANNUAL REPORT.**

240.21 (a) The commissioner of human services shall publish an annual report on child
240.22 maltreatment and on children in out-of-home placement. The commissioner shall confer
240.23 with counties, child welfare organizations, child advocacy organizations, the courts, and
240.24 other groups on how to improve the content and utility of the department's annual report.
240.25 In regard to child maltreatment, the report shall include the number and kinds of maltreatment
240.26 reports received and any other data that the commissioner determines is appropriate to
240.27 include in a report on child maltreatment. In regard to children in out-of-home placement,
240.28 the report shall include, by county and statewide, information on legal status, living
240.29 arrangement, age, sex, race, accumulated length of time in placement, reason for most recent
240.30 placement, race of family with whom placed, school enrollments within seven days of
240.31 placement pursuant to section 120A.21, and other information deemed appropriate on all

241.1 children in out-of-home placement. Out-of-home placement includes placement in any
241.2 facility by an authorized child-placing agency.

241.3 (b) This section expires January 1, 2032.

241.4 Sec. 21. Minnesota Statutes 2020, section 260.775, is amended to read:

241.5 **260.775 PLACEMENT RECORDS.**

241.6 (a) The commissioner of human services shall publish annually an inventory of all Indian
241.7 children in residential facilities. The inventory shall include, by county and statewide,
241.8 information on legal status, living arrangement, age, sex, tribe in which the child is a member
241.9 or eligible for membership, accumulated length of time in foster care, and other demographic
241.10 information deemed appropriate concerning all Indian children in residential facilities. The
241.11 report must also state the extent to which authorized child-placing agencies comply with
241.12 the order of preference described in United States Code, title 25, section 1901, et seq. The
241.13 commissioner shall include the information required under this paragraph in the annual
241.14 report on child maltreatment and on children in out-of-home placement under section
241.15 257.0725.

241.16 (b) This section expires January 1, 2032.

241.17 Sec. 22. Minnesota Statutes 2020, section 260E.24, subdivision 6, is amended to read:

241.18 **Subd. 6. Required referral to early intervention services.** (a) A child under age three
241.19 who is involved in a substantiated case of maltreatment shall be referred for screening under
241.20 the Individuals with Disabilities Education Act, part C. Parents must be informed that the
241.21 evaluation and acceptance of services are voluntary. The commissioner of human services
241.22 shall monitor referral rates by county and annually report the information to the legislature.
241.23 Refusal to have a child screened is not a basis for a child in need of protection or services
241.24 petition under chapter 260C.

241.25 (b) The commissioner of human services shall include the referral rates by county for
241.26 screening under the Individuals with Disabilities Education Act, part C in the annual report
241.27 on child maltreatment under section 257.0725. This paragraph expires January 1, 2032.

241.28 Sec. 23. Minnesota Statutes 2020, section 260E.38, subdivision 3, is amended to read:

241.29 **Subd. 3. Report required.** (a) The commissioner shall produce an annual report of the
241.30 summary results of the reviews. The report must only contain aggregate data and may not
241.31 include any data that could be used to personally identify any subject whose data is included

242.1 in the report. The report is public information and must be provided to the chairs and ranking
242.2 minority members of the legislative committees having jurisdiction over child protection
242.3 issues. The commissioner shall include the information required under this paragraph in the
242.4 annual report on child maltreatment and on children in out-of-home placement under section
242.5 257.0725.

242.6 (b) This subdivision expires January 1, 2032.

242.7 Sec. 24. Minnesota Statutes 2020, section 518A.77, is amended to read:

242.8 **518A.77 GUIDELINES REVIEW.**

242.9 (a) No later than 2006 and every four years after that, the Department of Human Services
242.10 must conduct a review of the child support guidelines.

242.11 (b) This section expires January 1, 2032.

242.12 Sec. 25. Minnesota Statutes 2020, section 626.557, subdivision 12b, is amended to read:

242.13 Subd. 12b. **Data management.** (a) In performing any of the duties of this section as a
242.14 lead investigative agency, the county social service agency shall maintain appropriate
242.15 records. Data collected by the county social service agency under this section are welfare
242.16 data under section 13.46. Notwithstanding section 13.46, subdivision 1, paragraph (a), data
242.17 under this paragraph that are inactive investigative data on an individual who is a vendor
242.18 of services are private data on individuals, as defined in section 13.02. The identity of the
242.19 reporter may only be disclosed as provided in paragraph (c).

242.20 Data maintained by the common entry point are confidential data on individuals or
242.21 protected nonpublic data as defined in section 13.02. Notwithstanding section 138.163, the
242.22 common entry point shall maintain data for three calendar years after date of receipt and
242.23 then destroy the data unless otherwise directed by federal requirements.

242.24 (b) The commissioners of health and human services shall prepare an investigation
242.25 memorandum for each report alleging maltreatment investigated under this section. County
242.26 social service agencies must maintain private data on individuals but are not required to
242.27 prepare an investigation memorandum. During an investigation by the commissioner of
242.28 health or the commissioner of human services, data collected under this section are
242.29 confidential data on individuals or protected nonpublic data as defined in section 13.02.
242.30 Upon completion of the investigation, the data are classified as provided in clauses (1) to
242.31 (3) and paragraph (c).

242.32 (1) The investigation memorandum must contain the following data, which are public:

- 243.1 (i) the name of the facility investigated;
- 243.2 (ii) a statement of the nature of the alleged maltreatment;
- 243.3 (iii) pertinent information obtained from medical or other records reviewed;
- 243.4 (iv) the identity of the investigator;
- 243.5 (v) a summary of the investigation's findings;
- 243.6 (vi) statement of whether the report was found to be substantiated, inconclusive, false,
- 243.7 or that no determination will be made;
- 243.8 (vii) a statement of any action taken by the facility;
- 243.9 (viii) a statement of any action taken by the lead investigative agency; and
- 243.10 (ix) when a lead investigative agency's determination has substantiated maltreatment, a
- 243.11 statement of whether an individual, individuals, or a facility were responsible for the
- 243.12 substantiated maltreatment, if known.

243.13 The investigation memorandum must be written in a manner which protects the identity

243.14 of the reporter and of the vulnerable adult and may not contain the names or, to the extent

243.15 possible, data on individuals or private data listed in clause (2).

243.16 (2) Data on individuals collected and maintained in the investigation memorandum are

243.17 private data, including:

- 243.18 (i) the name of the vulnerable adult;
- 243.19 (ii) the identity of the individual alleged to be the perpetrator;
- 243.20 (iii) the identity of the individual substantiated as the perpetrator; and
- 243.21 (iv) the identity of all individuals interviewed as part of the investigation.

243.22 (3) Other data on individuals maintained as part of an investigation under this section

243.23 are private data on individuals upon completion of the investigation.

243.24 (c) After the assessment or investigation is completed, the name of the reporter must be

243.25 confidential. The subject of the report may compel disclosure of the name of the reporter

243.26 only with the consent of the reporter or upon a written finding by a court that the report was

243.27 false and there is evidence that the report was made in bad faith. This subdivision does not

243.28 alter disclosure responsibilities or obligations under the Rules of Criminal Procedure, except

243.29 that where the identity of the reporter is relevant to a criminal prosecution, the district court

243.30 shall do an in-camera review prior to determining whether to order disclosure of the identity

243.31 of the reporter.

244.1 (d) Notwithstanding section 138.163, data maintained under this section by the
 244.2 commissioners of health and human services must be maintained under the following
 244.3 schedule and then destroyed unless otherwise directed by federal requirements:

244.4 (1) data from reports determined to be false, maintained for three years after the finding
 244.5 was made;

244.6 (2) data from reports determined to be inconclusive, maintained for four years after the
 244.7 finding was made;

244.8 (3) data from reports determined to be substantiated, maintained for seven years after
 244.9 the finding was made; and

244.10 (4) data from reports which were not investigated by a lead investigative agency and for
 244.11 which there is no final disposition, maintained for three years from the date of the report.

244.12 (e) The commissioners of health and human services shall annually publish on their
 244.13 websites the number and type of reports of alleged maltreatment involving licensed facilities
 244.14 reported under this section, the number of those requiring investigation under this section,
 244.15 and the resolution of those investigations.

244.16 ~~On a biennial basis, the commissioners of health and human services shall jointly report~~
 244.17 ~~the following information to the legislature and the governor:~~

244.18 ~~(1) the number and type of reports of alleged maltreatment involving licensed facilities~~
 244.19 ~~reported under this section, the number of those requiring investigations under this section,~~
 244.20 ~~the resolution of those investigations, and which of the two lead agencies was responsible;~~

244.21 ~~(2) trends about types of substantiated maltreatment found in the reporting period;~~

244.22 ~~(3) if there are upward trends for types of maltreatment substantiated, recommendations~~
 244.23 ~~for addressing and responding to them;~~

244.24 ~~(4) efforts undertaken or recommended to improve the protection of vulnerable adults;~~

244.25 ~~(5) whether and where backlogs of cases result in a failure to conform with statutory~~
 244.26 ~~time frames and recommendations for reducing backlogs if applicable;~~

244.27 ~~(6) recommended changes to statutes affecting the protection of vulnerable adults; and~~

244.28 ~~(7) any other information that is relevant to the report trends and findings.~~

244.29 (f) Each lead investigative agency must have a record retention policy.

244.30 (g) Lead investigative agencies, prosecuting authorities, and law enforcement agencies
 244.31 may exchange not public data, as defined in section 13.02, if the agency or authority

245.1 requesting the data determines that the data are pertinent and necessary to the requesting
245.2 agency in initiating, furthering, or completing an investigation under this section. Data
245.3 collected under this section must be made available to prosecuting authorities and law
245.4 enforcement officials, local county agencies, and licensing agencies investigating the alleged
245.5 maltreatment under this section. The lead investigative agency shall exchange not public
245.6 data with the vulnerable adult maltreatment review panel established in section 256.021 if
245.7 the data are pertinent and necessary for a review requested under that section.
245.8 Notwithstanding section 138.17, upon completion of the review, not public data received
245.9 by the review panel must be destroyed.

245.10 (h) Each lead investigative agency shall keep records of the length of time it takes to
245.11 complete its investigations.

245.12 (i) A lead investigative agency may notify other affected parties and their authorized
245.13 representative if the lead investigative agency has reason to believe maltreatment has occurred
245.14 and determines the information will safeguard the well-being of the affected parties or dispel
245.15 widespread rumor or unrest in the affected facility.

245.16 (j) Under any notification provision of this section, where federal law specifically
245.17 prohibits the disclosure of patient identifying information, a lead investigative agency may
245.18 not provide any notice unless the vulnerable adult has consented to disclosure in a manner
245.19 which conforms to federal requirements.

245.20 Sec. 26. Laws 2009, chapter 79, article 13, section 3, subdivision 10, as amended by Laws
245.21 2009, chapter 173, article 2, section 1, subdivision 10, is amended to read:

245.22 **Subd. 10. State-Operated Services**

245.23 The amounts that may be spent from the
245.24 appropriation for each purpose are as follows:

245.25 **Transfer Authority Related to**

245.26 **State-Operated Services. Money**

245.27 appropriated to finance state-operated services
245.28 may be transferred between the fiscal years of
245.29 the biennium with the approval of the
245.30 commissioner of finance.

245.31 **County Past Due Receivables. The**

245.32 commissioner is authorized to withhold county
245.33 federal administrative reimbursement when

246.1 the county of financial responsibility for
 246.2 cost-of-care payments due the state under
 246.3 Minnesota Statutes, section 246.54 or
 246.4 253B.045, is 90 days past due. The
 246.5 commissioner shall deposit the withheld
 246.6 federal administrative earnings for the county
 246.7 into the general fund to settle the claims with
 246.8 the county of financial responsibility. The
 246.9 process for withholding funds is governed by
 246.10 Minnesota Statutes, section 256.017.

246.11 ~~Forecast and Census Data. The~~
 246.12 ~~commissioner shall include census data and~~
 246.13 ~~fiscal projections for state-operated services~~
 246.14 ~~and Minnesota sex offender services with the~~
 246.15 ~~November and February budget forecasts.~~
 246.16 ~~Notwithstanding any contrary provision in this~~
 246.17 ~~article, this paragraph shall not expire.~~

246.18 (a) Adult Mental Health Services	106,702,000	107,201,000
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246.19 **Appropriation Limitation.** No part of the
 246.20 appropriation in this article to the
 246.21 commissioner for mental health treatment
 246.22 services provided by state-operated services
 246.23 shall be used for the Minnesota sex offender
 246.24 program.

246.25 **Community Behavioral Health Hospitals.**
 246.26 Under Minnesota Statutes, section 246.51,
 246.27 subdivision 1, a determination order for the
 246.28 clients served in a community behavioral
 246.29 health hospital operated by the commissioner
 246.30 of human services is only required when a
 246.31 client's third-party coverage has been
 246.32 exhausted.

247.1 **Base Adjustment.** The general fund base is
 247.2 decreased by \$500,000 for fiscal year 2012
 247.3 and by \$500,000 for fiscal year 2013.

247.4 **(b) Minnesota Sex Offender Services**

247.5 Appropriations by Fund		
247.6 General	38,348,000	67,503,000
247.7 Federal Fund	26,495,000	0

247.8 **Use of Federal Stabilization Funds.** Of this
 247.9 appropriation, \$26,495,000 in fiscal year 2010
 247.10 is from the fiscal stabilization account in the
 247.11 federal fund to the commissioner. This
 247.12 appropriation must not be used for any activity
 247.13 or service for which federal reimbursement is
 247.14 claimed. This is a onetime appropriation.

247.15 **(c) Minnesota Security Hospital and METO**
 247.16 **Services**

247.17 Appropriations by Fund		
247.18 General	230,000	83,735,000
247.19 Federal Fund	83,505,000	0

247.20 **Minnesota Security Hospital.** For the
 247.21 purposes of enhancing the safety of the public,
 247.22 improving supervision, and enhancing
 247.23 community-based mental health treatment,
 247.24 state-operated services may establish
 247.25 additional community capacity for providing
 247.26 treatment and supervision of clients who have
 247.27 been ordered into a less restrictive alternative
 247.28 of care from the state-operated services
 247.29 transitional services program consistent with
 247.30 Minnesota Statutes, section 246.014.

247.31 **Use of Federal Stabilization Funds.**
 247.32 \$83,505,000 in fiscal year 2010 is appropriated
 247.33 from the fiscal stabilization account in the
 247.34 federal fund to the commissioner. This

248.1 appropriation must not be used for any activity
 248.2 or service for which federal reimbursement is
 248.3 claimed. This is a onetime appropriation.

248.4 **Sec. 27. REPEALER.**

248.5 (a) Minnesota Statutes 2020, sections 245.981; 246.131; 246B.03, subdivision 2;
 248.6 246B.035; 256.01, subdivision 31; 256.975, subdivision 12; and 256B.0638, subdivision
 248.7 7, are repealed.

248.8 (b) Laws 1998, chapter 382, article 1, section 23, is repealed."

248.9 Delete the title and insert:

248.10 "A bill for an act

248.11 relating to the operation of state government; modifying human services provisions
 248.12 in children and family services, behavioral health, community supports, licensing,
 248.13 continuing care for older adults, and direct care and treatment; modifying health
 248.14 provisions related to public pools, hospital construction, and hospice care;
 248.15 modifying expiration dates for various mandated reports from the commissioner
 248.16 of human services; amending Minnesota Statutes 2020, sections 15A.0815,
 248.17 subdivision 2; 62N.25, subdivision 5; 62Q.1055; 62Q.37, subdivision 7; 62Q.47;
 248.18 144.1222, subdivision 2d; 144A.351, subdivision 1; 144A.75, subdivision 12;
 248.19 145.4716, by adding a subdivision; 148F.11, by adding a subdivision; 169A.70,
 248.20 subdivisions 3, 4; 245.4661, subdivision 10; 245.4882, by adding a subdivision;
 248.21 245.4889, subdivision 3, by adding a subdivision; 245A.11, subdivisions 2, 2a, 7,
 248.22 7a, by adding a subdivision; 245A.14, subdivision 14; 245A.19; 245C.04,
 248.23 subdivision 1; 245D.10, subdivision 3a; 245D.12; 245F.03; 245F.04, subdivision
 248.24 1; 245G.01, by adding a subdivision; 245G.05, subdivision 2; 245G.06, subdivision
 248.25 3, by adding a subdivision; 245G.12; 245G.22, subdivision 2; 253B.18, subdivision
 248.26 6; 254A.19, subdivisions 1, 3, by adding subdivisions; 254B.01, subdivision 5, by
 248.27 adding subdivisions; 254B.03, subdivisions 1, 5; 254B.04, subdivision 2a, by
 248.28 adding subdivisions; 256.01, subdivision 29, by adding a subdivision; 256.0112,
 248.29 by adding a subdivision; 256.021, subdivision 3; 256.042, subdivision 5; 256.045,
 248.30 subdivision 3; 256.9657, subdivision 8; 256.975, subdivision 11; 256B.0561,
 248.31 subdivision 4; 256B.057, subdivision 12; 256B.0659, subdivision 19; 256B.0757,
 248.32 subdivisions 1, 2, 3, 4, 5, 8; 256B.0911, subdivision 5; 256B.0949, subdivision
 248.33 17; 256B.49, subdivision 23; 256B.4911, subdivision 4; 256B.4914, subdivision
 248.34 8, as amended; 256B.493, subdivisions 2, 4, 5, 6, by adding subdivisions; 256B.69,
 248.35 subdivision 9d; 256D.09, subdivision 2a; 256E.28, subdivision 6; 256E.33,
 248.36 subdivisions 1, 2; 256E.35, subdivisions 1, 2, 4a, 6, 7; 256G.02, subdivision 6;
 248.37 256I.04, subdivision 3; 256K.26, subdivisions 2, 6, 7; 256K.45, subdivision 6, by
 248.38 adding subdivisions; 256L.12, subdivision 8; 256P.02, by adding a subdivision;
 248.39 256P.04, subdivision 11; 256Q.06, by adding a subdivision; 256R.18; 257.0725;
 248.40 260.012; 260.775; 260B.157, subdivisions 1, 3; 260C.001, subdivision 3; 260C.007,
 248.41 subdivision 27; 260C.151, subdivision 6; 260C.152, subdivision 5; 260C.175,
 248.42 subdivision 2; 260C.176, subdivision 2; 260C.178, subdivision 1; 260C.181,
 248.43 subdivision 2; 260C.193, subdivision 3; 260C.201, subdivisions 1, 2; 260C.202;
 248.44 260C.203; 260C.204; 260C.221; 260C.513; 260C.607, subdivisions 2, 5; 260C.613,
 248.45 subdivisions 1, 5; 260E.20, subdivision 1; 260E.24, subdivision 6; 260E.38,
 248.46 subdivision 3; 268.19, subdivision 1; 299A.299, subdivision 1; 518A.77; 626.557,
 248.47 subdivision 12b; Minnesota Statutes 2021 Supplement, sections 15.01; 15.06,
 248.48 subdivision 1; 43A.08, subdivision 1a; 62A.673, subdivision 2; 144.551, subdivision
 248.49 1; 148F.11, subdivision 1; 245.467, subdivisions 2, 3; 245.4871, subdivision 21;

249.1 245.4876, subdivisions 2, 3; 245.4885, subdivision 1; 245.4889, subdivision 1;
 249.2 245.735, subdivision 3; 245A.03, subdivision 7; 245C.05, subdivision 5; 245I.02,
 249.3 subdivisions 19, 36; 245I.03, subdivision 9; 245I.04, subdivision 4; 245I.05,
 249.4 subdivision 3; 245I.08, subdivision 4; 245I.09, subdivision 2; 245I.10, subdivisions
 249.5 2, 6; 245I.20, subdivision 5; 245I.23, subdivision 22; 254A.03, subdivision 3;
 249.6 254A.19, subdivision 4; 254B.03, subdivision 2; 254B.04, subdivision 1; 254B.05,
 249.7 subdivisions 4, 5; 256.01, subdivision 42; 256.042, subdivision 4; 256B.0622,
 249.8 subdivision 2; 256B.0625, subdivision 3b; 256B.0671, subdivision 6; 256B.0911,
 249.9 subdivisions 3a, 3f; 256B.0946, subdivision 1; 256B.0947, subdivisions 2, 6;
 249.10 256B.0949, subdivisions 2, 13; 256B.69, subdivision 9f; 256L.03, subdivision 2;
 249.11 256P.01, subdivision 6a; 256P.06, subdivision 3; 260C.157, subdivision 3;
 249.12 260C.212, subdivisions 1, 2; 260C.605, subdivision 1; 260C.607, subdivision 6;
 249.13 Laws 2009, chapter 79, article 13, section 3, subdivision 10, as amended; Laws
 249.14 2020, First Special Session chapter 7, section 1, subdivision 1, as amended; Laws
 249.15 2021, First Special Session chapter 7, article 2, section 74, by adding a subdivision;
 249.16 article 10, sections 1; 3; article 11, section 38; Laws 2021, First Special Session
 249.17 chapter 8, article 6, section 1, subdivision 7; proposing coding for new law in
 249.18 Minnesota Statutes, chapters 245A; 245D; 245I; 256B; proposing coding for new
 249.19 law as Minnesota Statutes, chapter 256T; repealing Minnesota Statutes 2020,
 249.20 sections 169A.70, subdivision 6; 245.981; 245G.22, subdivision 19; 246.0136;
 249.21 246.131; 246B.03, subdivision 2; 246B.035; 252.025, subdivision 7; 252.035;
 249.22 254A.02, subdivision 8a; 254A.04; 254A.16, subdivision 6; 254A.19, subdivisions
 249.23 1a, 2; 254B.04, subdivisions 2b, 2c; 254B.041, subdivision 2; 254B.14, subdivisions
 249.24 1, 2, 3, 4, 6; 256.01, subdivision 31; 256.975, subdivision 12; 256B.0638,
 249.25 subdivision 7; 256B.0943, subdivisions 8, 8a, 10, 12, 13; Minnesota Statutes 2021
 249.26 Supplement, sections 254A.19, subdivision 5; 254B.14, subdivision 5; 256B.0943,
 249.27 subdivisions 1, 2, 3, 4, 5, 5a, 6, 7, 9, 11; Laws 1998, chapter 382, article 1, section
 249.28 23; Minnesota Rules, parts 9530.7000, subparts 1, 2, 5, 6, 7, 8, 9, 10, 11, 13, 14,
 249.29 15, 17a, 19, 20, 21; 9530.7005; 9530.7010; 9530.7012; 9530.7015, subparts 1, 2a,
 249.30 4, 5, 6; 9530.7020, subparts 1, 1a, 2; 9530.7021; 9530.7022, subpart 1; 9530.7025;
 249.31 9530.7030, subpart 1."

249.32 And when so amended the bill do pass and be re-referred to the Committee on Finance.

249.33 Amendments adopted. Report adopted.



.....
 (Committee Chair)

249.36 March 24, 2022.....
 249.37 (Date of Committee recommendation)