1.1 Senator .... moves to amend the delete-everything amendment (SCS4165A-2)
1.2 to S.F. No. 4165 as follows:

1.3 Page 17, after line 33, insert:

1.4 "Sec. 12. Minnesota Statutes 2020, section 245.4882, is amended by adding a subdivision
1.5 to read:

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

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

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

1.11 (3) a member of a mobile crisis team who meets the qualifications under section
1.12 256B.0624, subdivision 5.

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

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

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

1.22 Sec. 13. Minnesota Statutes 2021 Supplement, section 245.4885, subdivision 1, is amended
1.23 to read:

1.24 Subdivision 1. **Admission criteria.** (a) Prior to admission or placement, except in the
1.25 case of an emergency, all children referred for treatment of severe emotional disturbance
1.26 in a treatment foster care setting, residential treatment facility, or informally admitted to a
1.27 regional treatment center shall undergo an assessment to determine the appropriate level of
1.28 care if county funds are used to pay for the child's services. An emergency includes when
1.29 a child is in need of and has been referred for crisis stabilization services under section
1.30 245.4882, subdivision 6. A child who has been referred to residential treatment for crisis

2.1 stabilization services in a residential treatment center is not required to undergo an assessment
2.2 under this section.

2.3 (b) The county board shall determine the appropriate level of care for a child when
2.4 county-controlled funds are used to pay for the child's residential treatment under this
2.5 chapter, including residential treatment provided in a qualified residential treatment program
2.6 as defined in section 260C.007, subdivision 26d. When a county board does not have
2.7 responsibility for a child's placement and the child is enrolled in a prepaid health program
2.8 under section 256B.69, the enrolled child's contracted health plan must determine the
2.9 appropriate level of care for the child. When Indian Health Services funds or funds of a
2.10 tribally owned facility funded under the Indian Self-Determination and Education Assistance
2.11 Act, Public Law 93-638, are used for the child, the Indian Health Services or 638 tribal
2.12 health facility must determine the appropriate level of care for the child. When more than
2.13 one entity bears responsibility for a child's coverage, the entities shall coordinate level of
2.14 care determination activities for the child to the extent possible.

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

2.16 (1) is necessary;

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

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

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

2.21 (d) When a level of care determination is conducted, the county board or other entity
2.22 may not determine that a screening of a child, referral, or admission to a residential treatment
2.23 facility is not appropriate solely because services were not first provided to the child in a
2.24 less restrictive setting and the child failed to make progress toward or meet treatment goals
2.25 in the less restrictive setting. The level of care determination must be based on a diagnostic
2.26 assessment of a child that evaluates the child's family, school, and community living
2.27 situations; and an assessment of the child's need for care out of the home using a validated
2.28 tool which assesses a child's functional status and assigns an appropriate level of care to the
2.29 child. The validated tool must be approved by the commissioner of human services and
2.30 may be the validated tool approved for the child's assessment under section 260C.704 if the
2.31 juvenile treatment screening team recommended placement of the child in a qualified
2.32 residential treatment program. If a diagnostic assessment has been completed by a mental
2.33 health professional within the past 180 days, a new diagnostic assessment need not be
2.34 completed unless in the opinion of the current treating mental health professional the child's

3.1 mental health status has changed markedly since the assessment was completed. The child's
3.2 parent shall be notified if an assessment will not be completed and of the reasons. A copy
3.3 of the notice shall be placed in the child's file. Recommendations developed as part of the
3.4 level of care determination process shall include specific community services needed by
3.5 the child and, if appropriate, the child's family, and shall indicate whether these services
3.6 are available and accessible to the child and the child's family. The child and the child's
3.7 family must be invited to any meeting where the level of care determination is discussed
3.8 and decisions regarding residential treatment are made. The child and the child's family
3.9 may invite other relatives, friends, or advocates to attend these meetings.

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

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

3.17 Page 21, after line 12, insert:

3.18 "Sec. 15. **[245A.26] CHILDREN'S RESIDENTIAL FACILITY CRISIS**
3.19 **STABILIZATION SERVICES.**

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

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

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

3.29 (d) "Mental health professional" means an individual who is qualified under section
3.30 245I.04, subdivision 2.

3.31 Subd. 2. **Scope and applicability.** (a) This section establishes additional licensing
3.32 requirements for a children's residential facility to provide children's residential crisis

4.1 stabilization services to a child who is experiencing a mental health crisis and is in need of
4.2 residential treatment services.

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

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

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

4.9 (c) If a child receives residential crisis stabilization services for 35 days or fewer in a
4.10 facility licensed according to paragraph (b), clause (1), the facility is not required to complete
4.11 a diagnostic assessment or treatment plan under Minnesota Rules, part 2960.0180, subpart
4.12 2, and part 2960.0600.

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

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

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

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

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

4.26 (2) mental health services as specified in the child's individual crisis treatment plan,
4.27 according to the child's treatment needs;

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

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

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

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

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

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

5.9 (b) Within 24 hours of a child's admission for residential crisis stabilization, the license
5.10 holder must complete a crisis treatment plan for the child, according to the requirements
5.11 for a crisis treatment plan under section 256B.0624, subdivision 11. The license holder must
5.12 base the child's crisis treatment plan on the child's referral information and the assessment
5.13 of the child's immediate needs under paragraph (a). A mental health professional or a clinical
5.14 trainee under the supervision of a mental health professional must complete the crisis
5.15 treatment plan. A crisis treatment plan completed by a clinical trainee must contain
5.16 documentation of approval, as defined in section 245I.02, subdivision 2, by a mental health
5.17 professional within five business days of initial completion by the clinical trainee.

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

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

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

5.30 Renumber the sections in sequence and correct the internal references

5.31 Amend the title accordingly