

SENATE
STATE OF MINNESOTA
NINETY-SECOND SESSION

S.F. No. 2360

(SENATE AUTHORS: BENSON, Abeler and Draheim)

DATE	D-PG	OFFICIAL STATUS
04/06/2021	1215	Introduction and first reading Referred to Health and Human Services Finance and Policy
04/07/2021	1313	Authors added Abeler; Draheim
04/12/2021	2147a	Comm report: To pass as amended and re-refer to Finance
04/26/2021		Comm report: To pass as amended Second reading

1.1 A bill for an act

1.2 relating to state government; modifying provisions governing health, health care,

1.3 human services, human services licensing and background studies, the Minnesota

1.4 Higher Education Facilities Authority, health-related licensing boards, prescription

1.5 drugs, health insurance, telehealth, children and family services, behavioral health,

1.6 direct care and treatment, disability services and continuing care for older adults,

1.7 community supports, and chemical and mental health services; implementing

1.8 mental health uniform services standards; establishing a budget for health and

1.9 human services; making forecast adjustments; making technical and conforming

1.10 changes; requiring reports; making appointments; transferring money; appropriating

1.11 money; amending Minnesota Statutes 2020, sections 3.732, subdivision 1; 10A.01,

1.12 subdivision 35; 16A.151, subdivision 2; 62A.152, subdivision 3; 62A.3094,

1.13 subdivision 1; 62J.495, subdivisions 1, 2, 3, 4; 62J.498; 62J.4981; 62J.4982;

1.14 62J.701; 62J.72, subdivision 3; 62J.81, subdivisions 1, 1a; 62J.84, subdivision 6;

1.15 62Q.096; 62V.05, by adding a subdivision; 62W.11; 119B.09, subdivision 4;

1.16 119B.11, subdivision 2a; 119B.13, subdivisions 1, 6; 122A.18, subdivision 8;

1.17 136A.25; 136A.26; 136A.27; 136A.28; 136A.29, subdivisions 1, 3, 6, 9, 10, 14,

1.18 19, 20, 21, 22, by adding a subdivision; 136A.32, subdivision 4; 136A.33; 136A.34,

1.19 subdivisions 3, 4; 136A.36; 136A.38; 136A.41; 136A.42; 136F.67, subdivision

1.20 1; 144.05, by adding a subdivision; 144.057, subdivision 1; 144.0724, subdivision

1.21 4; 144.1205, subdivisions 2, 4, 8, 9, by adding a subdivision; 144.125, subdivisions

1.22 1, 2; 144.1481, subdivision 1; 144.216, by adding subdivisions; 144.218, by adding

1.23 a subdivision; 144.225, subdivision 7; 144.226, subdivision 1; 144.551, subdivision

1.24 1; 144.651, subdivision 2; 144A.073, subdivision 2, by adding a subdivision;

1.25 144D.01, subdivision 4; 144E.001, by adding a subdivision; 144E.27; 144E.28,

1.26 subdivisions 1, 3, 7, 8; 144E.283; 144E.285, subdivisions 1, 2, 4, by adding

1.27 subdivisions; 144G.08, subdivision 7, as amended; 145.32, subdivision 1; 145.902;

1.28 147.033; 148.995, subdivision 2; 148.996, subdivisions 2, 4, by adding a

1.29 subdivision; 148B.5301, subdivision 2; 148E.120, subdivision 2; 148F.11,

1.30 subdivision 1; 151.01, subdivision 29, by adding subdivisions; 151.065,

1.31 subdivisions 1, 3, 7; 151.066, subdivision 3; 151.37, subdivision 2; 151.555,

1.32 subdivisions 1, 7, 11, by adding a subdivision; 245.462, subdivisions 1, 6, 8, 9,

1.33 14, 16, 17, 18, 21, 23, by adding a subdivision; 245.4661, subdivision 5; 245.4662,

1.34 subdivision 1; 245.467, subdivisions 2, 3; 245.469, subdivisions 1, 2; 245.470,

1.35 subdivision 1; 245.4712, subdivision 2; 245.472, subdivision 2; 245.4863;

1.36 245.4871, subdivisions 9a, 10, 11a, 17, 21, 26, 27, 29, 31, 32, 34, by adding a

1.37 subdivision; 245.4874, subdivision 1; 245.4876, subdivisions 2, 3; 245.4879,

1.38 subdivision 1; 245.488, subdivision 1; 245.4882, subdivision 1; 245.4885,

2.1 subdivision 1; 245.4889, subdivision 1; 245.4901, subdivision 2; 245.62,
 2.2 subdivision 2; 245.697, subdivision 1; 245.735, subdivisions 3, 5, by adding a
 2.3 subdivision; 245A.02, by adding subdivisions; 245A.03, subdivision 7, by adding
 2.4 a subdivision; 245A.04, subdivision 5; 245A.041, by adding a subdivision;
 2.5 245A.043, subdivision 3; 245A.05; 245A.07, subdivision 1; 245A.08, subdivisions
 2.6 4, 5; 245A.10, subdivision 4; 245A.14, subdivisions 1, 4; 245A.16, subdivision
 2.7 1, by adding a subdivision; 245A.50, subdivisions 1a, 7; 245A.65, subdivision 2;
 2.8 245C.02, subdivision 4a; 245C.03, by adding subdivisions; 245C.05, subdivisions
 2.9 2c, 2d, 4, 5; 245C.08, subdivisions 1, 3; 245C.10, by adding subdivisions; 245C.14,
 2.10 subdivision 1; 245C.15, by adding a subdivision; 245C.24, subdivisions 2, 3, 4,
 2.11 by adding a subdivision; 245C.32, subdivision 1a; 245D.02, subdivision 20;
 2.12 245E.07, subdivision 1; 245F.03; 245F.04, subdivision 2; 245G.01, subdivisions
 2.13 13, 26; 245G.02, subdivision 2; 245G.03, subdivision 2; 245G.06, subdivisions
 2.14 1, 3; 245G.11, subdivision 7; 246.54, subdivision 1b; 252.27, subdivision 2a;
 2.15 252.43; 252A.01, subdivision 1; 252A.02, subdivisions 2, 9, 11, 12, by adding
 2.16 subdivisions; 252A.03, subdivisions 3, 4; 252A.04, subdivisions 1, 2, 4; 252A.05;
 2.17 252A.06, subdivisions 1, 2; 252A.07, subdivisions 1, 2, 3; 252A.081, subdivisions
 2.18 2, 3, 5; 252A.09, subdivisions 1, 2; 252A.101, subdivisions 2, 3, 5, 6, 7, 8;
 2.19 252A.111, subdivisions 2, 4, 6; 252A.12; 252A.16; 252A.17; 252A.19, subdivisions
 2.20 2, 4, 5, 7, 8; 252A.20; 252A.21, subdivisions 2, 4; 254A.19, subdivision 5; 254B.03,
 2.21 subdivision 2; 254B.05, subdivisions 1, 5, by adding a subdivision; 256.01,
 2.22 subdivisions 14b, 28, by adding a subdivision; 256.0112, subdivision 6; 256.042,
 2.23 subdivision 4; 256.043, subdivisions 3, 4; 256.477; 256.741, by adding
 2.24 subdivisions; 256.969, by adding a subdivision; 256.9695, subdivision 1; 256.983;
 2.25 256B.051, subdivisions 1, 3, 5, 6, 7, by adding a subdivision; 256B.055, subdivision
 2.26 6; 256B.056, subdivision 10; 256B.057, subdivision 3; 256B.06, subdivision 4;
 2.27 256B.0615, subdivisions 1, 5; 256B.0616, subdivisions 1, 3, 5; 256B.0621,
 2.28 subdivision 10; 256B.0622, subdivisions 1, 2, 3a, 4, 7, 7a, 7b, 7d; 256B.0623,
 2.29 subdivisions 1, 2, 3, 4, 5, 6, 9, 12; 256B.0624; 256B.0625, subdivisions 3b, 3c,
 2.30 3d, 3e, 5, 5m, 9, 13, 13c, 13e, 13g, 13h, 19c, 20, 20b, 28a, 42, 46, 48, 49, 56a, by
 2.31 adding subdivisions; 256B.0638, subdivisions 3, 5, 6; 256B.0653, by adding a
 2.32 subdivision; 256B.0654, by adding a subdivision; 256B.0659, subdivisions 11,
 2.33 13, 17a; 256B.0757, subdivision 4c; 256B.0759, subdivisions 2, 4, by adding
 2.34 subdivisions; 256B.0911, subdivisions 3a, 6, by adding a subdivision; 256B.092,
 2.35 subdivision 1b; 256B.0924, subdivision 6; 256B.094, subdivision 6; 256B.0941,
 2.36 subdivision 1; 256B.0943, subdivisions 1, 2, 3, 4, 5, 5a, 6, 7, 9, 11; 256B.0946,
 2.37 subdivisions 1, 1a, 2, 3, 4, 6; 256B.0947, subdivisions 1, 2, 3, 3a, 5, 6, 7;
 2.38 256B.0949, subdivisions 2, 4, 5a, 13, by adding a subdivision; 256B.097, by adding
 2.39 subdivisions; 256B.14, subdivision 2; 256B.19, subdivision 1; 256B.196,
 2.40 subdivision 2; 256B.25, subdivision 3; 256B.49, subdivision 23, by adding a
 2.41 subdivision; 256B.4905, by adding subdivisions; 256B.4912, subdivision 13;
 2.42 256B.4914, subdivisions 2, 5, 6, 7, 8, 9; 256B.5012, by adding a subdivision;
 2.43 256B.5013, subdivisions 1, 6; 256B.5015, subdivision 2; 256B.69, subdivisions
 2.44 5a, 6d, by adding a subdivision; 256B.6928, subdivision 5; 256B.75; 256B.761;
 2.45 256B.763; 256B.85, subdivisions 1, 2, 3, 4, 5, 6, 7, 7a, 8, 9, 10, 11, 11b, 12, 12b,
 2.46 13, 13a, 15, 16, 17a, 18a, 20b, 23, 23a, by adding subdivisions; 256D.051, by
 2.47 adding subdivisions; 256E.30, subdivision 2; 256E.34, subdivision 1; 256I.04,
 2.48 subdivision 3; 256I.05, subdivisions 1a, 1c, 1q, 11, by adding subdivisions; 256I.06,
 2.49 subdivision 8; 256J.08, subdivision 21; 256J.09, subdivision 3; 256J.30, subdivision
 2.50 8; 256J.35; 256J.45, subdivision 1; 256J.626, subdivision 1; 256J.95, subdivision
 2.51 5; 256L.01, subdivision 5; 256L.03, subdivision 1; 256L.04, subdivision 7b;
 2.52 256L.05, subdivision 3a; 256L.15, subdivision 2, by adding a subdivision; 256N.02,
 2.53 subdivisions 16, 17; 256N.22, subdivision 1; 256N.23, subdivisions 2, 6; 256N.24,
 2.54 subdivisions 1, 8, 11, 12, 14; 256N.25, subdivision 1, by adding a subdivision;
 2.55 256P.01, subdivision 6a; 256P.02, subdivisions 1a, 2; 256P.04, subdivision 4;
 2.56 256P.05; 256P.06, subdivision 3; 256S.203; 259.22, subdivision 4; 259.241; 259.35,
 2.57 subdivision 1; 259.53, subdivision 4; 259.73; 259.75, subdivisions 5, 6, 9; 259.83,
 2.58 subdivision 1a; 259A.75, subdivisions 1, 2, 3, 4; 260C.007, subdivisions 22a, 26c,

3.1 31; 260C.157, subdivision 3; 260C.163, subdivision 3; 260C.212, subdivisions 1,
 3.2 1a, 2, 13, by adding a subdivision; 260C.215, subdivision 4; 260C.219, subdivision
 3.3 5; 260C.4412; 260C.452; 260C.503, subdivision 2; 260C.515, subdivision 3;
 3.4 260C.605, subdivision 1; 260C.607, subdivision 6; 260C.609; 260C.615; 260C.704;
 3.5 260C.706; 260C.708; 260C.71; 260C.712; 260C.714; 260D.01; 260D.05; 260D.06,
 3.6 subdivision 2; 260D.07; 260D.08; 260D.14; 260E.20, subdivision 2; 260E.31,
 3.7 subdivision 1; 260E.36, by adding a subdivision; 295.50, subdivision 9b; 295.53,
 3.8 subdivision 1; 297E.02, subdivision 3; 325F.721, subdivision 1; 326.71, subdivision
 3.9 4; 326.75, subdivisions 1, 2, 3; 354B.20, subdivision 7; 466.03, subdivision 6d;
 3.10 518.157, subdivisions 1, 3; 518.68, subdivision 2; 518A.29; 518A.33; 518A.35,
 3.11 subdivisions 1, 2; 518A.39, subdivision 7; 518A.40, subdivision 4, by adding a
 3.12 subdivision; 518A.42; 518A.43, by adding a subdivision; 518A.685; 548.091,
 3.13 subdivisions 1a, 2a, 3b, 9, 10; 549.09, subdivision 1; Laws 2008, chapter 364,
 3.14 section 17; Laws 2019, First Special Session chapter 9, article 5, section 86,
 3.15 subdivision 1, as amended; article 14, section 3, as amended; Laws 2020, First
 3.16 Special Session chapter 7, section 1, as amended; proposing coding for new law
 3.17 in Minnesota Statutes, chapters 62A; 62J; 62Q; 119B; 144; 145; 145A; 148; 151;
 3.18 245A; 245G; 254B; 256; 256B; 256S; 363A; 518A; proposing coding for new law
 3.19 as Minnesota Statutes, chapter 245I; repealing Minnesota Statutes 2020, sections
 3.20 16A.724, subdivision 2; 62A.67; 62A.671; 62A.672; 136A.29, subdivision 4;
 3.21 144E.27, subdivisions 1, 1a; 151.19, subdivision 3; 245.462, subdivision 4a;
 3.22 245.4871, subdivision 32a; 245.4879, subdivision 2; 245.62, subdivisions 3, 4;
 3.23 245.69, subdivision 2; 245.735, subdivisions 1, 2, 4; 252.28, subdivisions 1, 5;
 3.24 252A.02, subdivisions 8, 10; 252A.21, subdivision 3; 256B.0615, subdivision 2;
 3.25 256B.0616, subdivision 2; 256B.0622, subdivisions 3, 5a; 256B.0623, subdivisions
 3.26 7, 8, 10, 11; 256B.0625, subdivisions 5l, 35a, 35b, 61, 62, 65; 256B.0943,
 3.27 subdivisions 8, 10; 256B.0944; 256B.0946, subdivision 5; 256B.097, subdivisions
 3.28 1, 2, 3, 4, 5, 6; 256B.4905, subdivisions 1, 2, 3, 4, 5, 6; 256D.051, subdivisions
 3.29 1, 1a, 2, 2a, 3, 3a, 3b, 6b, 6c, 7, 8, 9, 18; 256D.052, subdivision 3; 259A.70; Laws
 3.30 2019, First Special Session chapter 9, article 5, section 90; Minnesota Rules, parts
 3.31 9505.0370; 9505.0371; 9505.0372; 9520.0010; 9520.0020; 9520.0030; 9520.0040;
 3.32 9520.0050; 9520.0060; 9520.0070; 9520.0080; 9520.0090; 9520.0100; 9520.0110;
 3.33 9520.0120; 9520.0130; 9520.0140; 9520.0150; 9520.0160; 9520.0170; 9520.0180;
 3.34 9520.0190; 9520.0200; 9520.0210; 9520.0230; 9520.0750; 9520.0760; 9520.0770;
 3.35 9520.0780; 9520.0790; 9520.0800; 9520.0810; 9520.0820; 9520.0830; 9520.0840;
 3.36 9520.0850; 9520.0860; 9520.0870; 9530.6800; 9530.6810.

3.37 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

3.38

ARTICLE 1

3.39

HEALTH CARE; DEPARTMENT OF HUMAN SERVICES

3.40 Section 1. Minnesota Statutes 2020, section 245F.03, is amended to read:

3.41

245F.03 APPLICATION.

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

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

4.1 when a license holder is providing pre-treatment coordination services under section 254B.05,
 4.2 subdivision 4a.

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

4.5 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,
 4.6 whichever is later. The commissioner of human services shall notify the revisor of statutes
 4.7 when federal approval is obtained or denied.

4.8 Sec. 2. Minnesota Statutes 2020, section 245G.02, subdivision 2, is amended to read:

4.9 Subd. 2. **Exemption from license requirement.** This chapter does not apply to a county
 4.10 or recovery community organization that is providing a service for which the county or
 4.11 recovery community organization is an eligible vendor under section 254B.05. This chapter
 4.12 does not apply to an organization whose primary functions are information, referral,
 4.13 diagnosis, case management, and assessment for the purposes of client placement, education,
 4.14 support group services, or self-help programs. This chapter does not apply to the activities
 4.15 of a licensed professional in private practice. A license holder providing the initial set of
 4.16 substance use disorder services allowable under section 254A.03, subdivision 3, paragraph
 4.17 (c), to an individual referred to a licensed nonresidential substance use disorder treatment
 4.18 program after a positive screen for alcohol or substance misuse is exempt from sections
 4.19 245G.05; 245G.06, subdivisions 1, 2, and 4; 245G.07, subdivisions 1, paragraph (a), clauses
 4.20 (2) to (4), and 2, clauses (1) to (7); and 245G.17. This chapter does not apply when a license
 4.21 holder is providing pretreatment coordination services under section 254B.05, subdivision
 4.22 4a.

4.23 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,
 4.24 whichever is later. The commissioner of human services shall notify the revisor of statutes
 4.25 when federal approval is obtained or denied.

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

4.27 Subd. 3. **Documentation of treatment services and pretreatment services; treatment**
 4.28 **plan review.** (a) A review of all treatment services must be documented weekly and include
 4.29 a review of:

4.30 (1) care treatment coordination activities, including any pretreatment coordination
 4.31 services;

4.32 (2) medical and other appointments the client attended;

5.1 (3) issues related to medications that are not documented in the medication administration
5.2 record; and

5.3 (4) issues related to attendance for treatment services, including the reason for any client
5.4 absence from a treatment service.

5.5 (b) A note must be entered immediately following any significant event. A significant
5.6 event is an event that impacts the client's relationship with other clients, staff, the client's
5.7 family, or the client's treatment plan.

5.8 (c) A treatment plan review must be entered in a client's file weekly or after each treatment
5.9 service, whichever is less frequent, by the staff member providing the service. The review
5.10 must indicate the span of time covered by the review and each of the six dimensions listed
5.11 in section 245G.05, subdivision 2, paragraph (c). The review must:

5.12 (1) indicate the date, type, and amount of each treatment service provided and the client's
5.13 response to each service;

5.14 (2) address each goal in the treatment plan and whether the methods to address the goals
5.15 are effective;

5.16 (3) include monitoring of any physical and mental health problems;

5.17 (4) document the participation of others;

5.18 (5) document staff recommendations for changes in the methods identified in the treatment
5.19 plan and whether the client agrees with the change; and

5.20 (6) include a review and evaluation of the individual abuse prevention plan according
5.21 to section 245A.65.

5.22 (d) Each entry in a client's record must be accurate, legible, signed, and dated. A late
5.23 entry must be clearly labeled "late entry." A correction to an entry must be made in a way
5.24 in which the original entry can still be read.

5.25 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,
5.26 whichever is later. The commissioner of human services shall notify the revisor of statutes
5.27 when federal approval is obtained or denied.

5.28 Sec. 4. Minnesota Statutes 2020, section 245G.11, subdivision 7, is amended to read:

5.29 Subd. 7. **Treatment coordination provider qualifications.** (a) Treatment coordination
5.30 must be provided by qualified staff. An individual is qualified to provide treatment

6.1 coordination if the individual meets the qualifications of an alcohol and drug counselor
6.2 under subdivision 5 or if the individual:

6.3 (1) is skilled in the process of identifying and assessing a wide range of client needs;

6.4 (2) is knowledgeable about local community resources and how to use those resources
6.5 for the benefit of the client;

6.6 (3) has successfully completed 30 hours of classroom instruction on treatment
6.7 coordination for an individual with substance use disorder;

6.8 (4) has either:

6.9 (i) a bachelor's degree in one of the behavioral sciences or related fields; or

6.10 (ii) current certification as an alcohol and drug counselor, level I, by the Upper Midwest
6.11 Indian Council on Addictive Disorders; and

6.12 (5) has at least 2,000 hours of supervised experience working with individuals with
6.13 substance use disorder.

6.14 (b) A treatment coordinator must receive at least one hour of supervision regarding
6.15 individual service delivery from an alcohol and drug counselor, or a mental health
6.16 professional who has substance use treatment and assessments within the scope of their
6.17 practice, on a monthly basis.

6.18 (c) County staff who conduct chemical use assessments under Minnesota Rules, part
6.19 9530.6615, and are employed as of January 1, 2022, are qualified to provide treatment
6.20 coordination under section 245G.07, subdivision 1, paragraph (a), clause (5). County staff
6.21 who conduct chemical use assessments under Minnesota Rules, part 9530.6615, and are
6.22 employed after January 1, 2021, are qualified to provide treatment coordination under section
6.23 245G.07, subdivision 1, paragraph (a), clause (5), if the county staff person completes the
6.24 classroom instruction in paragraph (a), clause (3).

6.25 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,
6.26 whichever is later. The commissioner of human services shall notify the revisor of statutes
6.27 when federal approval is obtained or denied.

6.28 Sec. 5. Minnesota Statutes 2020, section 254B.05, subdivision 1, is amended to read:

6.29 Subdivision 1. **Licensure required.** (a) Programs licensed by the commissioner are
6.30 eligible vendors. Hospitals may apply for and receive licenses to be eligible vendors,
6.31 notwithstanding the provisions of section 245A.03. American Indian programs that provide
6.32 substance use disorder treatment, extended care, transitional residence, ~~or~~ outpatient treatment

7.1 services, and are licensed by tribal government are eligible vendors. American Indian
7.2 programs are eligible vendors of peer support services according to section 245G.07,
7.3 subdivision 2, clause (8). An alcohol and drug counselor as defined in section 245G.11,
7.4 subdivision 5, must be available to recovery peers for ongoing consultation, as needed.

7.5 (b) A licensed professional in private practice as defined in section 245G.01, subdivision
7.6 17, who meets the requirements of section 245G.11, subdivisions 1 and 4, is an eligible
7.7 vendor of a comprehensive assessment and assessment summary provided according to
7.8 section 245G.05, and treatment services provided according to sections 245G.06 and
7.9 245G.07, subdivision 1, paragraphs (a), clauses (1) to (5), and (b); and subdivision 2, clauses
7.10 (1) to (6).

7.11 (c) A county is an eligible vendor for a comprehensive assessment and assessment
7.12 summary when provided by an individual who meets the staffing credentials of section
7.13 245G.11, subdivisions 1 and 5, and completed according to the requirements of section
7.14 245G.05. A county is an eligible vendor of ~~care~~ treatment coordination services when
7.15 provided by an individual who meets the staffing credentials of section 245G.11, subdivisions
7.16 1 and 7, and provided according to the requirements of section 245G.07, subdivision 1,
7.17 paragraph (a), clause (5). A county is an eligible vendor of peer recovery support services
7.18 according to section 245G.07, subdivision 2, clause (8). An alcohol and drug counselor as
7.19 defined in section 245G.11, subdivision 5, must be available to recovery peers for ongoing
7.20 consultation, as needed.

7.21 (d) Nonresidential programs licensed under chapter 245G, withdrawal management
7.22 programs licensed under chapter 245F, American Indian programs described in paragraph
7.23 (a), and counties are eligible vendors of pretreatment coordination services as defined under
7.24 section 254B.05, subdivision 4a, when the individual providing the services meets the
7.25 staffing credentials in section 245G.11, subdivisions 1 and 7.

7.26 (e) A recovery community organization that meets certification requirements identified
7.27 by the commissioner is an eligible vendor of peer support services.

7.28 ~~(e)~~ (f) Detoxification programs licensed under Minnesota Rules, parts 9530.6510 to
7.29 9530.6590, are not eligible vendors. Programs that are not licensed as a residential or
7.30 nonresidential substance use disorder treatment or withdrawal management program by the
7.31 commissioner or by tribal government or do not meet the requirements of subdivisions 1a
7.32 and 1b are not eligible vendors.

8.1 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,
8.2 whichever is later. The commissioner of human services shall notify the revisor of statutes
8.3 when federal approval is obtained or denied.

8.4 Sec. 6. Minnesota Statutes 2020, section 254B.05, is amended by adding a subdivision to
8.5 read:

8.6 Subd. 4a. **Pretreatment coordination services.** (a) An enrolled provider may provide
8.7 pretreatment coordination services to an individual prior to the individual's comprehensive
8.8 assessment under section 245G.05, to facilitate an individual's access to a comprehensive
8.9 assessment. The total pretreatment coordination services must not exceed 36 units per
8.10 eligibility determination.

8.11 (b) An individual providing pretreatment coordination services must meet the staff
8.12 qualifications in section 245G.11, subdivision 7. Section 245G.05 and Minnesota Rules,
8.13 parts 9530.6600 to 9530.6655, do not apply to pretreatment coordination services.

8.14 (c) To be eligible for pretreatment coordination services, an individual must screen
8.15 positive for alcohol or substance misuse using a screening tool approved by the commissioner.
8.16 The provider may bill the screening as a pretreatment coordination service.

8.17 (d) Pretreatment coordination services include:

8.18 (1) assisting with connecting an individual with a qualified comprehensive assessment
8.19 provider;

8.20 (2) identifying barriers that might inhibit an individual's ability to participate in a
8.21 comprehensive assessment; and

8.22 (3) assisting with connecting an individual with resources to mitigate an individual's
8.23 immediate safety risks.

8.24 (e) A license holder is authorized to provide up to 36 units of pretreatment coordination
8.25 services, excluding travel time, and must document the following information in the client's
8.26 case file:

8.27 (1) the dates, number of units, and description of pretreatment coordination services
8.28 provided;

8.29 (2) identifying an individual's safety concerns and developing a plan to address those
8.30 concerns;

8.31 (3) assisting an individual with scheduling an appointment for a comprehensive
8.32 assessment and confirming that the individual and provider keep the appointment; and

9.1 (4) assisting an individual with accessing resources for obtaining a comprehensive
 9.2 assessment authorizing substance use disorder treatment services.

9.3 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,
 9.4 whichever is later. The commissioner of human services shall notify the revisor of statutes
 9.5 when federal approval is obtained or denied.

9.6 Sec. 7. Minnesota Statutes 2020, section 254B.05, subdivision 5, is amended to read:

9.7 Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for substance
 9.8 use disorder services and service enhancements funded under this chapter.

9.9 (b) Eligible substance use disorder treatment services include:

9.10 (1) outpatient treatment services that are licensed according to sections 245G.01 to
 9.11 245G.17, or applicable tribal license;

9.12 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),
 9.13 and 245G.05;

9.14 (3) ~~care~~ treatment coordination services provided according to section 245G.07,
 9.15 subdivision 1, paragraph (a), clause (5);

9.16 (4) peer recovery support services provided according to section 245G.07, subdivision
 9.17 2, clause (8);

9.18 (5) on July 1, 2019, or upon federal approval, whichever is later, withdrawal management
 9.19 services provided according to chapter 245F;

9.20 (6) medication-assisted therapy services that are licensed according to sections 245G.01
 9.21 to 245G.17 and 245G.22, or applicable tribal license;

9.22 (7) medication-assisted therapy plus enhanced treatment services that meet the
 9.23 requirements of clause (6) and provide nine hours of clinical services each week;

9.24 (8) high, medium, and low intensity residential treatment services that are licensed
 9.25 according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license which
 9.26 provide, respectively, 30, 15, and five hours of clinical services each week;

9.27 (9) hospital-based treatment services that are licensed according to sections 245G.01 to
 9.28 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
 9.29 144.56;

9.30 (10) adolescent treatment programs that are licensed as outpatient treatment programs
 9.31 according to sections 245G.01 to 245G.18 or as residential treatment programs according

10.1 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
10.2 applicable tribal license;

10.3 (11) high-intensity residential treatment services that are licensed according to sections
10.4 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide 30 hours of
10.5 clinical services each week provided by a state-operated vendor or to clients who have been
10.6 civilly committed to the commissioner, present the most complex and difficult care needs,
10.7 and are a potential threat to the community; ~~and~~

10.8 (12) room and board facilities that meet the requirements of subdivision 1a; and

10.9 (13) pretreatment coordination services provided according to subdivision 4a.

10.10 (c) The commissioner shall establish higher rates for programs that meet the requirements
10.11 of paragraph (b) and one of the following additional requirements:

10.12 (1) programs that serve parents with their children if the program:

10.13 (i) provides on-site child care during the hours of treatment activity that:

10.14 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
10.15 9503; or

10.16 (B) meets the licensure exclusion criteria of section 245A.03, subdivision 2, paragraph
10.17 (a), clause (6), and meets the requirements under section 245G.19, subdivision 4; or

10.18 (ii) arranges for off-site child care during hours of treatment activity at a facility that is
10.19 licensed under chapter 245A as:

10.20 (A) a child care center under Minnesota Rules, chapter 9503; or

10.21 (B) a family child care home under Minnesota Rules, chapter 9502;

10.22 (2) culturally specific programs as defined in section 254B.01, subdivision 4a, or
10.23 programs or subprograms serving special populations, if the program or subprogram meets
10.24 the following requirements:

10.25 (i) is designed to address the unique needs of individuals who share a common language,
10.26 racial, ethnic, or social background;

10.27 (ii) is governed with significant input from individuals of that specific background; and

10.28 (iii) employs individuals to provide individual or group therapy, at least 50 percent of
10.29 whom are of that specific background, except when the common social background of the
10.30 individuals served is a traumatic brain injury or cognitive disability and the program employs
10.31 treatment staff who have the necessary professional training, as approved by the

11.1 commissioner, to serve clients with the specific disabilities that the program is designed to
11.2 serve;

11.3 (3) programs that offer medical services delivered by appropriately credentialed health
11.4 care staff in an amount equal to two hours per client per week if the medical needs of the
11.5 client and the nature and provision of any medical services provided are documented in the
11.6 client file; and

11.7 (4) programs that offer services to individuals with co-occurring mental health and
11.8 chemical dependency problems if:

11.9 (i) the program meets the co-occurring requirements in section 245G.20;

11.10 (ii) 25 percent of the counseling staff are licensed mental health professionals, as defined
11.11 in section 245.462, subdivision 18, clauses (1) to (6), or are students or licensing candidates
11.12 under the supervision of a licensed alcohol and drug counselor supervisor and licensed
11.13 mental health professional, except that no more than 50 percent of the mental health staff
11.14 may be students or licensing candidates with time documented to be directly related to
11.15 provisions of co-occurring services;

11.16 (iii) clients scoring positive on a standardized mental health screen receive a mental
11.17 health diagnostic assessment within ten days of admission;

11.18 (iv) the program has standards for multidisciplinary case review that include a monthly
11.19 review for each client that, at a minimum, includes a licensed mental health professional
11.20 and licensed alcohol and drug counselor, and their involvement in the review is documented;

11.21 (v) family education is offered that addresses mental health and substance abuse disorders
11.22 and the interaction between the two; and

11.23 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder
11.24 training annually.

11.25 (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program
11.26 that provides arrangements for off-site child care must maintain current documentation at
11.27 the chemical dependency facility of the child care provider's current licensure to provide
11.28 child care services. Programs that provide child care according to paragraph (c), clause (1),
11.29 must be deemed in compliance with the licensing requirements in section 245G.19.

11.30 (e) Adolescent residential programs that meet the requirements of Minnesota Rules,
11.31 parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements
11.32 in paragraph (c), clause (4), items (i) to (iv).

12.1 (f) Subject to federal approval, chemical dependency services that are otherwise covered
12.2 as direct face-to-face services may be provided via two-way interactive video. The use of
12.3 two-way interactive video must be medically appropriate to the condition and needs of the
12.4 person being served. Reimbursement shall be at the same rates and under the same conditions
12.5 that would otherwise apply to direct face-to-face services. The interactive video equipment
12.6 and connection must comply with Medicare standards in effect at the time the service is
12.7 provided.

12.8 (g) For the purpose of reimbursement under this section, substance use disorder treatment
12.9 services provided in a group setting without a group participant maximum or maximum
12.10 client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one.
12.11 At least one of the attending staff must meet the qualifications as established under this
12.12 chapter for the type of treatment service provided. A recovery peer may not be included as
12.13 part of the staff ratio.

12.14 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,
12.15 whichever is later. The commissioner of human services shall notify the revisor of statutes
12.16 when federal approval is obtained or denied.

12.17 Sec. 8. Minnesota Statutes 2020, section 256.01, subdivision 28, is amended to read:

12.18 Subd. 28. **Statewide health information exchange.** (a) The commissioner has the
12.19 authority to join and participate as a member in a legal entity developing and operating a
12.20 statewide health information exchange or to develop and operate an encounter alerting
12.21 service that shall meet the following criteria:

12.22 (1) the legal entity must meet all constitutional and statutory requirements to allow the
12.23 commissioner to participate; and

12.24 (2) the commissioner or the commissioner's designated representative must have the
12.25 right to participate in the governance of the legal entity under the same terms and conditions
12.26 and subject to the same requirements as any other member in the legal entity and in that
12.27 role shall act to advance state interests and lessen the burdens of government.

12.28 (b) Notwithstanding chapter 16C, the commissioner may pay the state's prorated share
12.29 of development-related expenses of the legal entity retroactively from October 29, 2007,
12.30 regardless of the date the commissioner joins the legal entity as a member.

13.1 Sec. 9. Minnesota Statutes 2020, section 256.01, is amended by adding a subdivision to
 13.2 read:

13.3 Subd. 42. Expiration of report mandates. (a) If the submission of a report by the
 13.4 commissioner of human services to the legislature is mandated by statute and the enabling
 13.5 legislation does not include a date for the submission of a final report, the mandate to submit
 13.6 the report shall expire in accordance with this section.

13.7 (b) If the mandate requires the submission of an annual report and the mandate was
 13.8 enacted before January 1, 2021, the mandate shall expire on January 1, 2023. If the mandate
 13.9 requires the submission of a biennial or less frequent report and the mandate was enacted
 13.10 before January 1, 2021, the mandate shall expire on January 1, 2024.

13.11 (c) Any reporting mandate enacted on or after January 1, 2021 shall expire three years
 13.12 after the date of enactment if the mandate requires the submission of an annual report and
 13.13 shall expire five years after the date of enactment if the mandate requires the submission
 13.14 of a biennial or less frequent report unless the enacting legislation provides for a different
 13.15 expiration date.

13.16 (d) The commissioner shall submit a list to the chairs and ranking minority members of
 13.17 the legislative committee with jurisdiction over human services by February 15 of each
 13.18 year, beginning February 15, 2022, of all reports set to expire during the following calendar
 13.19 year in accordance with this section.

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

13.21 Sec. 10. Minnesota Statutes 2020, section 256.042, subdivision 4, is amended to read:

13.22 Subd. 4. Grants. (a) The commissioner of human services shall submit a report of the
 13.23 grants proposed by the advisory council to be awarded for the upcoming fiscal year to the
 13.24 chairs and ranking minority members of the legislative committees with jurisdiction over
 13.25 health and human services policy and finance, by March 1 of each year, beginning March
 13.26 1, 2020, describing the priorities and specific activities the advisory council intends to
 13.27 address for the upcoming fiscal year based on the projected funds available for grant
 13.28 distribution.

13.29 (b) ~~The commissioner of human services shall award grants from the opiate epidemic~~
 13.30 ~~response fund under section 256.043.~~ The grants shall be awarded to proposals selected by
 13.31 the advisory council that address the priorities in subdivision 1, paragraph (a), clauses (1)
 13.32 to (4), unless otherwise appropriated by the legislature. The advisory council shall determine
 13.33 grant awards and funding amounts based on the funds appropriated to the commissioner

14.1 under section 256.043, subdivision 3, paragraph (e). The commissioner shall award the
14.2 grants from the opiate epidemic response fund and administer the grants in compliance with
14.3 section 16B.97. No more than three percent of the grant amount may be used by a grantee
14.4 for administration.

14.5 Sec. 11. Minnesota Statutes 2020, section 256.043, subdivision 4, is amended to read:

14.6 Subd. 4. **Settlement; sunset.** (a) If the state receives a total sum of \$250,000,000 either
14.7 as a result of a settlement agreement or an assurance of discontinuance entered into by the
14.8 attorney general of the state, or resulting from a court order in litigation brought by the
14.9 attorney general of the state on behalf of the state or a state agency, against one or more
14.10 opioid manufacturers or opioid wholesale drug distributors or consulting firms working for
14.11 an opioid manufacturer or opioid wholesale drug distributor related to alleged violations of
14.12 consumer fraud laws in the marketing, sale, or distribution of opioids in this state, or other
14.13 alleged illegal actions that contributed to the excessive use of opioids, or from the fees
14.14 collected under sections 151.065, subdivisions 1 and 3, and 151.066, that are deposited into
14.15 the opiate epidemic response fund established in this section, or from a combination of both,
14.16 the fees specified in section 151.065, subdivisions 1, clause (16), and 3, clause (14), shall
14.17 be reduced to \$5,260, and the opiate registration fee in section 151.066, subdivision 3, shall
14.18 be repealed.

14.19 (b) The commissioner of management and budget shall inform the Board of Pharmacy,
14.20 the governor, and the legislature when the amount specified in paragraph (a) has been
14.21 reached. The board shall apply the reduced license fee for the next licensure period.

14.22 (c) Notwithstanding paragraph (a), the reduction of the license fee in section 151.065,
14.23 subdivisions 1 and 3, and the repeal of the registration fee in section 151.066 shall not occur
14.24 before July 1, 2024.

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

14.26 Sec. 12. Minnesota Statutes 2020, section 256.969, is amended by adding a subdivision
14.27 to read:

14.28 **Subd. 2f. Alternate inpatient payment rate.** Effective January 1, 2022, for a hospital
14.29 eligible to receive disproportionate share hospital payments under subdivision 9, paragraph
14.30 (d), clause (6), the commissioner shall reduce the amount calculated under subdivision 9,
14.31 paragraph (d), clause (6), by 99 percent and compute an alternate inpatient payment rate.
14.32 The alternate payment rate shall be structured to target a total aggregate reimbursement
14.33 amount equal to what the hospital would have received for providing fee-for-service inpatient

15.1 services under this section to patients enrolled in medical assistance had the hospital received
 15.2 the entire amount calculated under subdivision 9, paragraph (d), clause (6).

15.3 **EFFECTIVE DATE.** This section is effective January 1, 2022.

15.4 Sec. 13. Minnesota Statutes 2020, section 256.9695, subdivision 1, is amended to read:

15.5 Subdivision 1. **Appeals.** A hospital may appeal a decision arising from the application
 15.6 of standards or methods under section 256.9685, 256.9686, or 256.969, if an appeal would
 15.7 result in a change to the hospital's payment rate or payments. Both overpayments and
 15.8 underpayments that result from the submission of appeals shall be implemented. Regardless
 15.9 of any appeal outcome, relative values, Medicare wage indexes, Medicare cost-to-charge
 15.10 ratios, and policy adjusters shall not be changed. The appeal shall be heard by an
 15.11 administrative law judge according to sections 14.57 to 14.62, or upon agreement by both
 15.12 parties, according to a modified appeals procedure established by the commissioner and the
 15.13 Office of Administrative Hearings. In any proceeding under this section, the appealing party
 15.14 must demonstrate by a preponderance of the evidence that the commissioner's determination
 15.15 is incorrect or not according to law.

15.16 To appeal a payment rate or payment determination or a determination made from base
 15.17 year information, the hospital shall file a written appeal request to the commissioner within
 15.18 60 days of the date the preliminary payment rate determination was mailed. The appeal
 15.19 request shall specify: (i) the disputed items; (ii) the authority in federal or state statute or
 15.20 rule upon which the hospital relies for each disputed item; and (iii) the name and address
 15.21 of the person to contact regarding the appeal. Facts to be considered in any appeal of base
 15.22 year information are limited to those in existence ~~±~~ 18 months after the last day of the
 15.23 calendar year that is the base year for the payment rates in dispute.

15.24 Sec. 14. Minnesota Statutes 2020, section 256.983, is amended to read:

15.25 **256.983 FRAUD PREVENTION INVESTIGATIONS.**

15.26 Subdivision 1. **Programs established.** Within the limits of available appropriations, the
 15.27 commissioner of human services shall require the maintenance of budget neutral fraud
 15.28 prevention investigation programs in the counties or tribal agencies participating in the
 15.29 fraud prevention investigation project established under this section. If funds are sufficient,
 15.30 the commissioner may also extend fraud prevention investigation programs to other counties
 15.31 or tribal agencies provided the expansion is budget neutral to the state. Under any expansion,
 15.32 the commissioner has the final authority in decisions regarding the creation and realignment
 15.33 of individual county, tribal agency, or regional operations.

16.1 Subd. 2. **County and tribal agency proposals.** Each participating county and tribal
16.2 agency shall develop and submit an annual staffing and funding proposal to the commissioner
16.3 no later than April 30 of each year. Each proposal shall include, but not be limited to, the
16.4 staffing and funding of the fraud prevention investigation program, a job description for
16.5 investigators involved in the fraud prevention investigation program, and the organizational
16.6 structure of the county or tribal agency unit, training programs for case workers, and the
16.7 operational requirements which may be directed by the commissioner. The proposal shall
16.8 be approved, to include any changes directed or negotiated by the commissioner, no later
16.9 than June 30 of each year.

16.10 Subd. 3. **Department responsibilities.** The commissioner shall establish training
16.11 programs which shall be attended by all investigative and supervisory staff of the involved
16.12 county and tribal agencies. The commissioner shall also develop the necessary operational
16.13 guidelines, forms, and reporting mechanisms, which shall be used by the involved county
16.14 or tribal agencies. An individual's application or redetermination form for public assistance
16.15 benefits, including child care assistance programs and medical care programs, must include
16.16 an authorization for release by the individual to obtain documentation for any information
16.17 on that form which is involved in a fraud prevention investigation. The authorization for
16.18 release is effective for six months after public assistance benefits have ceased.

16.19 Subd. 4. **Funding.** (a) County and tribal agency reimbursement shall be made through
16.20 the settlement provisions applicable to the Supplemental Nutrition Assistance Program
16.21 (SNAP), MFIP, child care assistance programs, the medical assistance program, and other
16.22 federal and state-funded programs.

16.23 (b) The commissioner will maintain program compliance if for any three consecutive
16.24 month period, a county or tribal agency fails to comply with fraud prevention investigation
16.25 program guidelines, or fails to meet the cost-effectiveness standards developed by the
16.26 commissioner. This result is contingent on the commissioner providing written notice,
16.27 including an offer of technical assistance, within 30 days of the end of the third or subsequent
16.28 month of noncompliance. The county or tribal agency shall be required to submit a corrective
16.29 action plan to the commissioner within 30 days of receipt of a notice of noncompliance.
16.30 Failure to submit a corrective action plan or, continued deviation from standards of more
16.31 than ten percent after submission of a corrective action plan, will result in denial of funding
16.32 for each subsequent month, or billing the county or tribal agency for fraud prevention
16.33 investigation (FPI) service provided by the commissioner, or reallocation of program grant
16.34 funds, or investigative resources, or both, to other counties or tribal agencies. The denial of

17.1 funding shall apply to the general settlement received by the county or tribal agency on a
17.2 quarterly basis and shall not reduce the grant amount applicable to the FPI project.

17.3 Subd. 5. **Child care providers; financial misconduct.** (a) A county or tribal agency
17.4 may conduct investigations of financial misconduct by child care providers as described in
17.5 chapter 245E. Prior to opening an investigation, a county or tribal agency must contact the
17.6 commissioner to determine whether an investigation under this chapter may compromise
17.7 an ongoing investigation.

17.8 (b) If, upon investigation, a preponderance of evidence shows a provider committed an
17.9 intentional program violation, intentionally gave the county or tribe materially false
17.10 information on the provider's billing forms, provided false attendance records to a county,
17.11 tribe, or the commissioner, or committed financial misconduct as described in section
17.12 245E.01, subdivision 8, the county or tribal agency may suspend a provider's payment
17.13 pursuant to chapter 245E, or deny or revoke a provider's authorization pursuant to section
17.14 119B.13, subdivision 6, paragraph (d), clause (2), prior to pursuing other available remedies.
17.15 The county or tribe must send notice in accordance with the requirements of section
17.16 119B.161, subdivision 2. If a provider's payment is suspended under this section, the payment
17.17 suspension shall remain in effect until: (1) the commissioner, county, tribe, or a law
17.18 enforcement authority determines that there is insufficient evidence warranting the action
17.19 and a county, tribe, or the commissioner does not pursue an additional administrative remedy
17.20 under chapter 119B or 245E, or section 256.046 or 256.98; or (2) all criminal, civil, and
17.21 administrative proceedings related to the provider's alleged misconduct conclude and any
17.22 appeal rights are exhausted.

17.23 (c) For the purposes of this section, an intentional program violation includes intentionally
17.24 making false or misleading statements; intentionally misrepresenting, concealing, or
17.25 withholding facts; and repeatedly and intentionally violating program regulations under
17.26 chapters 119B and 245E.

17.27 (d) A provider has the right to administrative review under section 119B.161 if: (1)
17.28 payment is suspended under chapter 245E; or (2) the provider's authorization was denied
17.29 or revoked under section 119B.13, subdivision 6, paragraph (d), clause (2).

17.30 Sec. 15. Minnesota Statutes 2020, section 256B.055, subdivision 6, is amended to read:

17.31 Subd. 6. **Pregnant women; needy unborn child.** Medical assistance may be paid for
17.32 a pregnant woman who meets the other eligibility criteria of this section and whose unborn
17.33 child would be eligible as a needy child under subdivision 10 if born and living with the
17.34 woman. In accordance with Code of Federal Regulations, title 42, section 435.956, the

18.1 commissioner must accept self-attestation of pregnancy unless the agency has information
18.2 that is not reasonably compatible with such attestation. For purposes of this subdivision, a
18.3 woman is considered pregnant for ~~60 days~~ six months postpartum.

18.4 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
18.5 whichever is later. The commissioner shall notify the revisor of statutes when federal
18.6 approval has been obtained.

18.7 Sec. 16. Minnesota Statutes 2020, section 256B.056, subdivision 10, is amended to read:

18.8 Subd. 10. **Eligibility verification.** (a) The commissioner shall require women who are
18.9 applying for the continuation of medical assistance coverage following the end of the ~~60-day~~
18.10 six months postpartum period to update their income and asset information and to submit
18.11 any required income or asset verification.

18.12 (b) The commissioner shall determine the eligibility of private-sector health care coverage
18.13 for infants less than one year of age eligible under section 256B.055, subdivision 10, or
18.14 256B.057, subdivision 1, paragraph (c), and shall pay for private-sector coverage if this is
18.15 determined to be cost-effective.

18.16 (c) The commissioner shall verify assets and income for all applicants, and for all
18.17 recipients upon renewal.

18.18 (d) The commissioner shall utilize information obtained through the electronic service
18.19 established by the secretary of the United States Department of Health and Human Services
18.20 and other available electronic data sources in Code of Federal Regulations, title 42, sections
18.21 435.940 to 435.956, to verify eligibility requirements. The commissioner shall establish
18.22 standards to define when information obtained electronically is reasonably compatible with
18.23 information provided by applicants and enrollees, including use of self-attestation, to
18.24 accomplish real-time eligibility determinations and maintain program integrity.

18.25 (e) Each person applying for or receiving medical assistance under section 256B.055,
18.26 subdivision 7, and any other person whose resources are required by law to be disclosed to
18.27 determine the applicant's or recipient's eligibility must authorize the commissioner to obtain
18.28 information from financial institutions to identify unreported accounts as required in section
18.29 256.01, subdivision 18f. If a person refuses or revokes the authorization, the commissioner
18.30 may determine that the applicant or recipient is ineligible for medical assistance. For purposes
18.31 of this paragraph, an authorization to identify unreported accounts meets the requirements
18.32 of the Right to Financial Privacy Act, United States Code, title 12, chapter 35, and need not
18.33 be furnished to the financial institution.

19.1 (f) County and tribal agencies shall comply with the standards established by the
 19.2 commissioner for appropriate use of the asset verification system specified in section 256.01,
 19.3 subdivision 18f.

19.4 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
 19.5 whichever is later. The commissioner shall notify the revisor of statutes when federal
 19.6 approval has been obtained.

19.7 Sec. 17. Minnesota Statutes 2020, section 256B.057, subdivision 3, is amended to read:

19.8 Subd. 3. **Qualified Medicare beneficiaries.** (a) A person who is entitled to Part A
 19.9 Medicare benefits, whose income is equal to or less than 100 percent of the federal poverty
 19.10 guidelines, and whose assets are no more than \$10,000 for a single individual and \$18,000
 19.11 for a married couple or family of two or more, is eligible for medical assistance
 19.12 reimbursement of Medicare Part A and Part B premiums, Part A and Part B coinsurance
 19.13 and deductibles, and cost-effective premiums for enrollment with a health maintenance
 19.14 organization or a competitive medical plan under section 1876 of the Social Security Act;
 19.15 if:

19.16 (1) the person is entitled to Medicare Part A benefits;

19.17 (2) the person's income is equal to or less than 100 percent of the federal poverty
 19.18 guidelines; and

19.19 (3) the person's assets are no more than (i) \$10,000 for a single individual, or (ii) \$18,000
 19.20 for a married couple or family of two or more; or, when the resource limits for eligibility
 19.21 for the Medicare Part D extra help low income subsidy (LIS) exceed either amount in item
 19.22 (i) or (ii), the person's assets are no more than the LIS resource limit in United States Code,
 19.23 title 42, section 1396d, subsection (p).

19.24 (b) Reimbursement of the Medicare coinsurance and deductibles, when added to the
 19.25 amount paid by Medicare, must not exceed the total rate the provider would have received
 19.26 for the same service or services if the person were a medical assistance recipient with
 19.27 Medicare coverage. Increases in benefits under Title II of the Social Security Act shall not
 19.28 be counted as income for purposes of this subdivision until July 1 of each year.

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

19.30 Sec. 18. Minnesota Statutes 2020, section 256B.06, subdivision 4, is amended to read:

19.31 Subd. 4. **Citizenship requirements.** (a) Eligibility for medical assistance is limited to
 19.32 citizens of the United States, qualified noncitizens as defined in this subdivision, and other

20.1 persons residing lawfully in the United States. Citizens or nationals of the United States
20.2 must cooperate in obtaining satisfactory documentary evidence of citizenship or nationality
20.3 according to the requirements of the federal Deficit Reduction Act of 2005, Public Law
20.4 109-171.

20.5 (b) "Qualified noncitizen" means a person who meets one of the following immigration
20.6 criteria:

20.7 (1) admitted for lawful permanent residence according to United States Code, title 8;

20.8 (2) admitted to the United States as a refugee according to United States Code, title 8,
20.9 section 1157;

20.10 (3) granted asylum according to United States Code, title 8, section 1158;

20.11 (4) granted withholding of deportation according to United States Code, title 8, section
20.12 1253(h);

20.13 (5) paroled for a period of at least one year according to United States Code, title 8,
20.14 section 1182(d)(5);

20.15 (6) granted conditional entrant status according to United States Code, title 8, section
20.16 1153(a)(7);

20.17 (7) determined to be a battered noncitizen by the United States Attorney General
20.18 according to the Illegal Immigration Reform and Immigrant Responsibility Act of 1996,
20.19 title V of the Omnibus Consolidated Appropriations Bill, Public Law 104-200;

20.20 (8) is a child of a noncitizen determined to be a battered noncitizen by the United States
20.21 Attorney General according to the Illegal Immigration Reform and Immigrant Responsibility
20.22 Act of 1996, title V, of the Omnibus Consolidated Appropriations Bill, Public Law 104-200;
20.23 or

20.24 (9) determined to be a Cuban or Haitian entrant as defined in section 501(e) of Public
20.25 Law 96-422, the Refugee Education Assistance Act of 1980.

20.26 (c) All qualified noncitizens who were residing in the United States before August 22,
20.27 1996, who otherwise meet the eligibility requirements of this chapter, are eligible for medical
20.28 assistance with federal financial participation.

20.29 (d) Beginning December 1, 1996, qualified noncitizens who entered the United States
20.30 on or after August 22, 1996, and who otherwise meet the eligibility requirements of this
20.31 chapter are eligible for medical assistance with federal participation for five years if they
20.32 meet one of the following criteria:

21.1 (1) refugees admitted to the United States according to United States Code, title 8, section
21.2 1157;

21.3 (2) persons granted asylum according to United States Code, title 8, section 1158;

21.4 (3) persons granted withholding of deportation according to United States Code, title 8,
21.5 section 1253(h);

21.6 (4) veterans of the United States armed forces with an honorable discharge for a reason
21.7 other than noncitizen status, their spouses and unmarried minor dependent children; or

21.8 (5) persons on active duty in the United States armed forces, other than for training,
21.9 their spouses and unmarried minor dependent children.

21.10 Beginning July 1, 2010, children and pregnant women who are noncitizens described
21.11 in paragraph (b) or who are lawfully present in the United States as defined in Code of
21.12 Federal Regulations, title 8, section 103.12, and who otherwise meet eligibility requirements
21.13 of this chapter, are eligible for medical assistance with federal financial participation as
21.14 provided by the federal Children's Health Insurance Program Reauthorization Act of 2009,
21.15 Public Law 111-3.

21.16 (e) Nonimmigrants who otherwise meet the eligibility requirements of this chapter are
21.17 eligible for the benefits as provided in paragraphs (f) to (h). For purposes of this subdivision,
21.18 a "nonimmigrant" is a person in one of the classes listed in United States Code, title 8,
21.19 section 1101(a)(15).

21.20 (f) Payment shall also be made for care and services that are furnished to noncitizens,
21.21 regardless of immigration status, who otherwise meet the eligibility requirements of this
21.22 chapter, if such care and services are necessary for the treatment of an emergency medical
21.23 condition.

21.24 (g) For purposes of this subdivision, the term "emergency medical condition" means a
21.25 medical condition that meets the requirements of United States Code, title 42, section
21.26 1396b(v).

21.27 (h)(1) Notwithstanding paragraph (g), services that are necessary for the treatment of
21.28 an emergency medical condition are limited to the following:

21.29 (i) services delivered in an emergency room or by an ambulance service licensed under
21.30 chapter 144E that are directly related to the treatment of an emergency medical condition;

21.31 (ii) services delivered in an inpatient hospital setting following admission from an
21.32 emergency room or clinic for an acute emergency condition; and

22.1 (iii) follow-up services that are directly related to the original service provided to treat
22.2 the emergency medical condition and are covered by the global payment made to the
22.3 provider.

22.4 (2) Services for the treatment of emergency medical conditions do not include:

22.5 (i) services delivered in an emergency room or inpatient setting to treat a nonemergency
22.6 condition;

22.7 (ii) organ transplants, stem cell transplants, and related care;

22.8 (iii) services for routine prenatal care;

22.9 (iv) continuing care, including long-term care, nursing facility services, home health
22.10 care, adult day care, day training, or supportive living services;

22.11 (v) elective surgery;

22.12 (vi) outpatient prescription drugs, unless the drugs are administered or dispensed as part
22.13 of an emergency room visit;

22.14 (vii) preventative health care and family planning services;

22.15 (viii) rehabilitation services;

22.16 (ix) physical, occupational, or speech therapy;

22.17 (x) transportation services;

22.18 (xi) case management;

22.19 (xii) prosthetics, orthotics, durable medical equipment, or medical supplies;

22.20 (xiii) dental services;

22.21 (xiv) hospice care;

22.22 (xv) audiology services and hearing aids;

22.23 (xvi) podiatry services;

22.24 (xvii) chiropractic services;

22.25 (xviii) immunizations;

22.26 (xix) vision services and eyeglasses;

22.27 (xx) waiver services;

22.28 (xxi) individualized education programs; or

23.1 (xxii) chemical dependency treatment.

23.2 (i) Pregnant noncitizens who are ineligible for federally funded medical assistance
23.3 because of immigration status, are not covered by a group health plan or health insurance
23.4 coverage according to Code of Federal Regulations, title 42, section 457.310, and who
23.5 otherwise meet the eligibility requirements of this chapter, are eligible for medical assistance
23.6 through the period of pregnancy, including labor and delivery, and ~~60 days~~ six months
23.7 postpartum, ~~to the extent federal funds are available under title XXI of the Social Security~~
23.8 ~~Act, and the state children's health insurance program.~~

23.9 (j) Beginning October 1, 2003, persons who are receiving care and rehabilitation services
23.10 from a nonprofit center established to serve victims of torture and are otherwise ineligible
23.11 for medical assistance under this chapter are eligible for medical assistance without federal
23.12 financial participation. These individuals are eligible only for the period during which they
23.13 are receiving services from the center. Individuals eligible under this paragraph shall not
23.14 be required to participate in prepaid medical assistance. The nonprofit center referenced
23.15 under this paragraph may establish itself as a provider of mental health targeted case
23.16 management services through a county contract under section 256.0112, subdivision 6. If
23.17 the nonprofit center is unable to secure a contract with a lead county in its service area, then,
23.18 notwithstanding the requirements of section 256B.0625, subdivision 20, the commissioner
23.19 may negotiate a contract with the nonprofit center for provision of mental health targeted
23.20 case management services. When serving clients who are not the financial responsibility
23.21 of their contracted lead county, the nonprofit center must gain the concurrence of the county
23.22 of financial responsibility prior to providing mental health targeted case management services
23.23 for those clients.

23.24 (k) Notwithstanding paragraph (h), clause (2), the following services are covered as
23.25 emergency medical conditions under paragraph (f) except where coverage is prohibited
23.26 under federal law for services under clauses (1) and (2):

23.27 (1) dialysis services provided in a hospital or freestanding dialysis facility;

23.28 (2) surgery and the administration of chemotherapy, radiation, and related services
23.29 necessary to treat cancer if the recipient has a cancer diagnosis that is not in remission and
23.30 requires surgery, chemotherapy, or radiation treatment; and

23.31 (3) kidney transplant if the person has been diagnosed with end stage renal disease, is
23.32 currently receiving dialysis services, and is a potential candidate for a kidney transplant.

23.33 (l) Effective July 1, 2013, recipients of emergency medical assistance under this
23.34 subdivision are eligible for coverage of the elderly waiver services provided under chapter

24.1 256S, and coverage of rehabilitative services provided in a nursing facility. The age limit
 24.2 for elderly waiver services does not apply. In order to qualify for coverage, a recipient of
 24.3 emergency medical assistance is subject to the assessment and reassessment requirements
 24.4 of section 256B.0911. Initial and continued enrollment under this paragraph is subject to
 24.5 the limits of available funding.

24.6 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,
 24.7 whichever is later. The commissioner shall notify the revisor of statutes when federal
 24.8 approval has been obtained.

24.9 Sec. 19. Minnesota Statutes 2020, section 256B.0625, subdivision 3c, is amended to read:

24.10 Subd. 3c. **Health Services ~~Policy Committee~~ Advisory Council.** (a) The commissioner,
 24.11 after receiving recommendations from professional physician associations, professional
 24.12 associations representing licensed nonphysician health care professionals, and consumer
 24.13 groups, shall establish a ~~13-member~~ 14-member Health Services ~~Policy Committee~~ Advisory
 24.14 Council, which consists of ~~12~~ 13 voting members and one nonvoting member. The Health
 24.15 Services ~~Policy Committee~~ Advisory Council shall advise the commissioner regarding (1)
 24.16 health services pertaining to the administration of health care benefits covered under the
 24.17 medical assistance and Minnesota Care programs Minnesota health care programs (MHCP);
 24.18 and (2) evidence-based decision-making and health care benefit and coverage policies for
 24.19 MHCP. The Health Services Advisory Council shall consider available evidence regarding
 24.20 quality, safety, and cost-effectiveness when advising the commissioner. The Health Services
 24.21 ~~Policy Committee~~ Advisory Council shall meet at least quarterly. The Health Services ~~Policy~~
 24.22 ~~Committee~~ Advisory Council shall annually ~~elect~~ select a ~~physician~~ chair from among its
 24.23 members; who shall work directly with the commissioner's medical director; to establish
 24.24 the agenda for each meeting. The Health Services ~~Policy Committee~~ Advisory
 24.25 Council may recommend criteria for verifying centers of excellence for specific aspects of
 24.26 medical care where a specific set of combined services, a volume of patients necessary to
 24.27 maintain a high level of competency, or a specific level of technical capacity is associated
 24.28 with improved health outcomes.

24.29 (b) The commissioner shall establish a dental ~~subcommittee~~ subcouncil to operate under
 24.30 the Health Services ~~Policy Committee~~ Advisory Council. The dental ~~subcommittee~~
 24.31 subcouncil consists of general dentists, dental specialists, safety net providers, dental
 24.32 hygienists, health plan company and county and public health representatives, health
 24.33 researchers, consumers, and a designee of the commissioner of health. The dental
 24.34 ~~subcommittee~~ subcouncil shall advise the commissioner regarding:

25.1 (1) the critical access dental program under section 256B.76, subdivision 4, including
 25.2 but not limited to criteria for designating and terminating critical access dental providers;

25.3 (2) any changes to the critical access dental provider program necessary to comply with
 25.4 program expenditure limits;

25.5 (3) dental coverage policy based on evidence, quality, continuity of care, and best
 25.6 practices;

25.7 (4) the development of dental delivery models; and

25.8 (5) dental services to be added or eliminated from subdivision 9, paragraph (b).

25.9 ~~(e) The Health Services Policy Committee shall study approaches to making provider~~
 25.10 ~~reimbursement under the medical assistance and MinnesotaCare programs contingent on~~
 25.11 ~~patient participation in a patient-centered decision-making process, and shall evaluate the~~
 25.12 ~~impact of these approaches on health care quality, patient satisfaction, and health care costs.~~
 25.13 ~~The committee shall present findings and recommendations to the commissioner and the~~
 25.14 ~~legislative committees with jurisdiction over health care by January 15, 2010.~~

25.15 ~~(d)~~ (c) The Health Services Policy Committee shall Advisory Council may monitor and
 25.16 track the practice patterns of ~~physicians providing services to medical assistance and~~
 25.17 ~~MinnesotaCare enrollees~~ health care providers who serve MHCP recipients under
 25.18 fee-for-service, managed care, and county-based purchasing. The ~~committee~~ monitoring
 25.19 and tracking shall focus on services or specialties for which there is a high variation in
 25.20 utilization or quality across ~~physicians~~ providers, or which are associated with high medical
 25.21 costs. The commissioner, based upon the findings of the ~~committee~~ Health Services Advisory
 25.22 Council, shall ~~regularly~~ may notify ~~physicians~~ providers whose practice patterns indicate
 25.23 below average quality or higher than average utilization or costs. Managed care and
 25.24 county-based purchasing plans shall provide the commissioner with utilization and cost
 25.25 data necessary to implement this paragraph, and the commissioner shall make ~~this~~ these
 25.26 data available to the ~~committee~~ Health Services Advisory Council.

25.27 ~~(e) The Health Services Policy Committee shall review caesarean section rates for the~~
 25.28 ~~fee-for-service medical assistance population. The committee may develop best practices~~
 25.29 ~~policies related to the minimization of caesarean sections, including but not limited to~~
 25.30 ~~standards and guidelines for health care providers and health care facilities.~~

25.31 Sec. 20. Minnesota Statutes 2020, section 256B.0625, subdivision 3d, is amended to read:

25.32 Subd. 3d. **Health Services ~~Policy Committee~~ Advisory Council members.** (a) The
 25.33 Health Services ~~Policy Committee~~ Advisory Council consists of:

26.1 (1) ~~seven~~ six voting members who are licensed physicians actively engaged in the practice
 26.2 of medicine in Minnesota, ~~one of whom must be actively engaged in the treatment of persons~~
 26.3 ~~with mental illness, and~~ three of whom must represent health plans currently under contract
 26.4 to serve ~~medical assistance~~ MHCP recipients;

26.5 (2) two voting members who are licensed physician specialists actively practicing their
 26.6 specialty in Minnesota;

26.7 (3) two voting members who are nonphysician health care professionals licensed or
 26.8 registered in their profession and actively engaged in their practice of their profession in
 26.9 Minnesota;

26.10 (4) one voting member who is a health care or mental health professional licensed or
 26.11 registered in the member's profession, actively engaged in the practice of the member's
 26.12 profession in Minnesota, and actively engaged in the treatment of persons with mental
 26.13 illness;

26.14 ~~(4) one consumer~~ (5) two consumers who shall serve as a voting ~~member~~ members; and

26.15 ~~(5)~~ (6) the commissioner's medical director who shall serve as a nonvoting member.

26.16 (b) Members of the Health Services ~~Policy Committee~~ Advisory Council shall not be
 26.17 employed by the ~~Department of Human Services~~ state of Minnesota, except for the medical
 26.18 director. A quorum shall comprise a simple majority of the voting members. Vacant seats
 26.19 shall not count toward a quorum.

26.20 Sec. 21. Minnesota Statutes 2020, section 256B.0625, subdivision 3e, is amended to read:

26.21 Subd. 3e. **Health Services ~~Policy Committee~~ Advisory Council terms and**
 26.22 **compensation.** ~~Committee~~ Members shall serve staggered three-year terms, with one-third
 26.23 of the voting members' terms expiring annually. Members may be reappointed by the
 26.24 commissioner. The commissioner may require more frequent Health Services ~~Policy~~
 26.25 ~~Committee~~ Advisory Council meetings as needed. An honorarium of \$200 per meeting and
 26.26 reimbursement for mileage and parking shall be paid to each ~~committee~~ council member
 26.27 in attendance except the medical director. The Health Services ~~Policy Committee~~ Advisory
 26.28 Council does not expire as provided in section 15.059, subdivision 6.

26.29 Sec. 22. Minnesota Statutes 2020, section 256B.0625, subdivision 9, is amended to read:

26.30 Subd. 9. **Dental services.** (a) Medical assistance covers dental services.

27.1 (b) Medical assistance dental coverage for nonpregnant adults is limited to the following
27.2 services:

27.3 (1) comprehensive exams, limited to once every five years;

27.4 (2) periodic exams, limited to one per year;

27.5 (3) limited exams;

27.6 (4) bitewing x-rays, limited to one per year;

27.7 (5) periapical x-rays;

27.8 (6) panoramic x-rays, limited to one every five years except (1) when medically necessary
27.9 for the diagnosis and follow-up of oral and maxillofacial pathology and trauma or (2) once
27.10 every two years for patients who cannot cooperate for intraoral film due to a developmental
27.11 disability or medical condition that does not allow for intraoral film placement;

27.12 (7) prophylaxis, limited to one per year;

27.13 (8) application of fluoride varnish, limited to one per year;

27.14 (9) posterior fillings, all at the amalgam rate;

27.15 (10) anterior fillings;

27.16 (11) endodontics, limited to root canals on the anterior and premolars only;

27.17 (12) removable prostheses, each dental arch limited to one every six years;

27.18 (13) oral surgery, limited to extractions, biopsies, and incision and drainage of abscesses;

27.19 (14) palliative treatment and sedative fillings for relief of pain; ~~and~~

27.20 (15) full-mouth debridement, limited to one every five years; and

27.21 (16) nonsurgical treatment for periodontal disease, including scaling and root planing
27.22 once every two years for each quadrant, and routine periodontal maintenance procedures.

27.23 (c) In addition to the services specified in paragraph (b), medical assistance covers the
27.24 following services for adults, if provided in an outpatient hospital setting or freestanding
27.25 ambulatory surgical center as part of outpatient dental surgery:

27.26 (1) periodontics, limited to periodontal scaling and root planing once every two years;

27.27 (2) general anesthesia; and

27.28 (3) full-mouth survey once every five years.

28.1 (d) Medical assistance covers medically necessary dental services for children and
28.2 pregnant women. The following guidelines apply:

28.3 (1) posterior fillings are paid at the amalgam rate;

28.4 (2) application of sealants are covered once every five years per permanent molar for
28.5 children only;

28.6 (3) application of fluoride varnish is covered once every six months; and

28.7 (4) orthodontia is eligible for coverage for children only.

28.8 (e) In addition to the services specified in paragraphs (b) and (c), medical assistance
28.9 covers the following services for adults:

28.10 (1) house calls or extended care facility calls for on-site delivery of covered services;

28.11 (2) behavioral management when additional staff time is required to accommodate
28.12 behavioral challenges and sedation is not used;

28.13 (3) oral or IV sedation, if the covered dental service cannot be performed safely without
28.14 it or would otherwise require the service to be performed under general anesthesia in a
28.15 hospital or surgical center; and

28.16 (4) prophylaxis, in accordance with an appropriate individualized treatment plan, but
28.17 no more than four times per year.

28.18 (f) The commissioner shall not require prior authorization for the services included in
28.19 paragraph (e), clauses (1) to (3), and shall prohibit managed care and county-based purchasing
28.20 plans from requiring prior authorization for the services included in paragraph (e), clauses
28.21 (1) to (3), when provided under sections 256B.69, 256B.692, and 256L.12.

28.22 Sec. 23. Minnesota Statutes 2020, section 256B.0625, is amended by adding a subdivision
28.23 to read:

28.24 Subd. 9c. Uniform prior authorization for dental services. (a) For purposes of this
28.25 subdivision, "dental benefits administrator" means an organization licensed under chapter
28.26 62C or 62D that contracts with a managed care plan or county-based purchasing plan to
28.27 provide covered dental care services to enrollees of the plan.

28.28 (b) By January 1, 2022, the commissioner, in consultation with interested stakeholders,
28.29 shall develop uniform prior authorization criteria for all dental services requiring prior
28.30 authorization. The commissioner shall publish a list of the dental services requiring prior
28.31 authorization and the process for obtaining prior authorization on the department's website.

29.1 Dental services on the list and the process for obtaining prior authorization approval must
 29.2 be consistent. The commissioner shall require that dental providers, managed care plans,
 29.3 county-based purchasing plans, and dental benefit administrators use the dental services on
 29.4 the list regardless of whether the services are provided through a fee-for-service system or
 29.5 through a prepaid medical assistance program.

29.6 (c) Managed care plans and county-based purchasing plans may require prior
 29.7 authorization for additional dental services not on the list described in paragraph (b) if a
 29.8 uniform process for obtaining prior approvals is applied, including a process for
 29.9 reconsideration when a prior approval request is denied that can be utilized by both the
 29.10 patient and the patient's dental provider.

29.11 Sec. 24. Minnesota Statutes 2020, section 256B.0625, is amended by adding a subdivision
 29.12 to read:

29.13 Subd. 9d. **Uniform credentialing process.** (a) For purposes of this subdivision, "dental
 29.14 benefits administrator" has the meaning given in subdivision 9c.

29.15 (b) By January 1, 2022, the commissioner, in consultation with interested stakeholders,
 29.16 shall develop a uniform credentialing process for dental providers. Upon federal approval,
 29.17 the credentialing process must be accepted by all managed care plans, county-based
 29.18 purchasing plans, and dental benefits administrators that contract with the commissioner or
 29.19 subcontract with plans to provide dental services to medical assistance or MinnesotaCare
 29.20 enrollees.

29.21 (c) The process developed in this subdivision must include a uniform credentialing
 29.22 application that must be available in electronic format and accessible on the department's
 29.23 website. The process developed under this subdivision must include an option to submit a
 29.24 completed application electronically. The uniform credentialing application must be available
 29.25 to providers for free.

29.26 (d) If applicable, a managed care plan, county-based purchasing plan, dental benefits
 29.27 administrator, contractor, or vendor that reviews and approves a credentialing application
 29.28 must notify a provider regarding a deficiency on a submitted credentialing application form
 29.29 no later than 30 business days after receiving the application form from the provider.

29.30 Sec. 25. Minnesota Statutes 2020, section 256B.0625, subdivision 13, is amended to read:

29.31 Subd. 13. **Drugs.** (a) Medical assistance covers drugs, except for fertility drugs when
 29.32 specifically used to enhance fertility, if prescribed by a licensed practitioner and dispensed

30.1 by a licensed pharmacist, by a physician enrolled in the medical assistance program as a
30.2 dispensing physician, or by a physician, a physician assistant, or an advanced practice
30.3 registered nurse employed by or under contract with a community health board as defined
30.4 in section 145A.02, subdivision 5, for the purposes of communicable disease control.

30.5 (b) The dispensed quantity of a prescription drug must not exceed a 34-day supply,
30.6 unless authorized by the commissioner: or the drug appears on the 90-day supply list
30.7 published by the commissioner. The 90-day supply list shall be published by the
30.8 commissioner on the department's website. The commissioner may add to, delete from, and
30.9 otherwise modify the 90-day supply list after providing public notice and the opportunity
30.10 for a 15-day public comment period. The 90-day supply list may include cost-effective
30.11 generic drugs and shall not include controlled substances.

30.12 (c) For the purpose of this subdivision and subdivision 13d, an "active pharmaceutical
30.13 ingredient" is defined as a substance that is represented for use in a drug and when used in
30.14 the manufacturing, processing, or packaging of a drug becomes an active ingredient of the
30.15 drug product. An "excipient" is defined as an inert substance used as a diluent or vehicle
30.16 for a drug. The commissioner shall establish a list of active pharmaceutical ingredients and
30.17 excipients which are included in the medical assistance formulary. Medical assistance covers
30.18 selected active pharmaceutical ingredients and excipients used in compounded prescriptions
30.19 when the compounded combination is specifically approved by the commissioner or when
30.20 a commercially available product:

30.21 (1) is not a therapeutic option for the patient;

30.22 (2) does not exist in the same combination of active ingredients in the same strengths
30.23 as the compounded prescription; and

30.24 (3) cannot be used in place of the active pharmaceutical ingredient in the compounded
30.25 prescription.

30.26 (d) Medical assistance covers the following over-the-counter drugs when prescribed by
30.27 a licensed practitioner or by a licensed pharmacist who meets standards established by the
30.28 commissioner, in consultation with the board of pharmacy: antacids, acetaminophen, family
30.29 planning products, aspirin, insulin, products for the treatment of lice, vitamins for adults
30.30 with documented vitamin deficiencies, vitamins for children under the age of seven and
30.31 pregnant or nursing women, and any other over-the-counter drug identified by the
30.32 commissioner, in consultation with the Formulary Committee, as necessary, appropriate,
30.33 and cost-effective for the treatment of certain specified chronic diseases, conditions, or
30.34 disorders, and this determination shall not be subject to the requirements of chapter 14. A

31.1 pharmacist may prescribe over-the-counter medications as provided under this paragraph
31.2 for purposes of receiving reimbursement under Medicaid. When prescribing over-the-counter
31.3 drugs under this paragraph, licensed pharmacists must consult with the recipient to determine
31.4 necessity, provide drug counseling, review drug therapy for potential adverse interactions,
31.5 and make referrals as needed to other health care professionals.

31.6 (e) Effective January 1, 2006, medical assistance shall not cover drugs that are coverable
31.7 under Medicare Part D as defined in the Medicare Prescription Drug, Improvement, and
31.8 Modernization Act of 2003, Public Law 108-173, section 1860D-2(e), for individuals eligible
31.9 for drug coverage as defined in the Medicare Prescription Drug, Improvement, and
31.10 Modernization Act of 2003, Public Law 108-173, section 1860D-1(a)(3)(A). For these
31.11 individuals, medical assistance may cover drugs from the drug classes listed in United States
31.12 Code, title 42, section 1396r-8(d)(2), subject to this subdivision and subdivisions 13a to
31.13 13g, except that drugs listed in United States Code, title 42, section 1396r-8(d)(2)(E), shall
31.14 not be covered.

31.15 (f) Medical assistance covers drugs acquired through the federal 340B Drug Pricing
31.16 Program and dispensed by 340B covered entities and ambulatory pharmacies under common
31.17 ownership of the 340B covered entity. Medical assistance does not cover drugs acquired
31.18 through the federal 340B Drug Pricing Program and dispensed by 340B contract pharmacies.

31.19 (g) Notwithstanding paragraph (a), medical assistance covers self-administered hormonal
31.20 contraceptives prescribed and dispensed by a licensed pharmacist in accordance with section
31.21 151.37, subdivision 14; nicotine replacement medications prescribed and dispensed by a
31.22 licensed pharmacist in accordance with section 151.37, subdivision 15; and opiate antagonists
31.23 used for the treatment of an acute opiate overdose prescribed and dispensed by a licensed
31.24 pharmacist in accordance with section 151.37, subdivision 16.

31.25 Sec. 26. Minnesota Statutes 2020, section 256B.0625, subdivision 13c, is amended to
31.26 read:

31.27 Subd. 13c. **Formulary Committee.** The commissioner, after receiving recommendations
31.28 from professional medical associations and professional pharmacy associations, and consumer
31.29 groups shall designate a Formulary Committee to carry out duties as described in subdivisions
31.30 13 to 13g. The Formulary Committee shall be comprised of four licensed physicians actively
31.31 engaged in the practice of medicine in Minnesota, one of whom must be actively engaged
31.32 in the treatment of persons with mental illness; at least three licensed pharmacists actively
31.33 engaged in the practice of pharmacy in Minnesota; and one consumer representative; the
31.34 remainder to be made up of health care professionals who are licensed in their field and

32.1 have recognized knowledge in the clinically appropriate prescribing, dispensing, and
 32.2 monitoring of covered outpatient drugs. Members of the Formulary Committee shall not
 32.3 be employed by the Department of Human Services, but the committee shall be staffed by
 32.4 an employee of the department who shall serve as an ex officio, nonvoting member of the
 32.5 committee. The department's medical director shall also serve as an ex officio, nonvoting
 32.6 member for the committee. Committee members shall serve three-year terms and may be
 32.7 reappointed by the commissioner. The Formulary Committee shall meet at least twice per
 32.8 year. The commissioner may require more frequent Formulary Committee meetings as
 32.9 needed. An honorarium of \$100 per meeting and reimbursement for mileage shall be paid
 32.10 to each committee member in attendance. The Formulary Committee ~~expires June 30, 2022~~
 32.11 does not expire as provided in section 15.059, subdivision 6.

32.12 Sec. 27. Minnesota Statutes 2020, section 256B.0625, subdivision 13e, is amended to
 32.13 read:

32.14 Subd. 13e. **Payment rates.** (a) The basis for determining the amount of payment shall
 32.15 be the lower of the ingredient costs of the drugs plus the professional dispensing fee; or the
 32.16 usual and customary price charged to the public. The usual and customary price means the
 32.17 lowest price charged by the provider to a patient who pays for the prescription by cash,
 32.18 check, or charge account and includes prices the pharmacy charges to a patient enrolled in
 32.19 a prescription savings club or prescription discount club administered by the pharmacy or
 32.20 pharmacy chain. The amount of payment basis must be reduced to reflect all discount
 32.21 amounts applied to the charge by any third-party provider/insurer agreement or contract for
 32.22 submitted charges to medical assistance programs. The net submitted charge may not be
 32.23 greater than the patient liability for the service. The professional dispensing fee shall be
 32.24 ~~\$10.48~~ \$10.77 for prescriptions filled with legend drugs meeting the definition of "covered
 32.25 outpatient drugs" according to United States Code, title 42, section 1396r-8(k)(2). The
 32.26 dispensing fee for intravenous solutions that must be compounded by the pharmacist shall
 32.27 be ~~\$10.48~~ \$10.77 per ~~bag~~ claim. The professional dispensing fee for prescriptions filled
 32.28 with over-the-counter drugs meeting the definition of covered outpatient drugs shall be
 32.29 ~~\$10.48~~ \$10.77 for dispensed quantities equal to or greater than the number of units contained
 32.30 in the manufacturer's original package. The professional dispensing fee shall be prorated
 32.31 based on the percentage of the package dispensed when the pharmacy dispenses a quantity
 32.32 less than the number of units contained in the manufacturer's original package. The pharmacy
 32.33 dispensing fee for prescribed over-the-counter drugs not meeting the definition of covered
 32.34 outpatient drugs shall be \$3.65 for quantities equal to or greater than the number of units
 32.35 contained in the manufacturer's original package and shall be prorated based on the

33.1 percentage of the package dispensed when the pharmacy dispenses a quantity less than the
33.2 number of units contained in the manufacturer's original package. The National Average
33.3 Drug Acquisition Cost (NADAC) shall be used to determine the ingredient cost of a drug.
33.4 For drugs for which a NADAC is not reported, the commissioner shall estimate the ingredient
33.5 cost at the wholesale acquisition cost minus two percent. The ingredient cost of a drug for
33.6 a provider participating in the federal 340B Drug Pricing Program shall be either the 340B
33.7 Drug Pricing Program ceiling price established by the Health Resources and Services
33.8 Administration or NADAC, whichever is lower. Wholesale acquisition cost is defined as
33.9 the manufacturer's list price for a drug or biological to wholesalers or direct purchasers in
33.10 the United States, not including prompt pay or other discounts, rebates, or reductions in
33.11 price, for the most recent month for which information is available, as reported in wholesale
33.12 price guides or other publications of drug or biological pricing data. The maximum allowable
33.13 cost of a multisource drug may be set by the commissioner and it shall be comparable to
33.14 the actual acquisition cost of the drug product and no higher than the NADAC of the generic
33.15 product. Establishment of the amount of payment for drugs shall not be subject to the
33.16 requirements of the Administrative Procedure Act.

33.17 (b) Pharmacies dispensing prescriptions to residents of long-term care facilities using
33.18 an automated drug distribution system meeting the requirements of section 151.58, or a
33.19 packaging system meeting the packaging standards set forth in Minnesota Rules, part
33.20 6800.2700, that govern the return of unused drugs to the pharmacy for reuse, may employ
33.21 retrospective billing for prescription drugs dispensed to long-term care facility residents. A
33.22 retrospectively billing pharmacy must submit a claim only for the quantity of medication
33.23 used by the enrolled recipient during the defined billing period. A retrospectively billing
33.24 pharmacy must use a billing period not less than one calendar month or 30 days.

33.25 (c) A pharmacy provider using packaging that meets the standards set forth in Minnesota
33.26 Rules, part 6800.2700, is required to credit the department for the actual acquisition cost
33.27 of all unused drugs that are eligible for reuse, unless the pharmacy is using retrospective
33.28 billing. The commissioner may permit the drug clozapine to be dispensed in a quantity that
33.29 is less than a 30-day supply.

33.30 (d) If a pharmacy dispenses a multisource drug, the ingredient cost shall be the NADAC
33.31 of the generic product or the maximum allowable cost established by the commissioner
33.32 unless prior authorization for the brand name product has been granted according to the
33.33 criteria established by the Drug Formulary Committee as required by subdivision 13f,
33.34 paragraph (a), and the prescriber has indicated "dispense as written" on the prescription in
33.35 a manner consistent with section 151.21, subdivision 2.

34.1 (e) The basis for determining the amount of payment for drugs administered in an
34.2 outpatient setting shall be the lower of the usual and customary cost submitted by the
34.3 provider, 106 percent of the average sales price as determined by the United States
34.4 Department of Health and Human Services pursuant to title XVIII, section 1847a of the
34.5 federal Social Security Act, the specialty pharmacy rate, or the maximum allowable cost
34.6 set by the commissioner. If average sales price is unavailable, the amount of payment must
34.7 be lower of the usual and customary cost submitted by the provider, the wholesale acquisition
34.8 cost, the specialty pharmacy rate, or the maximum allowable cost set by the commissioner.
34.9 The commissioner shall discount the payment rate for drugs obtained through the federal
34.10 340B Drug Pricing Program by 28.6 percent. The payment for drugs administered in an
34.11 outpatient setting shall be made to the administering facility or practitioner. A retail or
34.12 specialty pharmacy dispensing a drug for administration in an outpatient setting is not
34.13 eligible for direct reimbursement.

34.14 (f) The commissioner may establish maximum allowable cost rates for specialty pharmacy
34.15 products that are lower than the ingredient cost formulas specified in paragraph (a). The
34.16 commissioner may require individuals enrolled in the health care programs administered
34.17 by the department to obtain specialty pharmacy products from providers with whom the
34.18 commissioner has negotiated lower reimbursement rates. Specialty pharmacy products are
34.19 defined as those used by a small number of recipients or recipients with complex and chronic
34.20 diseases that require expensive and challenging drug regimens. Examples of these conditions
34.21 include, but are not limited to: multiple sclerosis, HIV/AIDS, transplantation, hepatitis C,
34.22 growth hormone deficiency, Crohn's Disease, rheumatoid arthritis, and certain forms of
34.23 cancer. Specialty pharmaceutical products include injectable and infusion therapies,
34.24 biotechnology drugs, antihemophilic factor products, high-cost therapies, and therapies that
34.25 require complex care. The commissioner shall consult with the Formulary Committee to
34.26 develop a list of specialty pharmacy products subject to maximum allowable cost
34.27 reimbursement. In consulting with the Formulary Committee in developing this list, the
34.28 commissioner shall take into consideration the population served by specialty pharmacy
34.29 products, the current delivery system and standard of care in the state, and access to care
34.30 issues. The commissioner shall have the discretion to adjust the maximum allowable cost
34.31 to prevent access to care issues.

34.32 (g) Home infusion therapy services provided by home infusion therapy pharmacies must
34.33 be paid at rates according to subdivision 8d.

34.34 (h) The commissioner shall contract with a vendor to conduct a cost of dispensing survey
34.35 for all pharmacies that are physically located in the state of Minnesota that dispense outpatient

35.1 drugs under medical assistance. The commissioner shall ensure that the vendor has prior
35.2 experience in conducting cost of dispensing surveys. Each pharmacy enrolled with the
35.3 department to dispense outpatient prescription drugs to fee-for-service members must
35.4 respond to the cost of dispensing survey. The commissioner may sanction a pharmacy under
35.5 section 256B.064 for failure to respond. The commissioner shall require the vendor to
35.6 measure a single statewide cost of dispensing for specialty prescription drugs and a single
35.7 statewide cost of dispensing for nonspecialty prescription drugs for all responding pharmacies
35.8 to measure the mean, mean weighted by total prescription volume, mean weighted by
35.9 medical assistance prescription volume, median, median weighted by total prescription
35.10 volume, and median weighted by total medical assistance prescription volume. The
35.11 commissioner shall post a copy of the final cost of dispensing survey report on the
35.12 department's website. The initial survey must be completed no later than January 1, 2021,
35.13 and repeated every three years. The commissioner shall provide a summary of the results
35.14 of each cost of dispensing survey and provide recommendations for any changes to the
35.15 dispensing fee to the chairs and ranking members of the legislative committees with
35.16 jurisdiction over medical assistance pharmacy reimbursement.

35.17 (i) The commissioner shall increase the ingredient cost reimbursement calculated in
35.18 paragraphs (a) and (f) by 1.8 percent for prescription and nonprescription drugs subject to
35.19 the wholesale drug distributor tax under section 295.52.

35.20 Sec. 28. Minnesota Statutes 2020, section 256B.0625, subdivision 13g, is amended to
35.21 read:

35.22 Subd. 13g. **Preferred drug list.** (a) The commissioner shall adopt and implement a
35.23 preferred drug list by January 1, 2004. The commissioner may enter into a contract with a
35.24 vendor for the purpose of participating in a preferred drug list and supplemental rebate
35.25 program. The commissioner shall ensure that any contract meets all federal requirements
35.26 and maximizes federal financial participation. The commissioner shall publish the preferred
35.27 drug list annually in the State Register and shall maintain an accurate and up-to-date list on
35.28 the agency website.

35.29 (b) The commissioner may add to, delete from, and otherwise modify the preferred drug
35.30 list, after consulting with the Formulary Committee and appropriate medical specialists and
35.31 providing public notice and the opportunity for public comment.

35.32 (c) The commissioner shall adopt and administer the preferred drug list as part of the
35.33 administration of the supplemental drug rebate program. Reimbursement for prescription
35.34 drugs not on the preferred drug list may be subject to prior authorization.

36.1 (d) For purposes of this subdivision, "preferred drug list" means a list of prescription
36.2 drugs within designated therapeutic classes selected by the commissioner, for which prior
36.3 authorization based on the identity of the drug or class is not required.

36.4 (e) The commissioner shall seek any federal waivers or approvals necessary to implement
36.5 this subdivision.

36.6 (f) Notwithstanding paragraph (b), before the commissioner may delete a drug from the
36.7 preferred drug list or modify the inclusion of a drug on the preferred drug list, the
36.8 commissioner, in consultation with the commissioner of health, shall consider any
36.9 implications the deletion or modification may have on state public health policies or
36.10 initiatives and any impact the deletion or modification may have on increasing health
36.11 disparities in the state. Prior to deleting a drug or modifying the inclusion of a drug, the
36.12 commissioner shall also conduct a public hearing. The commissioner shall provide adequate
36.13 notice to the public prior to the hearing that specifies the drug the commissioner is proposing
36.14 to delete or modify, any medical or clinical analysis that the commissioner has relied on in
36.15 proposing the deletion or modification, and evidence that the commissioner has consulted
36.16 with the commissioner of health and has evaluated the impact of the proposed deletion or
36.17 modification on public health and health disparities.

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

36.19 Sec. 29. Minnesota Statutes 2020, section 256B.0625, is amended by adding a subdivision
36.20 to read:

36.21 Subd. 13k. **Eligible providers.** (a) To be eligible to dispense prescription drugs under
36.22 this section as an enrolled dispensing provider, the dispensing provider must be a:

36.23 (1) pharmacy located within the state that is licensed by the Board of Pharmacy under
36.24 chapter 151;

36.25 (2) physician located in a service area where there is no medical assistance enrolled
36.26 pharmacy; or

36.27 (3) physician or advanced practice registered nurse employed by or under contract with
36.28 a community health board for communicable disease control.

36.29 (b) A licensed out-of-state pharmacy may be enrolled as a dispensing provider under
36.30 paragraph (a) if the pharmacy is:

37.1 (1) a retail pharmacy located within 50 miles of the Minnesota border that serves walk-in
 37.2 medical assistance enrollees and whose walk-in customers represent at least 75 percent of
 37.3 the pharmacy's prescription volume;

37.4 (2) a retail pharmacy serving foster children enrolled in medical assistance and living
 37.5 outside of Minnesota;

37.6 (3) serving enrollees receiving preapproved organ transplants who require medication
 37.7 during after-care while residing outside of Minnesota; or

37.8 (4) providing products with limited or exclusive distribution channels for which there
 37.9 is no potential dispensing provider located within the state.

37.10 (c) A dispensing provider must attest that they meet the requirements in paragraphs (a)
 37.11 and (b) before enrolling as a dispensing provider in the medical assistance program. If a
 37.12 provider is found to be out of compliance with the requirements in paragraphs (a) and (b),
 37.13 any funds paid to that provider during the time they were out of compliance shall be recovered
 37.14 under section 256B.064.

37.15 Sec. 30. Minnesota Statutes 2020, section 256B.0625, is amended by adding a subdivision
 37.16 to read:

37.17 Subd. 67. **Pretreatment coordination services.** Effective January 1, 2022, or upon
 37.18 federal approval, whichever is later, medical assistance covers pretreatment coordination
 37.19 services provided according to section 254B.05, subdivision 4a.

37.20 **EFFECTIVE DATE.** This section is effective January 1, 2022. The commissioner of
 37.21 human services shall notify the revisor of statutes when federal approval is obtained or
 37.22 denied.

37.23 Sec. 31. Minnesota Statutes 2020, section 256B.0638, subdivision 3, is amended to read:

37.24 **Subd. 3. Opioid prescribing work group.** (a) The commissioner of human services, in
 37.25 consultation with the commissioner of health, shall appoint the following voting members
 37.26 to an opioid prescribing work group:

37.27 (1) two consumer members who have been impacted by an opioid abuse disorder or
 37.28 opioid dependence disorder, either personally or with family members;

37.29 (2) one member who is a licensed physician actively practicing in Minnesota and
 37.30 registered as a practitioner with the DEA;

38.1 (3) one member who is a licensed pharmacist actively practicing in Minnesota and
38.2 registered as a practitioner with the DEA;

38.3 (4) one member who is a licensed nurse practitioner actively practicing in Minnesota
38.4 and registered as a practitioner with the DEA;

38.5 (5) one member who is a licensed dentist actively practicing in Minnesota and registered
38.6 as a practitioner with the DEA;

38.7 (6) two members who are nonphysician licensed health care professionals actively
38.8 engaged in the practice of their profession in Minnesota, and their practice includes treating
38.9 pain;

38.10 (7) one member who is a mental health professional who is licensed or registered in a
38.11 mental health profession, who is actively engaged in the practice of that profession in
38.12 Minnesota, and whose practice includes treating patients with chemical dependency or
38.13 substance abuse;

38.14 (8) one member who is a medical examiner for a Minnesota county;

38.15 (9) one member of the Health Services Policy Committee established under section
38.16 256B.0625, subdivisions 3c to 3e;

38.17 (10) one member who is a medical director of a health plan company doing business in
38.18 Minnesota;

38.19 (11) one member who is a pharmacy director of a health plan company doing business
38.20 in Minnesota; ~~and~~

38.21 (12) one member representing Minnesota law enforcement; and

38.22 (13) two consumer members who are Minnesota residents and who have used or are
38.23 using opioids to manage chronic pain.

38.24 (b) In addition, the work group shall include the following nonvoting members:

38.25 (1) the medical director for the medical assistance program;

38.26 (2) a member representing the Department of Human Services pharmacy unit; ~~and~~

38.27 (3) the medical director for the Department of Labor and Industry; and

38.28 (4) a member representing the Department of Health.

38.29 (c) An honorarium of \$200 per meeting and reimbursement for mileage and parking
38.30 shall be paid to each voting member in attendance.

39.1 Sec. 32. Minnesota Statutes 2020, section 256B.0638, subdivision 5, is amended to read:

39.2 Subd. 5. **Program implementation.** (a) The commissioner shall implement the programs
39.3 within the Minnesota health care program to improve the health of and quality of care
39.4 provided to Minnesota health care program enrollees. The commissioner shall annually
39.5 collect and report to provider groups the sentinel measures of data showing individual opioid
39.6 prescribers data showing the sentinel measures of their prescribers' opioid prescribing
39.7 patterns compared to their anonymized peers. Provider groups shall distribute data to their
39.8 affiliated, contracted, or employed opioid prescribers.

39.9 (b) The commissioner shall notify an opioid prescriber and all provider groups with
39.10 which the opioid prescriber is employed or affiliated when the opioid prescriber's prescribing
39.11 pattern exceeds the opioid quality improvement standard thresholds. An opioid prescriber
39.12 and any provider group that receives a notice under this paragraph shall submit to the
39.13 commissioner a quality improvement plan for review and approval by the commissioner
39.14 with the goal of bringing the opioid prescriber's prescribing practices into alignment with
39.15 community standards. A quality improvement plan must include:

39.16 (1) components of the program described in subdivision 4, paragraph (a);

39.17 (2) internal practice-based measures to review the prescribing practice of the opioid
39.18 prescriber and, where appropriate, any other opioid prescribers employed by or affiliated
39.19 with any of the provider groups with which the opioid prescriber is employed or affiliated;
39.20 and

39.21 (3) appropriate use of the prescription monitoring program under section 152.126.

39.22 (c) If, after a year from the commissioner's notice under paragraph (b), the opioid
39.23 prescriber's prescribing practices do not improve so that they are consistent with community
39.24 standards, the commissioner shall take one or more of the following steps:

39.25 (1) monitor prescribing practices more frequently than annually;

39.26 (2) monitor more aspects of the opioid prescriber's prescribing practices than the sentinel
39.27 measures; or

39.28 (3) require the opioid prescriber to participate in additional quality improvement efforts,
39.29 including but not limited to mandatory use of the prescription monitoring program established
39.30 under section 152.126.

39.31 (d) The commissioner shall terminate from Minnesota health care programs all opioid
39.32 prescribers and provider groups whose prescribing practices fall within the applicable opioid
39.33 disenrollment standards.

40.1 Sec. 33. Minnesota Statutes 2020, section 256B.0638, subdivision 6, is amended to read:

40.2 Subd. 6. **Data practices.** (a) Reports and data identifying an opioid prescriber are private
40.3 data on individuals as defined under section 13.02, subdivision 12, until an opioid prescriber
40.4 is subject to termination as a medical assistance provider under this section. Notwithstanding
40.5 this data classification, the commissioner shall share with all of the provider groups with
40.6 which an opioid prescriber is employed, contracted, or affiliated, ~~a report identifying an~~
40.7 ~~opioid prescriber who is subject to quality improvement activities~~ the data under subdivision
40.8 5, paragraph (a), (b), or (c).

40.9 (b) Reports and data identifying a provider group are nonpublic data as defined under
40.10 section 13.02, subdivision 9, until the provider group is subject to termination as a medical
40.11 assistance provider under this section.

40.12 (c) Upon termination under this section, reports and data identifying an opioid prescriber
40.13 or provider group are public, except that any identifying information of Minnesota health
40.14 care program enrollees must be redacted by the commissioner.

40.15 Sec. 34. Minnesota Statutes 2020, section 256B.0659, subdivision 13, is amended to read:

40.16 Subd. 13. **Qualified professional; qualifications.** (a) The qualified professional must
40.17 work for a personal care assistance provider agency, meet the definition of qualified
40.18 professional under section 256B.0625, subdivision 19c, ~~and enroll with the department as~~
40.19 ~~a qualified professional after clearing~~ clear a background study, and meet provider training
40.20 requirements. Before a qualified professional provides services, the personal care assistance
40.21 provider agency must initiate a background study on the qualified professional under chapter
40.22 245C, and the personal care assistance provider agency must have received a notice from
40.23 the commissioner that the qualified professional:

40.24 (1) is not disqualified under section 245C.14; or

40.25 (2) is disqualified, but the qualified professional has received a set aside of the
40.26 disqualification under section 245C.22.

40.27 (b) The qualified professional shall perform the duties of training, supervision, and
40.28 evaluation of the personal care assistance staff and evaluation of the effectiveness of personal
40.29 care assistance services. The qualified professional shall:

40.30 (1) develop and monitor with the recipient a personal care assistance care plan based on
40.31 the service plan and individualized needs of the recipient;

41.1 (2) develop and monitor with the recipient a monthly plan for the use of personal care
41.2 assistance services;

41.3 (3) review documentation of personal care assistance services provided;

41.4 (4) provide training and ensure competency for the personal care assistant in the individual
41.5 needs of the recipient; and

41.6 (5) document all training, communication, evaluations, and needed actions to improve
41.7 performance of the personal care assistants.

41.8 (c) ~~Effective July 1, 2011,~~ The qualified professional shall complete the provider training
41.9 with basic information about the personal care assistance program approved by the
41.10 commissioner. Newly hired qualified professionals must complete the training within six
41.11 months of the date hired by a personal care assistance provider agency. Qualified
41.12 professionals who have completed the required training as a worker from a personal care
41.13 assistance provider agency do not need to repeat the required training if they are hired by
41.14 another agency, if they have completed the training within the last three years. The required
41.15 training must be available with meaningful access according to title VI of the Civil Rights
41.16 Act and federal regulations adopted under that law or any guidance from the United States
41.17 Health and Human Services Department. The required training must be available online or
41.18 by electronic remote connection. The required training must provide for competency testing
41.19 to demonstrate an understanding of the content without attending in-person training. A
41.20 qualified professional is allowed to be employed and is not subject to the training requirement
41.21 until the training is offered online or through remote electronic connection. A qualified
41.22 professional employed by a personal care assistance provider agency certified for
41.23 participation in Medicare as a home health agency is exempt from the training required in
41.24 this subdivision. When available, the qualified professional working for a Medicare-certified
41.25 home health agency must successfully complete the competency test. The commissioner
41.26 shall ensure there is a mechanism in place to verify the identity of persons completing the
41.27 competency testing electronically.

41.28 Sec. 35. Minnesota Statutes 2020, section 256B.196, subdivision 2, is amended to read:

41.29 Subd. 2. **Commissioner's duties.** (a) For the purposes of this subdivision and subdivision
41.30 3, the commissioner shall determine the fee-for-service outpatient hospital services upper
41.31 payment limit for nonstate government hospitals. The commissioner shall then determine
41.32 the amount of a supplemental payment to Hennepin County Medical Center and Regions
41.33 Hospital for these services that would increase medical assistance spending in this category
41.34 to the aggregate upper payment limit for all nonstate government hospitals in Minnesota.

42.1 In making this determination, the commissioner shall allot the available increases between
42.2 Hennepin County Medical Center and Regions Hospital based on the ratio of medical
42.3 assistance fee-for-service outpatient hospital payments to the two facilities. The commissioner
42.4 shall adjust this allotment as necessary based on federal approvals, the amount of
42.5 intergovernmental transfers received from Hennepin and Ramsey Counties, and other factors,
42.6 in order to maximize the additional total payments. The commissioner shall inform Hennepin
42.7 County and Ramsey County of the periodic intergovernmental transfers necessary to match
42.8 federal Medicaid payments available under this subdivision in order to make supplementary
42.9 medical assistance payments to Hennepin County Medical Center and Regions Hospital
42.10 equal to an amount that when combined with existing medical assistance payments to
42.11 nonstate governmental hospitals would increase total payments to hospitals in this category
42.12 for outpatient services to the aggregate upper payment limit for all hospitals in this category
42.13 in Minnesota. Upon receipt of these periodic transfers, the commissioner shall make
42.14 supplementary payments to Hennepin County Medical Center and Regions Hospital.

42.15 (b) For the purposes of this subdivision and subdivision 3, the commissioner shall
42.16 determine an upper payment limit for physicians and other billing professionals affiliated
42.17 with Hennepin County Medical Center and with Regions Hospital. The upper payment limit
42.18 shall be based on the average commercial rate or be determined using another method
42.19 acceptable to the Centers for Medicare and Medicaid Services. The commissioner shall
42.20 inform Hennepin County and Ramsey County of the periodic intergovernmental transfers
42.21 necessary to match the federal Medicaid payments available under this subdivision in order
42.22 to make supplementary payments to physicians and other billing professionals affiliated
42.23 with Hennepin County Medical Center and to make supplementary payments to physicians
42.24 and other billing professionals affiliated with Regions Hospital through HealthPartners
42.25 Medical Group equal to the difference between the established medical assistance payment
42.26 for physician and other billing professional services and the upper payment limit. Upon
42.27 receipt of these periodic transfers, the commissioner shall make supplementary payments
42.28 to physicians and other billing professionals affiliated with Hennepin County Medical Center
42.29 and shall make supplementary payments to physicians and other billing professionals
42.30 affiliated with Regions Hospital through HealthPartners Medical Group.

42.31 (c) Beginning January 1, 2010, ~~Hennepin County and Ramsey County~~ may make monthly
42.32 voluntary intergovernmental transfers to the commissioner in amounts not to exceed
42.33 ~~\$12,000,000 per year from Hennepin County and \$6,000,000 per year from Ramsey County.~~
42.34 The commissioner shall increase the medical assistance capitation payments to any licensed
42.35 health plan under contract with the medical assistance program that agrees to make enhanced

43.1 payments to ~~Hennepin County Medical Center~~ or Regions Hospital. The increase shall be
43.2 in an amount equal to the annual value of the monthly transfers plus federal financial
43.3 participation, with each health plan receiving its pro rata share of the increase based on the
43.4 pro rata share of medical assistance admissions to ~~Hennepin County Medical Center~~ and
43.5 Regions Hospital by those plans. For the purposes of this paragraph, "the base amount"
43.6 means the total annual value of increased medical assistance capitation payments, including
43.7 the voluntary intergovernmental transfers, under this paragraph in calendar year 2017. For
43.8 managed care contracts beginning on or after January 1, 2018, the commissioner shall reduce
43.9 the total annual value of increased medical assistance capitation payments under this
43.10 paragraph by an amount equal to ten percent of the base amount, and by an additional ten
43.11 percent of the base amount for each subsequent contract year until December 31, 2025.
43.12 Upon the request of the commissioner, health plans shall submit individual-level cost data
43.13 for verification purposes. The commissioner may ratably reduce these payments on a pro
43.14 rata basis in order to satisfy federal requirements for actuarial soundness. If payments are
43.15 reduced, transfers shall be reduced accordingly. Any licensed health plan that receives
43.16 increased medical assistance capitation payments under the intergovernmental transfer
43.17 described in this paragraph shall increase its medical assistance payments to ~~Hennepin~~
43.18 ~~County Medical Center~~ and Regions Hospital by the same amount as the increased payments
43.19 received in the capitation payment described in this paragraph. This paragraph expires
43.20 January 1, 2026.

43.21 (d) For the purposes of this subdivision and subdivision 3, the commissioner shall
43.22 determine an upper payment limit for ambulance services affiliated with Hennepin County
43.23 Medical Center and the city of St. Paul, and ambulance services owned and operated by
43.24 another governmental entity that chooses to participate by requesting the commissioner to
43.25 determine an upper payment limit. The upper payment limit shall be based on the average
43.26 commercial rate or be determined using another method acceptable to the Centers for
43.27 Medicare and Medicaid Services. The commissioner shall inform Hennepin County, the
43.28 city of St. Paul, and other participating governmental entities of the periodic
43.29 intergovernmental transfers necessary to match the federal Medicaid payments available
43.30 under this subdivision in order to make supplementary payments to Hennepin County
43.31 Medical Center, the city of St. Paul, and other participating governmental entities equal to
43.32 the difference between the established medical assistance payment for ambulance services
43.33 and the upper payment limit. Upon receipt of these periodic transfers, the commissioner
43.34 shall make supplementary payments to Hennepin County Medical Center, the city of St.
43.35 Paul, and other participating governmental entities. A tribal government that owns and
43.36 operates an ambulance service is not eligible to participate under this subdivision.

44.1 (e) For the purposes of this subdivision and subdivision 3, the commissioner shall
44.2 determine an upper payment limit for physicians, dentists, and other billing professionals
44.3 affiliated with the University of Minnesota and University of Minnesota Physicians. The
44.4 upper payment limit shall be based on the average commercial rate or be determined using
44.5 another method acceptable to the Centers for Medicare and Medicaid Services. The
44.6 commissioner shall inform the University of Minnesota Medical School and University of
44.7 Minnesota School of Dentistry of the periodic intergovernmental transfers necessary to
44.8 match the federal Medicaid payments available under this subdivision in order to make
44.9 supplementary payments to physicians, dentists, and other billing professionals affiliated
44.10 with the University of Minnesota and the University of Minnesota Physicians equal to the
44.11 difference between the established medical assistance payment for physician, dentist, and
44.12 other billing professional services and the upper payment limit. Upon receipt of these periodic
44.13 transfers, the commissioner shall make supplementary payments to physicians, dentists,
44.14 and other billing professionals affiliated with the University of Minnesota and the University
44.15 of Minnesota Physicians.

44.16 (f) The commissioner shall inform the transferring governmental entities on an ongoing
44.17 basis of the need for any changes needed in the intergovernmental transfers in order to
44.18 continue the payments under paragraphs (a) to (e), at their maximum level, including
44.19 increases in upper payment limits, changes in the federal Medicaid match, and other factors.

44.20 (g) The payments in paragraphs (a) to (e) shall be implemented independently of each
44.21 other, subject to federal approval and to the receipt of transfers under subdivision 3.

44.22 (h) All of the data and funding transactions related to the payments in paragraphs (a) to
44.23 (e) shall be between the commissioner and the governmental entities.

44.24 (i) For purposes of this subdivision, billing professionals are limited to physicians, nurse
44.25 practitioners, nurse midwives, clinical nurse specialists, physician assistants,
44.26 anesthesiologists, certified registered nurse anesthetists, dentists, dental hygienists, and
44.27 dental therapists.

44.28 **EFFECTIVE DATE.** This section is effective December 31, 2021, or upon federal
44.29 approval, whichever is later. The commissioner of human services shall inform the revisor
44.30 of statutes when federal approval is obtained.

44.31 Sec. 36. **[256B.1973] DIRECTED PAYMENT ARRANGEMENTS.**

44.32 **Subdivision 1. Definitions.** (a) For the purposes of this section, the following terms have
44.33 the meanings given them.

45.1 (b) "Billing professionals" means physicians, nurse practitioners, nurse midwives, clinical
45.2 nurse specialists, physician assistants, anesthesiologists, and certified registered anesthetists,
45.3 and may include dentists, individually enrolled dental hygienists, and dental therapists.

45.4 (c) "Health plan" means a managed care or county-based purchasing plan that is under
45.5 contract with the commissioner to deliver services to medical assistance enrollees under
45.6 section 256B.69.

45.7 (d) "High medical assistance utilization" means a medical assistance utilization rate
45.8 equal to the standard established in section 256.969, subdivision 9, paragraph (d), clause
45.9 (6).

45.10 Subd. 2. **Federal approval required.** Each directed payment arrangement under this
45.11 section is contingent on federal approval and must conform with the requirements for
45.12 permissible directed managed care organization expenditures under section 256B.6928,
45.13 subdivision 5.

45.14 Subd. 3. **Eligible providers.** Eligible providers under this section are nonstate government
45.15 teaching hospitals with high medical assistance utilization and a level 1 trauma center and
45.16 the hospital's affiliated billing professionals, ambulance services, and clinics.

45.17 Subd. 4. **Voluntary intergovernmental transfers.** A nonstate governmental entity that
45.18 is eligible to perform intergovernmental transfers may make voluntary intergovernmental
45.19 transfers to the commissioner. The commissioner shall inform the nonstate governmental
45.20 entity of the intergovernmental transfers necessary to maximize the allowable directed
45.21 payments.

45.22 Subd. 5. **Commissioner's duties; state-directed fee schedule requirement.** (a) For
45.23 each federally approved directed payment arrangement that is a state-directed fee schedule
45.24 requirement, the commissioner shall determine a uniform adjustment factor to be applied
45.25 to each claim submitted by an eligible provider to a health plan. The commissioner shall
45.26 ensure that the application of the uniform adjustment factor maximizes the allowable directed
45.27 payments and does not result in payments exceeding federal limits, and may use a settle-up
45.28 process no less than annually to adjust health plan payments to comply with this requirement.
45.29 The commissioner shall apply the uniform adjustment to each submitted claim.

45.30 (b) For each federally approved directed payment arrangement that is a state-directed
45.31 fee schedule requirement, the commissioner must ensure that the total annual amount of
45.32 payments equals at least the sum of the annual value of the voluntary intergovernmental
45.33 transfers to the commissioner under subdivision 4 and federal financial participation.

46.1 (c) For each federally approved directed payment arrangement that is a state-directed
46.2 fee schedule requirement, the commissioner shall develop a plan for the initial
46.3 implementation of the state-directed fee schedule requirement to ensure that the eligible
46.4 provider receives the entire permissible value of the federally approved directed payment
46.5 arrangement. If federal approval of a directed payment arrangement under this subdivision
46.6 is retroactive, the commissioner shall make a onetime pro rata increase to the uniform
46.7 adjustment factor and the initial payments in order to include claims submitted between the
46.8 retroactive federal approval date and the period captured by the initial payments.

46.9 Subd. 6. **Health plan duties; submission of claims.** In accordance with its contract,
46.10 each health plan shall submit to the commissioner payment information for each claim paid
46.11 to an eligible provider for services provided to a medical assistance enrollee.

46.12 Subd. 7. **Health plan duties; directed payments.** In accordance with its contract, each
46.13 health plan shall make directed payments to the eligible provider in an amount equal to the
46.14 payment amounts the plan received from the commissioner.

46.15 Subd. 8. **State quality goals.** The directed payment arrangement and state-directed fee
46.16 schedule requirement must align the state quality goals to Hennepin Healthcare medical
46.17 assistance patients, including unstably housed individuals, those with higher levels of social
46.18 and clinical risk, limited English proficiency patients, adults with serious chronic conditions,
46.19 or individuals of color. The directed payment arrangement will maintain quality and access
46.20 to a full range of health care delivery mechanisms for these patients, such as behavioral
46.21 health, emergent care, preventive care, hospitalization, transportation, interpretation, and
46.22 pharmaceutical. In partnership with the Department of Human Services, the Centers for
46.23 Medicare and Medicaid Services, and Hennepin Healthcare, mutually agreed upon measures
46.24 to demonstrate access to care must be identified and measured.

46.25 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,
46.26 whichever is later, unless the federal approval provides for an effective date after July 1,
46.27 2021, but before the date of federal approval, in which case the federally approved effective
46.28 date applies.

46.29 Sec. 37. Minnesota Statutes 2020, section 256B.69, subdivision 6d, is amended to read:

46.30 Subd. 6d. **Prescription drugs.** (a) The commissioner may exclude or modify coverage
46.31 for prescription drugs from the prepaid managed care contracts entered into under this
46.32 section in order to increase savings to the state by collecting additional prescription drug
46.33 rebates. The contracts must maintain incentives for the managed care plan to manage drug
46.34 costs and utilization and may require that the managed care plans maintain an open drug

47.1 formulary. In order to manage drug costs and utilization, the contracts may authorize the
47.2 managed care plans to use preferred drug lists and prior authorization. This subdivision is
47.3 contingent on federal approval of the managed care contract changes and the collection of
47.4 additional prescription drug rebates.

47.5 (b) Managed care plans and county-based purchasing plans or the plan's subcontractor
47.6 if the plan subcontracts with a third party to administer pharmacy services, including a
47.7 pharmacy benefit manager, must comply with section 256B.0625, subdivision 13k, for
47.8 purposes of contracting with dispensing providers to provide pharmacy services to medical
47.9 assistance and MinnesotaCare enrollees.

47.10 Sec. 38. Minnesota Statutes 2020, section 256B.69, is amended by adding a subdivision
47.11 to read:

47.12 Subd. 6f. **Dental fee schedules.** (a) A managed care plan, county-based purchasing plan,
47.13 or dental benefits administrator as defined under section 256B.0625, subdivision 9c,
47.14 paragraph (a), must provide individual dental providers, upon request, the applicable fee
47.15 schedules for covered dental services provided under the contract between the dental provider
47.16 and the managed care plan, county-based purchasing plan, or dental benefits administrator.

47.17 (b) A managed care plan, county-based purchasing plan, or dental benefits administrator
47.18 may fulfill this requirement by making the applicable fee schedules available through a
47.19 secure web portal for the contracted dental provider to access.

47.20 Sec. 39. Minnesota Statutes 2020, section 256B.6928, subdivision 5, is amended to read:

47.21 **Subd. 5. Direction of managed care organization expenditures.** (a) The commissioner
47.22 shall not direct managed care organizations expenditures under the managed care contract,
47.23 except ~~in~~ as permitted under Code of Federal Regulations, part 42, section 438.6(c). The
47.24 exception under this paragraph includes the following situations:

47.25 (1) implementation of a value-based purchasing model for provider reimbursement,
47.26 including pay-for-performance arrangements, bundled payments, or other service payments
47.27 intended to recognize value or outcomes over volume of services;

47.28 (2) participation in a multipayer or medical assistance-specific delivery system reform
47.29 or performance improvement initiative; or

47.30 (3) implementation of a minimum or maximum fee schedule, or a uniform dollar or
47.31 percentage increase for network providers that provide a particular service. The maximum

48.1 fee schedule must allow the managed care organization the ability to reasonably manage
48.2 risk and provide discretion in accomplishing the goals of the contract.

48.3 (b) Any managed care contract that directs managed care organization expenditures as
48.4 permitted under paragraph (a), clauses (1) to (3), must be developed in accordance with
48.5 Code of Federal Regulations, part 42, sections 438.4 and 438.5; comply with actuarial
48.6 soundness and generally accepted actuarial principles and practices; and have written
48.7 approval from the Centers for Medicare and Medicaid Services before implementation. To
48.8 obtain approval, the commissioner shall demonstrate in writing that the contract arrangement:

48.9 (1) is based on the utilization and delivery of services;

48.10 (2) directs expenditures equally, using the same terms of performance for a class of
48.11 providers providing service under the contract;

48.12 (3) is intended to advance at least one of the goals and objectives in the commissioner's
48.13 quality strategy;

48.14 (4) has an evaluation plan that measures the degree to which the arrangement advances
48.15 at least one of the goals in the commissioner's quality strategy;

48.16 (5) does not condition network provider participation on the network provider entering
48.17 into or adhering to an intergovernmental transfer agreement; and

48.18 (6) is not renewed automatically.

48.19 (c) For contract arrangements identified in paragraph (a), clauses (1) and (2), the
48.20 commissioner shall:

48.21 (1) make participation in the value-based purchasing model, special delivery system
48.22 reform, or performance improvement initiative available, using the same terms of
48.23 performance, to a class of providers providing services under the contract related to the
48.24 model, reform, or initiative; and

48.25 (2) use a common set of performance measures across all payers and providers.

48.26 (d) The commissioner shall not set the amount or frequency of the expenditures or recoup
48.27 from the managed care organization any unspent funds allocated for these arrangements.

48.28 Sec. 40. Minnesota Statutes 2020, section 256B.75, is amended to read:

48.29 **256B.75 HOSPITAL OUTPATIENT REIMBURSEMENT.**

48.30 (a) For outpatient hospital facility fee payments for services rendered on or after October
48.31 1, 1992, the commissioner of human services shall pay the lower of (1) submitted charge,

49.1 or (2) 32 percent above the rate in effect on June 30, 1992, except for those services for
49.2 which there is a federal maximum allowable payment. Effective for services rendered on
49.3 or after January 1, 2000, payment rates for nonsurgical outpatient hospital facility fees and
49.4 emergency room facility fees shall be increased by eight percent over the rates in effect on
49.5 December 31, 1999, except for those services for which there is a federal maximum allowable
49.6 payment. Services for which there is a federal maximum allowable payment shall be paid
49.7 at the lower of (1) submitted charge, or (2) the federal maximum allowable payment. Total
49.8 aggregate payment for outpatient hospital facility fee services shall not exceed the Medicare
49.9 upper limit. If it is determined that a provision of this section conflicts with existing or
49.10 future requirements of the United States government with respect to federal financial
49.11 participation in medical assistance, the federal requirements prevail. The commissioner
49.12 may, in the aggregate, prospectively reduce payment rates to avoid reduced federal financial
49.13 participation resulting from rates that are in excess of the Medicare upper limitations.

49.14 (b) Notwithstanding paragraph (a), payment for outpatient, emergency, and ambulatory
49.15 surgery hospital facility fee services for critical access hospitals designated under section
49.16 144.1483, clause (9), shall be paid on a cost-based payment system that is based on the
49.17 cost-finding methods and allowable costs of the Medicare program. Effective for services
49.18 provided on or after July 1, 2015, rates established for critical access hospitals under this
49.19 paragraph for the applicable payment year shall be the final payment and shall not be settled
49.20 to actual costs. Effective for services delivered on or after the first day of the hospital's fiscal
49.21 year ending in 2017, the rate for outpatient hospital services shall be computed using
49.22 information from each hospital's Medicare cost report as filed with Medicare for the year
49.23 that is two years before the year that the rate is being computed. Rates shall be computed
49.24 using information from Worksheet C series until the department finalizes the medical
49.25 assistance cost reporting process for critical access hospitals. After the cost reporting process
49.26 is finalized, rates shall be computed using information from Title XIX Worksheet D series.
49.27 The outpatient rate shall be equal to ancillary cost plus outpatient cost, excluding costs
49.28 related to rural health clinics and federally qualified health clinics, divided by ancillary
49.29 charges plus outpatient charges, excluding charges related to rural health clinics and federally
49.30 qualified health clinics.

49.31 (c) Effective for services provided on or after July 1, 2003, rates that are based on the
49.32 Medicare outpatient prospective payment system shall be replaced by a budget neutral
49.33 prospective payment system that is derived using medical assistance data. The commissioner
49.34 shall provide a proposal to the 2003 legislature to define and implement this provision.
49.35 When implementing prospective payment methodologies, the commissioner shall use general

50.1 methods and rate calculation parameters similar to the applicable Medicare prospective
 50.2 payment systems for services delivered in outpatient hospital and ambulatory surgical center
 50.3 settings unless other payment methodologies for these services are specified in this chapter.

50.4 (d) For fee-for-service services provided on or after July 1, 2002, the total payment,
 50.5 before third-party liability and spenddown, made to hospitals for outpatient hospital facility
 50.6 services is reduced by .5 percent from the current statutory rate.

50.7 (e) In addition to the reduction in paragraph (d), the total payment for fee-for-service
 50.8 services provided on or after July 1, 2003, made to hospitals for outpatient hospital facility
 50.9 services before third-party liability and spenddown, is reduced five percent from the current
 50.10 statutory rates. Facilities defined under section 256.969, subdivision 16, are excluded from
 50.11 this paragraph.

50.12 (f) In addition to the reductions in paragraphs (d) and (e), the total payment for
 50.13 fee-for-service services provided on or after July 1, 2008, made to hospitals for outpatient
 50.14 hospital facility services before third-party liability and spenddown, is reduced three percent
 50.15 from the current statutory rates. Mental health services and facilities defined under section
 50.16 256.969, subdivision 16, are excluded from this paragraph.

50.17 Sec. 41. **[256B.795] MATERNAL AND INFANT HEALTH REPORT.**

50.18 (a) The commissioner of human services, in consultation with the commissioner of
 50.19 health, shall submit a biennial report beginning April 15, 2022, to the chairs and ranking
 50.20 minority members of the legislative committees with jurisdiction over health policy and
 50.21 finance on the effectiveness of state maternal and infant health policies and programs
 50.22 addressing health disparities in prenatal and postpartum health outcomes. For each reporting
 50.23 period, the commissioner shall determine the number of women enrolled in the medical
 50.24 assistance program who are pregnant or are in the six months postpartum period of eligibility
 50.25 and the percentage of women in that group who, during each reporting period:

50.26 (1) received prenatal services;

50.27 (2) received doula services;

50.28 (3) gave birth by primary cesarean section;

50.29 (4) gave birth to an infant who received care in the neonatal intensive care unit;

50.30 (5) gave birth to an infant who was premature or who had a low birth weight;

50.31 (6) experienced excessive blood loss of more than 500 cc of blood;

50.32 (7) received postpartum care within six weeks of giving birth; and

51.1 (8) received a prenatal and postpartum follow-up home visit from a public health nurse.

51.2 (b) These measurements must be determined through an analysis of the utilization data
 51.3 from claims submitted during each reporting period and by any other appropriate means,
 51.4 including the use of utilization data under section 62U.04. The measurements for each metric
 51.5 must be determined in the aggregate and separately for white women, women of color, and
 51.6 indigenous women.

51.7 (c) The commissioner shall establish a baseline for the metrics described in paragraph
 51.8 (a) using calendar year 2017. The initial report due April 15, 2022 must contain the baseline
 51.9 metrics and the metrics data for calendar years 2019 and 2021. The following reports due
 51.10 biennially thereafter must contain the metrics for the preceding two calendar years.

51.11 Sec. 42. Minnesota Statutes 2020, section 256L.01, subdivision 5, is amended to read:

51.12 Subd. 5. **Income.** "Income" has the meaning given for modified adjusted gross income,
 51.13 as defined in Code of Federal Regulations, title 26, section 1.36B-1, and means a household's
 51.14 ~~current income, or if income fluctuates month to month, the income for the 12-month~~
 51.15 ~~eligibility period~~ projected annual income for the applicable tax year.

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

51.17 Sec. 43. Minnesota Statutes 2020, section 256L.04, subdivision 7b, is amended to read:

51.18 Subd. 7b. **Annual income limits adjustment.** The commissioner shall adjust the income
 51.19 limits under this section annually ~~each July 1~~ on January 1 ~~as described in section 256B.056,~~
 51.20 ~~subdivision 1e~~ provided in Code of Federal Regulations, title 26, section 1.36B-1(h).

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

51.22 Sec. 44. Minnesota Statutes 2020, section 256L.05, subdivision 3a, is amended to read:

51.23 Subd. 3a. **Redetermination of eligibility.** (a) An enrollee's eligibility must be
 51.24 redetermined on an annual basis, ~~in accordance with Code of Federal Regulations, title 42,~~
 51.25 ~~section 435.916 (a). The 12-month eligibility period begins the month of application.~~
 51.26 ~~Beginning July 1, 2017, the commissioner shall adjust the eligibility period for enrollees to~~
 51.27 ~~implement renewals throughout the year according to guidance from the Centers for Medicare~~
 51.28 ~~and Medicaid Services.~~ The period of eligibility is the entire calendar year following the
 51.29 year in which eligibility is redetermined. Eligibility redeterminations shall occur during the
 51.30 open enrollment period for qualified health plans as specified in Code of Federal Regulations,
 51.31 title 45, section 155.410(e)(3).

52.1 (b) Each new period of eligibility must take into account any changes in circumstances
52.2 that impact eligibility and premium amount. Coverage begins as provided in section 256L.06.

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

52.4 Sec. 45. Minnesota Statutes 2020, section 256L.15, subdivision 2, is amended to read:

52.5 Subd. 2. **Sliding fee scale; monthly individual or family income.** (a) The commissioner
52.6 shall establish a sliding fee scale to determine the percentage of monthly individual or family
52.7 income that households at different income levels must pay to obtain coverage through the
52.8 MinnesotaCare program. The sliding fee scale must be based on the enrollee's monthly
52.9 individual or family income.

52.10 (b) Beginning January 1, 2014, MinnesotaCare enrollees shall pay premiums according
52.11 to the premium scale specified in paragraph (d).

52.12 (c) Paragraph (b) does not apply to:

52.13 (1) children 20 years of age or younger; and

52.14 (2) individuals with household incomes below 35 percent of the federal poverty
52.15 guidelines.

52.16 (d) The following premium scale is established for each individual in the household who
52.17 is 21 years of age or older and enrolled in MinnesotaCare:

52.18	Federal Poverty Guideline	Less than	Individual Premium
52.19	Greater than or Equal to		Amount
52.20	35%	55%	\$4
52.21	55%	80%	\$6
52.22	80%	90%	\$8
52.23	90%	100%	\$10
52.24	100%	110%	\$12
52.25	110%	120%	\$14
52.26	120%	130%	\$15
52.27	130%	140%	\$16
52.28	140%	150%	\$25
52.29	150%	160%	\$37
52.30	160%	170%	\$44
52.31	170%	180%	\$52
52.32	180%	190%	\$61
52.33	190%	200%	\$71
52.34	200%		\$80

53.1 (e) Beginning January 1, 2021, the commissioner shall adjust the premium scale
53.2 established under paragraph (d) to ensure that premiums do not exceed the amount that an
53.3 individual would have been required to pay if the individual was enrolled in an applicable
53.4 benchmark plan in accordance with the Code of Federal Regulations, title 42, section
53.5 600.505(a)(1).

53.6 **EFFECTIVE DATE.** This section is effective retroactively from January 1, 2021 and
53.7 applies to premiums due on or after that date.

53.8 Sec. 46. Minnesota Statutes 2020, section 256L.15, is amended by adding a subdivision
53.9 to read:

53.10 Subd. 5. **Tobacco use premium surcharge.** (a) An enrollee who uses tobacco products
53.11 as defined in paragraph (e) and is not actively participating in a tobacco cessation program
53.12 must pay a tobacco premium surcharge in an amount that is equal to ten percent of the
53.13 enrollee's monthly premium. The tobacco use premium surcharge must be calculated on a
53.14 monthly basis and paid in accordance with section 256L.06, rounded up to the nearest dollar
53.15 amount. Nonpayment of the surcharge may result in disenrollment.

53.16 (b) Enrollees who initially apply or renew enrollment in the MinnesotaCare program on
53.17 or after July 1, 2021, must attest as part of the application or renewal process whether the
53.18 enrollee is using tobacco products and if so, whether the enrollee is actively participating
53.19 in a tobacco cessation program. Upon request of the commissioner, the enrollee must provide
53.20 documentation verifying that the enrollee is actively participating in tobacco cessation.

53.21 (c) If an enrollee indicates on the initial application or at renewal that the enrollee does
53.22 not use tobacco or is using tobacco products but is actively participating in a tobacco
53.23 cessation program, and it is determined that the enrollee was using tobacco products and
53.24 was not actively participating in a tobacco cessation program during the period of enrollment,
53.25 the enrollee must pay the total amount of the tobacco use premium surcharge that the enrollee
53.26 would have been required to pay as a tobacco user during that enrollment period. If the
53.27 enrollee fails to pay the surcharge amount due, the enrollee may be disenrolled and the
53.28 unpaid amount may be subject to recovery by the commissioner.

53.29 (d) Nonpayment of the surcharge amount owed by the enrollee under paragraph (a) or
53.30 (c) shall result in disenrollment effective for the calendar month following the month for
53.31 which the surcharge was due. Disenrollment for nonpayment of the surcharge must meet
53.32 the requirements in section 256L.06, subdivision 3, paragraphs (d) and (e).

54.1 (e) For purposes of this subdivision, the use of tobacco products means the use of a
 54.2 tobacco product four or more times per week within the past six months. Tobacco products
 54.3 include the use of cigarettes, cigars, pipe tobacco, chewing tobacco, or snuff.

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

54.7 Sec. 47. Minnesota Statutes 2020, section 295.53, subdivision 1, is amended to read:

54.8 Subdivision 1. **Exclusions and exemptions.** (a) The following payments are excluded
 54.9 from the gross revenues subject to the hospital, surgical center, or health care provider taxes
 54.10 under sections 295.50 to 295.59:

54.11 (1) payments received by a health care provider or the wholly owned subsidiary of a
 54.12 health care provider for care provided outside Minnesota;

54.13 (2) government payments received by the commissioner of human services for
 54.14 state-operated services;

54.15 (3) payments received by a health care provider for hearing aids and related equipment
 54.16 or prescription eyewear delivered outside of Minnesota; and

54.17 (4) payments received by an educational institution from student tuition, student activity
 54.18 fees, health care service fees, government appropriations, donations, or grants, and for
 54.19 services identified in and provided under an individualized education program as defined
 54.20 in section 256B.0625 or Code of Federal Regulations, chapter 34, section 300.340(a). Fee
 54.21 for service payments and payments for extended coverage are taxable.

54.22 (b) The following payments are exempted from the gross revenues subject to hospital,
 54.23 surgical center, or health care provider taxes under sections 295.50 to 295.59:

54.24 (1) payments received for services provided under the Medicare program, including
 54.25 payments received from the government and organizations governed by sections 1833,
 54.26 1853, and 1876 of title XVIII of the federal Social Security Act, United States Code, title
 54.27 42, section 1395; and enrollee deductibles, co-insurance, and co-payments, whether paid
 54.28 by the Medicare enrollee, by Medicare supplemental coverage as described in section
 54.29 62A.011, subdivision 3, clause (10), or by Medicaid payments under title XIX of the federal
 54.30 Social Security Act. Payments for services not covered by Medicare are taxable;

54.31 (2) payments received for home health care services;

55.1 (3) payments received from hospitals or surgical centers for goods and services on which
55.2 liability for tax is imposed under section 295.52 or the source of funds for the payment is
55.3 exempt under clause (1), (6), (9), (10), or (11);

55.4 (4) payments received from the health care providers for goods and services on which
55.5 liability for tax is imposed under this chapter or the source of funds for the payment is
55.6 exempt under clause (1), (6), (9), (10), or (11);

55.7 (5) amounts paid for legend drugs to a wholesale drug distributor who is subject to tax
55.8 under section 295.52, subdivision 3, reduced by reimbursement received for legend drugs
55.9 otherwise exempt under this chapter;

55.10 (6) payments received from the chemical dependency fund under chapter 254B;

55.11 (7) payments received in the nature of charitable donations that are not designated for
55.12 providing patient services to a specific individual or group;

55.13 (8) payments received for providing patient services incurred through a formal program
55.14 of health care research conducted in conformity with federal regulations governing research
55.15 on human subjects. Payments received from patients or from other persons paying on behalf
55.16 of the patients are subject to tax;

55.17 (9) payments received from any governmental agency for services benefiting the public,
55.18 not including payments made by the government in its capacity as an employer or insurer
55.19 or payments made by the government for services provided under the MinnesotaCare
55.20 program or the medical assistance program governed by title XIX of the federal Social
55.21 Security Act, United States Code, title 42, sections 1396 to 1396v;

55.22 (10) payments received under the federal Employees Health Benefits Act, United States
55.23 Code, title 5, section 8909(f), as amended by the Omnibus Reconciliation Act of 1990.
55.24 Enrollee deductibles, co-insurance, and co-payments are subject to tax;

55.25 (11) payments received under the federal Tricare program, Code of Federal Regulations,
55.26 title 32, section 199.17(a)(7). Enrollee deductibles, co-insurance, and co-payments are
55.27 subject to tax; and

55.28 (12) supplemental ~~or~~, enhanced, or directed payments authorized under section 256B.196
55.29 ~~or~~, 256B.197, or 256B.1973.

55.30 (c) Payments received by wholesale drug distributors for legend drugs sold directly to
55.31 veterinarians or veterinary bulk purchasing organizations are excluded from the gross
55.32 revenues subject to the wholesale drug distributor tax under sections 295.50 to 295.59.

56.1 **EFFECTIVE DATE.** This section is effective for taxable years beginning after December
 56.2 31, 2020.

56.3 Sec. 48. **CAPITATION PAYMENT DELAY.**

56.4 (a) The commissioner of human services shall delay \$93,742,000 of the medical assistance
 56.5 capitation payment to managed care plans and county-based purchasing plans due in May
 56.6 2023 until July 1, 2023. The payment shall be made no earlier than July 1, 2023, and no
 56.7 later than July 31, 2023.

56.8 (b) The commissioner of human services shall delay \$114,103,000 of the medical
 56.9 assistance capitation payment to managed care plans and county-based purchasing plans
 56.10 due in May 2025 until July 1, 2025. The payment shall be made no earlier than July 1, 2025,
 56.11 and no later than July 31, 2025

56.12 Sec. 49. **DENTAL HOME DEMONSTRATION PROJECT PLAN.**

56.13 (a) The commissioner of human services shall develop a plan to implement a dental
 56.14 home demonstration project. The demonstration project must create dental homes to provide
 56.15 incentives to dental providers for the provision of patient-centered, high quality,
 56.16 comprehensive, and coordinated dental care to medical assistance and MinnesotaCare
 56.17 enrollees. The demonstration project must be designed to establish and evaluate alternative
 56.18 models of delivery systems and payment methods that:

56.19 (1) emphasize, enhance, and encourage access to primary dental care by using dental
 56.20 teams that include dentists, dental hygienists, dental therapists, advanced dental therapists,
 56.21 and dental assistants;

56.22 (2) ensure enrollees with a consistent and ongoing contact with a dental provider or
 56.23 dental team and coordination with the enrollee's medical care;

56.24 (3) decrease administrative burdens and create greater transparency and accountability;

56.25 (4) incorporate outcome measures on access, quality, cost of care and patient experience;
 56.26 and

56.27 (5) establish value-based incentives to:

56.28 (i) provide flexibility in enrollment criteria in order to increase the number of dental
 56.29 providers currently serving medical assistance and MinnesotaCare enrollees;

56.30 (ii) reduce disparities in access to dental services for high risk and medically and socially
 56.31 complex patients; and

57.1 (iii) increase overall access to quality dental services.

57.2 (b) The commissioner shall develop outcome measures for the demonstration projects
 57.3 that include measurements for access to preventive care, follow-up care after an oral health
 57.4 evaluation, patient satisfaction, and administrative costs for delivering dental services.

57.5 (c) In developing the dental home demonstration project, the commissioner shall consult
 57.6 with interested stakeholders including but not limited to representatives of:

57.7 (1) private practice dental clinics for which medical assistance and MinnesotaCare
 57.8 enrollees comprise more than 25 percent of the clinic's patient load;

57.9 (2) nonprofit dental clinics with a primary focus on serving Indigenous communities
 57.10 and other communities of color;

57.11 (3) nonprofit dental clinics with a primary focus on providing eldercare;

57.12 (4) nonprofit dental clinics with a primary focus on serving children;

57.13 (5) nonprofit dental clinics providing services in the seven-county metropolitan area;

57.14 (6) nonprofit dental clinics providing services outside of the seven-county metropolitan
 57.15 area;

57.16 (7) multispecialty hospital-based dental clinics; and

57.17 (8) educational institutions operating dental programs.

57.18 (d) The commissioner of human services shall submit recommendations for the
 57.19 establishment of a dental home demonstration project to the chairs and ranking minority
 57.20 members of the legislative committees with jurisdiction over health and human services
 57.21 policy and finance by February 1, 2022.

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

57.23 **Sec. 50. FEDERAL APPROVAL; EXTENSION OF POSTPARTUM COVERAGE.**

57.24 The commissioner of human services shall seek all necessary federal waivers and
 57.25 approvals necessary to extend medical assistance postpartum coverage, as provided in
 57.26 Minnesota Statutes, section 256B.055, subdivision 6.

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

58.1 Sec. 51. **OVERPAYMENTS FOR DURABLE MEDICAL EQUIPMENT,**
 58.2 **PROSTHETICS, ORTHOTICS, OR SUPPLIES.**

58.3 (a) Notwithstanding any other law to the contrary, providers who received payment for
 58.4 durable medical equipment, prosthetics, orthotics, or supplies between January 1, 2018, and
 58.5 June 30, 2019, that were subject to the upper payment limits under United States Code, title
 58.6 42, section 1396b(i)(27), shall not be required to repay any amount received in excess of
 58.7 the allowable amount to either the state or the Centers for Medicare and Medicaid Services.

58.8 (b) The state shall repay with state funds any amount owed to the Centers for Medicare
 58.9 and Medicaid Services for the federal financial participation amount received by the state
 58.10 for payments identified in paragraph (a) in excess of the amount allowed effective January
 58.11 1, 2018, and the state shall hold harmless the providers who received these payments from
 58.12 recovery of both the state and federal share of the amount determined to have exceeded the
 58.13 Medicare upper payment limit.

58.14 (c) Nothing in this section shall be construed to prohibit the commissioner from recouping
 58.15 past overpayments due to false claims or for reasons other than exceeding the Medicare
 58.16 upper payment limits or from recouping future overpayments including the recoupment of
 58.17 payments that exceed the upper Medicare payment limits.

58.18 Sec. 52. **PROPOSED FORMULARY COMMITTEE.**

58.19 By March 1, 2022, the commissioner of human services, in consultation with relevant
 58.20 professional associations and consumer groups, shall submit to the chairs and ranking
 58.21 minority members of the legislative committees with jurisdiction over health and human
 58.22 services a proposed reorganization of the Formulary Committee under Minnesota Statutes,
 58.23 section 256B.0625, subdivision 13c, that includes:

58.24 (1) the proposed membership of the committee, including adequate representation of
 58.25 consumers and health care professionals with expertise in clinical prescribing; and

58.26 (2) proposed policies and procedures for the operation of the committee that ensures
 58.27 public input, including providing public notice and gathering public comments on the
 58.28 committee's recommendations and proposed actions.

58.29 Sec. 53. **OPIATE EPIDEMIC RESPONSE ADVISORY COUNCIL; INITIAL**
 58.30 **MEMBERSHIP TERMS.**

58.31 Notwithstanding Minnesota Statutes, section 256.042, subdivision 2, paragraph (c), the
 58.32 initial term for members of the Opiate Epidemic Response Advisory Council established

59.1 under Minnesota Statutes, section 256.042, identified in Minnesota Statutes, section 256.042,
 59.2 subdivision 2, paragraph (a), clauses (1), (3), (5), (7), (9), (11), (13), (15), and (17), ends
 59.3 September 30, 2022. The initial term for members identified under Minnesota Statutes,
 59.4 section 256.042, subdivision 2, paragraph (a), clauses (2), (4), (6), (8), (10), (12), (14), and
 59.5 (16), ends September 30, 2023.

59.6 **Sec. 54. DIRECTION TO COMMISSIONER; DIRECTED PAYMENT**

59.7 **APPLICATION.**

59.8 The commissioner of human services, in consultation with Hennepin Healthcare System,
 59.9 shall submit Section 438.6(c) Preprint to the Centers for Medicare and Medicaid Services
 59.10 no later than July 31, 2021. The commissioner shall request from the Centers for Medicare
 59.11 and Medicaid Services an effective date of January 1, 2022.

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

59.13 **Sec. 55. DIRECTIONS TO COMMISSIONER; SCREENING TOOL; SUBSTANCE**
 59.14 **USE DISORDER REFORM EVALUATION; SUBSTANCE USE DISORDER**
 59.15 **REFORM EDUCATION.**

59.16 (a) By July 1, 2022, the commissioner of human services shall develop or authorize a
 59.17 tool for screening individuals for pretreatment coordination services and a template to
 59.18 document an individual's screening result.

59.19 (b) By July 1, 2022, the commissioner of human services shall, in consultation with
 59.20 counties and substance use disorder treatment providers, develop a tool to evaluate the
 59.21 effects of substance use disorder treatment reform proposals enacted during the 2019 and
 59.22 2021 legislative sessions, including access to services, appropriateness of services, and
 59.23 accuracy of billing service units.

59.24 (c) By July 1, 2022, the commissioner of human services shall, in consultation with
 59.25 counties and substance use disorder treatment providers, develop educational materials for
 59.26 county staff, providers, and the general public regarding the content and timing of changes
 59.27 for implementation pursuant to substance use disorder treatment reform proposals enacted
 59.28 during the 2019 and 2021 legislative sessions.

59.29 **Sec. 56. FUNDING RECOMMENDATIONS FOR PRETREATMENT**
 59.30 **COORDINATION SERVICES.**

59.31 If federal approval is not obtained for pretreatment coordination services under Minnesota
 59.32 Statutes, section 256B.0625, subdivision 67, the commissioner of human services, in

60.1 consultation with the counties, shall submit recommendations on a funding mechanism for
 60.2 pretreatment coordination services to the chairs and ranking minority members of the
 60.3 legislative committees with jurisdiction over health and human services policy and finance
 60.4 by March 15, 2022.

60.5 Sec. 57. **REVISOR INSTRUCTION.**

60.6 The revisor of statutes must change the term "Health Services Policy Committee" to
 60.7 "Health Services Advisory Council" wherever the term appears in Minnesota Statutes and
 60.8 may make any necessary changes to grammar or sentence structure to preserve the meaning
 60.9 of the text.

60.10 Sec. 58. **REPEALER.**

60.11 Minnesota Statutes 2020, section 16A.724, subdivision 2, is repealed effective July 1,
 60.12 2024.

60.13 ARTICLE 2

60.14 HEALTH DEPARTMENT

60.15 Section 1. Minnesota Statutes 2020, section 62J.495, subdivision 1, is amended to read:

60.16 Subdivision 1. **Implementation.** The commissioner of health, in consultation with the
 60.17 e-Health Advisory Committee, shall develop uniform standards to be used for the
 60.18 interoperable electronic health records system for sharing and synchronizing patient data
 60.19 across systems. The standards must be compatible with federal efforts. The uniform standards
 60.20 must be developed by January 1, 2009, and updated on an ongoing basis. ~~The commissioner~~
 60.21 ~~shall include an update on standards development as part of an annual report to the legislature.~~
 60.22 Individual health care providers in private practice with no other providers and health care
 60.23 providers that do not accept reimbursement from a group purchaser, as defined in section
 60.24 62J.03, subdivision 6, are excluded from the requirements of this section.

60.25 Sec. 2. Minnesota Statutes 2020, section 62J.495, subdivision 2, is amended to read:

60.26 Subd. 2. **E-Health Advisory Committee.** (a) The commissioner shall establish an
 60.27 e-Health Advisory Committee governed by section 15.059 to advise the commissioner on
 60.28 the following matters:

60.29 (1) assessment of the adoption and effective use of health information technology by
 60.30 the state, licensed health care providers and facilities, and local public health agencies;

61.1 (2) recommendations for implementing a statewide interoperable health information
61.2 infrastructure, to include estimates of necessary resources, and for determining standards
61.3 for clinical data exchange, clinical support programs, patient privacy requirements, and
61.4 maintenance of the security and confidentiality of individual patient data;

61.5 (3) recommendations for encouraging use of innovative health care applications using
61.6 information technology and systems to improve patient care and reduce the cost of care,
61.7 including applications relating to disease management and personal health management
61.8 that enable remote monitoring of patients' conditions, especially those with chronic
61.9 conditions; and

61.10 (4) other related issues as requested by the commissioner.

61.11 (b) The members of the e-Health Advisory Committee shall include the commissioners,
61.12 or commissioners' designees, of health, human services, administration, and commerce and
61.13 additional members to be appointed by the commissioner to include persons representing
61.14 Minnesota's local public health agencies, licensed hospitals and other licensed facilities and
61.15 providers, private purchasers, the medical and nursing professions, health insurers and health
61.16 plans, the state quality improvement organization, academic and research institutions,
61.17 consumer advisory organizations with an interest and expertise in health information
61.18 technology, and other stakeholders as identified by the commissioner to fulfill the
61.19 requirements of section 3013, paragraph (g), of the HITECH Act.

61.20 ~~(c) The commissioner shall prepare and issue an annual report not later than January 30~~
61.21 ~~of each year outlining progress to date in implementing a statewide health information~~
61.22 ~~infrastructure and recommending action on policy and necessary resources to continue the~~
61.23 ~~promotion of adoption and effective use of health information technology.~~

61.24 ~~(d)~~ This subdivision expires June 30, 2021.

61.25 Sec. 3. Minnesota Statutes 2020, section 62J.495, subdivision 3, is amended to read:

61.26 Subd. 3. **Interoperable electronic health record requirements.** (a) Hospitals and health
61.27 care providers must meet the following criteria when implementing an interoperable
61.28 electronic health records system within their hospital system or clinical practice setting.

61.29 (b) The electronic health record must be a qualified electronic health record.

61.30 (c) The electronic health record must be certified by the Office of the National
61.31 Coordinator pursuant to the HITECH Act. This criterion only applies to hospitals and health
61.32 care providers if a certified electronic health record product for the provider's particular
61.33 practice setting is available. This criterion shall be considered met if a hospital or health

62.1 care provider is using an electronic health records system that has been certified within the
 62.2 last three years, even if a more current version of the system has been certified within the
 62.3 three-year period.

62.4 (d) The electronic health record must meet the standards established according to section
 62.5 3004 of the HITECH Act as applicable.

62.6 (e) The electronic health record must have the ability to generate information on clinical
 62.7 quality measures and other measures reported under sections 4101, 4102, and 4201 of the
 62.8 HITECH Act.

62.9 (f) The electronic health record system must be connected to a state-certified health
 62.10 information organization either directly or through a connection facilitated by a ~~state-certified~~
 62.11 health data intermediary as defined in section 62J.498.

62.12 (g) A health care provider who is a prescriber or dispenser of legend drugs must have
 62.13 an electronic health record system that meets the requirements of section 62J.497.

62.14 Sec. 4. Minnesota Statutes 2020, section 62J.495, subdivision 4, is amended to read:

62.15 Subd. 4. **Coordination with national HIT activities.** (a) The commissioner, in
 62.16 consultation with the e-Health Advisory Committee, shall update the statewide
 62.17 implementation plan required under subdivision 2 and released June 2008, to be consistent
 62.18 with the updated federal HIT Strategic Plan released by the Office of the National Coordinator
 62.19 ~~in accordance with section 3001 of the HITECH Act. The statewide plan shall meet the~~
 62.20 ~~requirements for a plan required under section 3013 of the HITECH Act~~ plans.

62.21 (b) The commissioner, in consultation with the e-Health Advisory Committee, shall
 62.22 work to ensure coordination between state, regional, and national efforts to support and
 62.23 accelerate efforts to effectively use health information technology to improve the quality
 62.24 and coordination of health care and the continuity of patient care among health care providers,
 62.25 to reduce medical errors, to improve population health, to reduce health disparities, and to
 62.26 reduce chronic disease. The commissioner's coordination efforts shall include but not be
 62.27 limited to:

62.28 ~~(1) assisting in the development and support of health information technology regional~~
 62.29 ~~extension centers established under section 3012(c) of the HITECH Act to provide technical~~
 62.30 ~~assistance and disseminate best practices;~~

62.31 ~~(2) providing supplemental information to the best practices gathered by regional centers~~
 62.32 ~~to ensure that the information is relayed in a meaningful way to the Minnesota health care~~
 62.33 ~~community;~~

63.1 ~~(3)~~ (1) providing financial and technical support to Minnesota health care providers to
 63.2 encourage implementation of admission, discharge and transfer alerts, and care summary
 63.3 document exchange transactions and to evaluate the impact of health information technology
 63.4 on cost and quality of care. Communications about available financial and technical support
 63.5 shall include clear information about the interoperable health record requirements in
 63.6 subdivision 1, including a separate statement in bold-face type clarifying the exceptions to
 63.7 those requirements;

63.8 ~~(4)~~ (2) providing educational resources and technical assistance to health care providers
 63.9 and patients related to state and national privacy, security, and consent laws governing
 63.10 clinical health information, including the requirements in sections 144.291 to 144.298. In
 63.11 carrying out these activities, the commissioner's technical assistance does not constitute
 63.12 legal advice;

63.13 ~~(5)~~ (3) assessing Minnesota's legal, financial, and regulatory framework for health
 63.14 information exchange, including the requirements in sections 144.291 to 144.298, and
 63.15 making recommendations for modifications that would strengthen the ability of Minnesota
 63.16 health care providers to securely exchange data in compliance with patient preferences and
 63.17 in a way that is efficient and financially sustainable; and

63.18 ~~(6)~~ (4) seeking public input on both patient impact and costs associated with requirements
 63.19 related to patient consent for release of health records for the purposes of treatment, payment,
 63.20 and health care operations, as required in section 144.293, subdivision 2. The commissioner
 63.21 shall provide a report to the legislature on the findings of this public input process no later
 63.22 than February 1, 2017.

63.23 (c) The commissioner, in consultation with the e-Health Advisory Committee, shall
 63.24 monitor national activity related to health information technology and shall coordinate
 63.25 statewide input on policy development. The commissioner shall coordinate statewide
 63.26 responses to proposed federal health information technology regulations in order to ensure
 63.27 that the needs of the Minnesota health care community are adequately and efficiently
 63.28 addressed in the proposed regulations. The commissioner's responses may include, but are
 63.29 not limited to:

63.30 (1) reviewing and evaluating any standard, implementation specification, or certification
 63.31 criteria proposed by the national HIT standards ~~committee~~ committees;

63.32 (2) reviewing and evaluating policy proposed by ~~the~~ national HIT policy ~~committee~~
 63.33 committees relating to the implementation of a nationwide health information technology
 63.34 infrastructure; and

64.1 (3) ~~monitoring and responding to activity related to the development of quality measures~~
64.2 ~~and other measures as required by section 4101 of the HITECH Act. Any response related~~
64.3 ~~to quality measures shall consider and address the quality efforts required under chapter~~
64.4 ~~62U; and~~

64.5 (4) monitoring and responding to national activity related to privacy, security, and data
64.6 stewardship of electronic health information and individually identifiable health information.

64.7 (d) To the extent that the state is either required or allowed to apply, or designate an
64.8 entity to apply for or carry out activities and programs ~~under section 3013 of the HITECH~~
64.9 ~~Act~~, the commissioner of health, in consultation with the e-Health Advisory Committee
64.10 and the commissioner of human services, shall be the lead applicant or sole designating
64.11 authority. The commissioner shall make such designations consistent with the goals and
64.12 objectives of sections 62J.495 to 62J.497 and 62J.50 to 62J.61.

64.13 (e) The commissioner of human services shall apply for funding necessary to administer
64.14 the incentive payments to providers authorized under title IV of the American Recovery
64.15 and Reinvestment Act.

64.16 (f) ~~The commissioner shall include in the report to the legislature information on the~~
64.17 ~~activities of this subdivision and provide recommendations on any relevant policy changes~~
64.18 ~~that should be considered in Minnesota.~~

64.19 Sec. 5. Minnesota Statutes 2020, section 62J.498, is amended to read:

64.20 **62J.498 HEALTH INFORMATION EXCHANGE.**

64.21 Subdivision 1. **Definitions.** (a) The following definitions apply to sections 62J.498 to
64.22 62J.4982:

64.23 (b) "Clinical data repository" means a real time database that consolidates data from a
64.24 variety of clinical sources to present a unified view of a single patient and is used by a
64.25 ~~state-certified~~ health information exchange service provider to enable health information
64.26 exchange among health care providers that are not related health care entities as defined in
64.27 section 144.291, subdivision 2, paragraph (k). This does not include clinical data that are
64.28 submitted to the commissioner for public health purposes required or permitted by law,
64.29 including any rules adopted by the commissioner.

64.30 (c) "Clinical transaction" means any meaningful use transaction or other health
64.31 information exchange transaction that is not covered by section 62J.536.

64.32 (d) "Commissioner" means the commissioner of health.

65.1 (e) "Health care provider" or "provider" means a health care provider or provider as
65.2 defined in section 62J.03, subdivision 8.

65.3 (f) "Health data intermediary" means an entity that provides the technical capabilities
65.4 or related products and services to enable health information exchange among health care
65.5 providers that are not related health care entities as defined in section 144.291, subdivision
65.6 2, paragraph (k). This includes but is not limited to health information service providers
65.7 (HISP), electronic health record vendors, and pharmaceutical electronic data intermediaries
65.8 as defined in section 62J.495.

65.9 (g) "Health information exchange" means the electronic transmission of health-related
65.10 information between organizations according to nationally recognized standards.

65.11 (h) "Health information exchange service provider" means a health data intermediary
65.12 or health information organization.

65.13 (i) "Health information organization" means an organization that oversees, governs, and
65.14 facilitates health information exchange among health care providers that are not related
65.15 health care entities as defined in section 144.291, subdivision 2, paragraph (k), to improve
65.16 coordination of patient care and the efficiency of health care delivery.

65.17 ~~(j) "HITECH Act" means the Health Information Technology for Economic and Clinical~~
65.18 ~~Health Act as defined in section 62J.495.~~

65.19 ~~(k)~~ (j) "Major participating entity" means:

65.20 (1) a participating entity that receives compensation for services that is greater than 30
65.21 percent of the health information organization's gross annual revenues from the health
65.22 information exchange service provider;

65.23 (2) a participating entity providing administrative, financial, or management services to
65.24 the health information organization, if the total payment for all services provided by the
65.25 participating entity exceeds three percent of the gross revenue of the health information
65.26 organization; and

65.27 (3) a participating entity that nominates or appoints 30 percent or more of the board of
65.28 directors or equivalent governing body of the health information organization.

65.29 ~~(l)~~ (k) "Master patient index" means an electronic database that holds unique identifiers
65.30 of patients registered at a care facility and is used by a ~~state-certified~~ health information
65.31 exchange service provider to enable health information exchange among health care providers
65.32 that are not related health care entities as defined in section 144.291, subdivision 2, paragraph

66.1 (k). This does not include data that are submitted to the commissioner for public health
66.2 purposes required or permitted by law, including any rules adopted by the commissioner.

66.3 ~~(m) "Meaningful use" means use of certified electronic health record technology to~~
66.4 ~~improve quality, safety, and efficiency and reduce health disparities; engage patients and~~
66.5 ~~families; improve care coordination and population and public health; and maintain privacy~~
66.6 ~~and security of patient health information as established by the Centers for Medicare and~~
66.7 ~~Medicaid Services and the Minnesota Department of Human Services pursuant to sections~~
66.8 ~~4101, 4102, and 4201 of the HITECH Act.~~

66.9 ~~(n) "Meaningful use transaction" means an electronic transaction that a health care~~
66.10 ~~provider must exchange to receive Medicare or Medicaid incentives or avoid Medicare~~
66.11 ~~penalties pursuant to sections 4101, 4102, and 4201 of the HITECH Act.~~

66.12 ~~(o)~~ (l) "Participating entity" means any of the following persons, health care providers,
66.13 companies, or other organizations with which a health information organization ~~or health~~
66.14 ~~data intermediary~~ has contracts or other agreements for the provision of health information
66.15 exchange services:

66.16 (1) a health care facility licensed under sections 144.50 to 144.56, a nursing home
66.17 licensed under sections 144A.02 to 144A.10, and any other health care facility otherwise
66.18 licensed under the laws of this state or registered with the commissioner;

66.19 (2) a health care provider, and any other health care professional otherwise licensed
66.20 under the laws of this state or registered with the commissioner;

66.21 (3) a group, professional corporation, or other organization that provides the services of
66.22 individuals or entities identified in clause (2), including but not limited to a medical clinic,
66.23 a medical group, a home health care agency, an urgent care center, and an emergent care
66.24 center;

66.25 (4) a health plan as defined in section 62A.011, subdivision 3; and

66.26 (5) a state agency as defined in section 13.02, subdivision 17.

66.27 ~~(p)~~ (m) "Reciprocal agreement" means an arrangement in which two or more health
66.28 information exchange service providers agree to share in-kind services and resources to
66.29 allow for the pass-through of clinical transactions.

66.30 ~~(q) "State-certified health data intermediary" means a health data intermediary that has~~
66.31 ~~been issued a certificate of authority to operate in Minnesota.~~

67.1 ~~(n)~~ (n) "State-certified health information organization" means a health information
 67.2 organization that has been issued a certificate of authority to operate in Minnesota.

67.3 Subd. 2. **Health information exchange oversight.** (a) The commissioner shall protect
 67.4 the public interest on matters pertaining to health information exchange. The commissioner
 67.5 shall:

67.6 (1) review and act on applications from ~~health data intermediaries and~~ health information
 67.7 organizations for certificates of authority to operate in Minnesota;

67.8 (2) require information to be provided as needed from health information exchange
 67.9 service providers in order to meet requirements established under sections 62J.498 to
 67.10 62J.4982;

67.11 ~~(2)~~ (3) provide ongoing monitoring to ensure compliance with criteria established under
 67.12 sections 62J.498 to 62J.4982;

67.13 ~~(3)~~ (4) respond to public complaints related to health information exchange services;

67.14 ~~(4)~~ (5) take enforcement actions as necessary, including the imposition of fines,
 67.15 suspension, or revocation of certificates of authority as outlined in section 62J.4982;

67.16 ~~(5)~~ (6) provide a biennial report on the status of health information exchange services
 67.17 that includes but is not limited to:

67.18 (i) recommendations on actions necessary to ensure that health information exchange
 67.19 services are adequate to meet the needs of Minnesota citizens and providers statewide;

67.20 (ii) recommendations on enforcement actions to ensure that health information exchange
 67.21 service providers act in the public interest without causing disruption in health information
 67.22 exchange services;

67.23 (iii) recommendations on updates to criteria for obtaining certificates of authority under
 67.24 this section; and

67.25 (iv) recommendations on standard operating procedures for health information exchange,
 67.26 including but not limited to the management of consumer preferences; and

67.27 ~~(6)~~ (7) other duties necessary to protect the public interest.

67.28 (b) As part of the application review process for certification under paragraph (a), prior
 67.29 to issuing a certificate of authority, the commissioner shall:

67.30 (1) make all portions of the application classified as public data available to the public
 67.31 for at least ten days while an application is under consideration. At the request of the

68.1 commissioner, the applicant shall participate in a public hearing by presenting an overview
68.2 of their application and responding to questions from interested parties; and

68.3 (2) consult with hospitals, physicians, and other providers prior to issuing a certificate
68.4 of authority.

68.5 (c) When the commissioner is actively considering a suspension or revocation of a
68.6 certificate of authority as described in section 62J.4982, subdivision 3, all investigatory data
68.7 that are collected, created, or maintained related to the suspension or revocation are classified
68.8 as confidential data on individuals and as protected nonpublic data in the case of data not
68.9 on individuals.

68.10 (d) The commissioner may disclose data classified as protected nonpublic or confidential
68.11 under paragraph (c) if disclosing the data will protect the health or safety of patients.

68.12 (e) After the commissioner makes a final determination regarding a suspension or
68.13 revocation of a certificate of authority, all minutes, orders for hearing, findings of fact,
68.14 conclusions of law, and the specification of the final disciplinary action, are classified as
68.15 public data.

68.16 Sec. 6. Minnesota Statutes 2020, section 62J.4981, is amended to read:

68.17 **62J.4981 CERTIFICATE OF AUTHORITY TO PROVIDE HEALTH**
68.18 **INFORMATION EXCHANGE SERVICES.**

68.19 Subdivision 1. **Authority to require organizations to apply.** The commissioner shall
68.20 require a health data intermediary or a health information organization to apply for a
68.21 certificate of authority under this section. An applicant may continue to operate until the
68.22 commissioner acts on the application. If the application is denied, the applicant is considered
68.23 a health information exchange service provider whose certificate of authority has been
68.24 revoked under section 62J.4982, subdivision 2, paragraph (d).

68.25 ~~Subd. 2. **Certificate of authority for health data intermediaries.** (a) A health data~~
68.26 ~~intermediary must be certified by the state and comply with requirements established in this~~
68.27 ~~section.~~

68.28 ~~(b) Notwithstanding any law to the contrary, any corporation organized to do so may~~
68.29 ~~apply to the commissioner for a certificate of authority to establish and operate as a health~~
68.30 ~~data intermediary in compliance with this section. No person shall establish or operate a~~
68.31 ~~health data intermediary in this state, nor sell or offer to sell, or solicit offers to purchase~~
68.32 ~~or receive advance or periodic consideration in conjunction with a health data intermediary~~

69.1 ~~contract unless the organization has a certificate of authority or has an application under~~
 69.2 ~~active consideration under this section.~~

69.3 ~~(c) In issuing the certificate of authority, the commissioner shall determine whether the~~
 69.4 ~~applicant for the certificate of authority has demonstrated that the applicant meets the~~
 69.5 ~~following minimum criteria:~~

69.6 ~~(1) hold reciprocal agreements with at least one state-certified health information~~
 69.7 ~~organization to access patient data, and for the transmission and receipt of clinical~~
 69.8 ~~transactions. Reciprocal agreements must meet the requirements established in subdivision~~
 69.9 ~~5; and~~

69.10 ~~(2) participate in statewide shared health information exchange services as defined by~~
 69.11 ~~the commissioner to support interoperability between state-certified health information~~
 69.12 ~~organizations and state-certified health data intermediaries.~~

69.13 **Subd. 3. Certificate of authority for health information organizations.** (a) A health
 69.14 information organization must obtain a certificate of authority from the commissioner and
 69.15 demonstrate compliance with the criteria in paragraph (c).

69.16 (b) Notwithstanding any law to the contrary, an organization may apply for a certificate
 69.17 of authority to establish and operate a health information organization under this section.
 69.18 No person shall establish or operate a health information organization in this state, nor sell
 69.19 or offer to sell, or solicit offers to purchase or receive advance or periodic consideration in
 69.20 conjunction with a health information organization or health information contract unless
 69.21 the organization has a certificate of authority under this section.

69.22 (c) In issuing the certificate of authority, the commissioner shall determine whether the
 69.23 applicant for the certificate of authority has demonstrated that the applicant meets the
 69.24 following minimum criteria:

69.25 (1) the entity is a legally established organization;

69.26 (2) appropriate insurance, including liability insurance, for the operation of the health
 69.27 information organization is in place and sufficient to protect the interest of the public and
 69.28 participating entities;

69.29 (3) strategic and operational plans address governance, technical infrastructure, legal
 69.30 and policy issues, finance, and business operations in regard to how the organization will
 69.31 expand to support providers in achieving health information exchange goals over time;

70.1 (4) the entity addresses the parameters to be used with participating entities and other
70.2 health information exchange service providers for clinical transactions, compliance with
70.3 Minnesota law, and interstate health information exchange trust agreements;

70.4 (5) the entity's board of directors or equivalent governing body is composed of members
70.5 that broadly represent the health information organization's participating entities and
70.6 consumers;

70.7 (6) the entity maintains a professional staff responsible to the board of directors or
70.8 equivalent governing body with the capacity to ensure accountability to the organization's
70.9 mission;

70.10 (7) the organization is compliant with national certification and accreditation programs
70.11 designated by the commissioner;

70.12 (8) the entity maintains the capability to query for patient information based on national
70.13 standards. The query capability may utilize a master patient index, clinical data repository,
70.14 or record locator service as defined in section 144.291, subdivision 2, paragraph (j). The
70.15 entity must be compliant with the requirements of section 144.293, subdivision 8, when
70.16 conducting clinical transactions;

70.17 (9) the organization demonstrates interoperability with all other state-certified health
70.18 information organizations using nationally recognized standards;

70.19 (10) the organization demonstrates compliance with all privacy and security requirements
70.20 required by state and federal law; and

70.21 (11) the organization uses financial policies and procedures consistent with generally
70.22 accepted accounting principles and has an independent audit of the organization's financials
70.23 on an annual basis.

70.24 (d) Health information organizations that have obtained a certificate of authority must:

70.25 (1) meet the requirements established for connecting to the National eHealth Exchange;

70.26 (2) annually submit strategic and operational plans for review by the commissioner that
70.27 address:

70.28 (i) progress in achieving objectives included in previously submitted strategic and
70.29 operational plans across the following domains: business and technical operations, technical
70.30 infrastructure, legal and policy issues, finance, and organizational governance;

70.31 (ii) plans for ensuring the necessary capacity to support clinical transactions;

71.1 (iii) approach for attaining financial sustainability, including public and private financing
71.2 strategies, and rate structures;

71.3 (iv) rates of adoption, utilization, and transaction volume, and mechanisms to support
71.4 health information exchange; and

71.5 (v) an explanation of methods employed to address the needs of community clinics,
71.6 critical access hospitals, and free clinics in accessing health information exchange services;

71.7 (3) enter into reciprocal agreements with all other state-certified health information
71.8 organizations ~~and state-certified health data intermediaries~~ to enable access to patient data,
71.9 and for the transmission and receipt of clinical transactions. Reciprocal agreements must
71.10 meet the requirements in subdivision 5;

71.11 (4) participate in statewide shared health information exchange services as defined by
71.12 the commissioner to support interoperability ~~between state-certified health information~~
71.13 ~~organizations and state-certified health data intermediaries~~; and

71.14 (5) comply with additional requirements for the certification or recertification of health
71.15 information organizations that may be established by the commissioner.

71.16 Subd. 4. **Application for certificate of authority for health information exchange**
71.17 **service providers organizations.** (a) Each application for a certificate of authority shall
71.18 be in a form prescribed by the commissioner and verified by an officer or authorized
71.19 representative of the applicant. Each application shall include the following in addition to
71.20 information described in the criteria in ~~subdivisions 2 and~~ subdivision 3:

71.21 (1) ~~for health information organizations only~~, a copy of the basic organizational document,
71.22 if any, of the applicant and of each major participating entity, such as the articles of
71.23 incorporation, or other applicable documents, and all amendments to it;

71.24 (2) ~~for health information organizations only~~, a list of the names, addresses, and official
71.25 positions of the following:

71.26 (i) all members of the board of directors or equivalent governing body, and the principal
71.27 officers and, if applicable, shareholders of the applicant organization; and

71.28 (ii) all members of the board of directors or equivalent governing body, and the principal
71.29 officers of each major participating entity and, if applicable, each shareholder beneficially
71.30 owning more than ten percent of any voting stock of the major participating entity;

71.31 (3) ~~for health information organizations only~~, the name and address of each participating
71.32 entity and the agreed-upon duration of each contract or agreement if applicable;

72.1 (4) a copy of each standard agreement or contract intended to bind the participating
72.2 entities and the health information ~~exchange service provider~~ organization. Contractual
72.3 provisions shall be consistent with the purposes of this section, in regard to the services to
72.4 be performed under the standard agreement or contract, the manner in which payment for
72.5 services is determined, the nature and extent of responsibilities to be retained by the health
72.6 information organization, and contractual termination provisions;

72.7 (5) a statement generally describing the health information ~~exchange service provider~~
72.8 organization, its health information exchange contracts, facilities, and personnel, including
72.9 a statement describing the manner in which the applicant proposes to provide participants
72.10 with comprehensive health information exchange services;

72.11 (6) a statement reasonably describing the geographic area or areas to be served and the
72.12 type or types of participants to be served;

72.13 (7) a description of the complaint procedures to be used as required under this section;

72.14 (8) a description of the mechanism by which participating entities will have an opportunity
72.15 to participate in matters of policy and operation;

72.16 (9) a copy of any pertinent agreements between the health information organization and
72.17 insurers, including liability insurers, demonstrating coverage is in place;

72.18 (10) a copy of the conflict of interest policy that applies to all members of the board of
72.19 directors or equivalent governing body and the principal officers of the health information
72.20 organization; and

72.21 (11) other information as the commissioner may reasonably require to be provided.

72.22 (b) Within 45 days after the receipt of the application for a certificate of authority, the
72.23 commissioner shall determine whether or not the application submitted meets the
72.24 requirements for completion in paragraph (a), and notify the applicant of any further
72.25 information required for the application to be processed.

72.26 (c) Within 90 days after the receipt of a complete application for a certificate of authority,
72.27 the commissioner shall issue a certificate of authority to the applicant if the commissioner
72.28 determines that the applicant meets the minimum criteria requirements of subdivision 2 ~~for~~
72.29 ~~health data intermediaries or subdivision 3 for health information organizations~~. If the
72.30 commissioner determines that the applicant is not qualified, the commissioner shall notify
72.31 the applicant and specify the reasons for disqualification.

72.32 (d) Upon being granted a certificate of authority to operate as a state-certified health
72.33 information organization ~~or state-certified health data intermediary~~, the organization must

73.1 operate in compliance with the provisions of this section. Noncompliance may result in the
 73.2 imposition of a fine or the suspension or revocation of the certificate of authority according
 73.3 to section 62J.4982.

73.4 Subd. 5. **Reciprocal agreements between health information ~~exchange entities~~**
 73.5 **organizations**. (a) Reciprocal agreements between two health information organizations
 73.6 ~~or between a health information organization and a health data intermediary~~ must include
 73.7 a fair and equitable model for charges between the entities that:

73.8 (1) does not impede the secure transmission of clinical transactions;

73.9 (2) does not charge a fee for the exchange of ~~meaningful use~~ transactions transmitted
 73.10 according to nationally recognized standards where no additional value-added service is
 73.11 rendered to the sending or receiving health information organization ~~or health data~~
 73.12 ~~intermediary~~ either directly or on behalf of the client;

73.13 (3) is consistent with fair market value and proportionately reflects the value-added
 73.14 services accessed as a result of the agreement; and

73.15 (4) prevents health care stakeholders from being charged multiple times for the same
 73.16 service.

73.17 (b) Reciprocal agreements must include comparable quality of service standards that
 73.18 ensure equitable levels of services.

73.19 (c) Reciprocal agreements are subject to review and approval by the commissioner.

73.20 (d) Nothing in this section precludes a state-certified health information organization ~~or~~
 73.21 ~~state-certified health data intermediary~~ from entering into contractual agreements for the
 73.22 provision of value-added services ~~beyond meaningful use transactions~~.

73.23 Sec. 7. Minnesota Statutes 2020, section 62J.4982, is amended to read:

73.24 **62J.4982 ENFORCEMENT AUTHORITY; COMPLIANCE.**

73.25 Subdivision 1. **Penalties and enforcement.** (a) The commissioner may, for any violation
 73.26 of statute or rule applicable to a health information ~~exchange service provider~~ organization,
 73.27 levy an administrative penalty in an amount up to \$25,000 for each violation. In determining
 73.28 the level of an administrative penalty, the commissioner shall consider the following factors:

73.29 (1) the number of participating entities affected by the violation;

73.30 (2) the effect of the violation on participating entities' access to health information
 73.31 exchange services;

74.1 (3) if only one participating entity is affected, the effect of the violation on the patients
74.2 of that entity;

74.3 (4) whether the violation is an isolated incident or part of a pattern of violations;

74.4 (5) the economic benefits derived by the health information organization ~~or a health data~~
74.5 ~~intermediary~~ by virtue of the violation;

74.6 (6) whether the violation hindered or facilitated an individual's ability to obtain health
74.7 care;

74.8 (7) whether the violation was intentional;

74.9 (8) whether the violation was beyond the direct control of the health information ~~exchange~~
74.10 ~~service provider~~ organization;

74.11 (9) any history of prior compliance with the provisions of this section, including
74.12 violations;

74.13 (10) whether and to what extent the health information ~~exchange service provider~~
74.14 organization attempted to correct previous violations;

74.15 (11) how the health information ~~exchange service provider~~ organization responded to
74.16 technical assistance from the commissioner provided in the context of a compliance effort;
74.17 and

74.18 (12) the financial condition of the health information ~~exchange service provider~~
74.19 organization including, but not limited to, whether the health information ~~exchange service~~
74.20 ~~provider~~ organization had financial difficulties that affected its ability to comply or whether
74.21 the imposition of an administrative monetary penalty would jeopardize the ability of the
74.22 health information ~~exchange service provider~~ organization to continue to deliver health
74.23 information exchange services.

74.24 The commissioner shall give reasonable notice in writing to the health information
74.25 ~~exchange service provider~~ organization of the intent to levy the penalty and the reasons for
74.26 it. A health information ~~exchange service provider~~ organization may have 15 days within
74.27 which to contest whether the facts found constitute a violation of sections 62J.4981 and
74.28 62J.4982, according to the contested case and judicial review provisions of sections 14.57
74.29 to 14.69.

74.30 (b) If the commissioner has reason to believe that a violation of section 62J.4981 or
74.31 62J.4982 has occurred or is likely, the commissioner may confer with the persons involved
74.32 before commencing action under subdivision 2. The commissioner may notify the health

75.1 information ~~exchange service provider~~ organization and the representatives, or other persons
75.2 who appear to be involved in the suspected violation, to arrange a voluntary conference
75.3 with the alleged violators or their authorized representatives. The purpose of the conference
75.4 is to attempt to learn the facts about the suspected violation and, if it appears that a violation
75.5 has occurred or is threatened, to find a way to correct or prevent it. The conference is not
75.6 governed by any formal procedural requirements, and may be conducted as the commissioner
75.7 considers appropriate.

75.8 (c) The commissioner may issue an order directing a health information ~~exchange service~~
75.9 ~~provider~~ organization or a representative of a health information ~~exchange service provider~~
75.10 organization to cease and desist from engaging in any act or practice in violation of sections
75.11 62J.4981 and 62J.4982.

75.12 (d) Within 20 days after service of the order to cease and desist, a health information
75.13 ~~exchange service provider~~ organization may contest whether the facts found constitute a
75.14 violation of sections 62J.4981 and 62J.4982 according to the contested case and judicial
75.15 review provisions of sections 14.57 to 14.69.

75.16 (e) In the event of noncompliance with a cease and desist order issued under this
75.17 subdivision, the commissioner may institute a proceeding to obtain injunctive relief or other
75.18 appropriate relief in Ramsey County District Court.

75.19 Subd. 2. **Suspension or revocation of certificates of authority.** (a) The commissioner
75.20 may suspend or revoke a certificate of authority issued to a ~~health data intermediary or~~
75.21 health information organization under section 62J.4981 if the commissioner finds that:

75.22 (1) the health information ~~exchange service provider~~ organization is operating
75.23 significantly in contravention of its basic organizational document, or in a manner contrary
75.24 to that described in and reasonably inferred from any other information submitted under
75.25 section 62J.4981, unless amendments to the submissions have been filed with and approved
75.26 by the commissioner;

75.27 (2) the health information ~~exchange service provider~~ organization is unable to fulfill its
75.28 obligations to furnish comprehensive health information exchange services as required
75.29 under its health information exchange contract;

75.30 (3) the health information ~~exchange service provider~~ organization is no longer financially
75.31 solvent or may not reasonably be expected to meet its obligations to participating entities;

75.32 (4) the health information ~~exchange service provider~~ organization has failed to implement
75.33 the complaint system in a manner designed to reasonably resolve valid complaints;

76.1 (5) the health information ~~exchange service provider~~ organization, or any person acting
76.2 with its sanction, has advertised or merchandised its services in an untrue, misleading,
76.3 deceptive, or unfair manner;

76.4 (6) the continued operation of the health information ~~exchange service provider~~
76.5 organization would be hazardous to its participating entities or the patients served by the
76.6 participating entities; or

76.7 (7) the health information ~~exchange service provider~~ organization has otherwise failed
76.8 to substantially comply with section 62J.4981 or with any other statute or administrative
76.9 rule applicable to health information exchange service providers, or has submitted false
76.10 information in any report required under sections 62J.498 to 62J.4982.

76.11 (b) A certificate of authority shall be suspended or revoked only after meeting the
76.12 requirements of subdivision 3.

76.13 (c) If the certificate of authority of a health information ~~exchange service provider~~
76.14 organization is suspended, the health information ~~exchange service provider~~ organization
76.15 shall not, during the period of suspension, enroll any additional participating entities, and
76.16 shall not engage in any advertising or solicitation.

76.17 (d) If the certificate of authority of a health information ~~exchange service provider~~
76.18 organization is revoked, the organization shall proceed, immediately following the effective
76.19 date of the order of revocation, to wind up its affairs, and shall conduct no further business
76.20 except as necessary to the orderly conclusion of the affairs of the organization. The
76.21 organization shall engage in no further advertising or solicitation. The commissioner may,
76.22 by written order, permit further operation of the organization as the commissioner finds to
76.23 be in the best interest of participating entities, to the end that participating entities will be
76.24 given the greatest practical opportunity to access continuing health information exchange
76.25 services.

76.26 Subd. 3. **Denial, suspension, and revocation; administrative procedures.** (a) When
76.27 the commissioner has cause to believe that grounds for the denial, suspension, or revocation
76.28 of a certificate of authority exist, the commissioner shall notify the health information
76.29 ~~exchange service provider~~ organization in writing stating the grounds for denial, suspension,
76.30 or revocation and setting a time within 20 days for a hearing on the matter.

76.31 (b) After a hearing before the commissioner at which the health information ~~exchange~~
76.32 ~~service provider~~ organization may respond to the grounds for denial, suspension, or
76.33 revocation, or upon the failure of the health information ~~exchange service provider~~
76.34 organization to appear at the hearing, the commissioner shall take action as deemed necessary

77.1 and shall issue written findings and mail them to the health information ~~exchange service~~
 77.2 ~~provider~~ organization.

77.3 (c) If suspension, revocation, or administrative penalty is proposed according to this
 77.4 section, the commissioner must deliver, or send by certified mail with return receipt
 77.5 requested, to the health information ~~exchange service provider~~ organization written notice
 77.6 of the commissioner's intent to impose a penalty. This notice of proposed determination
 77.7 must include:

77.8 (1) a reference to the statutory basis for the penalty;

77.9 (2) a description of the findings of fact regarding the violations with respect to which
 77.10 the penalty is proposed;

77.11 (3) the nature and amount of the proposed penalty;

77.12 (4) any circumstances described in subdivision 1, paragraph (a), that were considered
 77.13 in determining the amount of the proposed penalty;

77.14 (5) instructions for responding to the notice, including a statement of the health
 77.15 information ~~exchange service provider's~~ organization's right to a contested case proceeding
 77.16 and a statement that failure to request a contested case proceeding within 30 calendar days
 77.17 permits the imposition of the proposed penalty; and

77.18 (6) the address to which the contested case proceeding request must be sent.

77.19 Subd. 4. **Coordination.** The commissioner shall, to the extent possible, seek the advice
 77.20 of the Minnesota e-Health Advisory Committee, in the review and update of criteria for the
 77.21 certification and recertification of health information ~~exchange service providers~~
 77.22 organizations when implementing sections 62J.498 to 62J.4982.

77.23 Subd. 5. **Fees and monetary penalties.** (a) The commissioner shall assess fees on every
 77.24 health information ~~exchange service provider~~ organization subject to sections 62J.4981 and
 77.25 62J.4982 as follows:

77.26 (1) filing an application for certificate of authority to operate as a health information
 77.27 organization, \$7,000; and

77.28 (2) ~~filing an application for certificate of authority to operate as a health data intermediary,~~
 77.29 ~~\$7,000;~~

77.30 (3) ~~annual health information organization certificate fee, \$7,000; and,~~

77.31 (4) ~~annual health data intermediary certificate fee, \$7,000.~~

78.1 (b) Fees collected under this section shall be deposited in the state treasury and credited
78.2 to the state government special revenue fund.

78.3 (c) Administrative monetary penalties imposed under this subdivision shall be credited
78.4 to an account in the special revenue fund and are appropriated to the commissioner for the
78.5 purposes of sections 62J.498 to 62J.4982.

78.6 Sec. 8. Minnesota Statutes 2020, section 62J.84, subdivision 6, is amended to read:

78.7 Subd. 6. **Public posting of prescription drug price information.** (a) The commissioner
78.8 shall post on the department's website, or may contract with a private entity or consortium
78.9 that satisfies the standards of section 62U.04, subdivision 6, to meet this requirement, the
78.10 following information:

78.11 (1) a list of the prescription drugs reported under subdivisions 3, 4, and 5, and the
78.12 manufacturers of those prescription drugs; and

78.13 (2) information reported to the commissioner under subdivisions 3, 4, and 5.

78.14 (b) The information must be published in an easy-to-read format and in a manner that
78.15 identifies the information that is disclosed on a per-drug basis and must not be aggregated
78.16 in a manner that prevents the identification of the prescription drug.

78.17 (c) The commissioner shall not post to the department's website or a private entity
78.18 contracting with the commissioner shall not post any information described in this section
78.19 if the information is not public data under section 13.02, subdivision 8a; or is trade secret
78.20 information under section 13.37, subdivision 1, paragraph (b); or is trade secret information
78.21 pursuant to the Defend Trade Secrets Act of 2016, United States Code, title 18, section
78.22 1836, as amended. If a manufacturer believes information should be withheld from public
78.23 disclosure pursuant to this paragraph, the manufacturer must clearly and specifically identify
78.24 that information and describe the legal basis in writing when the manufacturer submits the
78.25 information under this section. If the commissioner disagrees with the manufacturer's request
78.26 to withhold information from public disclosure, the commissioner shall provide the
78.27 manufacturer written notice that the information will be publicly posted 30 days after the
78.28 date of the notice.

78.29 (d) If the commissioner withholds any information from public disclosure pursuant to
78.30 this subdivision, the commissioner shall post to the department's website a report describing
78.31 the nature of the information and the commissioner's basis for withholding the information
78.32 from disclosure.

79.1 (e) To the extent the information required to be posted under this subdivision is collected
79.2 and made available to the public by another state, by the University of Minnesota, or through
79.3 an online drug pricing reference and analytical tool, the commissioner may reference the
79.4 availability of this drug price data from another source including, within existing
79.5 appropriations, creating the ability of the public to access the data from the source for
79.6 purposes of meeting the reporting requirements of this subdivision.

79.7 Sec. 9. Minnesota Statutes 2020, section 144.05, is amended by adding a subdivision to
79.8 read:

79.9 Subd. 7. **Expiration of report mandates.** (a) If the submission of a report by the
79.10 commissioner of health to the legislature is mandated by statute and the enabling legislation
79.11 does not include a date for the submission of a final report, the mandate to submit the report
79.12 shall expire in accordance with this section.

79.13 (b) If the mandate requires the submission of an annual report and the mandate was
79.14 enacted before January 1, 2021, the mandate shall expire on January 1, 2023. If the mandate
79.15 requires the submission of a biennial or less frequent report and the mandate was enacted
79.16 before January 1, 2021, the mandate shall expire on January 1, 2024.

79.17 (c) Any reporting mandate enacted on or after January 1, 2021 shall expire three years
79.18 after the date of enactment if the mandate requires the submission of an annual report and
79.19 shall expire five years after the date of enactment if the mandate requires the submission
79.20 of a biennial or less frequent report, unless the enacting legislation provides for a difference
79.21 expiration date.

79.22 (d) The commissioner shall submit a list to the chairs and ranking minority members of
79.23 the legislative committee with jurisdiction over health by February 15 of each year, beginning
79.24 February 15, 2022, of all reports set to expire during the following calendar year in
79.25 accordance with this section.

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

79.27 Sec. 10. **[144.064] THE VIVIAN ACT.**

79.28 Subdivision 1. **Short title.** This section shall be known and may be cited as the "Vivian
79.29 Act."

79.30 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings
79.31 given them:

79.32 (1) "commissioner" means the commissioner of health;

80.1 (2) "health care practitioner" means a medical professional that provides prenatal or
80.2 postnatal care;

80.3 (3) "CMV" means the human herpesvirus cytomegalovirus, also called HCMV, human
80.4 herpesvirus 5, and HHV-5; and

80.5 (4) "congenital CMV" means the transmission of a CMV infection from a pregnant
80.6 mother to her fetus.

80.7 Subd. 3. Commissioner duties. (a) The commissioner shall make available to health
80.8 care practitioners, women who may become pregnant, expectant parents, and parents of
80.9 infants up-to-date and evidence-based information about congenital CMV that has been
80.10 reviewed by experts with knowledge of the disease. The information shall include the
80.11 following:

80.12 (1) the recommendation to consider testing for congenital CMV if the parent or legal
80.13 guardian of the infant elected not to have newborn screening performed under section
80.14 144.125, and the infant failed a newborn hearing screening or pregnancy history suggests
80.15 increased risk for congenital CMV infection;

80.16 (2) the incidence of CMV;

80.17 (3) the transmission of CMV to pregnant women and women who may become pregnant;

80.18 (4) birth defects caused by congenital CMV;

80.19 (5) available preventative measures to avoid the infection of women who are pregnant
80.20 or may become pregnant; and

80.21 (6) resources available for families of children born with congenital CMV.

80.22 (b) The commissioner shall follow existing department practice, inclusive of community
80.23 engagement, to ensure that the information in paragraph (a) is culturally and linguistically
80.24 appropriate for all recipients.

80.25 (c) The department shall establish an outreach program to:

80.26 (1) educate women who may become pregnant, expectant parents, and parents of infants
80.27 about CMV; and

80.28 (2) raise awareness for CMV among health care providers who provide care to expectant
80.29 mothers or infants.

81.1 Sec. 11. Minnesota Statutes 2020, section 144.1205, subdivision 2, is amended to read:

81.2 Subd. 2. **Initial and annual fee.** (a) A licensee must pay an initial fee that is equivalent
81.3 to the annual fee upon issuance of the initial license.

81.4 (b) A licensee must pay an annual fee at least 60 days before the anniversary date of the
81.5 issuance of the license. The annual fee is as follows:

81.6		<u>ANNUAL</u>
81.7	TYPE	<u>LICENSE FEE</u>
81.8		\$19,920
81.9	Academic broad scope - type A, B, or C	<u>\$25,896</u>
81.10	Academic broad scope - type B	19,920
81.11	Academic broad scope - type C	19,920
81.12	<u>Academic broad scope - type A, B, or C (4-8 locations)</u>	<u>\$31,075</u>
81.13	<u>Academic broad scope - type A, B, or C (9 or more locations)</u>	<u>\$36,254</u>
81.14		19,920
81.15	Medical broad scope - type A	<u>\$25,896</u>
81.16	<u>Medical broad scope- type A (4-8 locations)</u>	<u>\$31,075</u>
81.17	<u>Medical broad scope- type A (9 or more locations)</u>	<u>\$36,254</u>
81.18	Medical institution - diagnostic and therapeutic	3,680
81.19	<u>Medical - diagnostic, diagnostic and therapeutic, mobile nuclear</u>	
81.20	<u>medicine, eye applicators, high dose rate afterloaders, and</u>	
81.21	<u>medical therapy emerging technologies</u>	<u>\$4,784</u>
81.22	<u>Medical - diagnostic, diagnostic and therapeutic, mobile nuclear</u>	
81.23	<u>medicine, eye applicators, high dose rate afterloaders, and</u>	
81.24	<u>medical therapy emerging technologies (4-8 locations)</u>	<u>\$5,740</u>
81.25	<u>Medical - diagnostic, diagnostic and therapeutic, mobile nuclear</u>	
81.26	<u>medicine, eye applicators, high dose rate afterloaders, and</u>	
81.27	<u>medical therapy emerging technologies (9 or more locations)</u>	<u>\$6,697</u>
81.28	Medical institution - diagnostic (no written directives)	3,680
81.29	Medical private practice - diagnostic and therapeutic	3,680
81.30	Medical private practice - diagnostic (no written directives)	3,680
81.31	Eye applicators	3,680
81.32	Nuclear medical vans	3,680
81.33	High dose rate afterloader	3,680
81.34	Mobile high dose rate afterloader	3,680
81.35	Medical therapy - other emerging technology	3,680
81.36		8,960
81.37	Teletherapy	<u>\$11,648</u>
81.38		8,960
81.39	Gamma knife	<u>\$11,648</u>
81.40	Veterinary medicine	2,000 <u>\$2,600</u>

82.1	In vitro testing lab	2,000	<u>\$2,600</u>
82.2			<u>8,800</u>
82.3	Nuclear pharmacy		<u>\$11,440</u>
82.4	<u>Nuclear pharmacy (5 or more locations)</u>		<u>\$13,728</u>
82.5	Radiopharmaceutical distribution (10 CFR 32.72)	3,840	<u>\$4,992</u>
82.6	Radiopharmaceutical processing and distribution (10 CFR		<u>8,800</u>
82.7	32.72)		<u>\$11,440</u>
82.8	<u>Radiopharmaceutical processing and distribution (10 CFR</u>		<u>\$13,728</u>
82.9	<u>32.72) (5 or more locations)</u>		
82.10	Medical sealed sources - distribution (10 CFR 32.74)	3,840	<u>\$4,992</u>
82.11	Medical sealed sources - processing and distribution (10 CFR		<u>8,800</u>
82.12	32.74)		<u>\$11,440</u>
82.13	<u>Medical sealed sources - processing and distribution (10 CFR</u>		<u>\$13,728</u>
82.14	<u>32.74) (5 or more locations)</u>		
82.15	Well logging - sealed sources	3,760	<u>\$4,888</u>
82.16	Measuring systems - (fixed gauge, portable gauge, gas		
82.17	<u>chromatograph, other)</u>	2,000	<u>\$2,600</u>
82.18	Measuring systems - portable gauge		<u>2,000</u>
82.19	<u>Measuring systems - (fixed gauge, portable gauge, gas</u>		
82.20	<u>chromatograph, other) (4-8 locations)</u>		<u>\$3,120</u>
82.21	<u>Measuring systems - (fixed gauge, portable gauge, gas</u>		
82.22	<u>chromatograph, other) (9 or more locations)</u>		<u>\$3,640</u>
82.23	X-ray fluorescent analyzer	1,520	<u>\$1,976</u>
82.24	Measuring systems - gas chromatograph		<u>2,000</u>
82.25	Measuring systems - other		<u>2,000</u>
82.26	Broad scope Manufacturing and distribution - type A <u>broad</u>		<u>19,920</u>
82.27	<u>scope</u>		<u>\$25,896</u>
82.28	<u>Manufacturing and distribution - type A broad scope (4-8</u>		
82.29	<u>locations)</u>		<u>\$31,075</u>
82.30	<u>Manufacturing and distribution - type A broad scope (9 or more</u>		
82.31	<u>locations)</u>		<u>\$36,254</u>
82.32	Broad scope Manufacturing and distribution - type B or C <u>broad</u>		<u>17,600</u>
82.33	<u>scope</u>		<u>\$22,880</u>
82.34	Broad scope Manufacturing and distribution - type C		<u>17,600</u>
82.35	<u>Manufacturing and distribution - type B or C broad scope (4-8</u>		
82.36	<u>locations)</u>		<u>\$27,456</u>
82.37	<u>Manufacturing and distribution - type B or C broad scope (9</u>		
82.38	<u>or more locations)</u>		<u>\$32,032</u>
82.39	Manufacturing and distribution - other	5,280	<u>\$6,864</u>
82.40	<u>Manufacturing and distribution - other (4-8 locations)</u>		<u>\$8,236</u>
82.41	<u>Manufacturing and distribution - other (9 or more locations)</u>		<u>\$9,609</u>
82.42			<u>18,640</u>
82.43	Nuclear laundry		<u>\$24,232</u>

83.1	Decontamination services	4,960 <u>\$6,448</u>
83.2	Leak test services only	2,000 <u>\$2,600</u>
83.3	Instrument calibration service only, less than 100 curies	2,000 <u>\$2,600</u>
83.4	Instrument calibration service only, 100 curies or more	2,000
83.5	Service, maintenance, installation, source changes, etc.	4,960 <u>\$6,448</u>
83.6	Waste disposal service, prepackaged only	6,000 <u>\$7,800</u>
83.7		8,320
83.8	Waste disposal	<u>\$10,816</u>
83.9	Distribution - general licensed devices (sealed sources)	1,760 <u>\$2,288</u>
83.10	Distribution - general licensed material (unsealed sources)	1,120 <u>\$1,456</u>
83.11		9,840
83.12	Industrial radiography - fixed <u>or temporary</u> location	<u>\$12,792</u>
83.13	Industrial radiography - temporary job sites	9,840
83.14	<u>Industrial radiography - fixed or temporary location (5 or more</u>	
83.15	<u>locations)</u>	<u>\$16,629</u>
83.16	Irradiators, self-shielding, less than 10,000 curies	2,880 <u>\$3,744</u>
83.17	Irradiators, other, less than 10,000 curies	5,360 <u>\$6,968</u>
83.18	Irradiators, self-shielding, 10,000 curies or more	2,880
83.19		9,520
83.20	Research and development - type A, B, or C broad scope	<u>\$12,376</u>
83.21	Research and development - type B broad scope	9,520
83.22	Research and development - type C broad scope	9,520
83.23	<u>Research and development - type A, B, or C broad scope (4-8</u>	
83.24	<u>locations)</u>	<u>\$14,851</u>
83.25	<u>Research and development - type A, B, or C broad scope (9 or</u>	
83.26	<u>more locations)</u>	<u>\$17,326</u>
83.27	Research and development - other	4,480 <u>\$5,824</u>
83.28	Storage - no operations	2,000 <u>\$2,600</u>
83.29	Source material - shielding	584 <u>\$759</u>
83.30	Special nuclear material plutonium - neutron source in device	3,680 <u>\$4,784</u>
83.31	Pacemaker by-product and/or special nuclear material - medical	3,680 <u>\$4,784</u>
83.32	(institution)	
83.33	Pacemaker by-product and/or special nuclear material -	5,280 <u>\$6,864</u>
83.34	manufacturing and distribution	
83.35	Accelerator-produced radioactive material	3,840 <u>\$4,992</u>
83.36	Nonprofit educational institutions	300 <u>\$500</u>
83.37	General license registration	150

84.1 Sec. 12. Minnesota Statutes 2020, section 144.1205, subdivision 4, is amended to read:

84.2 Subd. 4. **Initial and renewal application fee.** A licensee must pay an initial and a
 84.3 renewal application fee as follows: according to this subdivision.

84.4	TYPE	APPLICATION FEE
84.5		\$5,920
84.6	Academic broad scope - type A, B, or C	<u>\$6,808</u>
84.7	Academic broad scope - type B	5,920
84.8	Academic broad scope - type C	5,920
84.9	Medical broad scope - type A	3,920 <u>\$4,508</u>
84.10	<u>Medical - diagnostic, diagnostic and therapeutic, mobile nuclear</u>	
84.11	<u>medicine, eye applicators, high dose rate afterloaders, and</u>	
84.12	<u>medical therapy emerging technologies</u>	<u>\$1,748</u>
84.13	Medical institution - diagnostic and therapeutic	1,520
84.14	Medical institution - diagnostic (no written directives)	1,520
84.15	Medical private practice - diagnostic and therapeutic	1,520
84.16	Medical private practice - diagnostic (no written directives)	1,520
84.17	Eye applicators	<u>1,520</u>
84.18	Nuclear medical vans	1,520
84.19	High dose rate afterloader	1,520
84.20	Mobile high dose rate afterloader	1,520
84.21	Medical therapy - other emerging technology	1,520
84.22	Teletherapy	5,520 <u>\$6,348</u>
84.23	Gamma knife	5,520 <u>\$6,348</u>
84.24	Veterinary medicine	960 <u>\$1,104</u>
84.25	In vitro testing lab	960 <u>\$1,104</u>
84.26	Nuclear pharmacy	4,880 <u>\$5,612</u>
84.27	Radiopharmaceutical distribution (10 CFR 32.72)	2,160 <u>\$2,484</u>
84.28	Radiopharmaceutical processing and distribution (10 CFR	
84.29	32.72)	4,880 <u>\$5,612</u>
84.30	Medical sealed sources - distribution (10 CFR 32.74)	2,160 <u>\$2,484</u>
84.31	Medical sealed sources - processing and distribution (10 CFR	
84.32	32.74)	4,880 <u>\$5,612</u>
84.33	Well logging - sealed sources	1,600 <u>\$1,840</u>
84.34	Measuring systems - (<u>fixed gauge, portable gauge, gas</u>	
84.35	<u>chromatograph, other</u>)	960 <u>\$1,104</u>
84.36	Measuring systems - portable gauge	960
84.37	X-ray fluorescent analyzer	584 <u>\$671</u>
84.38	Measuring systems - gas chromatograph	960
84.39	Measuring systems - other	960

85.1	Broad scope Manufacturing and distribution - type A, B, and	
85.2	<u>C broad scope</u>	5,920 <u>\$6,854</u>
85.3	Broad scope manufacturing and distribution - type B	5,920
85.4	Broad scope manufacturing and distribution - type C	5,920
85.5	Manufacturing and distribution - other	2,320 <u>\$2,668</u>
85.6		10,080
85.7	Nuclear laundry	<u>\$11,592</u>
85.8	Decontamination services	2,640 <u>\$3,036</u>
85.9	Leak test services only	960 <u>\$1,104</u>
85.10	Instrument calibration service only, less than 100 curies	960 <u>\$1,104</u>
85.11	Instrument calibration service only, 100 curies or more	960
85.12	Service, maintenance, installation, source changes, etc.	2,640 <u>\$3,036</u>
85.13	Waste disposal service, prepackaged only	2,240 <u>\$2,576</u>
85.14	Waste disposal	1,520 <u>\$1,748</u>
85.15	Distribution - general licensed devices (sealed sources)	880 <u>\$1,012</u>
85.16	Distribution - general licensed material (unsealed sources)	520 <u>\$598</u>
85.17	Industrial radiography - fixed <u>or temporary</u> location	2,640 <u>\$3,036</u>
85.18	Industrial radiography - temporary job sites	2,640
85.19	Irradiators, self-shielding, less than 10,000 curies	1,440 <u>\$1,656</u>
85.20	Irradiators, other, less than 10,000 curies	2,960 <u>\$3,404</u>
85.21	Irradiators, self-shielding, 10,000 curies or more	1,440
85.22	Research and development - type A, B, or C broad scope	4,960 <u>\$5,704</u>
85.23	Research and development - type B broad scope	4,960
85.24	Research and development - type C broad scope	4,960
85.25	Research and development - other	2,400 <u>\$2,760</u>
85.26	Storage - no operations	960 <u>\$1,104</u>
85.27	Source material - shielding	136 <u>\$156</u>
85.28	Special nuclear material plutonium - neutron source in device	1,200 <u>\$1,380</u>
85.29	Pacemaker by-product and/or special nuclear material - medical	1,200 <u>\$1,380</u>
85.30	(institution)	
85.31	Pacemaker by-product and/or special nuclear material -	2,320 <u>\$2,668</u>
85.32	manufacturing and distribution	
85.33	Accelerator-produced radioactive material	4,100 <u>\$4,715</u>
85.34	Nonprofit educational institutions	300 <u>\$345</u>
85.35	General license registration	0
85.36	Industrial radiographer certification	150

86.1 Sec. 13. Minnesota Statutes 2020, section 144.1205, subdivision 8, is amended to read:

86.2 Subd. 8. **Reciprocity fee.** A licensee submitting an application for reciprocal recognition
86.3 of a materials license issued by another agreement state or the United States Nuclear
86.4 Regulatory Commission for a period of 180 days or less during a calendar year must pay
86.5 ~~\$1,200~~ \$2,400. For a period of 181 days or more, the licensee must obtain a license under
86.6 subdivision 4.

86.7 Sec. 14. Minnesota Statutes 2020, section 144.1205, subdivision 9, is amended to read:

86.8 Subd. 9. **Fees for license amendments.** A licensee must pay a fee of ~~\$300~~ \$600 to
86.9 amend a license as follows:

86.10 (1) to amend a license requiring review including, but not limited to, addition of isotopes,
86.11 procedure changes, new authorized users, or a new radiation safety officer; and

86.12 (2) to amend a license requiring review and a site visit including, but not limited to,
86.13 facility move or addition of processes.

86.14 Sec. 15. Minnesota Statutes 2020, section 144.1205, is amended by adding a subdivision
86.15 to read:

86.16 Subd. 10. **Fees for general license registrations.** A person required to register generally
86.17 licensed devices according to Minnesota Rules, part 4731.3215, must pay an annual
86.18 registration fee of \$450.

86.19 Sec. 16. Minnesota Statutes 2020, section 144.125, subdivision 1, is amended to read:

86.20 Subdivision 1. **Duty to perform testing.** (a) It is the duty of (1) the administrative officer
86.21 or other person in charge of each institution caring for infants 28 days or less of age, (2) the
86.22 person required in pursuance of the provisions of section 144.215, to register the birth of a
86.23 child, or (3) the nurse midwife or midwife in attendance at the birth, to arrange to have
86.24 administered to every infant or child in its care tests for heritable and congenital disorders
86.25 according to subdivision 2 and rules prescribed by the state commissioner of health.

86.26 (b) Testing, recording of test results, reporting of test results, and follow-up of infants
86.27 with heritable congenital disorders, including hearing loss detected through the early hearing
86.28 detection and intervention program in section 144.966, shall be performed at the times and
86.29 in the manner prescribed by the commissioner of health.

86.30 (c) The fee to support the newborn screening program, including tests administered
86.31 under this section and section 144.966, shall be ~~\$135~~ \$177 per specimen. This fee amount

87.1 shall be deposited in the state treasury and credited to the state government special revenue
87.2 fund.

87.3 (d) The fee to offset the cost of the support services provided under section 144.966,
87.4 subdivision 3a, shall be \$15 per specimen. This fee shall be deposited in the state treasury
87.5 and credited to the general fund.

87.6 Sec. 17. Minnesota Statutes 2020, section 144.125, subdivision 2, is amended to read:

87.7 Subd. 2. **Determination of tests to be administered.** (a) The commissioner shall
87.8 periodically revise the list of tests to be administered for determining the presence of a
87.9 heritable or congenital disorder. Revisions to the list shall reflect advances in medical
87.10 science, new and improved testing methods, or other factors that will improve the public
87.11 health. In determining whether a test must be administered, the commissioner shall take
87.12 into consideration the adequacy of analytical methods to detect the heritable or congenital
87.13 disorder, the ability to treat or prevent medical conditions caused by the heritable or
87.14 congenital disorder, and the severity of the medical conditions caused by the heritable or
87.15 congenital disorder. The list of tests to be performed may be revised if the changes are
87.16 recommended by the advisory committee established under section 144.1255, approved by
87.17 the commissioner, and published in the State Register. The revision is exempt from the
87.18 rulemaking requirements in chapter 14, and sections 14.385 and 14.386 do not apply.

87.19 (b) Notwithstanding paragraph (a), a test to detect congenital human herpesvirus
87.20 cytomegalovirus shall be added to the list of tests to be administered under this section.

87.21 Sec. 18. **[144.1461] PREGNANCY AND CHILDBIRTH; MIDWIFE AND DOULA**
87.22 **CARE.**

87.23 In order to improve maternal and infant health as well as improving birth outcomes in
87.24 groups with the most significant disparities that include Black, Indigenous, and other
87.25 communities of color; rural communities; and people with low incomes, the commissioner
87.26 of health in partnership with patient groups and culturally based community organizations
87.27 shall, within existing appropriations:

87.28 (1) develop procedures and services designed for making midwife and doula services
87.29 available to groups with the most maternal and infant mortality and morbidity disparities;

87.30 (2) promote racial, ethnic, and language diversity in the midwife and doula workforce
87.31 that better aligns with the childbearing population in groups with the most significant
87.32 maternal and infant mortality and morbidity disparities; and

88.1 (3) ensure that midwife and doula training and education is tailored to the specific needs
 88.2 of groups with the most significant maternal and infant mortality and morbidity disparities,
 88.3 including trauma-informed care, maternal mood disorders, intimate partner violence, and
 88.4 systemic racism.

88.5 Sec. 19. Minnesota Statutes 2020, section 144.1481, subdivision 1, is amended to read:

88.6 Subdivision 1. **Establishment; membership.** The commissioner of health shall establish
 88.7 a ~~15-member~~ 16-member Rural Health Advisory Committee. The committee shall consist
 88.8 of the following members, all of whom must reside outside the seven-county metropolitan
 88.9 area, as defined in section 473.121, subdivision 2:

88.10 (1) two members from the house of representatives of the state of Minnesota, one from
 88.11 the majority party and one from the minority party;

88.12 (2) two members from the senate of the state of Minnesota, one from the majority party
 88.13 and one from the minority party;

88.14 (3) a volunteer member of an ambulance service based outside the seven-county
 88.15 metropolitan area;

88.16 (4) a representative of a hospital located outside the seven-county metropolitan area;

88.17 (5) a representative of a nursing home located outside the seven-county metropolitan
 88.18 area;

88.19 (6) a medical doctor or doctor of osteopathic medicine licensed under chapter 147;

88.20 (7) a dentist licensed under chapter 150A;

88.21 (8) a midlevel practitioner;

88.22 ~~(8)~~ (9) a registered nurse or licensed practical nurse;

88.23 ~~(9)~~ (10) a licensed health care professional from an occupation not otherwise represented
 88.24 on the committee;

88.25 ~~(10)~~ (11) a representative of an institution of higher education located outside the
 88.26 seven-county metropolitan area that provides training for rural health care providers; and

88.27 ~~(11)~~ (12) three consumers, at least one of whom must be an advocate for persons who
 88.28 are mentally ill or developmentally disabled.

88.29 The commissioner will make recommendations for committee membership. Committee
 88.30 members will be appointed by the governor. In making appointments, the governor shall
 88.31 ensure that appointments provide geographic balance among those areas of the state outside

89.1 the seven-county metropolitan area. The chair of the committee shall be elected by the
 89.2 members. The advisory committee is governed by section 15.059, except that the members
 89.3 do not receive per diem compensation.

89.4 Sec. 20. Minnesota Statutes 2020, section 144.216, is amended by adding a subdivision
 89.5 to read:

89.6 Subd. 3. **Reporting safe place newborn births.** A hospital that receives a safe place
 89.7 newborn under section 145.902 shall report the birth of the newborn to the Office of Vital
 89.8 Records within five days after receiving the newborn. The state registrar must register
 89.9 information about the safe place newborn according to Minnesota Rules, part 4601.0600,
 89.10 subpart 4, item C.

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

89.12 Sec. 21. Minnesota Statutes 2020, section 144.216, is amended by adding a subdivision
 89.13 to read:

89.14 Subd. 4. **Status of safe place birth registrations.** (a) Information about the safe place
 89.15 newborn registered under subdivision 3 shall constitute the record of birth for the child. The
 89.16 birth record for the child is confidential data on individuals as defined in section 13.02,
 89.17 subdivision 3. Information about the child's birth record or a child's birth certificate issued
 89.18 from the child's birth record shall be disclosed only to the responsible social services agency
 89.19 as defined in section 260C.007, subdivision 27a, or pursuant to court order.

89.20 (b) Pursuant to section 144.218, subdivision 6, if the safe place newborn was born in a
 89.21 hospital and it is known that the child's record of birth was registered, the Office of Vital
 89.22 Records shall replace the original birth record registered under section 144.215.

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

89.24 Sec. 22. Minnesota Statutes 2020, section 144.218, is amended by adding a subdivision
 89.25 to read:

89.26 Subd. 6. **Safe place newborns.** If a hospital receives a safe place newborn under section
 89.27 145.902 and it is known that the child's record of birth was registered, the hospital shall
 89.28 report the newborn to the Office of Vital Records and identify the child's birth record. The
 89.29 state registrar shall issue a replacement birth record for the child that is free of information
 89.30 that identifies a parent. The prior vital record is confidential data on individuals as defined
 89.31 in section 13.02, subdivision 3, and shall not be disclosed except pursuant to court order.

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

90.2 Sec. 23. Minnesota Statutes 2020, section 144.225, subdivision 7, is amended to read:

90.3 Subd. 7. **Certified birth or death record.** (a) The state registrar or local issuance office
90.4 shall issue a certified birth or death record or a statement of no vital record found to an
90.5 individual upon the individual's proper completion of an attestation provided by the
90.6 commissioner and payment of the required fee:

90.7 (1) to a person who ~~has a tangible interest in the requested vital record. A person who~~
90.8 ~~has a tangible interest~~ is:

90.9 (i) the subject of the vital record;

90.10 (ii) a child of the subject;

90.11 (iii) the spouse of the subject;

90.12 (iv) a parent of the subject;

90.13 (v) the grandparent or grandchild of the subject;

90.14 (vi) if the requested record is a death record, a sibling of the subject;

90.15 ~~(vii) the party responsible for filing the vital record;~~

90.16 ~~(viii)~~ (vii) the legal custodian, guardian or conservator, or health care agent of the subject;

90.17 ~~(ix)~~ (viii) a personal representative, by sworn affidavit of the fact that the certified copy
90.18 is required for administration of the estate;

90.19 ~~(x)~~ (ix) a successor of the subject, as defined in section 524.1-201, if the subject is
90.20 deceased, by sworn affidavit of the fact that the certified copy is required for administration
90.21 of the estate;

90.22 ~~(xi)~~ (x) if the requested record is a death record, a trustee of a trust by sworn affidavit
90.23 of the fact that the certified copy is needed for the proper administration of the trust;

90.24 ~~(xii)~~ (xi) a person or entity who demonstrates that a certified vital record is necessary
90.25 for the determination or protection of a personal or property right, pursuant to rules adopted
90.26 by the commissioner; or

90.27 ~~(xiii)~~ (xii) an adoption agency in order to complete confidential postadoption searches
90.28 as required by section 259.83;

90.29 (2) to any local, state, tribal, or federal governmental agency upon request if the certified
90.30 vital record is necessary for the governmental agency to perform its authorized duties;

91.1 (3) to an attorney representing the subject of the vital record or another person listed in
91.2 clause (1), upon evidence of the attorney's license;

91.3 (4) pursuant to a court order issued by a court of competent jurisdiction. For purposes
91.4 of this section, a subpoena does not constitute a court order; or

91.5 (5) to a representative authorized by a person under clauses (1) to (4).

91.6 (b) The state registrar or local issuance office shall also issue a certified death record to
91.7 an individual described in paragraph (a), clause (1), items (ii) to ~~(viii)~~ (xi), if, on behalf of
91.8 the individual, a licensed mortician furnishes the registrar with a properly completed
91.9 attestation in the form provided by the commissioner within 180 days of the time of death
91.10 of the subject of the death record. This paragraph is not subject to the requirements specified
91.11 in Minnesota Rules, part 4601.2600, subpart 5, item B.

91.12 Sec. 24. Minnesota Statutes 2020, section 144.226, subdivision 1, is amended to read:

91.13 Subdivision 1. **Which services are for fee.** (a) The fees for the following services shall
91.14 be the following or an amount prescribed by rule of the commissioner:

91.15 (b) The fee for the administrative review and processing of a request for a certified vital
91.16 record or a certification that the vital record cannot be found is \$9. The fee is payable at the
91.17 time of application and is nonrefundable.

91.18 (c) The fee for processing a request for the replacement of a birth record for all events,
91.19 except for safe place newborns pursuant to section 144.218, subdivision 6, and when filing
91.20 a recognition of parentage pursuant to section 257.73, subdivision 1, is \$40. The fee is
91.21 payable at the time of application and is nonrefundable.

91.22 (d) The fee for administrative review and processing of a request for the filing of a
91.23 delayed registration of birth, stillbirth, or death is \$40. The fee is payable at the time of
91.24 application and is nonrefundable.

91.25 (e) The fee for administrative review and processing of a request for the amendment of
91.26 any vital record is \$40. The fee is payable at the time of application and is nonrefundable.

91.27 (f) The fee for administrative review and processing of a request for the verification of
91.28 information from vital records is \$9 when the applicant furnishes the specific information
91.29 to locate the vital record. When the applicant does not furnish specific information, the fee
91.30 is \$20 per hour for staff time expended. Specific information includes the correct date of
91.31 the event and the correct name of the subject of the record. Fees charged shall approximate

92.1 the costs incurred in searching and copying the vital records. The fee is payable at the time
92.2 of application and is nonrefundable.

92.3 (g) The fee for administrative review and processing of a request for the issuance of a
92.4 copy of any document on file pertaining to a vital record or statement that a related document
92.5 cannot be found is \$9. The fee is payable at the time of application and is nonrefundable.

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

92.7 Sec. 25. Minnesota Statutes 2020, section 144.551, subdivision 1, is amended to read:

92.8 Subdivision 1. **Restricted construction or modification.** (a) The following construction
92.9 or modification may not be commenced:

92.10 (1) any erection, building, alteration, reconstruction, modernization, improvement,
92.11 extension, lease, or other acquisition by or on behalf of a hospital that increases the bed
92.12 capacity of a hospital, relocates hospital beds from one physical facility, complex, or site
92.13 to another, or otherwise results in an increase or redistribution of hospital beds within the
92.14 state; and

92.15 (2) the establishment of a new hospital.

92.16 (b) This section does not apply to:

92.17 (1) construction or relocation within a county by a hospital, clinic, or other health care
92.18 facility that is a national referral center engaged in substantial programs of patient care,
92.19 medical research, and medical education meeting state and national needs that receives more
92.20 than 40 percent of its patients from outside the state of Minnesota;

92.21 (2) a project for construction or modification for which a health care facility held an
92.22 approved certificate of need on May 1, 1984, regardless of the date of expiration of the
92.23 certificate;

92.24 (3) a project for which a certificate of need was denied before July 1, 1990, if a timely
92.25 appeal results in an order reversing the denial;

92.26 (4) a project exempted from certificate of need requirements by Laws 1981, chapter 200,
92.27 section 2;

92.28 (5) a project involving consolidation of pediatric specialty hospital services within the
92.29 Minneapolis-St. Paul metropolitan area that would not result in a net increase in the number
92.30 of pediatric specialty hospital beds among the hospitals being consolidated;

93.1 (6) a project involving the temporary relocation of pediatric-orthopedic hospital beds to
93.2 an existing licensed hospital that will allow for the reconstruction of a new philanthropic,
93.3 pediatric-orthopedic hospital on an existing site and that will not result in a net increase in
93.4 the number of hospital beds. Upon completion of the reconstruction, the licenses of both
93.5 hospitals must be reinstated at the capacity that existed on each site before the relocation;

93.6 (7) the relocation or redistribution of hospital beds within a hospital building or
93.7 identifiable complex of buildings provided the relocation or redistribution does not result
93.8 in: (i) an increase in the overall bed capacity at that site; (ii) relocation of hospital beds from
93.9 one physical site or complex to another; or (iii) redistribution of hospital beds within the
93.10 state or a region of the state;

93.11 (8) relocation or redistribution of hospital beds within a hospital corporate system that
93.12 involves the transfer of beds from a closed facility site or complex to an existing site or
93.13 complex provided that: (i) no more than 50 percent of the capacity of the closed facility is
93.14 transferred; (ii) the capacity of the site or complex to which the beds are transferred does
93.15 not increase by more than 50 percent; (iii) the beds are not transferred outside of a federal
93.16 health systems agency boundary in place on July 1, 1983; and (iv) the relocation or
93.17 redistribution does not involve the construction of a new hospital building;

93.18 (9) a construction project involving up to 35 new beds in a psychiatric hospital in Rice
93.19 County that primarily serves adolescents and that receives more than 70 percent of its
93.20 patients from outside the state of Minnesota;

93.21 (10) a project to replace a hospital or hospitals with a combined licensed capacity of
93.22 130 beds or less if: (i) the new hospital site is located within five miles of the current site;
93.23 and (ii) the total licensed capacity of the replacement hospital, either at the time of
93.24 construction of the initial building or as the result of future expansion, will not exceed 70
93.25 licensed hospital beds, or the combined licensed capacity of the hospitals, whichever is less;

93.26 (11) the relocation of licensed hospital beds from an existing state facility operated by
93.27 the commissioner of human services to a new or existing facility, building, or complex
93.28 operated by the commissioner of human services; from one regional treatment center site
93.29 to another; or from one building or site to a new or existing building or site on the same
93.30 campus;

93.31 (12) the construction or relocation of hospital beds operated by a hospital having a
93.32 statutory obligation to provide hospital and medical services for the indigent that does not
93.33 result in a net increase in the number of hospital beds, notwithstanding section 144.552, 27

94.1 beds, of which 12 serve mental health needs, may be transferred from Hennepin County
94.2 Medical Center to Regions Hospital under this clause;

94.3 (13) a construction project involving the addition of up to 31 new beds in an existing
94.4 nonfederal hospital in Beltrami County;

94.5 (14) a construction project involving the addition of up to eight new beds in an existing
94.6 nonfederal hospital in Otter Tail County with 100 licensed acute care beds;

94.7 (15) a construction project involving the addition of 20 new hospital beds in an existing
94.8 hospital in Carver County serving the southwest suburban metropolitan area;

94.9 (16) a project for the construction or relocation of up to 20 hospital beds for the operation
94.10 of up to two psychiatric facilities or units for children provided that the operation of the
94.11 facilities or units have received the approval of the commissioner of human services;

94.12 (17) a project involving the addition of 14 new hospital beds to be used for rehabilitation
94.13 services in an existing hospital in Itasca County;

94.14 (18) a project to add 20 licensed beds in existing space at a hospital in Hennepin County
94.15 that closed 20 rehabilitation beds in 2002, provided that the beds are used only for
94.16 rehabilitation in the hospital's current rehabilitation building. If the beds are used for another
94.17 purpose or moved to another location, the hospital's licensed capacity is reduced by 20 beds;

94.18 (19) a critical access hospital established under section 144.1483, clause (9), and section
94.19 1820 of the federal Social Security Act, United States Code, title 42, section 1395i-4, that
94.20 delicensed beds since enactment of the Balanced Budget Act of 1997, Public Law 105-33,
94.21 to the extent that the critical access hospital does not seek to exceed the maximum number
94.22 of beds permitted such hospital under federal law;

94.23 (20) notwithstanding section 144.552, a project for the construction of a new hospital
94.24 in the city of Maple Grove with a licensed capacity of up to 300 beds provided that:

94.25 (i) the project, including each hospital or health system that will own or control the entity
94.26 that will hold the new hospital license, is approved by a resolution of the Maple Grove City
94.27 Council as of March 1, 2006;

94.28 (ii) the entity that will hold the new hospital license will be owned or controlled by one
94.29 or more not-for-profit hospitals or health systems that have previously submitted a plan or
94.30 plans for a project in Maple Grove as required under section 144.552, and the plan or plans
94.31 have been found to be in the public interest by the commissioner of health as of April 1,
94.32 2005;

95.1 (iii) the new hospital's initial inpatient services must include, but are not limited to,
95.2 medical and surgical services, obstetrical and gynecological services, intensive care services,
95.3 orthopedic services, pediatric services, noninvasive cardiac diagnostics, behavioral health
95.4 services, and emergency room services;

95.5 (iv) the new hospital:

95.6 (A) will have the ability to provide and staff sufficient new beds to meet the growing
95.7 needs of the Maple Grove service area and the surrounding communities currently being
95.8 served by the hospital or health system that will own or control the entity that will hold the
95.9 new hospital license;

95.10 (B) will provide uncompensated care;

95.11 (C) will provide mental health services, including inpatient beds;

95.12 (D) will be a site for workforce development for a broad spectrum of health-care-related
95.13 occupations and have a commitment to providing clinical training programs for physicians
95.14 and other health care providers;

95.15 (E) will demonstrate a commitment to quality care and patient safety;

95.16 (F) will have an electronic medical records system, including physician order entry;

95.17 (G) will provide a broad range of senior services;

95.18 (H) will provide emergency medical services that will coordinate care with regional
95.19 providers of trauma services and licensed emergency ambulance services in order to enhance
95.20 the continuity of care for emergency medical patients; and

95.21 (I) will be completed by December 31, 2009, unless delayed by circumstances beyond
95.22 the control of the entity holding the new hospital license; and

95.23 (v) as of 30 days following submission of a written plan, the commissioner of health
95.24 has not determined that the hospitals or health systems that will own or control the entity
95.25 that will hold the new hospital license are unable to meet the criteria of this clause;

95.26 (21) a project approved under section 144.553;

95.27 (22) a project for the construction of a hospital with up to 25 beds in Cass County within
95.28 a 20-mile radius of the state Ah-Gwah-Ching facility, provided the hospital's license holder
95.29 is approved by the Cass County Board;

96.1 (23) a project for an acute care hospital in Fergus Falls that will increase the bed capacity
96.2 from 108 to 110 beds by increasing the rehabilitation bed capacity from 14 to 16 and closing
96.3 a separately licensed 13-bed skilled nursing facility;

96.4 (24) notwithstanding section 144.552, a project for the construction and expansion of a
96.5 specialty psychiatric hospital in Hennepin County for up to 50 beds, exclusively for patients
96.6 who are under 21 years of age on the date of admission. The commissioner conducted a
96.7 public interest review of the mental health needs of Minnesota and the Twin Cities
96.8 metropolitan area in 2008. No further public interest review shall be conducted for the
96.9 construction or expansion project under this clause;

96.10 (25) a project for a 16-bed psychiatric hospital in the city of Thief River Falls, if the
96.11 commissioner finds the project is in the public interest after the public interest review
96.12 conducted under section 144.552 is complete;

96.13 (26)(i) a project for a 20-bed psychiatric hospital, within an existing facility in the city
96.14 of Maple Grove, exclusively for patients who are under 21 years of age on the date of
96.15 admission, if the commissioner finds the project is in the public interest after the public
96.16 interest review conducted under section 144.552 is complete;

96.17 (ii) this project shall serve patients in the continuing care benefit program under section
96.18 256.9693. The project may also serve patients not in the continuing care benefit program;
96.19 and

96.20 (iii) if the project ceases to participate in the continuing care benefit program, the
96.21 commissioner must complete a subsequent public interest review under section 144.552. If
96.22 the project is found not to be in the public interest, the license must be terminated six months
96.23 from the date of that finding. If the commissioner of human services terminates the contract
96.24 without cause or reduces per diem payment rates for patients under the continuing care
96.25 benefit program below the rates in effect for services provided on December 31, 2015, the
96.26 project may cease to participate in the continuing care benefit program and continue to
96.27 operate without a subsequent public interest review;

96.28 (27) a project involving the addition of 21 new beds in an existing psychiatric hospital
96.29 in Hennepin County that is exclusively for patients who are under 21 years of age on the
96.30 date of admission; ~~or~~

96.31 (28) a project to add 55 licensed beds in an existing safety net, level I trauma center
96.32 hospital in Ramsey County as designated under section 383A.91, subdivision 5, of which
96.33 15 beds are to be used for inpatient mental health and 40 are to be used for other services.
96.34 In addition, five unlicensed observation mental health beds shall be added; or

97.1 (29) notwithstanding section 144.552, a project to add 45 licensed beds in an existing
 97.2 safety net, level I trauma center hospital in Ramsey County as designated under section
 97.3 383A.91, subdivision 5. The commissioner conducted a public interest review of the
 97.4 construction and expansion of this hospital in 2018. No further public interest review shall
 97.5 be conducted for the project under this clause.

97.6 Sec. 26. Minnesota Statutes 2020, section 145.32, subdivision 1, is amended to read:

97.7 Subdivision 1. **Hospital records.** The superintendent or other chief administrative officer
 97.8 of any public or private hospital, by and with the consent and approval of the board of
 97.9 directors or other governing body of the hospital, may divest the files and records of that
 97.10 hospital of any individual case records and, with that consent and approval, may destroy
 97.11 the records. The records shall first have been transferred and recorded as authorized in
 97.12 section 145.30.

97.13 Portions of individual hospital medical records that comprise an individual permanent
 97.14 medical record, as defined by the commissioner of health, shall be retained as authorized
 97.15 in section 145.30. Other portions of the individual medical record, including any
 97.16 miscellaneous documents, papers, and correspondence in connection with them, may be
 97.17 divested and destroyed after seven years without transfer to photographic film, electronic
 97.18 image, or other state-of-the-art electronic preservation technology.

97.19 All portions of individual hospital medical records of minors shall be maintained for
 97.20 seven years ~~following the age of majority~~ or until the patient reaches the age of majority,
 97.21 whichever occurs last, at which time the patient may request that the patient's hospital
 97.22 records be deleted.

97.23 Nothing in this section shall be construed to prohibit the retention of hospital medical
 97.24 records beyond the periods described in this section. Nor shall anything in this section be
 97.25 construed to prohibit patient access to hospital medical records as provided in sections
 97.26 144.291 to 144.298.

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

97.28 Sec. 27. **[145.4161] LICENSURE OF ABORTION FACILITIES.**

97.29 Subdivision 1. **Definitions.** (a) For purposes of this section, the following definitions
 97.30 apply.

97.31 (b) "Abortion facility" means a clinic, health center, or other facility in which the
 97.32 pregnancies of ten or more women known to be pregnant are willfully terminated or aborted

98.1 each month. A facility licensed as a hospital or as an outpatient surgical center pursuant to
98.2 sections 144.50 to 144.56 shall not be considered an abortion facility.

98.3 (c) "Accrediting or membership organization" means a national organization that
98.4 establishes evidence-based clinical standards for abortion care and accredits abortion facilities
98.5 or accepts as members abortion facilities following an application and inspection process.

98.6 (d) "Commissioner" means the commissioner of health.

98.7 Subd. 2. **License required.** (a) Beginning July 1, 2022, no abortion facility shall be
98.8 established, operated, or maintained in the state without first obtaining a license from the
98.9 commissioner according to this section.

98.10 (b) A license issued under this section is not transferable or assignable and is subject to
98.11 suspension or revocation at any time for failure to comply with this section.

98.12 (c) If a single entity maintains abortion facilities on different premises, each facility
98.13 must obtain a separate license.

98.14 (d) To be eligible for licensure under this section, an abortion facility must be accredited
98.15 or a member of an accrediting or membership organization or must obtain accreditation or
98.16 membership within six months of the date of the application for licensure. If the abortion
98.17 facility loses its accreditation or membership, the abortion facility must immediately notify
98.18 the commissioner.

98.19 (e) The commissioner, the attorney general, an appropriate county attorney, or a woman
98.20 upon whom an abortion has been performed or attempted to be performed at an unlicensed
98.21 facility may seek an injunction in district court against the continued operation of the facility.
98.22 Proceedings for securing an injunction may be brought by the attorney general or by the
98.23 appropriate county attorney.

98.24 (f) Sanctions provided in this subdivision do not restrict other available sanctions.

98.25 Subd. 3. **Temporary license.** For new abortion facilities planning to begin operations
98.26 on or after July 1, 2022, the commissioner may issue a temporary license to the abortion
98.27 facility that is valid for a period of six months from the date of issuance. The abortion facility
98.28 must submit to the commissioner an application and applicable fee for licensure as required
98.29 by subdivisions 4 and 7. The application must include the information required under
98.30 subdivision 4, clauses (1), (2), and (4), and provide documentation that the abortion facility
98.31 has submitted the application for accreditation or membership from an accrediting or
98.32 membership organization. Upon receipt of accreditation or membership verification, the
98.33 abortion facility must submit to the commissioner the information required in subdivision

99.1 4, clause (3), and the applicable fee under subdivision 7. The commissioner shall then issue
99.2 a new license.

99.3 Subd. 4. **Application.** An application for a license to operate an abortion facility and
99.4 the applicable fee under subdivision 7 must be submitted to the commissioner on a form
99.5 provided by the commissioner and must contain:

99.6 (1) the name of the applicant;

99.7 (2) the site location of the abortion facility;

99.8 (3) documentation that the abortion facility is accredited or an approved member of an
99.9 accrediting or membership organization, including the effective date and the expiration date
99.10 of the accreditation or membership, and the date of the last site visit by the accrediting or
99.11 membership organization; and

99.12 (4) any other information that the commissioner deems necessary.

99.13 Subd. 5. **Inspections.** Prior to initial licensure and at least once every two years thereafter,
99.14 the commissioner shall perform a routine and comprehensive inspection of each abortion
99.15 facility. Facilities shall be open at all reasonable times to an inspection authorized in writing
99.16 by the commissioner. No notice need be given to any person prior to an inspection authorized
99.17 by the commissioner.

99.18 Subd. 6. **Suspension, revocation, and refusal to renew.** The commissioner may refuse
99.19 to grant or renew, or may suspend or revoke, a license on any of the grounds described in
99.20 section 144.55, subdivision 6, paragraph (a), clause (2), (3), or (4), or upon the loss of
99.21 accreditation or membership described in subdivision 4, clause (3). The applicant or licensee
99.22 is entitled to notice and a hearing as described under section 144.55, subdivision 7, and a
99.23 new license may be issued after the proper inspection of an abortion facility has been
99.24 conducted.

99.25 Subd. 7. **Fees.** (a) The biennial license fee for abortion facilities is \$365.

99.26 (b) The temporary license fee is \$365.

99.27 (c) Fees shall be collected and deposited according to section 144.122.

99.28 Subd. 8. **Renewal.** (a) A license issued under this section expires two years from the
99.29 date of issuance.

99.30 (b) A temporary license issued under this section expires six months from the date of
99.31 issuance and may be renewed for one additional six-month period.

100.1 Subd. 9. **Records.** All health records maintained on each client by an abortion facility
100.2 are subject to sections 144.292 to 144.298.

100.3 Subd. 10. **Severability.** If any one or more provision, section, subdivision, sentence,
100.4 clause, phrase, or word of this section or the application of it to any person or circumstance
100.5 is found to be unconstitutional, it is declared to be severable and the balance of this section
100.6 shall remain effective notwithstanding such unconstitutionality. The legislature intends that
100.7 it would have passed this section, and each provision, section, subdivision, sentence, clause,
100.8 phrase, or word, regardless of the fact that any one provision, section, subdivision, sentence,
100.9 clause, phrase, or word is declared unconstitutional.

100.10 Sec. 28. **[145.87] HOME VISITING FOR PREGNANT WOMEN AND FAMILIES**
100.11 **WITH YOUNG CHILDREN.**

100.12 Subdivision 1. **Definitions.** (a) The terms defined in this subdivision apply to this section
100.13 and have the meanings given them.

100.14 (b) "Evidence-based home visiting program" means a program that:

100.15 (1) is based on a clear, consistent program or model that is research-based and grounded
100.16 in relevant, empirically based knowledge;

100.17 (2) is linked to program-determined outcomes and is associated with a national
100.18 organization, institution of higher education, or national or state public health institute;

100.19 (3) has comprehensive home visitation standards that ensure high-quality service delivery
100.20 and continuous quality improvement;

100.21 (4) has demonstrated significant, sustained positive outcomes; and

100.22 (5) either:

100.23 (i) has been evaluated using rigorous randomized controlled research designs and the
100.24 evaluation results have been published in a peer-reviewed journal; or

100.25 (ii) is based on quasi-experimental research using two or more separate, comparable
100.26 client samples.

100.27 (c) "Evidence-informed home visiting program" means a program that:

100.28 (1) has data or evidence demonstrating effectiveness at achieving positive outcomes for
100.29 pregnant women and young children; and

100.30 (2) either:

100.31 (i) has an active evaluation of the program; or

101.1 (ii) has a plan and timeline for an active evaluation of the program to be conducted.

101.2 (d) "Health equity" means every individual has a fair opportunity to attain the individual's
 101.3 full health potential and no individual is disadvantaged from achieving this potential.

101.4 (e) "Promising practice home visiting program" means a program that has shown
 101.5 improvement toward achieving positive outcomes for pregnant women or young children.

101.6 Subd. 2. Grants for home visiting programs. (a) The commissioner of health shall
 101.7 award grants to community health boards, nonprofit organizations, and Tribal nations to
 101.8 start up or expand voluntary home visiting programs serving pregnant women and families
 101.9 with young children. Home visiting programs supported under this section shall provide
 101.10 voluntary home visits by early childhood professionals or health professionals, including
 101.11 but not limited to nurses, social workers, early childhood educators, and trained
 101.12 paraprofessionals. Grant money shall be used to:

101.13 (1) establish or expand evidence-based, evidence-informed, or promising practice home
 101.14 visiting programs that address health equity and utilize community-driven health strategies;

101.15 (2) serve families with young children or pregnant women who have high needs or are
 101.16 high-risk, including but not limited to a family with low income, a parent or pregnant woman
 101.17 with a mental illness or a substance use disorder, or a parent or pregnant woman experiencing
 101.18 housing instability or domestic abuse; and

101.19 (3) improve program outcomes in two or more of the following areas:

101.20 (i) maternal and newborn health;

101.21 (ii) school readiness and achievement;

101.22 (iii) family economic self-sufficiency;

101.23 (iv) coordination and referral for other community resources and supports;

101.24 (v) reduction in child injuries, abuse, or neglect; or

101.25 (vi) reduction in crime or domestic violence.

101.26 (b) Grants awarded to evidence-informed and promising practice home visiting programs
 101.27 must include money to evaluate program outcomes for up to four of the areas listed in
 101.28 paragraph (a), clause (3).

101.29 Subd. 3. Grant prioritization. (a) In awarding grants, the commissioner shall give
 101.30 priority to community health boards, nonprofit organizations, and Tribal nations seeking to
 101.31 expand home visiting services with community or regional partnerships.

102.1 (b) The commissioner shall allocate at least 75 percent of the grant money awarded each
102.2 grant cycle to evidence-based home visiting programs that address health equity and up to
102.3 25 percent of the grant money awarded each grant cycle to evidence-informed or promising
102.4 practice home visiting programs that address health equity and utilize community-driven
102.5 health strategies.

102.6 Subd. 4. **Administrative costs.** The commissioner may use up to seven percent of the
102.7 annual appropriation under this section to provide training and technical assistance and to
102.8 administer and evaluate the program. The commissioner may contract for training,
102.9 capacity-building support for grantees or potential grantees, technical assistance, and
102.10 evaluation support.

102.11 Subd. 5. **Use of state general fund appropriations.** Appropriations dedicated to
102.12 establishing or expanding evidence-based home visiting programs shall, for grants awarded
102.13 on or after July 1, 2021, be awarded according to this section. This section shall not govern
102.14 grant awards of federal funds for home visiting programs and shall not govern grant awards
102.15 using state general fund appropriations dedicated to establishing or expanding nurse-family
102.16 partnership home visiting programs.

102.17 Sec. 29. Minnesota Statutes 2020, section 145.902, is amended to read:

102.18 **145.902 GIVE LIFE A CHANCE; SAFE PLACE FOR NEWBORNS DUTIES;**
102.19 **IMMUNITY.**

102.20 Subdivision 1. **General.** (a) For purposes of this section, a "safe place" means a hospital
102.21 licensed under sections 144.50 to 144.56, including the hospital where the newborn was
102.22 born, a health care provider who provides urgent care medical services, or an ambulance
102.23 service licensed under chapter 144E dispatched in response to a 911 call from a mother or
102.24 a person with the mother's permission to relinquish a newborn infant.

102.25 (b) A safe place shall receive a newborn left with an employee on the premises of the
102.26 safe place during its hours of operation, provided that:

102.27 (1) the newborn was born within seven days of being left at the safe place, as determined
102.28 within a reasonable degree of medical certainty; and

102.29 (2) the newborn is left in an unharmed condition.

102.30 (c) The safe place must not inquire as to the identity of the mother or the person leaving
102.31 the newborn or call the police, provided the newborn is unharmed when presented to the
102.32 hospital. The safe place may ask the mother or the person leaving the newborn about the
102.33 medical history of the mother or newborn and if the newborn may have lineage to an Indian

103.1 Tribe and, if known, the name of the Tribe but the mother or the person leaving the newborn
103.2 is not required to provide any information. The safe place may provide the mother or the
103.3 person leaving the newborn with information about how to contact relevant social service
103.4 agencies.

103.5 (d) A safe place that is a health care provider who provides urgent care medical services
103.6 shall dial 911, advise the dispatcher that the call is being made from a safe place for
103.7 newborns, and ask the dispatcher to send an ambulance or take other appropriate action to
103.8 transport the newborn to a hospital. An ambulance with whom a newborn is left shall
103.9 transport the newborn to a hospital for care. Hospitals must receive a newborn left with a
103.10 safe place and make the report as required in subdivision 2.

103.11 Subd. 2. **Reporting.** (a) Within 24 hours of receiving a newborn under this section, the
103.12 hospital must inform the responsible social service agency that a newborn has been left at
103.13 the hospital, but must not do so in the presence of the mother or the person leaving the
103.14 newborn. The hospital must provide necessary care to the newborn pending assumption of
103.15 legal responsibility by the responsible social service agency pursuant to section 260C.139,
103.16 subdivision 5.

103.17 (b) Within five days of receiving a newborn under this section, a hospital shall report
103.18 the newborn to the Office of Vital Records pursuant to section 144.216, subdivision 3. If a
103.19 hospital receives a safe place newborn under section 145.902 and it is known that the child's
103.20 record of birth was registered because the newborn was born at that hospital, the hospital
103.21 shall report the newborn to the Office of Vital Records and identify the child's birth record.
103.22 The state registrar shall issue a replacement birth record for the child pursuant to section
103.23 144.218, subdivision 6.

103.24 Subd. 3. **Immunity.** (a) A safe place with responsibility for performing duties under
103.25 this section, and any employee, doctor, ambulance personnel, or other medical professional
103.26 working at the safe place, are immune from any criminal liability that otherwise might result
103.27 from their actions, if they are acting in good faith in receiving a newborn, and are immune
103.28 from any civil liability that otherwise might result from merely receiving a newborn.

103.29 (b) A safe place performing duties under this section, or an employee, doctor, ambulance
103.30 personnel, or other medical professional working at the safe place who is a mandated reporter
103.31 under chapter 260E, is immune from any criminal or civil liability that otherwise might
103.32 result from the failure to make a report under that section if the person is acting in good
103.33 faith in complying with this section.

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

104.1 **Sec. 30. [145A.145] NURSE-FAMILY PARTNERSHIP PROGRAMS.**

104.2 (a) The commissioner of health shall award expansion grants to community health boards
 104.3 and tribal nations to expand existing nurse-family partnership programs. Grant funds must
 104.4 be used to start up, expand, or sustain nurse-family partnership programs in the county,
 104.5 reservation, or region to serve families in accordance with the Nurse-Family Partnership
 104.6 Service Office nurse-family partnership model. The commissioner shall award grants to
 104.7 community health boards, nonprofit organizations, or tribal nations in metropolitan and
 104.8 rural areas of the state.

104.9 (b) Priority for all grants shall be given to nurse-family partnership programs that provide
 104.10 services through a Minnesota health care program-enrolled provider that accepts medical
 104.11 assistance. Priority for grants to rural areas shall be given to community health boards,
 104.12 nonprofit organizations, and tribal nations that start up, expand, or sustain services within
 104.13 regional partnerships that provide the nurse-family partnership program.

104.14 (c) Funding available under this section may only be used to supplement, not to replace,
 104.15 funds being used for nurse-family partnership home visiting services as of June 30, 2015.

104.16 Sec. 31. Minnesota Statutes 2020, section 326.71, subdivision 4, is amended to read:

104.17 **Subd. 4. Asbestos-related work.** "Asbestos-related work" means the enclosure, removal,
 104.18 or encapsulation of asbestos-containing material in a quantity that meets or exceeds 260
 104.19 linear feet of friable asbestos-containing material on pipes, 160 square feet of friable
 104.20 asbestos-containing material on other facility components, or, if linear feet or square feet
 104.21 cannot be measured, a total of 35 cubic feet of friable asbestos-containing material on or
 104.22 off all facility components in one facility. In the case of single or multifamily residences,
 104.23 "asbestos-related work" also means the enclosure, removal, or encapsulation of greater than
 104.24 ten but less than 260 linear feet of friable asbestos-containing material on pipes, greater
 104.25 than six but less than 160 square feet of friable asbestos-containing material on other facility
 104.26 components, or, if linear feet or square feet cannot be measured, greater than one cubic foot
 104.27 but less than 35 cubic feet of friable asbestos-containing material on or off all facility
 104.28 components in one facility. ~~This provision excludes asbestos-containing floor tiles and~~
 104.29 ~~sheeting, roofing materials, siding, and all ceilings with asbestos-containing material in~~
 104.30 ~~single family residences and buildings with no more than four dwelling units.~~

104.31 Asbestos-related work includes asbestos abatement area preparation; enclosure, removal,
 104.32 or encapsulation operations; and an air quality monitoring specified in rule to assure that
 104.33 the abatement and adjacent areas are not contaminated with asbestos fibers during the project
 104.34 and after completion.

105.1 For purposes of this subdivision, the quantity of ~~asbestos-containing~~ material applies
 105.2 separately for every project.

105.3 Sec. 32. Minnesota Statutes 2020, section 326.75, subdivision 1, is amended to read:

105.4 Subdivision 1. **Licensing fee.** A person required to be licensed under section 326.72
 105.5 shall, before receipt of the license and before causing asbestos-related work to be performed,
 105.6 pay the commissioner an annual license fee of ~~\$100~~ \$105.

105.7 Sec. 33. Minnesota Statutes 2020, section 326.75, subdivision 2, is amended to read:

105.8 Subd. 2. **Certification fee.** An individual required to be certified as an asbestos worker
 105.9 or asbestos site supervisor under section 326.73, subdivision 1, shall pay the commissioner
 105.10 a certification fee of ~~\$50~~ \$52.50 before the issuance of the certificate. ~~The commissioner~~
 105.11 ~~may establish by rule fees required before the issuance of~~ An individual required to be
 105.12 certified as an asbestos inspector, asbestos management planner, and or asbestos project
 105.13 designer certificates required under section 326.73, subdivisions 2, 3, and 4, shall pay the
 105.14 commissioner a certification fee of \$105 before the issuance of the certificate.

105.15 Sec. 34. Minnesota Statutes 2020, section 326.75, subdivision 3, is amended to read:

105.16 Subd. 3. **Permit fee.** Five calendar days before beginning asbestos-related work, a person
 105.17 shall pay a project permit fee to the commissioner equal to ~~one~~ two percent of the total costs
 105.18 of the asbestos-related work. For asbestos-related work performed in single or multifamily
 105.19 residences, of greater than ten but less than 260 linear feet of asbestos-containing material
 105.20 on pipes, or greater than six but less than 160 square feet of asbestos-containing material
 105.21 on other facility components, a person shall pay a project permit fee of \$35 to the
 105.22 commissioner.

105.23 **ARTICLE 3**

105.24 **HEALTH OCCUPATION AND HEALTH RELATED LICENSING BOARDS**

105.25 Section 1. Minnesota Statutes 2020, section 144E.001, is amended by adding a subdivision
 105.26 to read:

105.27 Subd. 16. **Education program primary instructor or primary instructor.** "Education
 105.28 program primary instructor" or "primary instructor" means an individual, as approved by
 105.29 the board, who serves as the lead instructor of an emergency medical care initial certification
 105.30 course and who is responsible for planning or conducting the course according to the most

106.1 current version of the National EMS Education Standards by the NHTSA, United States
106.2 Department of Transportation.

106.3 Sec. 2. Minnesota Statutes 2020, section 144E.27, is amended to read:

106.4 **144E.27 EDUCATION PROGRAMS; BOARD APPROVAL REGISTRATION**
106.5 **OF EMR.**

106.6 Subdivision 1. **Education program instructor.** An education program instructor must
106.7 be an emergency medical responder, EMT, AEMT, paramedic, physician, physician assistant,
106.8 or registered nurse.

106.9 Subd. 1a. **Approval required.** (a) All education programs for an emergency medical
106.10 responder must be approved by the board.

106.11 (b) To be approved by the board, an education program must:

106.12 (1) submit an application prescribed by the board that includes:

106.13 (i) type and length of course to be offered;

106.14 (ii) names, addresses, and qualifications of the program medical director, program
106.15 education coordinator, and instructors;

106.16 (iii) admission criteria for students; and

106.17 (iv) materials and equipment to be used;

106.18 (2) for each course, implement the most current version of the United States Department
106.19 of Transportation EMS Education Standards, or its equivalent as determined by the board
106.20 applicable to Emergency Medical Responder registration education;

106.21 (3) have a program medical director and a program coordinator;

106.22 (4) have at least one instructor for every ten students at the practical skill stations;

106.23 (5) retain documentation of program approval by the board, course outline, and student
106.24 information; and

106.25 (6) submit the appropriate fee as required under section 144E.29.

106.26 (c) The National EMS Education Standards by the NHTSA, United States Department
106.27 of Transportation contains the minimal entry level of knowledge and skills for emergency
106.28 medical responders. Medical directors of emergency medical responder groups may expand
106.29 the knowledge and skill set.

107.1 Subd. 2. **Registration requirements.** To be eligible for registration with the board as
 107.2 an emergency medical responder, an individual shall ~~complete a board-approved application~~
 107.3 ~~form and:~~

107.4 (1) ~~successfully complete a board-approved initial emergency medical responder~~
 107.5 ~~education program. Registration under this clause is valid for two years and expires on~~
 107.6 ~~October 31~~ the United States Department of Transportation course or its equivalent as
 107.7 approved by the board, specific to the emergency medical responder classification; or

107.8 (2) be credentialed as an emergency medical responder by the National Registry of
 107.9 Emergency Medical Technicians. ~~Registration under this clause expires the same day as~~
 107.10 ~~the National Registry credential. ; and~~

107.11 (3) complete a board-approved application form.

107.12 Subd. 2a. **Registration expiration dates.** Emergency medical responder registration
 107.13 expiration dates are as follows:

107.14 (1) for initial registration granted between January 1 and June 30 of an even-numbered
 107.15 year, the expiration date is October 31 of the next even-numbered year;

107.16 (2) for initial registration granted between July 1 and December 31 of an even-numbered
 107.17 year, the expiration date is October 31 of the second odd-numbered year;

107.18 (3) for initial registration granted between January 1 and June 30 of an odd-numbered
 107.19 year, the expiration date is October 31 of the next odd-numbered year; and

107.20 (4) for initial registration granted between July 1 and December 31 of an odd-numbered
 107.21 year, the expiration date is October 31 of the second even-numbered year.

107.22 Subd. 3. **Renewal.** (a) The board may renew the registration of an emergency medical
 107.23 responder who:

107.24 (1) ~~successfully completes a board-approved refresher course; and~~

107.25 (2) successfully completes a course in cardiopulmonary resuscitation approved by the
 107.26 board or the licensee's medical director; and

107.27 (3) submits a completed renewal application to the board before the registration expiration
 107.28 date.

107.29 (b) The board may renew the lapsed registration of an emergency medical responder
 107.30 who:

107.31 (1) ~~successfully completes a board-approved refresher course; and~~

108.1 (2) successfully completes a course in cardiopulmonary resuscitation approved by the
108.2 board or the licensee's medical director; and

108.3 (3) submits a completed renewal application to the board within 12 months after the
108.4 registration expiration date.

108.5 Subd. 5. **Denial, suspension, revocation.** (a) The board may deny, suspend, revoke,
108.6 place conditions on, or refuse to renew the registration as an emergency medical responder
108.7 of an individual who the board determines:

108.8 (1) violates sections 144E.001 to 144E.33 or the rules adopted under those sections, an
108.9 agreement for corrective action, or an order that the board issued or is otherwise empowered
108.10 to enforce;

108.11 (2) misrepresents or falsifies information on an application form for registration;

108.12 (3) is convicted or pleads guilty or nolo contendere to any felony; any gross misdemeanor
108.13 relating to assault, sexual misconduct, theft, or the illegal use of drugs or alcohol; or any
108.14 misdemeanor relating to assault, sexual misconduct, theft, or the illegal use of drugs or
108.15 alcohol;

108.16 (4) is actually or potentially unable to provide emergency medical services with
108.17 reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, chemicals,
108.18 or any other material, or as a result of any mental or physical condition;

108.19 (5) engages in unethical conduct, including, but not limited to, conduct likely to deceive,
108.20 defraud, or harm the public, or demonstrating a willful or careless disregard for the health,
108.21 welfare, or safety of the public;

108.22 (6) maltreats or abandons a patient;

108.23 (7) violates any state or federal controlled substance law;

108.24 (8) engages in unprofessional conduct or any other conduct which has the potential for
108.25 causing harm to the public, including any departure from or failure to conform to the
108.26 minimum standards of acceptable and prevailing practice without actual injury having to
108.27 be established;

108.28 (9) provides emergency medical services under lapsed or nonrenewed credentials;

108.29 (10) is subject to a denial, corrective, disciplinary, or other similar action in another
108.30 jurisdiction or by another regulatory authority;

109.1 (11) engages in conduct with a patient that is sexual or may reasonably be interpreted
109.2 by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning
109.3 to a patient; or

109.4 (12) makes a false statement or knowingly provides false information to the board, or
109.5 fails to cooperate with an investigation of the board as required by section 144E.30.

109.6 (b) Before taking action under paragraph (a), the board shall give notice to an individual
109.7 of the right to a contested case hearing under chapter 14. If an individual requests a contested
109.8 case hearing within 30 days after receiving notice, the board shall initiate a contested case
109.9 hearing according to chapter 14.

109.10 (c) The administrative law judge shall issue a report and recommendation within 30
109.11 days after closing the contested case hearing record. The board shall issue a final order
109.12 within 30 days after receipt of the administrative law judge's report.

109.13 (d) After six months from the board's decision to deny, revoke, place conditions on, or
109.14 refuse renewal of an individual's registration for disciplinary action, the individual shall
109.15 have the opportunity to apply to the board for reinstatement.

109.16 Subd. 6. **Temporary suspension.** (a) In addition to any other remedy provided by law,
109.17 the board may temporarily suspend the registration of an individual as an emergency
109.18 responder after conducting a preliminary inquiry to determine whether the board believes
109.19 that the individual has violated a statute or rule that the board is empowered to enforce and
109.20 determining that the continued provision of service by the individual would create an
109.21 imminent risk to public health or harm to others.

109.22 (b) A temporary suspension order prohibiting an individual from providing emergency
109.23 medical care shall give notice of the right to a preliminary hearing according to paragraph
109.24 (d) and shall state the reasons for the entry of the temporary suspension order.

109.25 (c) Service of a temporary suspension order is effective when the order is served on the
109.26 individual personally or by certified mail, which is complete upon receipt, refusal, or return
109.27 for nondelivery to the most recent address provided to the board for the individual.

109.28 (d) At the time the board issues a temporary suspension order, the board shall schedule
109.29 a hearing, to be held before a group of its members designated by the board, that shall begin
109.30 within 60 days after issuance of the temporary suspension order or within 15 working days
109.31 of the date of the board's receipt of a request for a hearing from the individual, whichever
109.32 is sooner. The hearing shall be on the sole issue of whether there is a reasonable basis to

110.1 continue, modify, or lift the temporary suspension. A hearing under this paragraph is not
110.2 subject to chapter 14.

110.3 (e) Evidence presented by the board or the individual may be in the form of an affidavit.
110.4 The individual or the individual's designee may appear for oral argument.

110.5 (f) Within five working days of the hearing, the board shall issue its order and, if the
110.6 suspension is continued, notify the individual of the right to a contested case hearing under
110.7 chapter 14.

110.8 (g) If an individual requests a contested case hearing within 30 days after receiving
110.9 notice under paragraph (f), the board shall initiate a contested case hearing according to
110.10 chapter 14. The administrative law judge shall issue a report and recommendation within
110.11 30 days after the closing of the contested case hearing record. The board shall issue a final
110.12 order within 30 days after receipt of the administrative law judge's report.

110.13 Sec. 3. Minnesota Statutes 2020, section 144E.28, subdivision 1, is amended to read:

110.14 Subdivision 1. **Requirements.** To be eligible for certification by the board as an EMT,
110.15 AEMT, or paramedic, an individual shall:

110.16 (1) successfully complete the United States Department of Transportation course, or its
110.17 equivalent as approved by the board, specific to the EMT, AEMT, or paramedic classification;

110.18 (2) ~~pass the written and practical examinations approved by the board and administered~~
110.19 ~~by the board or its designee,~~ obtain National Registry of Emergency Medical Technicians
110.20 certification specific to the EMT, AEMT, or paramedic classification; and

110.21 (3) complete a board-approved application form.

110.22 Sec. 4. Minnesota Statutes 2020, section 144E.28, subdivision 3, is amended to read:

110.23 Subd. 3. **Reciprocity.** The board may certify an individual who possesses a current
110.24 National Registry of Emergency Medical Technicians ~~registration~~ certification from another
110.25 jurisdiction if the individual submits a board-approved application form. The board
110.26 certification classification shall be the same as the National Registry's classification.
110.27 Certification shall be for the duration of the applicant's ~~registration~~ certification period in
110.28 another jurisdiction, not to exceed two years.

110.29 Sec. 5. Minnesota Statutes 2020, section 144E.28, subdivision 7, is amended to read:

110.30 Subd. 7. **Renewal.** (a) Before the expiration date of certification, an applicant for renewal
110.31 of certification as an EMT shall:

111.1 (1) successfully complete a course in cardiopulmonary resuscitation that is approved by
 111.2 the board or the licensee's medical director;

111.3 ~~(2) take the United States Department of Transportation EMT refresher course and~~
 111.4 ~~successfully pass the practical skills test portion of the course, or successfully complete 48~~
 111.5 ~~hours of continuing education in EMT programs that are consistent with the United States~~
 111.6 ~~Department of Transportation National EMS Education Standards or its equivalent as~~
 111.7 ~~approved by the board or as approved by the licensee's medical director and pass a practical~~
 111.8 ~~skills test approved by the board and administered by an education program approved by~~
 111.9 ~~the board. The cardiopulmonary resuscitation course and practical skills test may be included~~
 111.10 ~~as part of the refresher course or continuing education renewal requirements; and satisfy~~
 111.11 ~~one of the following requirements:~~

111.12 (i) maintain National Registry of Emergency Medical Technicians certification following
 111.13 the requirements of the National Continued Competency Program, or its equivalent as
 111.14 approved by the board. The cardiopulmonary resuscitation course required under clause (1)
 111.15 shall count toward the continuing education requirements for renewal; or

111.16 (ii) for an individual who only holds Minnesota EMT certification and held the
 111.17 certification prior to April 1, 2021, maintain Minnesota certification by completing the
 111.18 required hours of continuing education as determined in the National Continued Competency
 111.19 Program of the National Registry of Emergency Medical Technicians, or its equivalent as
 111.20 approved by the board. The cardiopulmonary resuscitation course required under clause (1)
 111.21 shall count toward the continuing education requirements for renewal. This item expires
 111.22 April 1, 2036; and

111.23 (3) complete a board-approved application form.

111.24 (b) Before the expiration date of certification, an applicant for renewal of certification
 111.25 as an AEMT or paramedic shall:

111.26 (1) for an AEMT, successfully complete a course in cardiopulmonary resuscitation that
 111.27 is approved by the board or the licensee's medical director, and for a paramedic, successfully
 111.28 complete a course in advanced cardiac life support that is approved by the board or the
 111.29 licensee's medical director;

111.30 ~~(2) successfully complete 48 hours of continuing education in emergency medical training~~
 111.31 ~~programs, appropriate to the level of the applicant's AEMT or paramedic certification, that~~
 111.32 ~~are consistent with the United States Department of Transportation National EMS Education~~
 111.33 ~~Standards or its equivalent as approved by the board or as approved by the licensee's medical~~
 111.34 ~~director. An applicant may take the United States Department of Transportation Emergency~~

112.1 ~~Medical Technician refresher course or its equivalent without the written or practical test~~
 112.2 ~~as approved by the board, and as appropriate to the applicant's level of certification, as part~~
 112.3 ~~of the 48 hours of continuing education. Each hour of the refresher course, the~~
 112.4 ~~cardiopulmonary resuscitation course, and the advanced cardiac life support course counts~~
 112.5 ~~toward the 48-hour continuing education requirement; and satisfy one of the following~~
 112.6 ~~requirements:~~

112.7 (i) maintain National Registry of Emergency Medical Technicians certification following
 112.8 the requirements of the National Continued Competency Program, or its equivalent as
 112.9 approved by the board. The cardiopulmonary resuscitation course or advanced cardiac life
 112.10 support course required under clause (1) shall count toward the continuing education
 112.11 requirements for renewal; or

112.12 (ii) for an individual who only holds Minnesota AEMT or paramedic certification and
 112.13 held the certification prior to April 1, 2021, maintain Minnesota certification by completing
 112.14 the required hours of continuing education as determined in the National Continued
 112.15 Competency Program of the National Registry of Emergency Medical Technicians, or its
 112.16 equivalent as approved by the board. The cardiopulmonary resuscitation course or advanced
 112.17 cardiac life support course required under clause (1) shall count toward the continuing
 112.18 education requirements for renewal. This item expires April 1, 2036; and

112.19 (3) complete a board-approved application form.

112.20 (c) Certification shall be renewed every two years.

112.21 (d) If the applicant does not meet the renewal requirements under this subdivision, the
 112.22 applicant's certification expires.

112.23 Sec. 6. Minnesota Statutes 2020, section 144E.28, subdivision 8, is amended to read:

112.24 Subd. 8. **Reinstatement.** (a) Within ~~four~~ two years of a certification expiration date, a
 112.25 person whose certification has expired under subdivision 7, paragraph (d), may have the
 112.26 certification reinstated upon submission of:

112.27 (1) evidence to the board of training equivalent to the continuing education requirements
 112.28 of subdivision 7; and

112.29 (2) a board-approved application form.

112.30 (b) If more than ~~four~~ two years have passed since a certificate expiration date, an applicant
 112.31 must complete the initial certification process required under subdivision 1.

113.1 Sec. 7. Minnesota Statutes 2020, section 144E.283, is amended to read:

113.2 **144E.283 PRIMARY INSTRUCTOR QUALIFICATIONS.**

113.3 ~~(a)~~ An ~~emergency medical technician~~ education program primary instructor must:

113.4 (1) possess ~~valid~~ current Minnesota certification, registration, or licensure as one of the
 113.5 following, at a level that is equivalent to or higher than the level of certification or registration
 113.6 being taught:

113.7 (i) an EMR, EMT, AEMT, or paramedic;

113.8 (ii) a physician, with certification in adult or pediatric emergency medicine from the
 113.9 American Board of Emergency Medicine or the American Board of Osteopathic Emergency
 113.10 Medicine, with certification in an emergency medical services subspecialty, or serving as
 113.11 a medical director of a licensed ambulance service;

113.12 (iii) a physician assistant, with experience in emergency medicine; or

113.13 (iv) a registered nurse with certification in adult or pediatric prehospital nursing from
 113.14 (A) the Board of Certification for Emergency Nursing, including certified flight registered
 113.15 nurse or certified transport registered nurse, or (B) the National Certification Corporation,
 113.16 including certified in neonatal pediatric transport;

113.17 (2) ~~have two years of active emergency medical practical experience~~ if required under
 113.18 this chapter for Minnesota certification or registration, possess National Registry of
 113.19 Emergency Medical Technicians certification or registration as an EMR, EMT, AEMT, or
 113.20 paramedic, at a level that is equivalent to or higher than the level of certification or
 113.21 registration being taught;

113.22 (3) satisfy one of the following requirements:

113.23 (i) hold at least an associate's degree and have been certified for at least three years at a
 113.24 level that is equivalent to or higher than the level of certification or registration being taught;
 113.25 or

113.26 (ii) have been certified for at least five years at a level that is equivalent to or higher
 113.27 than the level of certification or registration being taught;

113.28 ~~(3)~~ (4) be recommended by a medical director of a licensed hospital, ambulance service,
 113.29 or education program approved by the board;

113.30 ~~(4)~~ (5) satisfy one of the following requirements:

114.1 (i) successfully complete the United States Department of Transportation Emergency
 114.2 Medical Services Instructor Education Program or its equivalent as approved by the board
 114.3 course; and

114.4 (ii) successfully complete the National Association of EMS Educators Instructor level
 114.5 1 course;

114.6 (iii) successfully complete the Fire Instructor I course;

114.7 (iv) hold at least a bachelor's degree in education;

114.8 (v) hold at least a master's degree in a related field of study;

114.9 (vi) have been vetted through the Minnesota State faculty credentialing process; or

114.10 (vii) successfully complete an equivalent course or hold an equivalent degree as approved
 114.11 by the board;

114.12 ~~(5)~~ (6) complete eight hours of continuing education in educational topics every two
 114.13 years, with documentation filed with the education program coordinator;

114.14 (7) complete a board-approved application form; and

114.15 (8) receive board approval as a primary instructor.

114.16 ~~(b) An emergency medical responder instructor must possess valid registration,~~
 114.17 ~~certification, or licensure as an EMR, EMT, AEMT, paramedic, physician, physician~~
 114.18 ~~assistant, or registered nurse.~~

114.19 Sec. 8. Minnesota Statutes 2020, section 144E.285, subdivision 1, is amended to read:

114.20 Subdivision 1. **Approval required.** (a) All education programs for an EMR, EMT,
 114.21 AEMT, or paramedic must be approved by the board.

114.22 (b) To be approved by the board, an education program must:

114.23 (1) submit an application prescribed by the board that includes:

114.24 (i) ~~type and length~~ type and length of course to be offered;

114.25 (ii) names, addresses, and qualifications of the program medical director, program
 114.26 education coordinator, and instructors;

114.27 ~~(iii) names and addresses of clinical sites, including a contact person and telephone~~
 114.28 ~~number;~~

114.29 ~~(iv)~~ (iii) admission criteria for students; and

- 115.1 ~~(v)~~ (iv) materials and equipment to be used;
- 115.2 (2) for each course, implement the most current version of the United States Department
 115.3 of Transportation EMS Education Standards, or its equivalent as determined by the board
 115.4 applicable to EMR, EMT, AEMT, or paramedic education;
- 115.5 (3) have a program medical director and a program coordinator;
- 115.6 (4) utilize primary instructors who meet the requirements of section 144E.283 for teaching
 115.7 at least 50 percent of the course content. The remaining 50 percent of the course may be
 115.8 taught by guest lecturers approved by the education program coordinator or medical director;
- 115.9 ~~(5) have at least one instructor for every ten students at the practical skill stations;~~
- 115.10 ~~(6) maintain a written agreement with a licensed hospital or licensed ambulance service~~
 115.11 ~~designating a clinical training site;~~
- 115.12 ~~(7)~~ (5) retain documentation of program approval by the board, course outline, and
 115.13 student information;
- 115.14 ~~(8)~~ (6) notify the board of the starting date of a course prior to the beginning of a course;
 115.15 and
- 115.16 ~~(9)~~ (7) submit the appropriate fee as required under section 144E.29; ~~and.~~
- 115.17 ~~(10) maintain a minimum average yearly pass rate as set by the board on an annual basis.~~
 115.18 ~~The pass rate will be determined by the percent of candidates who pass the exam on the~~
 115.19 ~~first attempt. An education program not meeting this yearly standard shall be placed on~~
 115.20 ~~probation and shall be on a performance improvement plan approved by the board until~~
 115.21 ~~meeting the pass rate standard. While on probation, the education program may continue~~
 115.22 ~~providing classes if meeting the terms of the performance improvement plan as determined~~
 115.23 ~~by the board. If an education program having probation status fails to meet the pass rate~~
 115.24 ~~standard after two years in which an EMT initial course has been taught, the board may~~
 115.25 ~~take disciplinary action under subdivision 5.~~

115.26 Sec. 9. Minnesota Statutes 2020, section 144E.285, is amended by adding a subdivision
 115.27 to read:

115.28 Subd. 1a. **EMR requirements.** The National EMS Education Standards established by
 115.29 the NHTSA, United States Department of Transportation, specifies the minimum
 115.30 requirements for knowledge and skills for emergency medical responders. A medical director
 115.31 of an emergency medical responder education group may establish additional knowledge
 115.32 and skill requirements for EMRs.

116.1 Sec. 10. Minnesota Statutes 2020, section 144E.285, is amended by adding a subdivision
116.2 to read:

116.3 Subd. 1b. EMT requirements. In addition to the requirements under subdivision 1,
116.4 paragraph (b), an education program applying for approval to teach EMTs must:

116.5 (1) in the application prescribed by the board, include names and addresses of clinical
116.6 sites, including a contact person and telephone number;

116.7 (2) maintain a written agreement with a licensed hospital or licensed ambulance service
116.8 designating a clinical training site; and

116.9 (3) maintain a minimum average yearly pass rate as set by the board. An education
116.10 program not meeting the standard in this subdivision shall be placed on probation and must
116.11 comply with a performance improvement plan approved by the board until the program
116.12 meets the pass-rate standard. While on probation, the education program may continue to
116.13 provide classes if the program meets the terms of the performance improvement plan, as
116.14 determined by the board. If an education program that is on probation status fails to meet
116.15 the pass-rate standard after two years in which an EMT initial course has been taught, the
116.16 board may take disciplinary action under subdivision 5.

116.17 Sec. 11. Minnesota Statutes 2020, section 144E.285, subdivision 2, is amended to read:

116.18 **Subd. 2. AEMT and paramedic requirements.** (a) In addition to the requirements
116.19 under subdivision 1, paragraph (b), an education program applying for approval to teach
116.20 AEMTs and paramedics must:

116.21 (1) be administered by an educational institution accredited by the Commission of
116.22 Accreditation of Allied Health Education Programs (CAAHEP);

116.23 (2) in the application prescribed by the board, include names and addresses of clinical
116.24 sites, including a contact person and telephone number; and

116.25 (3) maintain a written agreement with a licensed hospital or licensed ambulance service
116.26 designating a clinical training site.

116.27 (b) An AEMT and paramedic education program that is administered by an educational
116.28 institution not accredited by CAAHEP, but that is in the process of completing the
116.29 accreditation process, may be granted provisional approval by the board upon verification
116.30 of submission of its self-study report and the appropriate review fee to CAAHEP.

116.31 (c) An educational institution that discontinues its participation in the accreditation
116.32 process must notify the board immediately and provisional approval shall be withdrawn.

117.1 ~~(d) This subdivision does not apply to a paramedic education program when the program~~
 117.2 ~~is operated by an advanced life support ambulance service licensed by the Emergency~~
 117.3 ~~Medical Services Regulatory Board under this chapter, and the ambulance service meets~~
 117.4 ~~the following criteria:~~

117.5 ~~(1) covers a rural primary service area that does not contain a hospital within the primary~~
 117.6 ~~service area or contains a hospital within the primary service area that has been designated~~
 117.7 ~~as a critical access hospital under section 144.1483, clause (9);~~

117.8 ~~(2) has tax-exempt status in accordance with the Internal Revenue Code, section~~
 117.9 ~~501(c)(3);~~

117.10 ~~(3) received approval before 1991 from the commissioner of health to operate a paramedic~~
 117.11 ~~education program;~~

117.12 ~~(4) operates an AEMT and paramedic education program exclusively to train paramedics~~
 117.13 ~~for the local ambulance service; and~~

117.14 ~~(5) limits enrollment in the AEMT and paramedic program to five candidates per~~
 117.15 ~~biennium.~~

117.16 Sec. 12. Minnesota Statutes 2020, section 144E.285, subdivision 4, is amended to read:

117.17 Subd. 4. **Reapproval.** An education program shall apply to the board for reapproval at
 117.18 least three months prior to the expiration date of its approval and must:

117.19 (1) submit an application prescribed by the board specifying any changes from the
 117.20 information provided for prior approval and any other information requested by the board
 117.21 to clarify incomplete or ambiguous information presented in the application; ~~and~~

117.22 (2) comply with the requirements under subdivision 1, paragraph (b), clauses (2) to ~~(10)~~.
 117.23 (7);

117.24 (3) be subject to a site visit;

117.25 (4) for education programs that teach EMTs, comply with the requirements in subdivision
 117.26 1b; and

117.27 (5) for education programs that teach AEMTs and paramedics, comply with the
 117.28 requirements in subdivision 2 and maintain accreditation with the CAAHEP.

118.1 Sec. 13. Minnesota Statutes 2020, section 148.995, subdivision 2, is amended to read:

118.2 Subd. 2. **Certified doula.** "Certified doula" means an individual who has received a
118.3 certification to perform doula services from the International Childbirth Education
118.4 Association, the Doulas of North America (DONA), the Association of Labor Assistants
118.5 and Childbirth Educators (ALACE), Birthworks, the Childbirth and Postpartum Professional
118.6 Association (CAPPA), Childbirth International, the International Center for Traditional
118.7 Childbearing, ~~or~~ Commonsense Childbirth, Inc., Modern Doula Education (MDE), or an
118.8 organization designated by the commissioner under section 148.9965.

118.9 Sec. 14. Minnesota Statutes 2020, section 148.996, subdivision 2, is amended to read:

118.10 Subd. 2. **Qualifications.** The commissioner shall include on the registry any individual
118.11 who:

118.12 (1) submits an application on a form provided by the commissioner. The form must
118.13 include the applicant's name, address, and contact information;

118.14 (2) ~~maintains~~ submits evidence of maintaining a current certification from one of the
118.15 organizations listed in section 148.995, subdivision 2, or from an organization designated
118.16 by the commissioner under section 148.9965; and

118.17 (3) pays the fees required under section 148.997.

118.18 Sec. 15. Minnesota Statutes 2020, section 148.996, subdivision 4, is amended to read:

118.19 Subd. 4. **Renewal.** Inclusion on the registry maintained by the commissioner is valid
118.20 for three years, provided the doula meets the requirement in subdivision 2, clause (2), during
118.21 the entire period. At the end of the three-year period, the certified doula may submit a new
118.22 application to remain on the doula registry by meeting the requirements described in
118.23 subdivision 2.

118.24 Sec. 16. Minnesota Statutes 2020, section 148.996, is amended by adding a subdivision
118.25 to read:

118.26 Subd. 6. **Removal from registry.** (a) If the commissioner determines that a doula
118.27 included on the registry does not meet the requirement in subdivision 2, clause (2), the
118.28 commissioner shall notify the affected doula that the doula no longer meets the requirement
118.29 in subdivision 2, clause (2), specify steps the doula must take to maintain inclusion on the
118.30 registry, and specify the effect of failing to take such steps. The commissioner must provide

119.1 this notice by first class mail to the address on file with the commissioner for the affected
119.2 doula.

119.3 (b) Following the provision of notice under paragraph (a), the commissioner shall remove
119.4 from the registry any doula who no longer meets the requirement in subdivision 2, clause
119.5 (2), and who does not take the steps specified by the commissioner to maintain inclusion
119.6 on the registry.

119.7 Sec. 17. [148.9965] DESIGNATION OF DOULA CERTIFICATION
119.8 ORGANIZATIONS BY COMMISSIONER.

119.9 Subdivision 1. Review and designation by commissioner. The commissioner shall
119.10 periodically review the doula certification organizations listed in section 148.995, subdivision
119.11 2, or designated by the commissioner under this section. The commissioner may: (1)
119.12 designate additional organizations from which individuals, if maintaining current doula
119.13 certification from such an organization, are eligible for inclusion on the registry of certified
119.14 doulas; and (2) remove the designation of a doula certification organization previously
119.15 designated by the commissioner.

119.16 Subd. 2. Designation. A doula certification organization seeking designation under this
119.17 section shall provide the commissioner with evidence that the organization satisfies
119.18 designation criteria established by the commissioner. If the commissioner designates a doula
119.19 certification organization under this section, the commissioner shall provide notice of the
119.20 designation by publication in the State Register and on the Department of Health website
119.21 for the registry of certified doulas and shall specify the date after which a certification by
119.22 the organization authorizes a doula certified by the organization to be included on the
119.23 registry.

119.24 Subd. 3. Removal of designation. (a) The commissioner may remove the designation
119.25 of a doula certification organization previously designated by the commissioner under this
119.26 section upon a determination by the commissioner that the organization does not meet the
119.27 commissioner's criteria for designation. If the commissioner removes a designation, the
119.28 commissioner shall provide notice of the removal by publication in the State Register and
119.29 shall specify the date after which a certification by the organization no longer authorizes a
119.30 doula certified by the organization to be included on the registry.

119.31 (b) Following removal of a designation, the Department of Health website for the registry
119.32 of certified doulas shall be modified to reflect the removal.

120.1 Sec. 18. Minnesota Statutes 2020, section 151.01, subdivision 29, is amended to read:

120.2 Subd. 29. ~~Legend Medical gas.~~ Legend Medical gas. "Legend Medical gas" means ~~a liquid or gaseous~~
120.3 ~~substance used for medical purposes and that is required by federal law to be dispensed~~
120.4 ~~only pursuant to the prescription of a licensed practitioner~~ any gas or liquid manufactured
120.5 or stored in a liquefied, nonliquefied, or cryogenic state that:

120.6 (1) has a chemical or physical action in or on the human body or animals or is used in
120.7 conjunction with medical gas equipment; and

120.8 (2) is intended to be used for the diagnosis, cure, mitigation, treatment, or prevention of
120.9 disease.

120.10 Sec. 19. Minnesota Statutes 2020, section 151.01, is amended by adding a subdivision to
120.11 read:

120.12 Subd. 29a. Medical gas manufacturer. "Medical gas manufacturer" means any person:

120.13 (1) originally manufacturing a medical gas by chemical reaction, physical separation,
120.14 compression of atmospheric air, purification, or other means;

120.15 (2) filling a medical gas into a dispensing container via gas to gas, liquid to gas, or liquid
120.16 to liquid processes;

120.17 (3) combining two or more medical gases into a container to form a medically appropriate
120.18 mixture; or

120.19 (4) filling a medical gas via liquid to liquid into a final use container at the point of use.

120.20 Sec. 20. Minnesota Statutes 2020, section 151.01, is amended by adding a subdivision to
120.21 read:

120.22 Subd. 29b. Medical gas wholesaler. "Medical gas wholesaler" means any person who
120.23 sells a medical gas to another business or entity for the purpose of reselling or providing
120.24 that medical gas to the ultimate consumer or patient.

120.25 Sec. 21. Minnesota Statutes 2020, section 151.01, is amended by adding a subdivision to
120.26 read:

120.27 Subd. 29c. Medical gas dispenser. "Medical gas dispenser" means any person, other
120.28 than a licensed practitioner or pharmacy, who sells or provides a medical gas directly to the
120.29 ultimate consumer or patient via a valid prescription.

121.1 Sec. 22. [151.191] LICENSING MEDICAL GAS FACILITIES; FEES;
121.2 PROHIBITIONS.

121.3 Subdivision 1. Medical gas manufacturers; requirements. (a) No person shall act as
121.4 a medical gas manufacturer without first obtaining a license from the board and paying any
121.5 applicable fee specified in section 151.065.

121.6 (b) Application for a medical gas manufacturer license under this section must be made
121.7 in a manner specified by the board.

121.8 (c) A license must not be issued or renewed for a medical gas manufacturer unless the
121.9 applicant agrees to operate in a manner prescribed by federal and state law and according
121.10 to Minnesota Rules.

121.11 (d) A license must not be issued or renewed for a medical gas manufacturer that is
121.12 required to be licensed or registered by the state in which it is physically located unless the
121.13 applicant supplies the board with proof of licensure or registration. The board may establish
121.14 standards for the licensure of a medical gas manufacturer that is not required to be licensed
121.15 or registered by the state in which it is physically located.

121.16 (e) The board must require a separate license for each facility located within the state at
121.17 which medical gas manufacturing occurs and for each facility located outside of the state
121.18 at which medical gases that are shipped into the state are manufactured.

121.19 (f) Prior to the issuance of an initial or renewed license for a medical gas manufacturing
121.20 facility, the board may require the facility to pass an inspection conducted by an authorized
121.21 representative of the board. In the case of a medical gas manufacturing facility located
121.22 outside of the state, the board may require the applicant to pay the cost of the inspection,
121.23 in addition to the license fee in section 151.065, unless the applicant furnishes the board
121.24 with a report, issued by the appropriate regulatory agency of the state in which the facility
121.25 is located, of an inspection that has occurred within the 24 months immediately preceding
121.26 receipt of the license application by the board. The board may deny licensure unless the
121.27 applicant submits documentation satisfactory to the board that any deficiencies noted in an
121.28 inspection report have been corrected.

121.29 (g) A duly licensed medical gas manufacturing facility may also wholesale or dispense
121.30 any medical gas that is manufactured by the licensed facility, or manufactured or wholesaled
121.31 by another properly licensed medical gas facility, without also obtaining a medical gas
121.32 wholesaler license or medical gas dispenser registration.

122.1 (h) The filling of a medical gas into a final use container, at the point of use and by liquid
122.2 to liquid transfer, is permitted as long as the facility used as the base of operations is duly
122.3 licensed as a medical gas manufacturer.

122.4 Subd. 2. **Medical gas wholesalers; requirements.** (a) No person shall act as a medical
122.5 gas wholesaler without first obtaining a license from the board and paying any applicable
122.6 fee specified in section 151.065.

122.7 (b) Application for a medical gas wholesaler license under this section must be made in
122.8 a manner specified by the board.

122.9 (c) A license must not be issued or renewed for a medical gas wholesaler unless the
122.10 applicant agrees to operate in a manner prescribed by federal and state law and according
122.11 to Minnesota Rules.

122.12 (d) A license must not be issued or renewed for a medical gas wholesaler that is required
122.13 to be licensed or registered by the state in which it is physically located unless the applicant
122.14 supplies the board with proof of licensure or registration. The board may establish standards
122.15 for the licensure of a medical gas wholesaler that is not required to be licensed or registered
122.16 by the state in which it is physically located.

122.17 (e) The board must require a separate license for each facility located within the state at
122.18 which medical gas wholesaling occurs and for each facility located outside of the state from
122.19 which medical gases that are shipped into the state are wholesaled.

122.20 (f) Prior to the issuance of an initial or renewed license for a medical gas wholesaling
122.21 facility, the board may require the facility to pass an inspection conducted by an authorized
122.22 representative of the board. In the case of a medical gas wholesaling facility located outside
122.23 of the state, the board may require the applicant to pay the cost of the inspection, in addition
122.24 to the license fee in section 151.065, unless the applicant furnishes the board with a report,
122.25 issued by the appropriate regulatory agency of the state in which the facility is located, of
122.26 an inspection that has occurred within the 24 months immediately preceding receipt of the
122.27 license application by the board. The board may deny licensure unless the applicant submits
122.28 documentation satisfactory to the board that any deficiencies noted in an inspection report
122.29 have been corrected.

122.30 (g) A duly licensed medical gas wholesaling facility may also dispense any medical gas
122.31 that is manufactured or wholesaled by another properly licensed medical gas facility.

122.32 Subd. 3. **Medical gas dispensers; requirements.** (a) A person or establishment not
122.33 licensed as a pharmacy, practitioner, medical gas manufacturer, or medical gas dispenser

123.1 must not engage in the dispensing of medical gases without first obtaining a registration
123.2 from the board and paying the applicable fee specified in section 151.065. The registration
123.3 must be displayed in a conspicuous place in the business for which it is issued and expires
123.4 on the date set by the board.

123.5 (b) Application for a medical gas dispenser registration under this section must be made
123.6 in a manner specified by the board.

123.7 (c) A registration must not be issued or renewed for a medical gas dispenser located
123.8 within the state unless the applicant agrees to operate in a manner prescribed by federal and
123.9 state law and according to the rules adopted by the board. A license must not be issued for
123.10 a medical gas dispenser located outside of the state unless the applicant agrees to operate
123.11 in a manner prescribed by federal law and, when dispensing medical gases for residents of
123.12 this state, the laws of this state and Minnesota Rules.

123.13 (d) A registration must not be issued or renewed for a medical gas dispenser that is
123.14 required to be licensed or registered by the state in which it is physically located unless the
123.15 applicant supplies the board with proof of the licensure or registration. The board may
123.16 establish standards for the registration of a medical gas dispenser that is not required to be
123.17 licensed or registered by the state in which it is physically located.

123.18 (e) The board must require a separate registration for each medical gas dispenser located
123.19 within the state and for each facility located outside of the state from which medical gases
123.20 are dispensed to residents of this state.

123.21 (f) Prior to the issuance of an initial or renewed registration for a medical gas dispenser,
123.22 the board may require the medical gas dispenser to pass an inspection conducted by an
123.23 authorized representative of the board. In the case of a medical gas dispenser located outside
123.24 of the state, the board may require the applicant to pay the cost of the inspection, in addition
123.25 to the license fee in section 151.065, unless the applicant furnishes the board with a report,
123.26 issued by the appropriate regulatory agency of the state in which the facility is located, of
123.27 an inspection that has occurred within the 24 months immediately preceding receipt of the
123.28 license application by the board. The board may deny licensure unless the applicant submits
123.29 documentation satisfactory to the board that any deficiencies noted in an inspection report
123.30 have been corrected.

123.31 (g) A facility holding a medical gas dispenser registration must not engage in the
123.32 manufacturing or wholesaling of medical gases, except that a medical gas dispenser may
123.33 transfer medical gases from one of its duly registered facilities to other duly registered

124.1 medical gas manufacturing, wholesaling, or dispensing facilities owned or operated by that
124.2 same company, without requiring a medical gas wholesaler license.

124.3 Sec. 23. **REVISOR INSTRUCTION.**

124.4 In Minnesota Statutes, the revisor of statutes shall recode as Minnesota Statutes, section
124.5 144E.28, subdivision 8a, the community emergency medical technician certification
124.6 requirements that are currently coded as Minnesota Statutes, section 144E.275, subdivision
124.7 7, and shall revise any necessary cross-references consistent with that recoding.

124.8 Sec. 24. **REPEALER.**

124.9 Minnesota Statutes 2020, sections 144E.27, subdivisions 1 and 1a; and 151.19,
124.10 subdivision 3, are repealed.

124.11

ARTICLE 4

124.12

PRESCRIPTION DRUGS AND OPIATES

124.13 Section 1. Minnesota Statutes 2020, section 16A.151, subdivision 2, is amended to read:

124.14 Subd. 2. **Exceptions.** (a) If a state official litigates or settles a matter on behalf of specific
124.15 injured persons or entities, this section does not prohibit distribution of money to the specific
124.16 injured persons or entities on whose behalf the litigation or settlement efforts were initiated.
124.17 If money recovered on behalf of injured persons or entities cannot reasonably be distributed
124.18 to those persons or entities because they cannot readily be located or identified or because
124.19 the cost of distributing the money would outweigh the benefit to the persons or entities, the
124.20 money must be paid into the general fund.

124.21 (b) Money recovered on behalf of a fund in the state treasury other than the general fund
124.22 may be deposited in that fund.

124.23 (c) This section does not prohibit a state official from distributing money to a person or
124.24 entity other than the state in litigation or potential litigation in which the state is a defendant
124.25 or potential defendant.

124.26 (d) State agencies may accept funds as directed by a federal court for any restitution or
124.27 monetary penalty under United States Code, title 18, section 3663(a)(3), or United States
124.28 Code, title 18, section 3663A(a)(3). Funds received must be deposited in a special revenue
124.29 account and are appropriated to the commissioner of the agency for the purpose as directed
124.30 by the federal court.

125.1 (e) Tobacco settlement revenues as defined in section 16A.98, subdivision 1, paragraph
125.2 (t), may be deposited as provided in section 16A.98, subdivision 12.

125.3 (f) Any money received by the state resulting from a settlement agreement or an assurance
125.4 of discontinuance entered into by the attorney general of the state, or a court order in litigation
125.5 brought by the attorney general of the state, on behalf of the state or a state agency, against
125.6 one or more opioid manufacturers or opioid wholesale drug distributors or consulting firms
125.7 working for an opioid manufacturer or opioid wholesale drug distributor related to alleged
125.8 violations of consumer fraud laws in the marketing, sale, or distribution of opioids in this
125.9 state or other alleged illegal actions that contributed to the excessive use of opioids, must
125.10 be deposited in a separate account in the state treasury and the commissioner shall notify
125.11 the chairs and ranking minority members of the Finance Committee in the senate and the
125.12 Ways and Means Committee in the house of representatives that an account has been created.
125.13 Notwithstanding section 11A.20, all investment income and all investment losses attributable
125.14 to the investment of this account shall be credited to the account. This paragraph does not
125.15 apply to attorney fees and costs awarded to the state or the Attorney General's Office, to
125.16 contract attorneys hired by the state or Attorney General's Office, or to other state agency
125.17 attorneys. If the licensing fees under section 151.065, subdivision 1, clause (16), and
125.18 subdivision 3, clause (14), are reduced and the registration fee under section 151.066,
125.19 subdivision 3, is repealed in accordance with section 256.043, subdivision 4, then the
125.20 commissioner shall transfer from the separate account created in this paragraph to the opiate
125.21 epidemic response fund under section 256.043 an amount that ensures that \$20,940,000
125.22 each fiscal year is available for distribution in accordance with section 256.043, ~~subdivisions~~
125.23 ~~2 and~~ subdivision 3.

125.24 (g) Notwithstanding paragraph (f), if money is received from a settlement agreement or
125.25 an assurance of discontinuance entered into by the attorney general of the state or a court
125.26 order in litigation brought by the attorney general of the state on behalf of the state or a state
125.27 agency against a consulting firm working for an opioid manufacturer or opioid wholesale
125.28 drug distributor and deposited into the separate account created under paragraph (f), the
125.29 commissioner shall annually transfer from the separate account to the opiate epidemic
125.30 response fund under section 256.043 an amount equal to the estimated amount submitted
125.31 to the commissioner by the Board of Pharmacy in accordance with section 151.066,
125.32 subdivision 3, paragraph (b). The amount transferred shall be included in the amount available
125.33 for distribution in accordance with section 256.043, subdivision 3. This transfer shall occur
125.34 each year until the registration fee under section 151.066, subdivision 3, is repealed in

126.1 accordance with section 256.043, subdivision 4, or the money deposited in the account in
126.2 accordance with this paragraph has been transferred, whichever occurs first.

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

126.4 Sec. 2. **[62J.85] PRESCRIPTION DRUG MANUFACTURER IMPORTATION**
126.5 **PATHWAY PLAN.**

126.6 Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have
126.7 the meanings given.

126.8 (b) "Drug product" or "drug" means a prescription drug or biological product that is
126.9 intended for human use and regulated as a drug except where specific reference is made to
126.10 a drug approved under section 505 of the federal Food, Drug, and Cosmetic Act, United
126.11 States Code, title 21, section 355, or biological product approved under section 351 of the
126.12 federal Public Health Act, United States Code, title 42, section 262. Drug product or drug
126.13 does not include biological products that are intended for transfusions, including blood or
126.14 blood products; or allogeneic-, cellular-, or tissue-based products.

126.15 (c) "FD&C Act" means the federal Food, Drug, and Cosmetic Act, United States Code,
126.16 title 21, section 301, et seq.

126.17 (d) "Importation guidance" means the draft guidance released by the federal Food and
126.18 Drug Administration (FDA) titled "Importation of Certain FDA-Approved Human
126.19 Prescription Drugs, Including Biological Products, Under Section 801(d)(1)(B) of the Federal
126.20 Food, Drug, and Cosmetic Act; Draft Guidance for the Industry," which if finalized allows
126.21 for the importation of MMA products.

126.22 (e) "Manufacturer" means the entity that is the holder of the New Drug Application or
126.23 Biologics License Application for the drug product.

126.24 (f) "Multimarket-approved product" or "MMA product" means a FDA-approved drug
126.25 product that:

126.26 (1) was manufactured outside the United States and authorized for marketing by another
126.27 country's regulatory authority;

126.28 (2) is subject to a new drug application or biologics license application;

126.29 (3) is imported into the United States and is authorized by the manufacturer to be
126.30 marketed in the United States; and

126.31 (4) continues to meet the quality standards for marketing in its originally intended foreign
126.32 market.

127.1 Subd. 2. **Application.** This section applies to any MMA product in which the
127.2 manufacturer of the product has obtained a new National Drug Code (NDC) for the MMA
127.3 product and has imported the MMA product in compliance with the FD&C Act and any
127.4 importation guidance finalized by the FDA.

127.5 Subd. 3. **Incentives.** (a) In order to facilitate importation of drugs pursuant to importation
127.6 guidance finalized by the FDA, any MMA product offered for sale in Minnesota at a cost
127.7 that is at least 23 percent lower than the wholesale acquisition cost for the FDA-approved
127.8 product manufactured in the United States shall be:

127.9 (1) included on the uniform preferred drug list and covered under the medical assistance
127.10 and MinnesotaCare programs; and

127.11 (2) a covered drug under the state employee group insurance program pursuant to chapter
127.12 43A.

127.13 (b) A health plan company must provide coverage for each MMA product that meets
127.14 the requirements in paragraph (a) if the manufacturer's FDA-approved drug product
127.15 manufactured in the United States is covered by the health plan company and the health
127.16 plan company must not impose any enrollee cost-sharing requirements for the covered
127.17 MMA product.

127.18 (c) This subdivision shall not become effective for MMA products that are offered for
127.19 sale in Minnesota in accordance with paragraph (a) unless affirmative action is taken by
127.20 the legislature.

127.21 Sec. 3. Minnesota Statutes 2020, section 62W.11, is amended to read:

127.22 **62W.11 GAG CLAUSE PROHIBITION.**

127.23 (a) No contract between a pharmacy benefit manager or health carrier and a pharmacy
127.24 or pharmacist shall prohibit, restrict, or penalize a pharmacy or pharmacist from disclosing
127.25 to an enrollee any health care information that the pharmacy or pharmacist deems appropriate
127.26 regarding the nature of treatment; the risks or alternatives; the availability of alternative
127.27 therapies, consultations, or tests; the decision of utilization reviewers or similar persons to
127.28 authorize or deny services; the process that is used to authorize or deny health care services
127.29 or benefits; or information on financial incentives and structures used by the health carrier
127.30 or pharmacy benefit manager.

127.31 (b) A pharmacy or pharmacist must provide to an enrollee information regarding the
127.32 enrollee's total cost for each prescription drug dispensed where part or all of the cost of the

128.1 prescription is being paid or reimbursed by the employer-sponsored plan or by a health
 128.2 carrier or pharmacy benefit manager, in accordance with section 151.214, subdivision 1.

128.3 (c) A pharmacy benefit manager or health carrier must not prohibit a pharmacist or
 128.4 pharmacy from discussing information regarding the total cost for pharmacy services for a
 128.5 prescription drug, including the patient's co-payment amount ~~and~~, the pharmacy's own usual
 128.6 and customary price ~~of~~ for the prescription drug, the pharmacy's acquisition cost for the
 128.7 prescription drug, and the amount the pharmacy is being reimbursed by the pharmacy benefit
 128.8 manager or health carrier for the prescription drug.

128.9 (d) A pharmacy benefit manager must not prohibit a pharmacist or pharmacy from
 128.10 discussing with a health carrier the amount the pharmacy is being paid or reimbursed for a
 128.11 prescription drug by the pharmacy benefit manager or the pharmacy's acquisition cost for
 128.12 a prescription drug.

128.13 ~~(d)~~ (e) A pharmacy benefit manager or health carrier must not prohibit a pharmacist or
 128.14 pharmacy from discussing the availability of any therapeutically equivalent alternative
 128.15 prescription drugs or alternative methods for purchasing the prescription drug, including
 128.16 but not limited to paying out-of-pocket the pharmacy's usual and customary price when that
 128.17 amount is less expensive to the enrollee than the amount the enrollee is required to pay for
 128.18 the prescription drug under the enrollee's health plan.

128.19 Sec. 4. Minnesota Statutes 2020, section 151.065, subdivision 1, is amended to read:

128.20 Subdivision 1. **Application fees.** Application fees for licensure and registration are as
 128.21 follows:

128.22 (1) pharmacist licensed by examination, \$175;

128.23 (2) pharmacist licensed by reciprocity, \$275;

128.24 (3) pharmacy intern, \$50;

128.25 (4) pharmacy technician, \$50;

128.26 (5) pharmacy, \$260;

128.27 (6) drug wholesaler, legend drugs only, \$5,260;

128.28 (7) drug wholesaler, legend and nonlegend drugs, \$5,260;

128.29 (8) drug wholesaler, nonlegend drugs, veterinary legend drugs, or both, \$5,260;

128.30 (9) drug wholesaler, medical gases, ~~\$5,260 for the first facility and \$260 for each~~
 128.31 ~~additional facility;~~

- 129.1 (10) third-party logistics provider, \$260;
- 129.2 (11) drug manufacturer, nonopiate legend drugs only, \$5,260;
- 129.3 (12) drug manufacturer, nonopiate legend and nonlegend drugs, \$5,260;
- 129.4 (13) drug manufacturer, nonlegend or veterinary legend drugs, \$5,260;
- 129.5 (14) drug manufacturer, medical gases, ~~\$5,260 for the first facility and \$260 for each~~
- 129.6 ~~additional facility;~~
- 129.7 (15) drug manufacturer, also licensed as a pharmacy in Minnesota, \$5,260;
- 129.8 (16) drug manufacturer of opiate-containing controlled substances listed in section
- 129.9 152.02, subdivisions 3 to 5, \$55,260;
- 129.10 (17) medical gas dispenser, \$260;
- 129.11 (18) controlled substance researcher, \$75; and
- 129.12 (19) pharmacy professional corporation, \$150.

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

129.14 Sec. 5. Minnesota Statutes 2020, section 151.065, subdivision 3, is amended to read:

129.15 Subd. 3. **Annual renewal fees.** Annual licensure and registration renewal fees are as

129.16 follows:

- 129.17 (1) pharmacist, \$175;
- 129.18 (2) pharmacy technician, \$50;
- 129.19 (3) pharmacy, \$260;
- 129.20 (4) drug wholesaler, legend drugs only, \$5,260;
- 129.21 (5) drug wholesaler, legend and nonlegend drugs, \$5,260;
- 129.22 (6) drug wholesaler, nonlegend drugs, veterinary legend drugs, or both, \$5,260;
- 129.23 (7) drug wholesaler, medical gases, ~~\$5,260 for the first facility and \$260 for each~~
- 129.24 ~~additional facility;~~
- 129.25 (8) third-party logistics provider, \$260;
- 129.26 (9) drug manufacturer, nonopiate legend drugs only, \$5,260;
- 129.27 (10) drug manufacturer, nonopiate legend and nonlegend drugs, \$5,260;
- 129.28 (11) drug manufacturer, nonlegend, veterinary legend drugs, or both, \$5,260;

130.1 (12) drug manufacturer, medical gases, ~~\$5,260 for the first facility and \$260 for each~~
130.2 ~~additional facility;~~

130.3 (13) drug manufacturer, also licensed as a pharmacy in Minnesota, \$5,260;

130.4 (14) drug manufacturer of opiate-containing controlled substances listed in section
130.5 152.02, subdivisions 3 to 5, \$55,260;

130.6 (15) medical gas dispenser, \$260;

130.7 (16) controlled substance researcher, \$75; and

130.8 (17) pharmacy professional corporation, \$100.

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

130.10 Sec. 6. Minnesota Statutes 2020, section 151.065, subdivision 7, is amended to read:

130.11 Subd. 7. **Deposit of fees.** (a) The license fees collected under this section, with the
130.12 exception of the fees identified in paragraphs (b) and (c), shall be deposited in the state
130.13 government special revenue fund.

130.14 (b) \$5,000 of each fee collected under subdivision 1, clauses (6) to ~~(9)~~ (8), ~~and~~ (11) to
130.15 (13), ~~and~~ (15), and subdivision 3, clauses (4) to ~~(7)~~ (6), ~~and~~ (9) to (11), ~~and~~ (13), and \$55,000
130.16 of each fee collected under subdivision 1, clause (16), and subdivision 3, clause (14), shall
130.17 be deposited in the opiate epidemic response fund established in section 256.043.

130.18 (c) If the fees collected under subdivision 1, clause (16), or subdivision 3, clause (14),
130.19 are reduced under section 256.043, \$5,000 of the reduced fee shall be deposited in the opiate
130.20 epidemic response fund in section 256.043.

130.21 Sec. 7. Minnesota Statutes 2020, section 151.066, subdivision 3, is amended to read:

130.22 Subd. 3. **Determination of an opiate product registration fee.** (a) The board shall
130.23 annually assess an opiate product registration fee on any manufacturer of an opiate that
130.24 annually sells, delivers, or distributes an opiate within or into the state 2,000,000 or more
130.25 units as reported to the board under subdivision 2.

130.26 (b) For purposes of assessing the annual registration fee under this section and
130.27 determining the number of opiate units a manufacturer sold, delivered, or distributed within
130.28 or into the state, the board shall not consider any opiate that is used for medication-assisted
130.29 therapy for substance use disorders. If there is money deposited into the separate account
130.30 as described in section 16A.151, subdivision 2, paragraph (g), the board shall submit to the

131.1 commissioner of management and budget an estimate of the difference in the annual fee
131.2 revenue collected under this section due to this exception.

131.3 (c) The annual registration fee for each manufacturer meeting the requirement under
131.4 paragraph (a) is \$250,000.

131.5 ~~(e)~~ (d) In conjunction with the data reported under this section, and notwithstanding
131.6 section 152.126, subdivision 6, the board may use the data reported under section 152.126,
131.7 subdivision 4, to determine which manufacturers meet the requirement under paragraph (a)
131.8 and are required to pay the registration fees under this subdivision.

131.9 ~~(d)~~ (e) By April 1 of each year, beginning April 1, 2020, the board shall notify a
131.10 manufacturer that the manufacturer meets the requirement in paragraph (a) and is required
131.11 to pay the annual registration fee in accordance with section 151.252, subdivision 1,
131.12 paragraph (b).

131.13 ~~(e)~~ (f) A manufacturer may dispute the board's determination that the manufacturer must
131.14 pay the registration fee no later than 30 days after the date of notification. However, the
131.15 manufacturer must still remit the fee as required by section 151.252, subdivision 1, paragraph
131.16 (b). The dispute must be filed with the board in the manner and using the forms specified
131.17 by the board. A manufacturer must submit, with the required forms, data satisfactory to the
131.18 board that demonstrates that the assessment of the registration fee was incorrect. The board
131.19 must make a decision concerning a dispute no later than 60 days after receiving the required
131.20 dispute forms. If the board determines that the manufacturer has satisfactorily demonstrated
131.21 that the fee was incorrectly assessed, the board must refund the amount paid in error.

131.22 ~~(f)~~ (g) For purposes of this subdivision, a unit means the individual dosage form of the
131.23 particular drug product that is prescribed to the patient. One unit equals one tablet, capsule,
131.24 patch, syringe, milliliter, or gram.

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

131.26 Sec. 8. Minnesota Statutes 2020, section 151.555, subdivision 1, is amended to read:

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

131.29 (b) "Central repository" means a wholesale distributor that meets the requirements under
131.30 subdivision 3 and enters into a contract with the Board of Pharmacy in accordance with this
131.31 section.

131.32 (c) "Distribute" means to deliver, other than by administering or dispensing.

132.1 (d) "Donor" means:

132.2 (1) a health care facility as defined in this subdivision;

132.3 (2) a skilled nursing facility licensed under chapter 144A;

132.4 (3) an assisted living facility registered under chapter 144D where there is centralized
132.5 storage of drugs and 24-hour on-site licensed nursing coverage provided seven days a week;

132.6 (4) a pharmacy licensed under section 151.19, and located either in the state or outside
132.7 the state;

132.8 (5) a drug wholesaler licensed under section 151.47;

132.9 (6) a drug manufacturer licensed under section 151.252; or

132.10 (7) an individual at least 18 years of age, provided that the drug or medical supply that
132.11 is donated was obtained legally and meets the requirements of this section for donation.

132.12 (e) "Drug" means any prescription drug that has been approved for medical use in the
132.13 United States, is listed in the United States Pharmacopoeia or National Formulary, and
132.14 meets the criteria established under this section for donation; or any over-the-counter
132.15 medication that meets the criteria established under this section for donation. This definition
132.16 includes cancer drugs and antirejection drugs, but does not include controlled substances,
132.17 as defined in section 152.01, subdivision 4, or a prescription drug that can only be dispensed
132.18 to a patient registered with the drug's manufacturer in accordance with federal Food and
132.19 Drug Administration requirements.

132.20 (f) "Health care facility" means:

132.21 (1) a physician's office or health care clinic where licensed practitioners provide health
132.22 care to patients;

132.23 (2) a hospital licensed under section 144.50;

132.24 (3) a pharmacy licensed under section 151.19 and located in Minnesota; or

132.25 (4) a nonprofit community clinic, including a federally qualified health center; a rural
132.26 health clinic; public health clinic; or other community clinic that provides health care utilizing
132.27 a sliding fee scale to patients who are low-income, uninsured, or underinsured.

132.28 (g) "Local repository" means a health care facility that elects to accept donated drugs
132.29 and medical supplies and meets the requirements of subdivision 4.

132.30 (h) "Medical supplies" or "supplies" means any prescription and nonprescription medical
132.31 supplies needed to administer a prescription drug.

133.1 (i) "Original, sealed, unopened, tamper-evident packaging" means packaging that is
 133.2 sealed, unopened, and tamper-evident, including a manufacturer's original unit dose or
 133.3 unit-of-use container, a repackager's original unit dose or unit-of-use container, or unit-dose
 133.4 packaging prepared by a licensed pharmacy according to the standards of Minnesota Rules,
 133.5 part 6800.3750.

133.6 (j) "Practitioner" has the meaning given in section 151.01, subdivision 23, except that
 133.7 it does not include a veterinarian.

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

133.9 Sec. 9. Minnesota Statutes 2020, section 151.555, subdivision 7, is amended to read:

133.10 Subd. 7. **Standards and procedures for inspecting and storing donated prescription**
 133.11 **drugs and supplies.** (a) A pharmacist or authorized practitioner who is employed by or
 133.12 under contract with the central repository or a local repository shall inspect all donated
 133.13 prescription drugs and supplies before the drug or supply is dispensed to determine, to the
 133.14 extent reasonably possible in the professional judgment of the pharmacist or practitioner,
 133.15 that the drug or supply is not adulterated or misbranded, has not been tampered with, is safe
 133.16 and suitable for dispensing, has not been subject to a recall, and meets the requirements for
 133.17 donation. The pharmacist or practitioner who inspects the drugs or supplies shall sign an
 133.18 inspection record stating that the requirements for donation have been met. If a local
 133.19 repository receives drugs and supplies from the central repository, the local repository does
 133.20 not need to reinspect the drugs and supplies.

133.21 (b) The central repository and local repositories shall store donated drugs and supplies
 133.22 in a secure storage area under environmental conditions appropriate for the drug or supply
 133.23 being stored. Donated drugs and supplies may not be stored with nondonated inventory. ~~If~~
 133.24 ~~donated drugs or supplies are not inspected immediately upon receipt, a repository must~~
 133.25 ~~quarantine the donated drugs or supplies separately from all dispensing stock until the~~
 133.26 ~~donated drugs or supplies have been inspected and (1) approved for dispensing under the~~
 133.27 ~~program; (2) disposed of pursuant to paragraph (e); or (3) returned to the donor pursuant to~~
 133.28 ~~paragraph (d).~~

133.29 (c) The central repository and local repositories shall dispose of all prescription drugs
 133.30 and medical supplies that are not suitable for donation in compliance with applicable federal
 133.31 and state statutes, regulations, and rules concerning hazardous waste.

133.32 (d) In the event that controlled substances or prescription drugs that can only be dispensed
 133.33 to a patient registered with the drug's manufacturer are shipped or delivered to a central or

134.1 local repository for donation, the shipment delivery must be documented by the repository
134.2 and returned immediately to the donor or the donor's representative that provided the drugs.

134.3 (e) Each repository must develop drug and medical supply recall policies and procedures.
134.4 If a repository receives a recall notification, the repository shall destroy all of the drug or
134.5 medical supply in its inventory that is the subject of the recall and complete a record of
134.6 destruction form in accordance with paragraph (f). If a drug or medical supply that is the
134.7 subject of a Class I or Class II recall has been dispensed, the repository shall immediately
134.8 notify the recipient of the recalled drug or medical supply. A drug that potentially is subject
134.9 to a recall need not be destroyed if its packaging bears a lot number and that lot of the drug
134.10 is not subject to the recall. If no lot number is on the drug's packaging, it must be destroyed.

134.11 (f) A record of destruction of donated drugs and supplies that are not dispensed under
134.12 subdivision 8, are subject to a recall under paragraph (e), or are not suitable for donation
134.13 shall be maintained by the repository for at least ~~five~~ two years. For each drug or supply
134.14 destroyed, the record shall include the following information:

134.15 (1) the date of destruction;

134.16 (2) the name, strength, and quantity of the drug destroyed; and

134.17 (3) the name of the person or firm that destroyed the drug.

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

134.19 Sec. 10. Minnesota Statutes 2020, section 151.555, subdivision 11, is amended to read:

134.20 Subd. 11. **Forms and record-keeping requirements.** (a) The following forms developed
134.21 for the administration of this program shall be utilized by the participants of the program
134.22 and shall be available on the board's website:

134.23 (1) intake application form described under subdivision 5;

134.24 (2) local repository participation form described under subdivision 4;

134.25 (3) local repository withdrawal form described under subdivision 4;

134.26 (4) drug repository donor form described under subdivision 6;

134.27 (5) record of destruction form described under subdivision 7; and

134.28 (6) drug repository recipient form described under subdivision 8.

134.29 (b) All records, including drug inventory, inspection, and disposal of donated prescription
134.30 drugs and medical supplies, must be maintained by a repository for a minimum of ~~five~~ two

135.1 years. Records required as part of this program must be maintained pursuant to all applicable
135.2 practice acts.

135.3 (c) Data collected by the drug repository program from all local repositories shall be
135.4 submitted quarterly or upon request to the central repository. Data collected may consist of
135.5 the information, records, and forms required to be collected under this section.

135.6 (d) The central repository shall submit reports to the board as required by the contract
135.7 or upon request of the board.

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

135.9 Sec. 11. Minnesota Statutes 2020, section 151.555, is amended by adding a subdivision
135.10 to read:

135.11 **Subd. 14. Cooperation.** The central repository, as approved by the Board of Pharmacy,
135.12 may enter into an agreement with another state that has an established drug repository or
135.13 drug donation program if the other state's program includes regulations to ensure the purity,
135.14 integrity, and safety of the drugs and supplies donated, to permit the central repository to
135.15 offer to another state program inventory that is not needed by a Minnesota resident and to
135.16 accept inventory from another state program to be distributed to local repositories and
135.17 dispensed to Minnesota residents in accordance with this program.

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

135.19 Sec. 12. Minnesota Statutes 2020, section 256.043, subdivision 3, is amended to read:

135.20 **Subd. 3. Appropriations from fund.** (a) After the appropriations in Laws 2019, chapter
135.21 63, article 3, section 1, paragraphs (e), and (f), ~~(g), and (h)~~ are made, \$249,000 is appropriated
135.22 to the commissioner of human services for the provision of administrative services to the
135.23 Opiate Epidemic Response Advisory Council and for the administration of the grants awarded
135.24 under paragraph (e).

135.25 (b) \$126,000 is appropriated to the Board of Pharmacy for the collection of the registration
135.26 fees under section 151.066.

135.27 (c) \$672,000 is appropriated to the commissioner of public safety for the Bureau of
135.28 Criminal Apprehension. Of this amount, \$384,000 is for drug scientists and lab supplies
135.29 and \$288,000 is for special agent positions focused on drug interdiction and drug trafficking.

135.30 (d) After the appropriations in paragraphs (a) to (c) are made, 50 percent of the remaining
135.31 amount is appropriated to the commissioner of human services for distribution to county

136.1 social service and tribal social service agencies to provide child protection services to
136.2 children and families who are affected by addiction. The commissioner shall distribute this
136.3 money proportionally to counties and tribal social service agencies based on out-of-home
136.4 placement episodes where parental drug abuse is the primary reason for the out-of-home
136.5 placement using data from the previous calendar year. County and tribal social service
136.6 agencies receiving funds from the opiate epidemic response fund must annually report to
136.7 the commissioner on how the funds were used to provide child protection services, including
136.8 measurable outcomes, as determined by the commissioner. County social service agencies
136.9 and tribal social service agencies must not use funds received under this paragraph to supplant
136.10 current state or local funding received for child protection services for children and families
136.11 who are affected by addiction.

136.12 (e) After making the appropriations in paragraphs (a) to (d), the remaining amount in
136.13 the fund is appropriated to the commissioner to award grants as specified by the Opiate
136.14 Epidemic Response Advisory Council in accordance with section 256.042, unless otherwise
136.15 appropriated by the legislature.

136.16 **EFFECTIVE DATE.** This section is effective July 1, 2024.

136.17 **Sec. 13. OPIATE REGISTRATION FEE REDUCTION.**

136.18 (a) For purposes of assessing the opiate registration fee under Minnesota Statutes, section
136.19 151.066, subdivision 3, that is required to be paid on June 1, 2021, in accordance with
136.20 Minnesota Statutes, section 151.252, subdivision 1, paragraph (b), the Board of Pharmacy
136.21 shall not consider any injectable opiate product distributed to a hospital or hospital pharmacy.
136.22 If there is money deposited into the separate account as described in Minnesota Statutes,
136.23 section 16A.151, subdivision 2, paragraph (g), the board shall submit to the commissioner
136.24 of management and budget an estimate of the difference in the annual opiate registration
136.25 fee revenue collected under Minnesota Statutes, section 151.066, due to the exception
136.26 described in this paragraph.

136.27 (b) Any estimated loss to the opiate registration fee revenue attributable to paragraph
136.28 (a) must be included in any transfer that occurs under Minnesota Statutes, section 16A.151,
136.29 subdivision 2, paragraph (g), in calendar year 2021.

136.30 (c) If a manufacturer has already paid the opiate registration fee due on June 1, 2021,
136.31 the Board of Pharmacy shall return the amount of the fee to the manufacturer if the
136.32 manufacturer would not have been required to pay the fee after the calculations described
136.33 in paragraph (a) were made.

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

137.2 **ARTICLE 5**

137.3 **HEALTH COVERAGE AND TRANSPARENCY**

137.4 Section 1. Minnesota Statutes 2020, section 62J.701, is amended to read:

137.5 **62J.701 GOVERNMENTAL PROGRAMS.**

137.6 ~~(a) Beginning January 1, 1999, the provisions in paragraphs (b) to (e) apply.~~

137.7 ~~(b)~~ (a) For purposes of sections 62J.695 to 62J.80, the requirements and other provisions
137.8 that apply to health plan companies also apply to governmental programs.

137.9 ~~(e)~~ (b) For purposes of this section, "governmental programs" means the medical
137.10 assistance program, the MinnesotaCare program, the state employee group insurance
137.11 program, the public employees insurance program under section 43A.316, and coverage
137.12 provided by political subdivisions under section 471.617.

137.13 ~~(d)~~ (c) Notwithstanding paragraph ~~(b)~~ (a), section 62J.72 does not apply to the
137.14 fee-for-service programs under medical assistance and MinnesotaCare and section 62J.72,
137.15 subdivision 3, paragraph (b), does not apply to the prepaid medical assistance program or
137.16 MinnesotaCare.

137.17 ~~(e)~~ (d) If a state commissioner or local unit of government contracts with a health plan
137.18 company or a third-party administrator, the contract may assign any obligations under
137.19 paragraph ~~(b)~~ (a) to the health plan company or third-party administrator. Nothing in this
137.20 paragraph shall be construed to remove or diminish any enforcement responsibilities of the
137.21 commissioners of health or commerce provided in sections 62J.695 to 62J.80.

137.22 Sec. 2. Minnesota Statutes 2020, section 62J.72, subdivision 3, is amended to read:

137.23 Subd. 3. **Information on patients' medical bills.** (a) A health plan company and health
137.24 care provider shall provide patients and enrollees with a copy of an explicit and intelligible
137.25 bill ~~whenever the patient or enrollee is sent a bill and is responsible for paying any portion~~
137.26 ~~of that bill.~~ The ~~bills~~ bill must contain descriptive language sufficient to be understood by
137.27 the average patient or enrollee. This subdivision does not apply to a flat co-pay paid by the
137.28 patient or enrollee at the time the service is required.

137.29 (b) In addition to the requirements in paragraph (a), when a health care provider transmits
137.30 a bill to a patient, the bill must specify the following for the health care services provided:

- 138.1 (1) the Medicare-allowable fee-for-service payment rate if the service is covered by
 138.2 Medicare; and
- 138.3 (2) the provider's Medicare percent, as defined in section 62J.825, subdivision 1.

138.4 Sec. 3. Minnesota Statutes 2020, section 62J.81, subdivision 1, is amended to read:

138.5 Subdivision 1. **Required disclosure by provider.** (a) A health care provider, as defined
 138.6 in section 62J.03, subdivision 8, or the provider's designee as agreed to by that designee,
 138.7 shall, at the request of a consumer, and at no cost to the consumer or the consumer's
 138.8 employer, provide that consumer with a good faith estimate of the allowable payment the
 138.9 provider has agreed to accept from the consumer's health plan company for the services
 138.10 specified by the consumer, specifying the amount of the allowable payment due from the
 138.11 health plan company. If a consumer has no applicable public or private coverage, the health
 138.12 care provider must give the consumer, and at no cost to the consumer, a good faith estimate
 138.13 of the average allowable reimbursement the provider accepts as payment from private
 138.14 third-party payers for the services specified by the consumer and the estimated amount the
 138.15 noncovered consumer will be required to pay.

138.16 (b) In addition to the information required to be disclosed under paragraph (a), a provider
 138.17 must also provide the consumer with information regarding other types of fees or charges
 138.18 that the consumer may be required to pay in conjunction with a visit to the provider, including
 138.19 but not limited to any applicable facility fees.

138.20 (c) For a consumer with health plan coverage, the information required under this
 138.21 subdivision must be provided to a the consumer within ~~ten~~ five business days from the day
 138.22 that a complete request was received by the health care provider. ~~For purposes of this section,~~
 138.23 "complete request" includes all the patient and service information the health care provider
 138.24 requires to provide a good faith estimate, including a completed good faith estimate form
 138.25 if required by the health care provider. For a consumer with no applicable public or private
 138.26 coverage, the information required by this subdivision must be provided to the consumer
 138.27 within three business days from the day that a complete request was received by the health
 138.28 care provider.

138.29 (d) Payment information provided by a provider, or by the provider's designee as agreed
 138.30 to by that designee, to a patient pursuant to this subdivision does not constitute a legally
 138.31 binding estimate of the allowable charge for or cost to the consumer of services.

138.32 (e) No contract between a health plan company and a provider shall prohibit a provider
 138.33 from disclosing the pricing information required under this subdivision.

139.1 (f) For purposes of this subdivision, "complete request" includes all of the patient and
 139.2 service information that the health care provider requires to provide a good faith estimate,
 139.3 including a completed good faith estimate form, if required by the health care provider.

139.4 Sec. 4. Minnesota Statutes 2020, section 62J.81, subdivision 1a, is amended to read:

139.5 Subd. 1a. **Required disclosure by health plan company.** (a) A health plan company,
 139.6 as defined in section 62J.03, subdivision 10, shall, at the request of an enrollee intending
 139.7 to receive specific health care services or the enrollee's designee, provide that enrollee with
 139.8 a good faith estimate of the allowable amount the health plan company has contracted for
 139.9 with a specified provider within the network as total payment for a health care service
 139.10 specified by the enrollee and the portion of the allowable amount due from the enrollee and
 139.11 the enrollee's out-of-pocket costs. An estimate provided to an enrollee under this paragraph
 139.12 is not a legally binding estimate of the allowable amount or enrollee's out-of-pocket cost.

139.13 (b) The information required under this subdivision must be provided by the health plan
 139.14 company to an enrollee within ~~ten~~ five business days from the day a complete request was
 139.15 received by the health plan company.

139.16 (c) For purposes of this ~~section~~ subdivision, "complete request" includes all the patient
 139.17 and service information the health plan company requires to provide a good faith estimate,
 139.18 including a completed good faith estimate form if required by the health plan company.

139.19 Sec. 5. **[62J.825] HEALTH CARE PRICE TRANSPARENCY; NOTICE AND**
 139.20 **DISCLOSURE OF MEDICARE PERCENT.**

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

139.23 (b) "Health plan" has the meaning given in section 62A.011, subdivision 3, and does
 139.24 not include coverage provided under medical assistance, MinnesotaCare, or Medicare Part
 139.25 A, Part B, or Part C.

139.26 (c) "Medicare percent" means the percentage of the Medicare allowable payment rate
 139.27 that a health care provider accepts as payment in full for health care services provided by
 139.28 the provider that are covered by Medicare, and for services not covered by Medicare, a
 139.29 dollar amount the provider is willing to accept as payment in full.

139.30 Subd. 2. Required notice. (a) A health care provider must establish a Medicare percent
 139.31 that the provider will accept as payment in full for health care services provided by that
 139.32 provider for services that are not covered by a patient's health plan or for patients who are

140.1 not insured. A provider must provide notice to patients and the public of the provider's

140.2 Medicare percent by:

140.3 (1) posting information describing the Medicare percent and specifying the provider's

140.4 Medicare percent in a prominent, clearly visible location at or near the provider's reception

140.5 desk, registration desk, or patient check-in area;

140.6 (2) posting information describing the Medicare percent and specifying the provider's

140.7 Medicare percent on the provider's public website; and

140.8 (3) including information describing the Medicare percent and specifying the provider's

140.9 Medicare percent on any document related to provider payments that the provider requires

140.10 a patient or patient's representative to sign.

140.11 (b) The notices required in paragraph (a) must include the following statement: "The

140.12 Medicare percent means the reimbursement that this provider will accept as payment in full

140.13 for services provided to patients. The Medicare percent can be used by a patient to compare

140.14 the cost of care between providers."

140.15 **Sec. 6. [62Q.097] REQUIREMENTS FOR TIMELY PROVIDER CREDENTIALING.**

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

140.17 (b) "Clean application for provider credentialing" or "clean application" means an

140.18 application for provider credentialing submitted by a health care provider to a health plan

140.19 company that is complete, is in the format required by the health plan company, and includes

140.20 all information and substantiation required by the health plan company and does not require

140.21 evaluation of any identified potential quality or safety concern.

140.22 (c) "Provider credentialing" means the process undertaken by a health plan company to

140.23 evaluate and approve a health care provider's education, training, residency, licenses,

140.24 certifications, and history of significant quality or safety concerns in order to approve the

140.25 health care provider to provide health care services to patients at a clinic or facility.

140.26 **Subd. 2. Time limit for credentialing determination.** A health plan company that

140.27 receives an application for provider credentialing must:

140.28 (1) if the application is determined to be a clean application for provider credentialing

140.29 and if the health care provider submitting the application or the clinic or facility at which

140.30 the health care provider provides services requests the information, affirm that the health

140.31 care provider's application is a clean application and notify the health care provider or clinic

141.1 or facility of the date by which the health plan company will make a determination on the
 141.2 health care provider's application;

141.3 (2) if the application is determined not to be a clean application, inform the health care
 141.4 provider of the application's deficiencies or missing information or substantiation within
 141.5 three business days after the health plan company determines the application is not a clean
 141.6 application; and

141.7 (3) make a determination on the health care provider's clean application within 45 days
 141.8 after receiving the clean application unless the health plan company identifies a substantive
 141.9 quality or safety concern in the course of provider credentialing that requires further
 141.10 investigation. Upon notice to the health care provider, clinic, or facility, the health plan
 141.11 company is allowed 30 additional days to investigate any quality or safety concerns.

141.12 **EFFECTIVE DATE.** This section applies to applications for provider credentialing
 141.13 submitted to a health plan company on or after January 1, 2022.

141.14 Sec. 7. **[62Q.524] DISCLOSURE OF APPLICATION OF FUNDS FROM A PATIENT**
 141.15 **ASSISTANCE PROGRAM TO A DEDUCTIBLE.**

141.16 A health plan company must include in the summary of benefits and coverage a statement
 141.17 indicating whether funds from a patient assistance program, as defined in section 62J.84,
 141.18 subdivision 2, paragraph (h), are applied by the health plan company to an enrollee's
 141.19 deductible.

141.20 **EFFECTIVE DATE.** This section is effective January 1, 2022, and applies to health
 141.21 plans offered, issued, or renewed on or after that date.

141.22 **ARTICLE 6**

141.23 **DHS LICENSING AND BACKGROUND STUDIES**

141.24 Section 1. Minnesota Statutes 2020, section 62V.05, is amended by adding a subdivision
 141.25 to read:

141.26 Subd. 4a. **Background study required.** (a) The board must initiate background studies
 141.27 under section 245C.03 of:

141.28 (1) each navigator;

141.29 (2) each in-person assister; and

141.30 (3) each certified application counselor.

142.1 (b) The board may initiate the background studies required by paragraph (a) using the
142.2 online NETStudy 2.0 system operated by the commissioner of human services.

142.3 (c) The board shall not permit any individual to provide any service or function listed
142.4 in paragraph (a) until the board has received notification from the commissioner of human
142.5 services indicating that the individual:

142.6 (1) is not disqualified under chapter 245C; or

142.7 (2) is disqualified, but has received a set aside from the board of that disqualification
142.8 according to sections 245C.22 and 245C.23.

142.9 (d) The board or its delegate shall review a reconsideration request of an individual in
142.10 paragraph (a), including granting a set aside, according to the procedures and criteria in
142.11 chapter 245C. The board shall notify the individual and the Department of Human Services
142.12 of the board's decision.

142.13 **Sec. 2. [119B.27] OMBUDSPERSON FOR CHILD CARE PROVIDERS.**

142.14 Subdivision 1. **Appointment.** The commissioner of human services shall appoint two
142.15 ombudspersons in the classified service to assist child care providers, including family child
142.16 care providers and legal nonlicensed child care providers, with licensing, compliance, and
142.17 other issues facing child care providers. Each ombudsperson must be selected without regard
142.18 to the person's political affiliation, and at least one ombudsperson must have been a licensed
142.19 family child care provider for at least three years. Each ombudsperson shall serve a term of
142.20 four years and may be removed prior to the end of the term for just cause.

142.21 Subd. 2. **Duties.** (a) Each ombudsperson's duties shall include:

142.22 (1) advocating on behalf of a child care provider to address all areas of concern related
142.23 to the provision of child care services, including licensing actions, correction orders, penalty
142.24 assessments, complaint investigations, and other interactions with state and county staff;

142.25 (2) providing recommendations to the commissioner or providers for child care program
142.26 improvement or child care provider education;

142.27 (3) operating a telephone line to answer questions, receive complaints, and discuss
142.28 agency actions when a child care provider believes that the provider's rights or program
142.29 may have been adversely affected; and

142.30 (4) assisting child care license applicants with the license application process.

142.31 (b) The ombudspersons must report annually by December 31 to the commissioner and
142.32 the chairs and ranking minority members of the legislative committees with jurisdiction

143.1 over child care on the services provided by each ombudsperson to child care providers,
143.2 including the number, types, and locations of child care providers served, and the activities
143.3 of each ombudsperson to carry out the duties under this section. The commissioner shall
143.4 determine the form of the report.

143.5 Subd. 3. **Staff.** The ombudspersons may appoint and compensate from available funds
143.6 a deputy, confidential secretary, and other employees in the unclassified service as authorized
143.7 by law. Each ombudsperson and the full-time staff are members of the Minnesota State
143.8 Retirement Association. The ombudspersons may delegate to members of the staff any
143.9 authority or duties of the office except the duty to provide reports to the governor,
143.10 commissioner, or legislature.

143.11 Subd. 4. **Access to records.** (a) Each ombudsperson or designee, excluding volunteers,
143.12 must have access to data of a state agency necessary for the discharge of the ombudsperson's
143.13 duties, including records classified as confidential data on individuals or private data on
143.14 individuals under chapter 13, or any other law. An ombudsperson's data request must relate
143.15 to a specific case. If the data concerns an individual, the ombudsperson or designee shall
143.16 first obtain the individual's consent. If the individual cannot consent and has no parent or
143.17 legal guardian, then the ombudsperson's access to the data is authorized by this section.

143.18 (b) Each ombudsperson and all designees must adhere to the Minnesota Government
143.19 Data Practices Act and may not disseminate any private or confidential data on individuals
143.20 unless specifically authorized by state, local, or federal law or pursuant to a court order.

143.21 (c) The commissioner of human services and county agencies must provide
143.22 ombudspersons with copies of all correction orders, fix-it tickets, and licensing actions
143.23 issued to child care providers.

143.24 Subd. 5. **Independence of action.** When carrying out duties under this section,
143.25 ombudspersons must act independently of the department to provide testimony to the
143.26 legislature, make periodic reports to the legislature, and address areas of concern to child
143.27 care providers.

143.28 Subd. 6. **Civil actions.** Each ombudsperson and designee is not civilly liable for any
143.29 action taken under this section if the action was taken in good faith, was within the scope
143.30 of the ombudsperson's authority, and did not constitute willful or reckless misconduct.

143.31 Subd. 7. **Qualifications.** Each ombudsperson must be a person who has knowledge and
143.32 experience concerning the provision of child care. Each ombudsperson must be experienced
143.33 in dealing with governmental entities, interpretation of laws and regulations, investigations,
143.34 record keeping, report writing, public speaking, and management. A person is not eligible

144.1 to serve as an ombudsperson while running for or holding public office, or while holding
 144.2 an active child care license.

144.3 Subd. 8. **Office support.** The commissioner shall provide ombudspersons with the
 144.4 necessary office space, supplies, equipment, and clerical support to effectively perform
 144.5 duties under this section.

144.6 Subd. 9. **Posting.** (a) The commissioner shall post on the department's website the
 144.7 mailing address, e-mail address, and telephone number for the office of the ombudsperson.
 144.8 The commissioner shall provide all licensed child care providers and legal nonlicensed child
 144.9 care providers with the mailing address, e-mail address, and telephone number of the office
 144.10 on the department's child care licensing website or upon request from a child care license
 144.11 applicant or provider. Counties must provide child care license applicants and providers
 144.12 with the name, mailing address, e-mail address, and telephone number of the office.

144.13 (b) Ombudspersons must approve of all posting and notice required by the department
 144.14 and counties under this subdivision.

144.15 Sec. 3. Minnesota Statutes 2020, section 122A.18, subdivision 8, is amended to read:

144.16 Subd. 8. **Background ~~checks~~ studies.** (a) The Professional Educator Licensing and
 144.17 Standards Board and the Board of School Administrators must ~~obtain a~~ initiate criminal
 144.18 history background ~~check on~~ studies of all first-time ~~teaching~~ applicants for educator licenses
 144.19 under their jurisdiction. Applicants must include with their licensure applications:

144.20 (1) an executed criminal history consent form, including fingerprints; and

144.21 (2) payment to conduct the background ~~check~~ study. The Professional Educator Licensing
 144.22 and Standards Board must deposit payments received under this subdivision in an account
 144.23 in the special revenue fund. Amounts in the account are annually appropriated to the
 144.24 Professional Educator Licensing and Standards Board to pay for the costs of background
 144.25 ~~checks~~ studies on applicants for licensure.

144.26 (b) The background ~~check~~ study for all first-time teaching applicants for licenses must
 144.27 include a review of information from the Bureau of Criminal Apprehension, including
 144.28 criminal history data as defined in section 13.87, and must also include a review of the
 144.29 national criminal records repository. The superintendent of the Bureau of Criminal
 144.30 Apprehension is authorized to exchange fingerprints with the Federal Bureau of Investigation
 144.31 for purposes of the criminal history check. ~~The superintendent shall recover the cost to the~~
 144.32 ~~bureau of a background check through the fee charged to the applicant under paragraph (a).~~

145.1 (c) The Professional Educator Licensing and Standards Board ~~must contract with~~ may
145.2 initiate criminal history background studies through the commissioner of human services
145.3 according to section 245C.03 to ~~conduct background checks and~~ obtain background check
145.4 study data required under this chapter.

145.5 Sec. 4. Minnesota Statutes 2020, section 144.057, subdivision 1, is amended to read:

145.6 Subdivision 1. **Background studies required.** (a) Except as specified in paragraph (b),
145.7 the commissioner of health shall contract with the commissioner of human services to
145.8 conduct background studies of:

145.9 (1) individuals providing services that have direct contact, as defined under section
145.10 245C.02, subdivision 11, with patients and residents in hospitals, boarding care homes,
145.11 outpatient surgical centers licensed under sections 144.50 to 144.58; nursing homes and
145.12 home care agencies licensed under chapter 144A; assisted living facilities and assisted living
145.13 facilities with dementia care licensed under chapter 144G; and board and lodging
145.14 establishments that are registered to provide supportive or health supervision services under
145.15 section 157.17;

145.16 (2) individuals specified in section 245C.03, subdivision 1, who perform direct contact
145.17 services in a nursing home or a home care agency licensed under chapter 144A; an assisted
145.18 living facility or assisted living facility with dementia care licensed under chapter 144G;
145.19 or a boarding care home licensed under sections 144.50 to 144.58. If the individual under
145.20 study resides outside Minnesota, the study must include a check for substantiated findings
145.21 of maltreatment of adults and children in the individual's state of residence when the
145.22 information is made available by that state, and must include a check of the National Crime
145.23 Information Center database;

145.24 (3) all other employees in assisted living facilities or assisted living facilities with
145.25 dementia care licensed under chapter 144G, nursing homes licensed under chapter 144A,
145.26 and boarding care homes licensed under sections 144.50 to 144.58. A disqualification of
145.27 an individual in this section shall disqualify the individual from positions allowing direct
145.28 contact or access to patients or residents receiving services. "Access" means physical access
145.29 to a client or the client's personal property without continuous, direct supervision as defined
145.30 in section 245C.02, subdivision 8, when the employee's employment responsibilities do not
145.31 include providing direct contact services;

145.32 (4) individuals employed by a supplemental nursing services agency, as defined under
145.33 section 144A.70, who are providing services in health care facilities; and

146.1 (5) controlling persons of a supplemental nursing services agency, as defined under
146.2 section 144A.70.

146.3 (b) The commissioner of human services is not required to conduct a background study
146.4 on any individual identified in paragraph (a) if the individual has a valid license issued by
146.5 a health-related licensing board as defined in section 214.01, subdivision 2, and has completed
146.6 the criminal background check as required in section 214.075.

146.7 (c) If a facility or program is licensed by the Department of Human Services and subject
146.8 to the background study provisions of chapter 245C and is also licensed by the Department
146.9 of Health, the Department of Human Services is solely responsible for the background
146.10 studies of individuals in the jointly licensed programs.

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

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

146.14 Subd. 23. **Family or group family child care program.** "Family or group family child
146.15 care program" means a licensed child care program operated in the residence in which the
146.16 license holder lives. The license holder is the primary provider of care and may only hold
146.17 one family child care license.

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

146.20 Subd. 24. **Special family child care program.** "Special family child care program"
146.21 means a licensed child care program operated in a residence in which the license holder
146.22 does not live. The license holder is the primary provider of care.

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

146.25 Subd. 25. **Nonresidential family child care program.** "Nonresidential family child
146.26 care program" means a licensed child care program operated in a location other than the
146.27 license holder's own residence, excluding licensed child care centers. The license holder is
146.28 one of the individuals or entities listed in section 245A.141, subdivision 1, paragraph (a).

147.1 Sec. 8. Minnesota Statutes 2020, section 245A.03, is amended by adding a subdivision to
147.2 read:

147.3 Subd. 10. **Group family day care licensed capacity; child-to-adult capacity ratios;**
147.4 **age distribution restrictions.** (a) Notwithstanding Minnesota Rules, parts 9502.0365,
147.5 subpart 1, and 9502.0367, item C, the commissioner shall issue licenses for group family
147.6 day care according to the capacity limits, child-to-adult ratios, and age distribution restrictions
147.7 in this subdivision.

147.8 (b) For purposes of this subdivision, "group family day care" means day care for no
147.9 more than 16 children at any one time. The licensed capacity of a group family day care
147.10 must include all children of any caregiver when the children are present in the residence,
147.11 except notwithstanding Minnesota Rules, part 9502.0365, subpart 1, item A, the licensed
147.12 capacity does not include the license holder's biological or adopted children who are nine
147.13 years old or older.

147.14 (c) Notwithstanding Minnesota Rules, part 9502.0367, item C, subitem (1), for a group
147.15 family day care program with a licensed capacity of ten children, one adult caregiver shall
147.16 serve no more than ten children younger than 11 years of age. Of those ten, no more than
147.17 seven may be younger than four years of age. Of those seven, no more than three may be
147.18 younger than 18 months of age. Of those three, no more than two may be infants.

147.19 (d) Notwithstanding Minnesota Rules, part 9502.0367, item C, subitem (2), for a group
147.20 family day care program with a licensed capacity of 12 children, one adult caregiver shall
147.21 serve no more than 12 children younger than 11 years of age. Of those 12, no more than
147.22 nine may be younger than four years of age. Of those nine, no more than two may be younger
147.23 than 18 months of age.

147.24 (e) Notwithstanding Minnesota Rules, part 9502.0367, item C, subitem (3), for a group
147.25 family day care program with a licensed capacity of 16 children, two adult caregivers shall
147.26 serve no more than 16 children younger than 11 years of age. Of those 16, no more than 11
147.27 may be younger than four years of age. Of those 11, no more than four may be younger
147.28 than 18 months of age. Of those four, no more than three may be infants. A helper may be
147.29 used in place of a second adult caregiver when there is no more than one child younger than
147.30 18 months of age present.

147.31 Sec. 9. Minnesota Statutes 2020, section 245A.043, subdivision 3, is amended to read:

147.32 Subd. 3. **Change of ownership process.** (a) When a change in ownership is proposed
147.33 and the party intends to assume operation without an interruption in service longer than 60

148.1 days after acquiring the program or service, the license holder must provide the commissioner
148.2 with written notice of the proposed change on a form provided by the commissioner at least
148.3 60 days before the anticipated date of the change in ownership. For purposes of this
148.4 subdivision and subdivision 4, "party" means the party that intends to operate the service
148.5 or program.

148.6 (b) The party must submit a license application under this chapter on the form and in
148.7 the manner prescribed by the commissioner at least 30 days before the change in ownership
148.8 is complete, and must include documentation to support the upcoming change. The party
148.9 must comply with background study requirements under chapter 245C and shall pay the
148.10 application fee required under section 245A.10. ~~A party that intends to assume operation
148.11 without an interruption in service longer than 60 days after acquiring the program or service
148.12 is exempt from the requirements of Minnesota Rules, part 9530.6800.~~

148.13 (c) The commissioner may streamline application procedures when the party is an existing
148.14 license holder under this chapter and is acquiring a program licensed under this chapter or
148.15 service in the same service class as one or more licensed programs or services the party
148.16 operates and those licenses are in substantial compliance. For purposes of this subdivision,
148.17 "substantial compliance" means within the previous 12 months the commissioner did not
148.18 (1) issue a sanction under section 245A.07 against a license held by the party, or (2) make
148.19 a license held by the party conditional according to section 245A.06.

148.20 (d) Except when a temporary change in ownership license is issued pursuant to
148.21 subdivision 4, the existing license holder is solely responsible for operating the program
148.22 according to applicable laws and rules until a license under this chapter is issued to the
148.23 party.

148.24 (e) If a licensing inspection of the program or service was conducted within the previous
148.25 12 months and the existing license holder's license record demonstrates substantial
148.26 compliance with the applicable licensing requirements, the commissioner may waive the
148.27 party's inspection required by section 245A.04, subdivision 4. The party must submit to the
148.28 commissioner (1) proof that the premises was inspected by a fire marshal or that the fire
148.29 marshal deemed that an inspection was not warranted, and (2) proof that the premises was
148.30 inspected for compliance with the building code or that no inspection was deemed warranted.

148.31 (f) If the party is seeking a license for a program or service that has an outstanding action
148.32 under section 245A.06 or 245A.07, the party must submit a letter as part of the application
148.33 process identifying how the party has or will come into full compliance with the licensing
148.34 requirements.

149.1 (g) The commissioner shall evaluate the party's application according to section 245A.04,
149.2 subdivision 6. If the commissioner determines that the party has remedied or demonstrates
149.3 the ability to remedy the outstanding actions under section 245A.06 or 245A.07 and has
149.4 determined that the program otherwise complies with all applicable laws and rules, the
149.5 commissioner shall issue a license or conditional license under this chapter. The conditional
149.6 license remains in effect until the commissioner determines that the grounds for the action
149.7 are corrected or no longer exist.

149.8 (h) The commissioner may deny an application as provided in section 245A.05. An
149.9 applicant whose application was denied by the commissioner may appeal the denial according
149.10 to section 245A.05.

149.11 (i) This subdivision does not apply to a licensed program or service located in a home
149.12 where the license holder resides.

149.13 Sec. 10. Minnesota Statutes 2020, section 245A.05, is amended to read:

149.14 **245A.05 DENIAL OF APPLICATION.**

149.15 (a) The commissioner may deny a license if an applicant or controlling individual:

149.16 (1) fails to submit a substantially complete application after receiving notice from the
149.17 commissioner under section 245A.04, subdivision 1;

149.18 (2) fails to comply with applicable laws or rules;

149.19 (3) knowingly withholds relevant information from or gives false or misleading
149.20 information to the commissioner in connection with an application for a license or during
149.21 an investigation;

149.22 (4) has a disqualification that has not been set aside under section 245C.22 and no
149.23 variance has been granted;

149.24 (5) has an individual living in the household who received a background study under
149.25 section 245C.03, subdivision 1, paragraph (a), clause (2), who has a disqualification that
149.26 has not been set aside under section 245C.22, and no variance has been granted;

149.27 (6) is associated with an individual who received a background study under section
149.28 245C.03, subdivision 1, paragraph (a), clause (6), who may have unsupervised access to
149.29 children or vulnerable adults, and who has a disqualification that has not been set aside
149.30 under section 245C.22, and no variance has been granted;

149.31 (7) fails to comply with section 245A.04, subdivision 1, paragraph (f) or (g);

150.1 (8) fails to demonstrate competent knowledge as required by section 245A.04, subdivision
150.2 6;

150.3 (9) has a history of noncompliance as a license holder or controlling individual with
150.4 applicable laws or rules, including but not limited to this chapter and chapters 119B and
150.5 245C; ~~or~~

150.6 (10) is prohibited from holding a license according to section 245.095; or

150.7 (11) for a family foster setting, has nondisqualifying background study information, as
150.8 described in section 245C.05, subdivision 4, that reflects on the individual's ability to safely
150.9 provide care to foster children.

150.10 (b) An applicant whose application has been denied by the commissioner must be given
150.11 notice of the denial, which must state the reasons for the denial in plain language. Notice
150.12 must be given by certified mail or personal service. The notice must state the reasons the
150.13 application was denied and must inform the applicant of the right to a contested case hearing
150.14 under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The applicant may
150.15 appeal the denial by notifying the commissioner in writing by certified mail or personal
150.16 service. If mailed, the appeal must be postmarked and sent to the commissioner within 20
150.17 calendar days after the applicant received the notice of denial. If an appeal request is made
150.18 by personal service, it must be received by the commissioner within 20 calendar days after
150.19 the applicant received the notice of denial. Section 245A.08 applies to hearings held to
150.20 appeal the commissioner's denial of an application.

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

150.22 Sec. 11. Minnesota Statutes 2020, section 245A.07, subdivision 1, is amended to read:

150.23 Subdivision 1. **Sanctions; appeals; license.** (a) In addition to making a license conditional
150.24 under section 245A.06, the commissioner may suspend or revoke the license, impose a fine,
150.25 or secure an injunction against the continuing operation of the program of a license holder
150.26 who does not comply with applicable law or rule, or who has nondisqualifying background
150.27 study information, as described in section 245C.05, subdivision 4, that reflects on the license
150.28 holder's ability to safely provide care to foster children. When applying sanctions authorized
150.29 under this section, the commissioner shall consider the nature, chronicity, or severity of the
150.30 violation of law or rule and the effect of the violation on the health, safety, or rights of
150.31 persons served by the program.

150.32 (b) If a license holder appeals the suspension or revocation of a license and the license
150.33 holder continues to operate the program pending a final order on the appeal, the commissioner

151.1 shall issue the license holder a temporary provisional license. Unless otherwise specified
 151.2 by the commissioner, variances in effect on the date of the license sanction under appeal
 151.3 continue under the temporary provisional license. If a license holder fails to comply with
 151.4 applicable law or rule while operating under a temporary provisional license, the
 151.5 commissioner may impose additional sanctions under this section and section 245A.06, and
 151.6 may terminate any prior variance. If a temporary provisional license is set to expire, a new
 151.7 temporary provisional license shall be issued to the license holder upon payment of any fee
 151.8 required under section 245A.10. The temporary provisional license shall expire on the date
 151.9 the final order is issued. If the license holder prevails on the appeal, a new nonprovisional
 151.10 license shall be issued for the remainder of the current license period.

151.11 (c) If a license holder is under investigation and the license issued under this chapter is
 151.12 due to expire before completion of the investigation, the program shall be issued a new
 151.13 license upon completion of the reapplication requirements and payment of any applicable
 151.14 license fee. Upon completion of the investigation, a licensing sanction may be imposed
 151.15 against the new license under this section, section 245A.06, or 245A.08.

151.16 (d) Failure to reapply or closure of a license issued under this chapter by the license
 151.17 holder prior to the completion of any investigation shall not preclude the commissioner
 151.18 from issuing a licensing sanction under this section or section 245A.06 at the conclusion
 151.19 of the investigation.

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

151.21 Sec. 12. Minnesota Statutes 2020, section 245A.08, subdivision 4, is amended to read:

151.22 Subd. 4. **Recommendation or decision of administrative law judge.** (a) Except as
 151.23 provided in paragraph (b), the administrative law judge shall recommend whether or not
 151.24 the commissioner's order should be affirmed. The recommendations must be consistent with
 151.25 this chapter and the rules of the commissioner. The recommendations must be in writing
 151.26 and accompanied by findings of fact and conclusions and must be mailed to the parties by
 151.27 certified mail to their last known addresses as shown on the license or application.

151.28 (b) Following a hearing relating to the license of a family child care provider or group
 151.29 family child care provider, the administrative law judge shall decide whether the
 151.30 commissioner's order should be affirmed. The decision of the administrative law judge is
 151.31 binding on both parties to the proceeding and is the final decision of the commissioner. The
 151.32 decision of the administrative law judge must be:

151.33 (1) consistent with this chapter and the applicable licensing rules;

152.1 (2) in writing and accompanied by findings of fact and conclusions of law;

152.2 (3) mailed to the family child care provider or group family child care provider by
 152.3 certified mail to the last known address shown on the license or application, or, if service
 152.4 by certified mail is waived by the provider, served in accordance with Minnesota Rules,
 152.5 part 1400.8610; and

152.6 (4) served in accordance with Minnesota Rules, part 1400.8610, on the Department of
 152.7 Human Services and any other party.

152.8 Any person aggrieved by a final decision under this paragraph is entitled to seek judicial
 152.9 review of the decision under the provisions of sections 14.63 to 14.68.

152.10 Sec. 13. Minnesota Statutes 2020, section 245A.08, subdivision 5, is amended to read:

152.11 Subd. 5. **Notice of commissioner's final order.** After considering the findings of fact,
 152.12 conclusions, and recommendations of the administrative law judge, the commissioner shall
 152.13 issue a final order. The commissioner shall consider, but shall not be bound by, the
 152.14 recommendations of the administrative law judge. The appellant must be notified of the
 152.15 commissioner's final order as required by chapter 14 and Minnesota Rules, parts 1400.8505
 152.16 to 1400.8612. The notice must also contain information about the appellant's rights under
 152.17 chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The institution of
 152.18 proceedings for judicial review of the commissioner's final order shall not stay the
 152.19 enforcement of the final order except as provided in section 14.65. This subdivision does
 152.20 not apply to hearings relating to the license of a family child care provider or group family
 152.21 child care provider.

152.22 Sec. 14. Minnesota Statutes 2020, section 245A.14, subdivision 1, is amended to read:

152.23 Subdivision 1. **Permitted single-family residential use.** A licensed nonresidential
 152.24 program with a licensed capacity of 12 or fewer persons and a group family day care facility
 152.25 licensed under Minnesota Rules, parts 9502.0315 to 9502.0445, to serve ~~14~~ 16 or fewer
 152.26 children shall be considered a permitted single-family residential use of property for the
 152.27 purposes of zoning and other land use regulations.

152.28 Sec. 15. Minnesota Statutes 2020, section 245A.14, subdivision 4, is amended to read:

152.29 Subd. 4. **Special family day child care homes.** (a) Nonresidential child care
 152.30 programs serving ~~14~~ 16 or fewer children that are conducted at a location other than the
 152.31 license holder's own residence shall be licensed under this section and the rules governing
 152.32 family day care or group family day care if:

153.1 (a) the license holder is the primary provider of care and the nonresidential child care
153.2 program is conducted in a dwelling other than the license holder's own residence that is
153.3 located on a residential lot;

153.4 ~~(b) the license holder is an employer who may or may not be the primary provider of~~
153.5 ~~care, and the purpose for the child care program is to provide child care services to children~~
153.6 ~~of the license holder's employees;~~

153.7 ~~(c) the license holder is a church or religious organization;~~

153.8 ~~(d) the license holder is a community collaborative child care provider. For purposes of~~
153.9 ~~this subdivision, a community collaborative child care provider is a provider participating~~
153.10 ~~in a cooperative agreement with a community action agency as defined in section 256E.31;~~

153.11 ~~(e) the license holder is a not-for-profit agency that provides child care in a dwelling~~
153.12 ~~located on a residential lot and the license holder maintains two or more contracts with~~
153.13 ~~community employers or other community organizations to provide child care services.~~

153.14 ~~The county licensing agency may grant a capacity variance to a license holder licensed~~
153.15 ~~under this paragraph to exceed the licensed capacity of 14 children by no more than five~~
153.16 ~~children during transition periods related to the work schedules of parents, if the license~~
153.17 ~~holder meets the following requirements:~~

153.18 ~~(1) the program does not exceed a capacity of 14 children more than a cumulative total~~
153.19 ~~of four hours per day;~~

153.20 ~~(2) the program meets a one to seven staff to child ratio during the variance period;~~

153.21 ~~(3) all employees receive at least an extra four hours of training per year than required~~
153.22 ~~in the rules governing family child care each year;~~

153.23 ~~(4) the facility has square footage required per child under Minnesota Rules, part~~
153.24 ~~9502.0425;~~

153.25 ~~(5) the program is in compliance with local zoning regulations;~~

153.26 ~~(6) the program is in compliance with the applicable fire code as follows:~~

153.27 ~~(i) if the program serves more than five children older than 2-1/2 years of age, but no~~
153.28 ~~more than five children 2-1/2 years of age or less, the applicable fire code is educational~~
153.29 ~~occupancy, as provided in Group E Occupancy under the Minnesota State Fire Code 2015,~~
153.30 ~~Section 202; or~~

153.31 ~~(ii) if the program serves more than five children 2-1/2 years of age or less, the applicable~~
153.32 ~~fire code is Group I-4 Occupancies, as provided in the Minnesota State Fire Code 2015,~~

154.1 ~~Section 202, unless the rooms in which the children are cared for are located on a level of~~
154.2 ~~exit discharge and each of these child care rooms has an exit door directly to the exterior,~~
154.3 ~~then the applicable fire code is Group E occupancies, as provided in the Minnesota State~~
154.4 ~~Fire Code 2015, Section 202; and~~

154.5 ~~(7) any age and capacity limitations required by the fire code inspection and square~~
154.6 ~~footage determinations shall be printed on the license; or~~

154.7 ~~(f) the license holder is the primary provider of care and has located the licensed child~~
154.8 ~~care program in a commercial space, if the license holder meets the following requirements:~~

154.9 ~~(1) the program is in compliance with local zoning regulations;~~

154.10 ~~(2) the program is in compliance with the applicable fire code as follows:~~

154.11 ~~(i) if the program serves more than five children older than 2-1/2 years of age, but no~~
154.12 ~~more than five children 2-1/2 years of age or less, the applicable fire code is educational~~
154.13 ~~occupancy, as provided in Group E Occupancy under the Minnesota State Fire Code 2015,~~
154.14 ~~Section 202; or~~

154.15 ~~(ii) if the program serves more than five children 2-1/2 years of age or less, the applicable~~
154.16 ~~fire code is Group I-4 Occupancies, as provided under the Minnesota State Fire Code 2015,~~
154.17 ~~Section 202;~~

154.18 ~~(3) any age and capacity limitations required by the fire code inspection and square~~
154.19 ~~footage determinations are printed on the license; and~~

154.20 ~~(4) the license holder prominently displays the license issued by the commissioner which~~
154.21 ~~contains the statement "This special family child care provider is not licensed as a child~~
154.22 ~~care center."~~

154.23 ~~(g) The commissioner may approve two or more licenses under paragraphs (a) to (f) to~~
154.24 ~~be issued at the same location or under one contiguous roof, if each license holder is able~~
154.25 ~~to demonstrate compliance with all applicable rules and laws. Each license holder must~~
154.26 ~~operate the license holder's respective licensed program as a distinct program and within~~
154.27 ~~the capacity, age, and ratio distributions of each license.~~

154.28 ~~(h)~~ (b) The commissioner may grant variances to this section to allow a primary provider
154.29 of care, a not-for-profit organization, a church or religious organization, an employer, or a
154.30 community collaborative to be licensed to provide child care under paragraphs (e) and (f)
154.31 section 245A.141, subdivision 1, paragraph (a), clauses (4) and (5), if the license holder
154.32 meets the other requirements of the statute.

155.1 Sec. 16. [245A.141] NONRESIDENTIAL FAMILY CHILD CARE PROGRAM
155.2 LICENSING.

155.3 Subdivision 1. Nonresidential family child care programs. (a) The following child
155.4 care programs serving 16 or fewer children that are conducted at a location other than the
155.5 license holder's own residence shall be licensed under this section:

155.6 (1) the license holder is an employer who may or may not be the primary provider of
155.7 care, and the purpose for the child care program is to provide child care services to children
155.8 of the license holder's employees;

155.9 (2) the license holder is a church or religious organization;

155.10 (3) the license holder is a community collaborative child care provider. For purposes of
155.11 this subdivision, a community collaborative child care provider is a provider participating
155.12 in a cooperative agreement with a community action agency as defined in section 256E.31;

155.13 (4) the license holder is a not-for-profit agency that provides child care in a dwelling
155.14 located on a residential lot and the license holder maintains two or more contracts with
155.15 community employers or other community organizations to provide child care services.
155.16 The county licensing agency may grant a capacity variance to a license holder licensed
155.17 under this paragraph to exceed the licensed capacity of 16 children by no more than five
155.18 children during transition periods related to the work schedules of parents, if the license
155.19 holder meets the following requirements:

155.20 (i) the program does not exceed a capacity of 16 children more than a cumulative total
155.21 of four hours per day;

155.22 (ii) the program meets a one-to-eight staff-to-child ratio during the variance period;

155.23 (iii) all employees receive at least an extra four hours of training per year than are required
155.24 in the rules governing family child care each year;

155.25 (iv) the facility has square footage required per child under Minnesota Rules, part
155.26 9502.0425;

155.27 (v) the program is in compliance with local zoning regulations;

155.28 (vi) the program is in compliance with the applicable fire code as follows:

155.29 (A) if the program serves more than five children older than 2-1/2 years of age, but no
155.30 more than five children 2-1/2 years of age or younger, the applicable fire code is educational
155.31 occupancy, as provided in Group E Occupancy under the Minnesota State Fire Code 2015,
155.32 Section 202; or

156.1 (B) if the program serves more than five children 2-1/2 years of age or younger, the
156.2 applicable fire code is Group I-4 Occupancies, as provided in the Minnesota State Fire Code
156.3 2015, Section 202, unless the rooms in which the children are cared for are located on a
156.4 level of exit discharge and each of these child care rooms has an exit door directly to the
156.5 exterior, then the applicable fire code is Group E Occupancies, as provided in the Minnesota
156.6 State Fire Code 2015, Section 202; and

156.7 (vii) any age and capacity limitations required by the fire code inspection and square
156.8 footage determinations shall be printed on the license; or

156.9 (5) the license holder is the primary provider of care and has located the licensed child
156.10 care program in a commercial space, if the license holder meets the following requirements:

156.11 (i) the program is in compliance with local zoning regulations;

156.12 (ii) the program is in compliance with the applicable fire code as follows:

156.13 (A) if the program serves more than five children older than 2-1/2 years of age, but no
156.14 more than five children 2-1/2 years of age or younger, the applicable fire code is educational
156.15 occupancy, as provided in Group E Occupancy under the Minnesota State Fire Code 2015,
156.16 Section 202; or

156.17 (B) if the program serves more than five children 2-1/2 years of age or younger, the
156.18 applicable fire code is Group I-4 Occupancies, as provided under the Minnesota State Fire
156.19 Code 2015, Section 202;

156.20 (iii) any age and capacity limitations required by the fire code inspection and square
156.21 footage determinations are printed on the license; and

156.22 (iv) the license holder prominently displays the license issued by the commissioner that
156.23 contains the statement "This special family child care provider is not licensed as a child
156.24 care center."

156.25 (b) Programs licensed under this section shall be subject to the rules governing family
156.26 day care or group family day care.

156.27 (c) Programs licensed under this section shall be monitored by county licensing agencies
156.28 under section 245A.16.

156.29 Subd. 2. **Multiple license approval.** The commissioner may approve up to four licenses
156.30 under subdivision 1, paragraph (a), clause (1) or (2), to be issued at the same location or
156.31 under one contiguous roof, if each license holder is able to demonstrate compliance with
156.32 all applicable rules and laws. Each license holder must operate the license holder's respective

157.1 licensed program as a distinct program and within the capacity, age, and ratio distributions
157.2 of each license.

157.3 Subd. 3. **Variances.** The commissioner may grant variances to this section to allow a
157.4 primary provider of care, a not-for-profit organization, a church or religious organization,
157.5 an employer, or a community collaborative to be licensed to provide child care under
157.6 subdivision 1, paragraph (a), clauses (4) and (5), if the license holder meets the other
157.7 requirements of the statute.

157.8 Sec. 17. Minnesota Statutes 2020, section 245A.16, subdivision 1, is amended to read:

157.9 Subdivision 1. **Delegation of authority to agencies.** (a) County agencies and private
157.10 agencies that have been designated or licensed by the commissioner to perform licensing
157.11 functions and activities under section 245A.04 and background studies for family child care
157.12 under chapter 245C; to recommend denial of applicants under section 245A.05; to issue
157.13 correction orders, to issue variances, and recommend a conditional license under section
157.14 245A.06; or to recommend suspending or revoking a license or issuing a fine under section
157.15 245A.07, shall comply with rules and directives of the commissioner governing those
157.16 functions and with this section. The following variances are excluded from the delegation
157.17 of variance authority and may be issued only by the commissioner:

157.18 (1) dual licensure of family child care and child foster care, dual licensure of child and
157.19 adult foster care, and adult foster care and family child care;

157.20 (2) adult foster care maximum capacity;

157.21 (3) adult foster care minimum age requirement;

157.22 (4) child foster care maximum age requirement;

157.23 (5) variances regarding disqualified individuals except that, before the implementation
157.24 of NETStudy 2.0, county agencies may issue variances under section 245C.30 regarding
157.25 disqualified individuals when the county is responsible for conducting a consolidated
157.26 reconsideration according to sections 245C.25 and 245C.27, subdivision 2, clauses (a) and
157.27 (b), of a county maltreatment determination and a disqualification based on serious or
157.28 recurring maltreatment;

157.29 (6) the required presence of a caregiver in the adult foster care residence during normal
157.30 sleeping hours;

157.31 (7) variances to requirements relating to chemical use problems of a license holder or a
157.32 household member of a license holder; and

158.1 (8) variances to section 245A.53 for a time-limited period. If the commissioner grants
158.2 a variance under this clause, the license holder must provide notice of the variance to all
158.3 parents and guardians of the children in care.

158.4 Except as provided in section ~~245A.14, subdivision 4, paragraph (e)~~ 245A.141, subdivision
158.5 1, paragraph (a), clause (4), a county agency must not grant a license holder a variance to
158.6 exceed the maximum allowable family child care license capacity of ~~14~~ 16 children.

158.7 (b) A county agency that has been designated by the commissioner to issue family child
158.8 care variances must:

158.9 (1) publish the county agency's policies and criteria for issuing variances on the county's
158.10 public website and update the policies as necessary; and

158.11 (2) annually distribute the county agency's policies and criteria for issuing variances to
158.12 all family child care license holders in the county.

158.13 (c) Before the implementation of NETStudy 2.0, county agencies must report information
158.14 about disqualification reconsiderations under sections 245C.25 and 245C.27, subdivision
158.15 2, paragraphs (a) and (b), and variances granted under paragraph (a), clause (5), to the
158.16 commissioner at least monthly in a format prescribed by the commissioner.

158.17 (d) For family child care programs, the commissioner shall require a county agency to
158.18 conduct one unannounced licensing review at least annually.

158.19 (e) For family adult day services programs, the commissioner may authorize licensing
158.20 reviews every two years after a licensee has had at least one annual review.

158.21 (f) A license issued under this section may be issued for up to two years.

158.22 (g) During implementation of chapter 245D, the commissioner shall consider:

158.23 (1) the role of counties in quality assurance;

158.24 (2) the duties of county licensing staff; and

158.25 (3) the possible use of joint powers agreements, according to section 471.59, with counties
158.26 through which some licensing duties under chapter 245D may be delegated by the
158.27 commissioner to the counties.

158.28 Any consideration related to this paragraph must meet all of the requirements of the corrective
158.29 action plan ordered by the federal Centers for Medicare and Medicaid Services.

158.30 (h) Licensing authority specific to section 245D.06, subdivisions 5, 6, 7, and 8, or
158.31 successor provisions; and section 245D.061 or successor provisions, for family child foster

159.1 care programs providing out-of-home respite, as identified in section 245D.03, subdivision
 159.2 1, paragraph (b), clause (1), is excluded from the delegation of authority to county and
 159.3 private agencies.

159.4 (i) A county agency shall report to the commissioner, in a manner prescribed by the
 159.5 commissioner, the following information for a licensed family child care program:

159.6 (1) the results of each licensing review completed, including the date of the review, and
 159.7 any licensing correction order issued;

159.8 (2) any death, serious injury, or determination of substantiated maltreatment; and

159.9 (3) any fires that require the service of a fire department within 48 hours of the fire. The
 159.10 information under this clause must also be reported to the state fire marshal within two
 159.11 business days of receiving notice from a licensed family child care provider.

159.12 (j) A county agency must forward all communications from the Department of Human
 159.13 Services about family child care to family child care providers in the county. Additional
 159.14 comments by the county agency may be included if labeled as county agency comments.

159.15 Sec. 18. Minnesota Statutes 2020, section 245A.16, is amended by adding a subdivision
 159.16 to read:

159.17 Subd. 9. Licensed family foster settings. (a) Before recommending to grant a license,
 159.18 deny a license under section 245A.05, or revoke a license under section 245A.07 for
 159.19 nondisqualifying background study information received under section 245C.05, subdivision
 159.20 4, paragraph (a), clause (3), for a licensed family foster setting, a county agency or private
 159.21 agency that has been designated or licensed by the commissioner must review the following:

159.22 (1) the type of offenses;

159.23 (2) the number of offenses;

159.24 (3) the nature of the offenses;

159.25 (4) the age of the individual at the time of the offenses;

159.26 (5) the length of time that has elapsed since the last offense;

159.27 (6) the relationship of the offenses and the capacity to care for a child;

159.28 (7) evidence of rehabilitation;

159.29 (8) information or knowledge from community members regarding the individual's
 159.30 capacity to provide foster care;

160.1 (9) any available information regarding child maltreatment reports or child in need of
160.2 protection or services petitions, or related cases, in which the individual has been involved
160.3 or implicated, and documentation that the individual has remedied issues or conditions
160.4 identified in child protection or court records that are relevant to safely caring for a child;

160.5 (10) a statement from the study subject;

160.6 (11) a statement from the license holder; and

160.7 (12) other aggravating and mitigating factors.

160.8 (b) For purposes of this section, "evidence of rehabilitation" includes but is not limited
160.9 to the following:

160.10 (1) maintaining a safe and stable residence;

160.11 (2) continuous, regular, or stable employment;

160.12 (3) successful participation in an education or job training program;

160.13 (4) positive involvement with the community or extended family;

160.14 (5) compliance with the terms and conditions of probation or parole following the
160.15 individual's most recent conviction;

160.16 (6) if the individual has had a substance use disorder, successful completion of a substance
160.17 use disorder assessment, substance use disorder treatment, and recommended continuing
160.18 care, if applicable, demonstrated abstinence from controlled substances, as defined in section
160.19 152.01, subdivision 4, or the establishment of a sober network;

160.20 (7) if the individual has had a mental illness or documented mental health issues,
160.21 demonstrated completion of a mental health evaluation, participation in therapy or other
160.22 recommended mental health treatment, or appropriate medication management, if applicable;

160.23 (8) if the individual's offense or conduct involved domestic violence, demonstrated
160.24 completion of a domestic violence or anger management program, and the absence of any
160.25 orders for protection or harassment restraining orders against the individual since the previous
160.26 offense or conduct;

160.27 (9) written letters of support from individuals of good repute, including but not limited
160.28 to employers, members of the clergy, probation or parole officers, volunteer supervisors,
160.29 or social services workers;

160.30 (10) demonstrated remorse for convictions or conduct, or demonstrated positive behavior
160.31 changes; and

161.1 (11) absence of convictions or arrests since the previous offense or conduct, including
161.2 any convictions that were expunged or pardoned.

161.3 (c) An applicant for a family foster setting license must sign all releases of information
161.4 requested by the county or private licensing agency.

161.5 (d) When licensing a relative for a family foster setting, the commissioner shall also
161.6 consider the importance of maintaining the child's relationship with relatives as an additional
161.7 significant factor in determining whether an application will be denied.

161.8 (e) When recommending that the commissioner deny or revoke a license, the county or
161.9 private licensing agency must send a summary of the review completed according to
161.10 paragraph (a), on a form developed by the commissioner, to the commissioner and include
161.11 any recommendation for licensing action.

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

161.13 Sec. 19. Minnesota Statutes 2020, section 245A.50, subdivision 1a, is amended to read:

161.14 Subd. 1a. **Definitions and general provisions.** For the purposes of this section, the
161.15 following terms have the meanings given:

161.16 (1) "second adult caregiver" means an adult who cares for children in the licensed
161.17 program along with the license holder for a cumulative total of more than 500 hours annually;

161.18 (2) "helper" means a minor, ages 13 to 17, who assists in caring for children; ~~and~~

161.19 (3) "substitute" means an adult who assumes responsibility for a license holder for a
161.20 cumulative total of not more than 500 hours annually; and

161.21 (4) "adult assistant" means an adult who assists in caring for children exclusively under
161.22 the direct supervision of the license holder. An adult assistant may not serve as a second
161.23 adult caregiver and has the same training requirements as helpers.

161.24 An adult, except for an adult assistant, who cares for children in the licensed program along
161.25 with the license holder for a cumulative total of not more than 500 hours annually has the
161.26 same training requirements as a substitute.

161.27 Sec. 20. Minnesota Statutes 2020, section 245A.50, subdivision 7, is amended to read:

161.28 Subd. 7. **Training requirements for family and group family child care.** (a) For
161.29 purposes of family and group family child care, the license holder and each second adult
161.30 caregiver must complete 16 hours of ongoing training each year. Repeat of topical training
161.31 requirements in subdivisions 2 to 8 shall count toward the annual 16-hour training

162.1 requirement. Additional ongoing training subjects to meet the annual 16-hour training
 162.2 requirement must be selected from the following areas:

162.3 (1) child development and learning training in understanding how a child develops
 162.4 physically, cognitively, emotionally, and socially, and how a child learns as part of the
 162.5 child's family, culture, and community;

162.6 (2) developmentally appropriate learning experiences, including training in creating
 162.7 positive learning experiences, promoting cognitive development, promoting social and
 162.8 emotional development, promoting physical development, promoting creative development;
 162.9 and behavior guidance;

162.10 (3) relationships with families, including training in building a positive, respectful
 162.11 relationship with the child's family;

162.12 (4) assessment, evaluation, and individualization, including training in observing,
 162.13 recording, and assessing development; assessing and using information to plan; and assessing
 162.14 and using information to enhance and maintain program quality;

162.15 (5) historical and contemporary development of early childhood education, including
 162.16 training in past and current practices in early childhood education and how current events
 162.17 and issues affect children, families, and programs;

162.18 (6) professionalism, including training in knowledge, skills, and abilities that promote
 162.19 ongoing professional development; and

162.20 (7) health, safety, and nutrition, including training in establishing healthy practices;
 162.21 ensuring safety; and providing healthy nutrition.

162.22 (b) A provider who is approved as a trainer through the Develop data system may count
 162.23 up to two hours of training instruction toward the annual 16-hour training requirement in
 162.24 paragraph (a). The provider may only count training instruction hours for the first instance
 162.25 in which they deliver a particular content-specific training during each licensing year. Hours
 162.26 counted as training instruction must be approved through the Develop data system with
 162.27 attendance verified on the trainer's individual learning record.

162.28 Sec. 21. Minnesota Statutes 2020, section 245C.02, subdivision 4a, is amended to read:

162.29 Subd. 4a. **Authorized fingerprint collection vendor.** "Authorized fingerprint collection
 162.30 vendor" means ~~a one of up to three qualified organization~~ one or more organizations under a written
 162.31 contract with the commissioner to provide services in accordance with section 245C.05,
 162.32 subdivision 5, paragraph (b).

163.1 Sec. 22. Minnesota Statutes 2020, section 245C.03, is amended by adding a subdivision
163.2 to read:

163.3 Subd. 14. **First-time applicants for educator licenses with the Professional Educator**
163.4 **Licensing and Standards Board.** The Professional Educator Licensing and Standards
163.5 Board shall make all eligibility determinations for background studies conducted under this
163.6 section for the Professional Educator Licensing and Standards Board. The commissioner
163.7 may conduct a background study of all first-time applicants for educator licenses pursuant
163.8 to section 122A.18, subdivision 8. The background study of all first-time applicants for
163.9 educator licenses must include a review of information from the Bureau of Criminal
163.10 Apprehension, including criminal history data as defined in section 13.87, and must also
163.11 include a review of the national criminal records repository.

163.12 Sec. 23. Minnesota Statutes 2020, section 245C.03, is amended by adding a subdivision
163.13 to read:

163.14 Subd. 15. **First-time applicants for administrator licenses with the Board of School**
163.15 **Administrators.** The Board of School Administrators shall make all eligibility determinations
163.16 for background studies conducted under this section for the Board of School Administrators.
163.17 The commissioner may conduct a background study of all first-time applicants for
163.18 administrator licenses pursuant to section 122A.18, subdivision 8. The background study
163.19 of all first-time applicants for administrator licenses must include a review of information
163.20 from the Bureau of Criminal Apprehension, including criminal history data as defined in
163.21 section 13.87, and must also include a review of the national criminal records repository.

163.22 Sec. 24. Minnesota Statutes 2020, section 245C.03, is amended by adding a subdivision
163.23 to read:

163.24 Subd. 16. **Occupations regulated by MNsure.** (a) The commissioner shall conduct a
163.25 background study of any individual required under section 62V.05 to have a background
163.26 study completed under this chapter. The commissioner shall conduct a background study
163.27 only based on Minnesota criminal records of:

163.28 (1) each navigator;

163.29 (2) each in-person assister; and

163.30 (3) each certified application counselor.

163.31 (b) The MNsure board of directors may initiate background studies required by paragraph
163.32 (a) using the online NETStudy 2.0 system operated by the commissioner.

164.1 (c) The commissioner shall review information that the commissioner receives to
164.2 determine if the study subject has potentially disqualifying offenses. The commissioner
164.3 shall send a letter to the subject indicating any of the subject's potential disqualifications as
164.4 well as any relevant records. The commissioner shall send a copy of the letter indicating
164.5 any of the subject's potential disqualifications to the MNsure board.

164.6 (d) The MNsure board or the board's delegate shall review a reconsideration request of
164.7 an individual in paragraph (a), including granting a set-aside, according to the procedures
164.8 and criteria in chapter 245C. The board shall notify the individual and the Department of
164.9 Human Services of the board's decision.

164.10 Sec. 25. Minnesota Statutes 2020, section 245C.03, is amended by adding a subdivision
164.11 to read:

164.12 Subd. 17. **Early intensive developmental and behavioral intervention providers.** The
164.13 commissioner shall conduct background studies according to this chapter when initiated by
164.14 an early intensive developmental and behavioral intervention provider under section
164.15 256B.0949.

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

164.17 Sec. 26. Minnesota Statutes 2020, section 245C.05, subdivision 2c, is amended to read:

164.18 Subd. 2c. **Privacy notice to background study subject.** (a) Prior to initiating each
164.19 background study, the entity initiating the study must provide the commissioner's privacy
164.20 notice to the background study subject required under section 13.04, subdivision 2. The
164.21 notice must be available through the commissioner's electronic NETStudy and NETStudy
164.22 2.0 systems and shall include the information in paragraphs (b) and (c).

164.23 (b) The background study subject shall be informed that any previous background studies
164.24 that received a set-aside will be reviewed, and without further contact with the background
164.25 study subject, the commissioner may notify the agency that initiated the subsequent
164.26 background study:

164.27 (1) that the individual has a disqualification that has been set aside for the program or
164.28 agency that initiated the study;

164.29 (2) the reason for the disqualification; and

164.30 (3) that information about the decision to set aside the disqualification will be available
164.31 to the license holder upon request without the consent of the background study subject.

165.1 (c) The background study subject must also be informed that:

165.2 (1) the subject's fingerprints collected for purposes of completing the background study
165.3 under this chapter must not be retained by the Department of Public Safety, Bureau of
165.4 Criminal Apprehension, or by the commissioner. The Federal Bureau of Investigation will
165.5 ~~only retain fingerprints of subjects with a criminal history~~ not retain background study
165.6 subjects' fingerprints;

165.7 (2) effective upon implementation of NETStudy 2.0, the subject's photographic image
165.8 will be retained by the commissioner, and if the subject has provided the subject's Social
165.9 Security number for purposes of the background study, the photographic image will be
165.10 available to prospective employers and agencies initiating background studies under this
165.11 chapter to verify the identity of the subject of the background study;

165.12 (3) ~~the commissioner's~~ an authorized fingerprint collection vendor shall, for purposes
165.13 of verifying the identity of the background study subject, be able to view the identifying
165.14 information entered into NETStudy 2.0 by the entity that initiated the background study,
165.15 but shall not retain the subject's fingerprints, photograph, or information from NETStudy
165.16 2.0. ~~The~~ An authorized fingerprint collection vendor shall retain no more than the subject's
165.17 name and the date and time the subject's fingerprints were recorded and sent, only as
165.18 necessary for auditing and billing activities;

165.19 (4) the commissioner shall provide the subject notice, as required in section 245C.17,
165.20 subdivision 1, paragraph (a), when an entity initiates a background study on the individual;

165.21 (5) the subject may request in writing a report listing the entities that initiated a
165.22 background study on the individual as provided in section 245C.17, subdivision 1, paragraph
165.23 (b);

165.24 (6) the subject may request in writing that information used to complete the individual's
165.25 background study in NETStudy 2.0 be destroyed if the requirements of section 245C.051,
165.26 paragraph (a), are met; and

165.27 (7) notwithstanding clause (6), the commissioner shall destroy:

165.28 (i) the subject's photograph after a period of two years when the requirements of section
165.29 245C.051, paragraph (c), are met; and

165.30 (ii) any data collected on a subject under this chapter after a period of two years following
165.31 the individual's death as provided in section 245C.051, paragraph (d).

166.1 Sec. 27. Minnesota Statutes 2020, section 245C.05, subdivision 2d, is amended to read:

166.2 Subd. 2d. **Fingerprint data notification.** The commissioner of human services shall
166.3 notify all background study subjects under this chapter that the Department of Human
166.4 Services, Department of Public Safety, and the Bureau of Criminal Apprehension do not
166.5 retain fingerprint data after a background study is completed, and that the Federal Bureau
166.6 of Investigation ~~only retains the fingerprints of subjects who have a criminal history~~ does
166.7 not retain background study subjects' fingerprints.

166.8 Sec. 28. Minnesota Statutes 2020, section 245C.05, subdivision 4, is amended to read:

166.9 Subd. 4. **Electronic transmission.** (a) For background studies conducted by the
166.10 Department of Human Services, the commissioner shall implement a secure system for the
166.11 electronic transmission of:

166.12 (1) background study information to the commissioner;

166.13 (2) background study results to the license holder;

166.14 (3) background study results to counties for background studies conducted by the
166.15 commissioner for child foster care, including a summary of nondisqualifying results, except
166.16 as prohibited by law; and

166.17 (4) background study results to county agencies for background studies conducted by
166.18 the commissioner for adult foster care and family adult day services and, upon
166.19 implementation of NETStudy 2.0, family child care and legal nonlicensed child care
166.20 authorized under chapter 119B.

166.21 (b) Unless the commissioner has granted a hardship variance under paragraph (c), a
166.22 license holder or an applicant must use the electronic transmission system known as
166.23 NETStudy or NETStudy 2.0 to submit all requests for background studies to the
166.24 commissioner as required by this chapter.

166.25 (c) A license holder or applicant whose program is located in an area in which high-speed
166.26 Internet is inaccessible may request the commissioner to grant a variance to the electronic
166.27 transmission requirement.

166.28 (d) Section 245C.08, subdivision 3, paragraph (c), applies to results transmitted under
166.29 this subdivision.

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

167.1 Sec. 29. Minnesota Statutes 2020, section 245C.05, subdivision 5, is amended to read:

167.2 Subd. 5. **Fingerprints and photograph.** (a) Notwithstanding paragraph (b), for
167.3 background studies conducted by the commissioner for child foster care, children's residential
167.4 facilities, adoptions, or a transfer of permanent legal and physical custody of a child, the
167.5 subject of the background study, who is 18 years of age or older, shall provide the
167.6 commissioner with a set of classifiable fingerprints obtained from an authorized agency for
167.7 a national criminal history record check.

167.8 (b) For background studies initiated on or after the implementation of NETStudy 2.0,
167.9 except as provided under subdivision 5a, every subject of a background study must provide
167.10 the commissioner with a set of the background study subject's classifiable fingerprints and
167.11 photograph. The photograph and fingerprints must be recorded at the same time by ~~the~~
167.12 ~~commissioner's~~ an authorized fingerprint collection vendor and sent to the commissioner
167.13 through the commissioner's secure data system described in section 245C.32, subdivision
167.14 1a, paragraph (b).

167.15 (c) The fingerprints shall be submitted by the commissioner to the Bureau of Criminal
167.16 Apprehension and, when specifically required by law, submitted to the Federal Bureau of
167.17 Investigation for a national criminal history record check.

167.18 (d) The fingerprints must not be retained by the Department of Public Safety, Bureau
167.19 of Criminal Apprehension, or the commissioner. The Federal Bureau of Investigation will
167.20 not retain background study subjects' fingerprints.

167.21 (e) ~~The commissioner's~~ An authorized fingerprint collection vendor shall, for purposes
167.22 of verifying the identity of the background study subject, be able to view the identifying
167.23 information entered into NETStudy 2.0 by the entity that initiated the background study,
167.24 but shall not retain the subject's fingerprints, photograph, or information from NETStudy
167.25 2.0. ~~The~~ An authorized fingerprint collection vendor shall retain no more than the name
167.26 and date and time the subject's fingerprints were recorded and sent, only as necessary for
167.27 auditing and billing activities.

167.28 (f) For any background study conducted under this chapter, the subject shall provide the
167.29 commissioner with a set of classifiable fingerprints when the commissioner has reasonable
167.30 cause to require a national criminal history record check as defined in section 245C.02,
167.31 subdivision 15a.

168.1 Sec. 30. Minnesota Statutes 2020, section 245C.08, subdivision 1, is amended to read:

168.2 Subdivision 1. **Background studies conducted by Department of Human Services.** (a)

168.3 For a background study conducted by the Department of Human Services, the commissioner
168.4 shall review:

168.5 (1) information related to names of substantiated perpetrators of maltreatment of
168.6 vulnerable adults that has been received by the commissioner as required under section
168.7 626.557, subdivision 9c, paragraph (j);

168.8 (2) the commissioner's records relating to the maltreatment of minors in licensed
168.9 programs, and from findings of maltreatment of minors as indicated through the social
168.10 service information system;

168.11 (3) information from juvenile courts as required in subdivision 4 for individuals listed
168.12 in section 245C.03, subdivision 1, paragraph (a), when there is reasonable cause;

168.13 (4) information from the Bureau of Criminal Apprehension, including information
168.14 regarding a background study subject's registration in Minnesota as a predatory offender
168.15 under section 243.166;

168.16 (5) except as provided in clause (6), information received as a result of submission of
168.17 fingerprints for a national criminal history record check, as defined in section 245C.02,
168.18 subdivision 13c, when the commissioner has reasonable cause for a national criminal history
168.19 record check as defined under section 245C.02, subdivision 15a, or as required under section
168.20 144.057, subdivision 1, paragraph (a), clause (2);

168.21 (6) for a background study related to a child foster family setting application for licensure,
168.22 foster residence settings, children's residential facilities, a transfer of permanent legal and
168.23 physical custody of a child under sections 260C.503 to 260C.515, or adoptions, and for a
168.24 background study required for family child care, certified license-exempt child care, child
168.25 care centers, and legal nonlicensed child care authorized under chapter 119B, the
168.26 commissioner shall also review:

168.27 (i) information from the child abuse and neglect registry for any state in which the
168.28 background study subject has resided for the past five years;

168.29 (ii) when the background study subject is 18 years of age or older, or a minor under
168.30 section 245C.05, subdivision 5a, paragraph (c), information received following submission
168.31 of fingerprints for a national criminal history record check; and

168.32 (iii) when the background study subject is 18 years of age or older or a minor under
168.33 section 245C.05, subdivision 5a, paragraph (d), for licensed family child care, certified

169.1 license-exempt child care, licensed child care centers, and legal nonlicensed child care
169.2 authorized under chapter 119B, information obtained using non-fingerprint-based data
169.3 including information from the criminal and sex offender registries for any state in which
169.4 the background study subject resided for the past five years and information from the national
169.5 crime information database and the national sex offender registry; and

169.6 (7) for a background study required for family child care, certified license-exempt child
169.7 care centers, licensed child care centers, and legal nonlicensed child care authorized under
169.8 chapter 119B, the background study shall also include, to the extent practicable, a name
169.9 and date-of-birth search of the National Sex Offender Public website.

169.10 (b) Notwithstanding expungement by a court, the commissioner may consider information
169.11 obtained under paragraph (a), clauses (3) and (4), unless the commissioner received notice
169.12 of the petition for expungement and the court order for expungement is directed specifically
169.13 to the commissioner.

169.14 (c) The commissioner shall also review criminal case information received according
169.15 to section 245C.04, subdivision 4a, from the Minnesota court information system that relates
169.16 to individuals who have already been studied under this chapter and who remain affiliated
169.17 with the agency that initiated the background study.

169.18 (d) When the commissioner has reasonable cause to believe that the identity of a
169.19 background study subject is uncertain, the commissioner may require the subject to provide
169.20 a set of classifiable fingerprints for purposes of completing a fingerprint-based record check
169.21 with the Bureau of Criminal Apprehension. Fingerprints collected under this paragraph
169.22 shall not be saved by the commissioner after they have been used to verify the identity of
169.23 the background study subject against the particular criminal record in question.

169.24 (e) The commissioner may inform the entity that initiated a background study under
169.25 NETStudy 2.0 of the status of processing of the subject's fingerprints.

169.26 Sec. 31. Minnesota Statutes 2020, section 245C.08, subdivision 3, is amended to read:

169.27 Subd. 3. **Arrest and investigative information.** (a) For any background study completed
169.28 under this section, if the commissioner has reasonable cause to believe the information is
169.29 pertinent to the disqualification of an individual, the commissioner also may review arrest
169.30 and investigative information from:

169.31 (1) the Bureau of Criminal Apprehension;

169.32 (2) the commissioners of health and human services;

170.1 (3) a county attorney;

170.2 (4) a county sheriff;

170.3 (5) a county agency;

170.4 (6) a local chief of police;

170.5 (7) other states;

170.6 (8) the courts;

170.7 (9) the Federal Bureau of Investigation;

170.8 (10) the National Criminal Records Repository; and

170.9 (11) criminal records from other states.

170.10 (b) Except when specifically required by law, the commissioner is not required to conduct
170.11 more than one review of a subject's records from the Federal Bureau of Investigation if a
170.12 review of the subject's criminal history with the Federal Bureau of Investigation has already
170.13 been completed by the commissioner and there has been no break in the subject's affiliation
170.14 with the entity that initiated the background study.

170.15 (c) If the commissioner conducts a national criminal history record check when required
170.16 by law and uses the information from the national criminal history record check to make a
170.17 disqualification determination, the data obtained is private data and cannot be shared with
170.18 ~~county agencies~~, private agencies, or prospective employers of the background study subject.

170.19 (d) If the commissioner conducts a national criminal history record check when required
170.20 by law and uses the information from the national criminal history record check to make a
170.21 disqualification determination, the license holder or entity that submitted the study is not
170.22 required to obtain a copy of the background study subject's disqualification letter under
170.23 section 245C.17, subdivision 3.

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

170.25 Sec. 32. Minnesota Statutes 2020, section 245C.10, is amended by adding a subdivision
170.26 to read:

170.27 **Subd. 17. Early intensive developmental and behavioral intervention providers.** The
170.28 commissioner shall recover the cost of background studies required under section 245C.03,
170.29 subdivision 15, for the purposes of early intensive developmental and behavioral intervention
170.30 under section 256B.0949, through a fee of no more than \$20 per study charged to the enrolled

171.1 agency. The fees collected under this subdivision are appropriated to the commissioner for
171.2 the purpose of conducting background studies.

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

171.4 Sec. 33. Minnesota Statutes 2020, section 245C.10, is amended by adding a subdivision
171.5 to read:

171.6 Subd. 18. **Occupations regulated by MNsure.** The commissioner shall set fees to
171.7 recover the cost of background studies and criminal background checks initiated by MNsure
171.8 under sections 62V.05 and 245C.03. The fee amount shall be established through interagency
171.9 agreement between the commissioner and the board of MNsure or its designee. The fees
171.10 collected under this subdivision shall be deposited in the special revenue fund and are
171.11 appropriated to the commissioner for the purpose of conducting background studies and
171.12 criminal background checks.

171.13 Sec. 34. Minnesota Statutes 2020, section 245C.10, is amended by adding a subdivision
171.14 to read:

171.15 Subd. 19. **Professional Educators Licensing Standards Board.** The commissioner
171.16 shall recover the cost of background studies initiated by the Professional Educators Licensing
171.17 Standards Board through a fee of no more than \$51 per study. Fees collected under this
171.18 subdivision are appropriated to the commissioner for purposes of conducting background
171.19 studies.

171.20 Sec. 35. Minnesota Statutes 2020, section 245C.10, is amended by adding a subdivision
171.21 to read:

171.22 Subd. 20. **Board of School Administrators.** The commissioner shall recover the cost
171.23 of background studies initiated by the Board of School Administrators through a fee of no
171.24 more than \$51 per study. Fees collected under this subdivision are appropriated to the
171.25 commissioner for purposes of conducting background studies.

171.26 Sec. 36. Minnesota Statutes 2020, section 245C.14, subdivision 1, is amended to read:

171.27 Subdivision 1. **Disqualification from direct contact.** (a) The commissioner shall
171.28 disqualify an individual who is the subject of a background study from any position allowing
171.29 direct contact with persons receiving services from the license holder or entity identified in
171.30 section 245C.03, upon receipt of information showing, or when a background study
171.31 completed under this chapter shows any of the following:

172.1 (1) a conviction of, admission to, or Alford plea to one or more crimes listed in section
172.2 245C.15, regardless of whether the conviction or admission is a felony, gross misdemeanor,
172.3 or misdemeanor level crime;

172.4 (2) a preponderance of the evidence indicates the individual has committed an act or
172.5 acts that meet the definition of any of the crimes listed in section 245C.15, regardless of
172.6 whether the preponderance of the evidence is for a felony, gross misdemeanor, or
172.7 misdemeanor level crime; or

172.8 (3) an investigation results in an administrative determination listed under section
172.9 245C.15, subdivision 4, paragraph (b).

172.10 (b) No individual who is disqualified following a background study under section
172.11 245C.03, subdivisions 1 and 2, may be retained in a position involving direct contact with
172.12 persons served by a program or entity identified in section 245C.03, unless the commissioner
172.13 has provided written notice under section 245C.17 stating that:

172.14 (1) the individual may remain in direct contact during the period in which the individual
172.15 may request reconsideration as provided in section 245C.21, subdivision 2;

172.16 (2) the commissioner has set aside the individual's disqualification for that program or
172.17 entity identified in section 245C.03, as provided in section 245C.22, subdivision 4; or

172.18 (3) the license holder has been granted a variance for the disqualified individual under
172.19 section 245C.30.

172.20 (c) Notwithstanding paragraph (a), for the purposes of a background study affiliated
172.21 with a licensed family foster setting, the commissioner shall disqualify an individual who
172.22 is the subject of a background study from any position allowing direct contact with persons
172.23 receiving services from the license holder or entity identified in section 245C.03, upon
172.24 receipt of information showing or when a background study completed under this chapter
172.25 shows reason for disqualification under section 245C.15, subdivision 4a.

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

172.27 Sec. 37. Minnesota Statutes 2020, section 245C.15, is amended by adding a subdivision
172.28 to read:

172.29 **Subd. 4a. Licensed family foster setting disqualifications.** (a) Notwithstanding
172.30 subdivisions 1 to 4, for a background study affiliated with a licensed family foster setting,
172.31 regardless of how much time has passed, an individual is disqualified under section 245C.14
172.32 if the individual committed an act that resulted in a felony-level conviction for sections:

173.1 609.185 (murder in the first degree); 609.19 (murder in the second degree); 609.195 (murder
173.2 in the third degree); 609.20 (manslaughter in the first degree); 609.205 (manslaughter in
173.3 the second degree); 609.2112 (criminal vehicular homicide); 609.221 (assault in the first
173.4 degree); 609.223, subdivision 2 (assault in the third degree, past pattern of child abuse);
173.5 609.223, subdivision 3 (assault in the third degree, victim under four); a felony offense
173.6 under sections 609.2242 and 609.2243 (domestic assault, spousal abuse, child abuse or
173.7 neglect, or a crime against children); 609.2247 (domestic assault by strangulation); 609.2325
173.8 (criminal abuse of a vulnerable adult resulting in the death of a vulnerable adult); 609.245
173.9 (aggravated robbery); 609.25 (kidnapping); 609.255 (false imprisonment); 609.2661 (murder
173.10 of an unborn child in the first degree); 609.2662 (murder of an unborn child in the second
173.11 degree); 609.2663 (murder of an unborn child in the third degree); 609.2664 (manslaughter
173.12 of an unborn child in the first degree); 609.2665 (manslaughter of an unborn child in the
173.13 second degree); 609.267 (assault of an unborn child in the first degree); 609.2671 (assault
173.14 of an unborn child in the second degree); 609.268 (injury or death of an unborn child in the
173.15 commission of a crime); 609.322, subdivision 1 (solicitation, inducement, and promotion
173.16 of prostitution; sex trafficking in the first degree); 609.324, subdivision 1 (other prohibited
173.17 acts; engaging in, hiring, or agreeing to hire minor to engage in prostitution); 609.342
173.18 (criminal sexual conduct in the first degree); 609.343 (criminal sexual conduct in the second
173.19 degree); 609.344 (criminal sexual conduct in the third degree); 609.345 (criminal sexual
173.20 conduct in the fourth degree); 609.3451 (criminal sexual conduct in the fifth degree);
173.21 609.3453 (criminal sexual predatory conduct); 609.352 (solicitation of children to engage
173.22 in sexual conduct); 609.377 (malicious punishment of a child); 609.378 (neglect or
173.23 endangerment of a child); 609.561 (arson in the first degree); 609.582, subdivision 1 (burglary
173.24 in the first degree); 609.746 (interference with privacy); 617.23 (indecent exposure); 617.246
173.25 (use of minors in sexual performance prohibited); or 617.247 (possession of pictorial
173.26 representations of minors).

173.27 (b) Notwithstanding subdivisions 1 to 4, for the purposes of a background study affiliated
173.28 with a licensed family foster setting, an individual is disqualified under section 245C.14,
173.29 regardless of how much time has passed, if the individual:

173.30 (1) committed an action under paragraph (d) that resulted in death or involved sexual
173.31 abuse, as defined in section 260E.03, subdivision 20;

173.32 (2) committed an act that resulted in a gross misdemeanor-level conviction for section
173.33 609.3451 (criminal sexual conduct in the fifth degree);

173.34 (3) committed an act against or involving a minor that resulted in a felony-level conviction
173.35 for: section 609.222 (assault in the second degree); 609.223, subdivision 1 (assault in the

174.1 third degree); 609.2231 (assault in the fourth degree); or 609.224 (assault in the fifth degree);
174.2 or

174.3 (4) committed an act that resulted in a misdemeanor or gross misdemeanor-level
174.4 conviction for section 617.293 (dissemination and display of harmful materials to minors).

174.5 (c) Notwithstanding subdivisions 1 to 4, for a background study affiliated with a licensed
174.6 family foster setting, an individual is disqualified under section 245C.14 if less than 20
174.7 years have passed since the termination of the individual's parental rights under section
174.8 260C.301, subdivision 1, paragraph (b), or if the individual consented to a termination of
174.9 parental rights under section 260C.301, subdivision 1, paragraph (a), to settle a petition to
174.10 involuntarily terminate parental rights. An individual is disqualified under section 245C.14
174.11 if less than 20 years have passed since the termination of the individual's parental rights in
174.12 any other state or country, where the conditions for the individual's termination of parental
174.13 rights are substantially similar to the conditions in section 260C.301, subdivision 1, paragraph
174.14 (b).

174.15 (d) Notwithstanding subdivisions 1 to 4, for a background study affiliated with a licensed
174.16 family foster setting, an individual is disqualified under section 245C.14 if less than five
174.17 years have passed since a felony-level violation for sections: 152.021 (controlled substance
174.18 crime in the first degree); 152.022 (controlled substance crime in the second degree); 152.023
174.19 (controlled substance crime in the third degree); 152.024 (controlled substance crime in the
174.20 fourth degree); 152.025 (controlled substance crime in the fifth degree); 152.0261 (importing
174.21 controlled substances across state borders); 152.0262, subdivision 1, paragraph (b)
174.22 (possession of substance with intent to manufacture methamphetamine); 152.027, subdivision
174.23 6, paragraph (c) (sale or possession of synthetic cannabinoids); 152.096 (conspiracies
174.24 prohibited); 152.097 (simulated controlled substances); 152.136 (anhydrous ammonia;
174.25 prohibited conduct; criminal penalties; civil liabilities); 152.137 (methamphetamine-related
174.26 crimes involving children or vulnerable adults); 169A.24 (felony first-degree driving while
174.27 impaired); 243.166 (violation of predatory offender registration requirements); 609.2113
174.28 (criminal vehicular operation; bodily harm); 609.2114 (criminal vehicular operation; unborn
174.29 child); 609.228 (great bodily harm caused by distribution of drugs); 609.2325 (criminal
174.30 abuse of a vulnerable adult not resulting in the death of a vulnerable adult); 609.233 (criminal
174.31 neglect); 609.235 (use of drugs to injure or facilitate a crime); 609.24 (simple robbery);
174.32 609.322, subdivision 1a (solicitation, inducement, and promotion of prostitution; sex
174.33 trafficking in the second degree); 609.498, subdivision 1 (tampering with a witness in the
174.34 first degree); 609.498, subdivision 1b (aggravated first-degree witness tampering); 609.562
174.35 (arson in the second degree); 609.563 (arson in the third degree); 609.582, subdivision 2

175.1 (burglary in the second degree); 609.66 (felony dangerous weapons); 609.687 (adulteration);
175.2 609.713 (terroristic threats); 609.749, subdivision 3, 4, or 5 (felony-level harassment or
175.3 stalking); 609.855, subdivision 5 (shooting at or in a public transit vehicle or facility); or
175.4 624.713 (certain people not to possess firearms).

175.5 (e) Notwithstanding subdivisions 1 to 4, except as provided in paragraph (a), for a
175.6 background study affiliated with a licensed family child foster care license, an individual
175.7 is disqualified under section 245C.14 if less than five years have passed since:

175.8 (1) a felony-level violation for an act not against or involving a minor that constitutes:
175.9 section 609.222 (assault in the second degree); 609.223, subdivision 1 (assault in the third
175.10 degree); 609.2231 (assault in the fourth degree); or 609.224, subdivision 4 (assault in the
175.11 fifth degree);

175.12 (2) a violation of an order for protection under section 518B.01, subdivision 14;

175.13 (3) a determination or disposition of the individual's failure to make required reports
175.14 under section 260E.06 or 626.557, subdivision 3, for incidents in which the final disposition
175.15 under chapter 260E or section 626.557 was substantiated maltreatment and the maltreatment
175.16 was recurring or serious;

175.17 (4) a determination or disposition of the individual's substantiated serious or recurring
175.18 maltreatment of a minor under chapter 260E, a vulnerable adult under section 626.557, or
175.19 serious or recurring maltreatment in any other state, the elements of which are substantially
175.20 similar to the elements of maltreatment under chapter 260E or section 626.557 and meet
175.21 the definition of serious maltreatment or recurring maltreatment;

175.22 (5) a gross misdemeanor-level violation for sections: 609.224, subdivision 2 (assault in
175.23 the fifth degree); 609.2242 and 609.2243 (domestic assault); 609.233 (criminal neglect);
175.24 609.377 (malicious punishment of a child); 609.378 (neglect or endangerment of a child);
175.25 609.746 (interference with privacy); 609.749 (stalking); or 617.23 (indecent exposure); or

175.26 (6) committing an act against or involving a minor that resulted in a misdemeanor-level
175.27 violation of section 609.224, subdivision 1 (assault in the fifth degree).

175.28 (f) For purposes of this subdivision, the disqualification begins from:

175.29 (1) the date of the alleged violation, if the individual was not convicted;

175.30 (2) the date of conviction, if the individual was convicted of the violation but not
175.31 committed to the custody of the commissioner of corrections; or

176.1 (3) the date of release from prison, if the individual was convicted of the violation and
176.2 committed to the custody of the commissioner of corrections.

176.3 Notwithstanding clause (3), if the individual is subsequently reincarcerated for a violation
176.4 of the individual's supervised release, the disqualification begins from the date of release
176.5 from the subsequent incarceration.

176.6 (g) An individual's aiding and abetting, attempt, or conspiracy to commit any of the
176.7 offenses listed in paragraphs (a) and (b), as each of these offenses is defined in Minnesota
176.8 Statutes, permanently disqualifies the individual under section 245C.14. An individual is
176.9 disqualified under section 245C.14 if less than five years have passed since the individual's
176.10 aiding and abetting, attempt, or conspiracy to commit any of the offenses listed in paragraphs
176.11 (d) and (e).

176.12 (h) An individual's offense in any other state or country, where the elements of the
176.13 offense are substantially similar to any of the offenses listed in paragraphs (a) and (b),
176.14 permanently disqualifies the individual under section 245C.14. An individual is disqualified
176.15 under section 245C.14 if less than five years have passed since an offense in any other state
176.16 or country, the elements of which are substantially similar to the elements of any offense
176.17 listed in paragraphs (d) and (e).

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

176.19 Sec. 38. Minnesota Statutes 2020, section 245C.24, subdivision 2, is amended to read:

176.20 Subd. 2. **Permanent bar to set aside a disqualification.** (a) Except as provided in
176.21 paragraphs (b) to ~~(e)~~ (f), the commissioner may not set aside the disqualification of any
176.22 individual disqualified pursuant to this chapter, regardless of how much time has passed,
176.23 if the individual was disqualified for a crime or conduct listed in section 245C.15, subdivision
176.24 1.

176.25 (b) For an individual in the chemical dependency or corrections field who was disqualified
176.26 for a crime or conduct listed under section 245C.15, subdivision 1, and whose disqualification
176.27 was set aside prior to July 1, 2005, the commissioner must consider granting a variance
176.28 pursuant to section 245C.30 for the license holder for a program dealing primarily with
176.29 adults. A request for reconsideration evaluated under this paragraph must include a letter
176.30 of recommendation from the license holder that was subject to the prior set-aside decision
176.31 addressing the individual's quality of care to children or vulnerable adults and the
176.32 circumstances of the individual's departure from that service.

177.1 (c) If an individual who requires a background study for nonemergency medical
177.2 transportation services under section 245C.03, subdivision 12, was disqualified for a crime
177.3 or conduct listed under section 245C.15, subdivision 1, and if more than 40 years have
177.4 passed since the discharge of the sentence imposed, the commissioner may consider granting
177.5 a set-aside pursuant to section 245C.22. A request for reconsideration evaluated under this
177.6 paragraph must include a letter of recommendation from the employer. This paragraph does
177.7 not apply to a person disqualified based on a violation of sections 243.166; 609.185 to
177.8 609.205; 609.25; 609.342 to 609.3453; 609.352; 617.23, subdivision 2, clause (1), or 3,
177.9 clause (1); 617.246; or 617.247.

177.10 (d) When a licensed foster care provider adopts an individual who had received foster
177.11 care services from the provider for over six months, and the adopted individual is required
177.12 to receive a background study under section 245C.03, subdivision 1, paragraph (a), clause
177.13 (2) or (6), the commissioner may grant a variance to the license holder under section 245C.30
177.14 to permit the adopted individual with a permanent disqualification to remain affiliated with
177.15 the license holder under the conditions of the variance when the variance is recommended
177.16 by the county of responsibility for each of the remaining individuals in placement in the
177.17 home and the licensing agency for the home.

177.18 (e) For an individual 18 years of age or older affiliated with a licensed family foster
177.19 setting, the commissioner must not set aside or grant a variance for the disqualification of
177.20 any individual disqualified pursuant to this chapter, regardless of how much time has passed,
177.21 if the individual was disqualified for a crime or conduct listed in section 245C.15, subdivision
177.22 4a, paragraphs (a) and (b).

177.23 (f) In connection with a family foster setting license, the commissioner may grant a
177.24 variance to the disqualification for an individual who is under 18 years of age at the time
177.25 the background study is submitted.

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

177.27 Sec. 39. Minnesota Statutes 2020, section 245C.24, subdivision 3, is amended to read:

177.28 Subd. 3. **Ten-year bar to set aside disqualification.** (a) The commissioner may not set
177.29 aside the disqualification of an individual in connection with a license to provide family
177.30 child care for children, ~~foster care for children in the provider's home~~, or foster care or day
177.31 care services for adults in the provider's home if: (1) less than ten years has passed since
177.32 the discharge of the sentence imposed, if any, for the offense; or (2) when disqualified based
177.33 on a preponderance of evidence determination under section 245C.14, subdivision 1,
177.34 paragraph (a), clause (2), or an admission under section 245C.14, subdivision 1, paragraph

178.1 (a), clause (1), and less than ten years has passed since the individual committed the act or
178.2 admitted to committing the act, whichever is later; and (3) the individual has committed a
178.3 violation of any of the following offenses: sections 609.165 (felon ineligible to possess
178.4 firearm); criminal vehicular homicide or criminal vehicular operation causing death under
178.5 609.2112, 609.2113, or 609.2114 (criminal vehicular homicide or injury); 609.215 (aiding
178.6 suicide or aiding attempted suicide); felony violations under 609.223 or 609.2231 (assault
178.7 in the third or fourth degree); 609.229 (crimes committed for benefit of a gang); 609.713
178.8 (terroristic threats); 609.235 (use of drugs to injure or to facilitate crime); 609.24 (simple
178.9 robbery); 609.255 (false imprisonment); 609.562 (arson in the second degree); 609.71 (riot);
178.10 609.498, subdivision 1 or 1b (aggravated first-degree or first-degree tampering with a
178.11 witness); burglary in the first or second degree under 609.582 (burglary); 609.66 (dangerous
178.12 weapon); 609.665 (spring guns); 609.67 (machine guns and short-barreled shotguns);
178.13 609.749, subdivision 2 (gross misdemeanor harassment); 152.021 or 152.022 (controlled
178.14 substance crime in the first or second degree); 152.023, subdivision 1, clause (3) or (4) or
178.15 subdivision 2, clause (4) (controlled substance crime in the third degree); 152.024,
178.16 subdivision 1, clause (2), (3), or (4) (controlled substance crime in the fourth degree);
178.17 609.224, subdivision 2, paragraph (c) (fifth-degree assault by a caregiver against a vulnerable
178.18 adult); 609.23 (mistreatment of persons confined); 609.231 (mistreatment of residents or
178.19 patients); 609.2325 (criminal abuse of a vulnerable adult); 609.233 (criminal neglect of a
178.20 vulnerable adult); 609.2335 (financial exploitation of a vulnerable adult); 609.234 (failure
178.21 to report); 609.265 (abduction); 609.2664 to 609.2665 (manslaughter of an unborn child in
178.22 the first or second degree); 609.267 to 609.2672 (assault of an unborn child in the first,
178.23 second, or third degree); 609.268 (injury or death of an unborn child in the commission of
178.24 a crime); repeat offenses under 617.23 (indecent exposure); 617.293 (disseminating or
178.25 displaying harmful material to minors); a felony-level conviction involving alcohol or drug
178.26 use, a gross misdemeanor offense under 609.324, subdivision 1 (other prohibited acts); a
178.27 gross misdemeanor offense under 609.378 (neglect or endangerment of a child); a gross
178.28 misdemeanor offense under 609.377 (malicious punishment of a child); 609.72, subdivision
178.29 3 (disorderly conduct against a vulnerable adult); or 624.713 (certain persons not to possess
178.30 firearms); or Minnesota Statutes 2012, section 609.21.

178.31 (b) The commissioner may not set aside the disqualification of an individual if less than
178.32 ten years have passed since the individual's aiding and abetting, attempt, or conspiracy to
178.33 commit any of the offenses listed in paragraph (a) as each of these offenses is defined in
178.34 Minnesota Statutes.

179.1 (c) The commissioner may not set aside the disqualification of an individual if less than
179.2 ten years have passed since the discharge of the sentence imposed for an offense in any
179.3 other state or country, the elements of which are substantially similar to the elements of any
179.4 of the offenses listed in paragraph (a).

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

179.6 Sec. 40. Minnesota Statutes 2020, section 245C.24, subdivision 4, is amended to read:

179.7 Subd. 4. **Seven-year bar to set aside disqualification.** The commissioner may not set
179.8 aside the disqualification of an individual in connection with a license to provide family
179.9 child care for children, ~~foster care for children in the provider's home,~~ or foster care or day
179.10 care services for adults in the provider's home if within seven years preceding the study:

179.11 (1) the individual committed an act that constitutes maltreatment of a child under sections
179.12 260E.24, subdivisions 1, 2, and 3, and 260E.30, subdivisions 1, 2, and 4, and the maltreatment
179.13 resulted in substantial bodily harm as defined in section 609.02, subdivision 7a, or substantial
179.14 mental or emotional harm as supported by competent psychological or psychiatric evidence;
179.15 or

179.16 (2) the individual was determined under section 626.557 to be the perpetrator of a
179.17 substantiated incident of maltreatment of a vulnerable adult that resulted in substantial
179.18 bodily harm as defined in section 609.02, subdivision 7a, or substantial mental or emotional
179.19 harm as supported by competent psychological or psychiatric evidence.

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

179.21 Sec. 41. Minnesota Statutes 2020, section 245C.24, is amended by adding a subdivision
179.22 to read:

179.23 **Subd. 6. Five-year bar to set aside disqualification; family foster setting.** (a) The
179.24 commissioner shall not set aside or grant a variance for the disqualification of an individual
179.25 18 years of age or older in connection with a foster family setting license if within five years
179.26 preceding the study the individual is convicted of a felony in section 245C.15, subdivision
179.27 4a, paragraph (d).

179.28 (b) In connection with a foster family setting license, the commissioner may set aside
179.29 or grant a variance to the disqualification for an individual who is under 18 years of age at
179.30 the time the background study is submitted.

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

180.1 Sec. 42. Minnesota Statutes 2020, section 245C.32, subdivision 1a, is amended to read:

180.2 Subd. 1a. **NETStudy 2.0 system.** (a) The commissioner shall design, develop, and test
180.3 the NETStudy 2.0 system and implement it no later than September 1, 2015.

180.4 (b) The NETStudy 2.0 system developed and implemented by the commissioner shall
180.5 incorporate and meet all applicable data security standards and policies required by the
180.6 Federal Bureau of Investigation (FBI), Department of Public Safety, Bureau of Criminal
180.7 Apprehension, and the Office of MN.IT Services. The system shall meet all required
180.8 standards for encryption of data at the database level as well as encryption of data that
180.9 travels electronically among agencies initiating background studies, ~~the commissioner's~~
180.10 authorized fingerprint collection ~~vendor~~ vendors, the commissioner, the Bureau of Criminal
180.11 Apprehension, and in cases involving national criminal record checks, the FBI.

180.12 (c) The data system developed and implemented by the commissioner shall incorporate
180.13 a system of data security that allows the commissioner to control access to the data field
180.14 level by the commissioner's employees. The commissioner shall establish that employees
180.15 have access to the minimum amount of private data on any individual as is necessary to
180.16 perform their duties under this chapter.

180.17 (d) The commissioner shall oversee regular quality and compliance audits of ~~the~~
180.18 authorized fingerprint collection ~~vendor~~ vendors.

180.19 Sec. 43. Minnesota Statutes 2020, section 245F.04, subdivision 2, is amended to read:

180.20 Subd. 2. **Contents of application.** Prior to the issuance of a license, an applicant must
180.21 submit, on forms provided by the commissioner, documentation demonstrating the following:

180.22 (1) compliance with this section;

180.23 (2) compliance with applicable building, fire, and safety codes; health rules; zoning
180.24 ordinances; and other applicable rules and regulations or documentation that a waiver has
180.25 been granted. The granting of a waiver does not constitute modification of any requirement
180.26 of this section; and

180.27 ~~(3) completion of an assessment of need for a new or expanded program as required by~~
180.28 ~~Minnesota Rules, part 9530.6800; and~~

180.29 ~~(4) insurance coverage, including bonding, sufficient to cover all patient funds, property,~~
180.30 ~~and interests.~~

181.1 Sec. 44. Minnesota Statutes 2020, section 245G.03, subdivision 2, is amended to read:

181.2 Subd. 2. **Application.** (a) Before the commissioner issues a license, an applicant must
181.3 submit, on forms provided by the commissioner, any documents the commissioner requires.

181.4 (b) At least 60 days prior to submitting an application for licensure under this chapter,
181.5 the applicant must notify the county human services director in writing of the applicant's
181.6 intent to open a new treatment program. The written notification must include, at a minimum:

181.7 (1) a description of the proposed treatment program;

181.8 (2) a description of the target population served by the treatment program; and

181.9 (3) a copy of the program's abuse prevention plan, required by section 245A.65,
181.10 subdivision 2.

181.11 (c) The county human services director may submit a written statement to the
181.12 commissioner regarding the county's support of or opposition to opening the new treatment
181.13 program. The written statement must include documentation of the rationale for the county's
181.14 determination. The commissioner shall consider the county's written statement when
181.15 determining whether to issue a license for the treatment program. If the county does not
181.16 submit a written statement, the commissioner shall confirm with the county that the county
181.17 received the notification required by paragraph (b).

181.18 Sec. 45. [245G.031] ALTERNATIVE LICENSING INSPECTIONS.

181.19 Subdivision 1. Eligibility for an alternative licensing inspection. (a) A license holder
181.20 providing services licensed under this chapter, with a qualifying accreditation and meeting
181.21 the eligibility criteria in paragraphs (b) and (c), may request approval for an alternative
181.22 licensing inspection when all services provided under the license holder's license are
181.23 accredited. A license holder with a qualifying accreditation and meeting the eligibility
181.24 criteria in paragraphs (b) and (c) may request approval for an alternative licensing inspection
181.25 for individual community residential settings or day services facilities licensed under this
181.26 chapter.

181.27 (b) In order to be eligible for an alternative licensing inspection, the program must have
181.28 had at least one inspection by the commissioner following issuance of the initial license.

181.29 (c) In order to be eligible for an alternative licensing inspection, the program must have
181.30 been in substantial and consistent compliance at the time of the last licensing inspection
181.31 and during the current licensing period. For purposes of this section, "substantial and
181.32 consistent compliance" means:

182.1 (1) the license holder's license was not made conditional, suspended, or revoked;

182.2 (2) there have been no substantiated allegations of maltreatment against the license
182.3 holder within the past ten years; and

182.4 (3) the license holder maintained substantial compliance with the other requirements of
182.5 chapters 245A and 245C and other applicable laws and rules.

182.6 (d) For the purposes of this section, the license holder's license includes services licensed
182.7 under this chapter that were previously licensed under chapter 245A or Minnesota Rules,
182.8 chapter 9530, until January 1, 2018.

182.9 Subd. 2. **Qualifying accreditation.** The commissioner must accept an accreditation
182.10 from the joint commission as a qualifying accreditation.

182.11 Subd. 3. **Request for approval of an alternative inspection status.** (a) A request for
182.12 an alternative inspection must be made on the forms and in the manner prescribed by the
182.13 commissioner. When submitting the request, the license holder must submit all documentation
182.14 issued by the accrediting body verifying that the license holder has obtained and maintained
182.15 the qualifying accreditation and has complied with recommendations or requirements from
182.16 the accrediting body during the period of accreditation. Based on the request and the
182.17 additional required materials, the commissioner may approve an alternative inspection
182.18 status.

182.19 (b) The commissioner must notify the license holder in writing that the request for an
182.20 alternative inspection status has been approved. Approval must be granted until the end of
182.21 the qualifying accreditation period.

182.22 (c) The license holder must submit a written request for approval of an alternative
182.23 inspection status to be renewed one month before the end of the current approval period
182.24 according to the requirements in paragraph (a). If the license holder does not submit a request
182.25 to renew approval of an alternative inspection status as required, the commissioner must
182.26 conduct a licensing inspection.

182.27 Subd. 4. **Programs approved for alternative licensing inspection; deemed compliance**
182.28 **licensing requirements.** (a) A license holder approved for alternative licensing inspection
182.29 under this section is required to maintain compliance with all licensing standards according
182.30 to this chapter.

182.31 (b) A license holder approved for alternative licensing inspection under this section is
182.32 deemed to be in compliance with all the requirements of this chapter, and the commissioner
182.33 must not perform routine licensing inspections.

183.1 (c) Upon receipt of a complaint regarding the services of a license holder approved for
 183.2 alternative licensing inspection under this section, the commissioner must investigate the
 183.3 complaint and may take any action as provided under section 245A.06 or 245A.07.

183.4 Subd. 5. **Investigations of alleged or suspected maltreatment.** Nothing in this section
 183.5 changes the commissioner's responsibilities to investigate alleged or suspected maltreatment
 183.6 of a minor under chapter 260E or a vulnerable adult under section 626.557.

183.7 Subd. 6. **Termination or denial of subsequent approval.** Following approval of an
 183.8 alternative licensing inspection, the commissioner may terminate or deny subsequent approval
 183.9 of an alternative licensing inspection if the commissioner determines that:

183.10 (1) the license holder has not maintained the qualifying accreditation;

183.11 (2) the commissioner has substantiated maltreatment for which the license holder or
 183.12 facility is determined to be responsible during the qualifying accreditation period; or

183.13 (3) during the qualifying accreditation period, the license holder has been issued an order
 183.14 for conditional license, fine, suspension, or license revocation that has not been reversed
 183.15 upon appeal.

183.16 Subd. 7. **Appeals.** The commissioner's decision that the conditions for approval for an
 183.17 alternative licensing inspection have not been met is subject to appeal under the provisions
 183.18 of chapter 14.

183.19 Subd. 8. **Commissioner's programs.** Substance use disorder treatment services licensed
 183.20 under this chapter for which the commissioner is the license holder with a qualifying
 183.21 accreditation are excluded from being approved for an alternative licensing inspection.

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

183.23 Sec. 46. Minnesota Statutes 2020, section 256B.0949, is amended by adding a subdivision
 183.24 to read:

183.25 Subd. 16a. **Background studies.** An early intensive developmental and behavioral
 183.26 intervention services agency must fulfill any background studies requirements under this
 183.27 section by initiating a background study through the commissioner's NETStudy system as
 183.28 provided under sections 245C.03, subdivision 15, and 245C.10, subdivision 17.

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

183.30 Sec. 47. Minnesota Statutes 2020, section 260C.215, subdivision 4, is amended to read:

183.31 Subd. 4. **Duties of commissioner.** The commissioner of human services shall:

184.1 (1) provide practice guidance to responsible social services agencies and licensed
184.2 child-placing agencies that reflect federal and state laws and policy direction on placement
184.3 of children;

184.4 (2) develop criteria for determining whether a prospective adoptive or foster family has
184.5 the ability to understand and validate the child's cultural background;

184.6 (3) provide a standardized training curriculum for adoption and foster care workers and
184.7 administrators who work with children. Training must address the following objectives:

184.8 (i) developing and maintaining sensitivity to all cultures;

184.9 (ii) assessing values and their cultural implications;

184.10 (iii) making individualized placement decisions that advance the best interests of a
184.11 particular child under section 260C.212, subdivision 2; and

184.12 (iv) issues related to cross-cultural placement;

184.13 (4) provide a training curriculum for all prospective adoptive and foster families that
184.14 prepares them to care for the needs of adoptive and foster children taking into consideration
184.15 the needs of children outlined in section 260C.212, subdivision 2, paragraph (b), and, as
184.16 necessary, preparation is continued after placement of the child and includes the knowledge
184.17 and skills related to reasonable and prudent parenting standards for the participation of the
184.18 child in age or developmentally appropriate activities, according to section 260C.212,
184.19 subdivision 14;

184.20 (5) develop and provide to responsible social services agencies and licensed child-placing
184.21 agencies a home study format to assess the capacities and needs of prospective adoptive
184.22 and foster families. The format must address problem-solving skills; parenting skills; evaluate
184.23 the degree to which the prospective family has the ability to understand and validate the
184.24 child's cultural background, and other issues needed to provide sufficient information for
184.25 agencies to make an individualized placement decision consistent with section 260C.212,
184.26 subdivision 2. For a study of a prospective foster parent, the format must also address the
184.27 capacity of the prospective foster parent to provide a safe, healthy, smoke-free home
184.28 environment. If a prospective adoptive parent has also been a foster parent, any update
184.29 necessary to a home study for the purpose of adoption may be completed by the licensing
184.30 authority responsible for the foster parent's license. If a prospective adoptive parent with
184.31 an approved adoptive home study also applies for a foster care license, the license application
184.32 may be made with the same agency which provided the adoptive home study; ~~and~~

185.1 (6) consult with representatives reflecting diverse populations from the councils
 185.2 established under sections 3.922 and 15.0145, and other state, local, and community
 185.3 organizations; and

185.4 (7) establish family foster setting licensing guidelines for county agencies and private
 185.5 agencies designated or licensed by the commissioner to perform licensing functions and
 185.6 activities under section 245A.04. Guidelines that the commissioner establishes under this
 185.7 paragraph shall be considered directives of the commissioner under section 245A.16.

185.8 **EFFECTIVE DATE.** This section is effective July 1, 2023.

185.9 Sec. 48. Minnesota Statutes 2020, section 466.03, subdivision 6d, is amended to read:

185.10 Subd. 6d. **Licensing of providers.** (a) A claim against a municipality based on the failure
 185.11 of a provider to meet the standards needed for a license to operate a day care facility under
 185.12 chapter 245A for children, unless the municipality had actual knowledge of a failure to meet
 185.13 licensing standards that resulted in a dangerous condition that foreseeably threatened the
 185.14 plaintiff. A municipality shall be immune from liability for a claim arising out of a provider's
 185.15 use of a swimming pool located at a family day care or group family day care home under
 185.16 section 245A.14, subdivision ~~10~~ 11, unless the municipality had actual knowledge of a
 185.17 provider's failure to meet the licensing standards under section 245A.14, subdivision ~~10~~ 11,
 185.18 paragraph (a), clauses (1) to (3), that resulted in a dangerous condition that foreseeably
 185.19 threatened the plaintiff.

185.20 (b) For purposes of paragraph (a), the fact that a licensing variance had been granted for
 185.21 a day care facility for children under chapter 245A shall not constitute actual knowledge
 185.22 by the municipality that granted the variance of a failure to meet licensing standards that
 185.23 resulted in a dangerous condition that foreseeably threatened the plaintiff.

185.24 Sec. 49. Laws 2020, First Special Session chapter 7, section 1, as amended by Laws 2020,
 185.25 Third Special Session chapter 1, section 3, is amended by adding a subdivision to read:

185.26 Subd. 5. **Waiver extension; 180-day transition period.** When the peacetime emergency
 185.27 declared by the governor in response to the COVID-19 outbreak expires, is terminated, or
 185.28 is rescinded by the proper authority, the modification in CV23: modifying certain background
 185.29 study requirements, issued by the commissioner of human services pursuant to Executive
 185.30 Orders 20-11 and 20-12, and including any amendments to the modification issued before
 185.31 the peacetime emergency expires, shall remain in effect for no more than 180 days.

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

186.1 Sec. 50. Laws 2020, First Special Session chapter 7, section 1, subdivision 3, is amended
186.2 to read:

186.3 Subd. 3. **Waivers and modifications; 60-day transition period.** When the peacetime
186.4 emergency declared by the governor in response to the COVID-19 outbreak expires, is
186.5 terminated, or is rescinded by the proper authority, all waivers or modifications issued by
186.6 the commissioner of human services in response to the COVID-19 outbreak that have not
186.7 been extended as provided in subdivisions 1, 2, ~~and 4,~~ and 5 of this section may remain in
186.8 effect for no more than 60 days, only for purposes of transitioning affected programs back
186.9 to operating without the waivers or modifications in place.

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

186.11 Sec. 51. **FAMILY CHILD CARE TRAINING ADVISORY COMMITTEE.**

186.12 **Subdivision 1. Formation; duties.** (a) The Family Child Care Training Advisory
186.13 Committee shall advise the commissioner of human services on the training requirements
186.14 for licensed family and group family child care providers. Beginning January 1, 2022, the
186.15 advisory committee shall meet at least twice per year. The advisory committee shall annually
186.16 elect a chair from among its members who shall establish the agenda for each meeting. The
186.17 commissioner or commissioner's designee shall attend all advisory committee meetings.

186.18 (b) The Family Child Care Training Advisory Committee shall advise and make
186.19 recommendations to the commissioner of human services on:

186.20 (1) updates to the rules and statutes governing family child care training, including
186.21 technical updates to facilitate providers' understanding of training requirements;

186.22 (2) modernization of family child care training requirements, including substantive
186.23 changes to the training subject areas;

186.24 (3) difficulties facing family child care providers in completing training requirements,
186.25 including proposed solutions to provider difficulties; and

186.26 (4) any other aspect of family child care training, as requested by:

186.27 (i) a committee member, who may request an item to be placed on the agenda for a future
186.28 meeting. The request may be considered by the committee and voted upon. If the motion
186.29 carries, the meeting agenda item may be developed for presentation to the committee;

186.30 (ii) a member of the public, who may approach the committee by letter or e-mail
186.31 requesting that an item be placed on a future meeting agenda. The request may be considered

187.1 by the committee and voted upon. If the motion carries, the agenda item may be developed
187.2 for presentation to the committee; or

187.3 (iii) the commissioner of human services or the commissioner's designee.

187.4 (c) The Family Child Care Training Advisory Committee shall expire December 1, 2025.

187.5 Subd. 2. **Advisory committee members.** (a) The Family Child Care Training Advisory
187.6 Committee consists of:

187.7 (1) four members who are family child care providers from greater Minnesota, including
187.8 one member appointed by the speaker of the house, one member appointed by the senate
187.9 majority leader, one member appointed by the Minnesota Association of Child Care
187.10 Professionals, and one member appointed by the Minnesota Child Care Provider Network;

187.11 (2) four members who are family child care providers from the metropolitan area as
187.12 defined in Minnesota Statutes, section 473.121, subdivision 2, including one member
187.13 appointed by the speaker of the house, one member appointed by the senate majority leader,
187.14 one member appointed by the Minnesota Association of Child Care Professionals, and one
187.15 member appointed by the Minnesota Child Care Provider Network; and

187.16 (3) up to seven members who have expertise in child development, instructional design,
187.17 or training delivery, including up to two members appointed by the speaker of the house,
187.18 up to two members appointed by the senate majority leader, one member appointed by the
187.19 Minnesota Association of Child Care Professionals, one member appointed by the Minnesota
187.20 Child Care Provider Network, and one member appointed by the Greater Minnesota
187.21 Partnership.

187.22 (b) Advisory committee members shall not be employed by the Department of Human
187.23 Services. Advisory committee members shall receive no compensation, except that public
187.24 members of the advisory committee may be compensated as provided by Minnesota Statutes,
187.25 section 15.059, subdivision 3.

187.26 (c) Advisory committee members must include representatives of diverse cultural
187.27 communities.

187.28 (d) Advisory committee members shall serve two-year terms. Initial appointments to
187.29 the advisory committee must be made by December 1, 2021. Subsequent appointments to
187.30 the advisory committee must be made by December 1 of the year in which the member's
187.31 term expires.

187.32 (e) The commissioner of human services must convene the first meeting of the advisory
187.33 committee by March 1, 2022.

188.1 Subd. 3. **Commissioner report.** The commissioner of human services shall report to
188.2 the chairs and ranking minority members of the legislative committees with jurisdiction
188.3 over child care on any recommendations from the Family Child Care Training Advisory
188.4 Committee, including any draft legislation necessary to implement the recommendations.

188.5 Sec. 52. **LEGISLATIVE TASK FORCE; HUMAN SERVICES BACKGROUND**
188.6 **STUDY ELIGIBILITY.**

188.7 Subdivision 1. **Creation; duties.** A legislative task force is created to review the statutes
188.8 relating to human services background study eligibility and disqualifications, including but
188.9 not limited to Minnesota Statutes, sections 245C.14 and 245C.15, in order to:

188.10 (1) evaluate the existing statutes' effectiveness in achieving their intended purposes,
188.11 including by gathering and reviewing available background study disqualification data;

188.12 (2) identify the existing statutes' weaknesses, inefficiencies, unintended consequences,
188.13 or other areas for improvement or modernization; and

188.14 (3) develop legislative proposals that improve or modernize the human services
188.15 background study eligibility statutes, or otherwise address the issues identified in clauses
188.16 (1) and (2).

188.17 Subd. 2. **Membership.** (a) The task force shall consist of 26 members, appointed as
188.18 follows:

188.19 (1) two members representing licensing boards whose licensed providers are subject to
188.20 the provisions in Minnesota Statutes, section 245C.03, one appointed by the speaker of the
188.21 house of representatives, and one appointed by the senate majority leader;

188.22 (2) the commissioner of human services or a designee;

188.23 (3) the commissioner of health or a designee;

188.24 (4) two members representing county attorneys and law enforcement, one appointed by
188.25 the speaker of the house of representatives, and one appointed by the senate majority leader;

188.26 (5) two members representing licensed service providers who are subject to the provisions
188.27 in Minnesota Statutes, section 245C.15, one appointed by the speaker of the house of
188.28 representatives, and one appointed by the senate majority leader;

188.29 (6) four members of the public, including two who have been subject to disqualification
188.30 based on the provisions of Minnesota Statutes, section 245C.15, and two who have been
188.31 subject to a set-aside based on the provisions of Minnesota Statutes, section 245C.15, with

189.1 one from each category appointed by the speaker of the house of representatives, and one
189.2 from each category appointed by the senate majority leader;

189.3 (7) one member appointed by the governor's Workforce Development Board;

189.4 (8) one member appointed by the One Minnesota Council on Diversity, Inclusion, and
189.5 Equity;

189.6 (9) two members representing the Minnesota courts, one appointed by the speaker of
189.7 the house of representatives, and one appointed by the senate majority leader;

189.8 (10) one member appointed jointly by Mid-Minnesota Legal Aid, Southern Minnesota
189.9 Legal Services, and the Legal Rights Center;

189.10 (11) one member representing Tribal organizations, appointed by the Minnesota Indian
189.11 Affairs Council;

189.12 (12) two members from the house of representatives, including one appointed by the
189.13 speaker of the house of representatives and one appointed by the minority leader in the
189.14 house of representatives;

189.15 (13) two members from the senate, including one appointed by the senate majority leader
189.16 and one appointed by the senate minority leader;

189.17 (14) two members representing county human services agencies appointed by the
189.18 Minnesota Association of County Social Service Administrators, including one appointed
189.19 to represent the metropolitan area as defined in Minnesota Statutes, section 473.121,
189.20 subdivision 2, and one appointed to represent the area outside of the metropolitan area; and

189.21 (15) two attorneys who have represented individuals that appealed a background study
189.22 disqualification determination based on Minnesota Statutes, sections 245C.14 and 245C.15,
189.23 one appointed by the speaker of the house of representatives, and one appointed by the
189.24 senate majority leader.

189.25 (b) Appointments to the task force must be made by August 18, 2021.

189.26 Subd. 3. **Compensation.** Public members of the task force may be compensated as
189.27 provided by Minnesota Statutes, section 15.059, subdivision 3.

189.28 Subd. 4. **Officers; meetings.** (a) The first meeting of the task force shall be cochaired
189.29 by the task force member from the majority party of the house of representatives and the
189.30 task force member from the majority party of the senate. The task force shall elect a chair
189.31 and vice chair at the first meeting who shall preside at the remainder of the task force
189.32 meetings. The task force may elect other officers as necessary.

190.1 (b) The task force shall meet at least monthly. The Legislative Coordinating Commission
190.2 shall convene the first meeting by September 1, 2021.

190.3 (c) Meetings of the task force are subject to the Minnesota Open Meeting Law under
190.4 Minnesota Statutes, chapter 13D.

190.5 Subd. 5. **Reports required.** The task force shall submit an interim written report by
190.6 March 11, 2022, and a final report by December 16, 2022, to the chairs and ranking minority
190.7 members of the committees in the house of representatives and the senate with jurisdiction
190.8 over human services licensing. The reports shall explain the task force's findings and
190.9 recommendations relating to each of the duties under subdivision 1, and include any draft
190.10 legislation necessary to implement the recommendations.

190.11 Subd. 6. **Expiration.** The task force expires upon submission of the final report in
190.12 subdivision 5 or December 20, 2022, whichever is later.

190.13 **EFFECTIVE DATE.** This section is effective the day following final enactment and
190.14 expires December 31, 2022.

190.15 Sec. 53. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; CHILD**
190.16 **FOSTER CARE LICENSING GUIDELINES.**

190.17 By July 1, 2023, the commissioner of human services shall, in consultation with
190.18 stakeholders with expertise in child protection and children's behavioral health, develop
190.19 family foster setting licensing guidelines for county agencies and private agencies that
190.20 perform licensing functions. Stakeholders include but are not limited to child advocates,
190.21 representatives from community organizations, representatives of the state ethnic councils,
190.22 the ombudsperson for families, family foster setting providers, youth who have experienced
190.23 family foster setting placements, county child protection staff, and representatives of county
190.24 and private licensing agencies.

190.25 Sec. 54. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; DHS**
190.26 **FAMILY CHILD CARE FREQUENTLY ASKED QUESTIONS WEBSITE**
190.27 **MODIFICATIONS.**

190.28 By January 1, 2022, the commissioner of human services shall expand the "frequently
190.29 asked questions" website for family child care providers to include more answers to submitted
190.30 questions and a function to search for answers to specific question topics.

191.1 Sec. 55. DIRECTION TO COMMISSIONER OF HUMAN SERVICES; FAMILY
191.2 CHILD CARE TASK FORCE RECOMMENDATIONS IMPLEMENTATION PLAN.

191.3 The commissioner of human services shall include individuals representing family child
191.4 care providers in any group that develops a plan for implementing the recommendations of
191.5 the Family Child Care Task Force.

191.6 Sec. 56. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;
191.7 FAMILY CHILD CARE REGULATION MODERNIZATION.

191.8 (a) The commissioner of human services shall contract with an experienced and
191.9 independent organization or individual consultant to conduct the work outlined in this
191.10 section. If practicable, the commissioner must contract with the National Association for
191.11 Regulatory Administration.

191.12 (b) The consultant shall develop a proposal for a risk-based model for monitoring
191.13 compliance with family child care licensing standards, grounded in national regulatory best
191.14 practices. Violations in the new model must be weighted to reflect the potential risk they
191.15 pose to children's health and safety, and licensing sanctions must be tied to the potential
191.16 risk. The proposed new model must protect the health and safety of children in family child
191.17 care programs and be child-centered, family-friendly, and fair to providers. The proposal
191.18 shall also include updates to family child care licensing standards.

191.19 (c) The consultant shall develop and implement a stakeholder engagement process that
191.20 solicits input from parents, licensed family child care providers, county licensors, staff of
191.21 the Department of Human Services, and experts in child development about licensing
191.22 standards, tiers for violations of the standards based on the potential risk of harm that each
191.23 violation poses, and licensing sanctions for each tier.

191.24 (d) The consultant shall solicit input from parents, licensed family child care providers,
191.25 county licensors, and staff of the Department of Human Services about which family child
191.26 care providers should be eligible for abbreviated inspections that predict compliance with
191.27 other licensing standards for licensed family child care providers using key indicators
191.28 previously identified by an empirically based statistical methodology developed by the
191.29 National Association for Regulatory Administration and the Research Institute for Key
191.30 Indicators.

191.31 (e) No later than February 1, 2024, the commissioner shall submit a report and proposed
191.32 legislation required to implement the new licensing model and updated licensing standards

192.1 to the chairs and ranking minority members of the legislative committees with jurisdiction
 192.2 over child care regulation.

192.3 **Sec. 57. DIRECTION TO COMMISSIONER OF HUMAN SERVICES; FAMILY**
 192.4 **CHILD CARE ONE-STOP ASSISTANCE NETWORK.**

192.5 By January 1, 2022, the commissioner of human services shall, in consultation with
 192.6 county agencies, providers, and other relevant stakeholders, develop a proposal to create,
 192.7 advertise, and implement a one-stop regional assistance network comprised of individuals
 192.8 who have experience starting a licensed family or group family day care or technical expertise
 192.9 regarding the applicable licensing statutes and procedures, in order to assist individuals with
 192.10 matters relating to starting or sustaining a licensed family or group family day care program.
 192.11 The proposal shall include an estimated timeline for implementation of the assistance
 192.12 network, an estimated budget of the cost of the assistance network, and any necessary
 192.13 legislative proposals to implement the assistance network. The proposal shall also include
 192.14 a plan to raise awareness and distribute contact information for the assistance network to
 192.15 all licensed family or group family day care providers.

192.16 **Sec. 58. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
 192.17 **FAMILY CHILD CARE LICENSE APPLICANT ORIENTATION TRAINING.**

192.18 By July 1, 2022, working with licensed family child care providers and county agencies,
 192.19 the commissioner of human services shall develop and implement orientation training for
 192.20 family child care license applicants to ensure that all family child care license applicants
 192.21 have the same critical baseline information about Minnesota Statutes, chapters 245A and
 192.22 245C, and Minnesota Rules, chapter 9502.

192.23 **Sec. 59. DIRECTION TO COMMISSIONER OF HUMAN SERVICES; ON-SITE**
 192.24 **BACKGROUND STUDY FINGERPRINTING.**

192.25 (a) The commissioner of human services shall contract with a qualified contractor to
 192.26 conduct on-site fingerprinting beginning August 1, 2021, at locations of employers with 50
 192.27 or more staff with outstanding background studies, including studies that have been delayed
 192.28 pursuant to the commissioner's modifications to background study requirements issued in
 192.29 response to the COVID-19 outbreak. The commissioner shall develop a list of employers
 192.30 with 50 or more staff who need fingerprints taken in order to complete a background study.
 192.31 The commissioner and the contractor shall coordinate to develop a plan to identify which
 192.32 employer locations the contractor shall serve and inform those employers and staff of the
 192.33 timing and nature of the contractor's services.

193.1 (b) The commissioner may contract with the qualified contractor to provide services
 193.2 under paragraph (a) up to the date of the expiration of the modification in CV23: modifying
 193.3 certain background study requirements, issued by the commissioner of human services
 193.4 pursuant to Executive Orders 20-11 and 20-12.

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

193.6 Sec. 60. **CHILD CARE AND DEVELOPMENT BLOCK GRANT ALLOCATION;**
 193.7 **FAMILY CHILD CARE REGULATION MODERNIZATION PROJECT.**

193.8 The commissioner of human services shall allocate \$1,170,000 in fiscal year 2022 from
 193.9 the amount that Minnesota received under the American Rescue Plan Act, Public Law 117-2,
 193.10 section 2201, for the child care and development block grant for the family child care
 193.11 regulation modernization project. This is a onetime allocation and remains available until
 193.12 June 30, 2024.

193.13 Sec. 61. **CHILD CARE AND DEVELOPMENT BLOCK GRANT ALLOCATION;**
 193.14 **FAMILY CHILD CARE ONE-STOP ASSISTANCE NETWORK.**

193.15 The commissioner of human services shall allocate \$4,000,000 in fiscal year 2023 and
 193.16 \$4,000,000 in fiscal year 2024 from the amount that Minnesota received under the American
 193.17 Rescue Plan Act, Public Law 117-2, section 2201, for the family child care one-stop
 193.18 assistance network. This is a onetime allocation.

193.19 Sec. 62. **CHILD CARE AND DEVELOPMENT BLOCK GRANT ALLOCATION;**
 193.20 **FAMILY CHILD CARE LICENSE APPLICANT ORIENTATION TRAINING.**

193.21 The commissioner of human services shall allocate \$1,000,000 in fiscal year 2023 and
 193.22 \$1,000,000 in fiscal year 2024 from the amount that Minnesota received under the American
 193.23 Rescue Plan Act, Public Law 117-2, section 2201, for family child care license applicant
 193.24 orientation training. This is a onetime allocation.

193.25 Sec. 63. **CHILD CARE AND DEVELOPMENT BLOCK GRANT ALLOCATION;**
 193.26 **DHS FAMILY CHILD CARE FREQUENTLY ASKED QUESTIONS WEBSITE**
 193.27 **MODIFICATIONS.**

193.28 The commissioner of human services shall allocate \$50,000 in fiscal year 2022 from
 193.29 the amount that Minnesota received under the American Rescue Plan Act, Public Law 117-2,
 193.30 section 2201, for the modifications to the family child care provider "frequently asked
 193.31 questions" website. This is a onetime allocation.

194.1 Sec. 64. **REPEALER.**

194.2 Minnesota Rules, parts 9530.6800; and 9530.6810, are repealed.

194.3 **ARTICLE 7**

194.4 **MINNESOTA HEALTH AND EDUCATION FACILITIES AUTHORITY**

194.5 Section 1. Minnesota Statutes 2020, section 3.732, subdivision 1, is amended to read:

194.6 Subdivision 1. **Definitions.** As used in this section and section 3.736 the terms defined
194.7 in this section have the meanings given them.

194.8 (1) "State" includes each of the departments, boards, agencies, commissions, courts, and
194.9 officers in the executive, legislative, and judicial branches of the state of Minnesota and
194.10 includes but is not limited to the Housing Finance Agency, the Minnesota Office of Higher
194.11 Education, the ~~Higher~~ Health and Education Facilities Authority, the Health Technology
194.12 Advisory Committee, the Armory Building Commission, the Zoological Board, the
194.13 Department of Iron Range Resources and Rehabilitation, the Minnesota Historical Society,
194.14 the State Agricultural Society, the University of Minnesota, the Minnesota State Colleges
194.15 and Universities, state hospitals, and state penal institutions. It does not include a city, town,
194.16 county, school district, or other local governmental body corporate and politic.

194.17 (2) "Employee of the state" means all present or former officers, members, directors, or
194.18 employees of the state, members of the Minnesota National Guard, members of a bomb
194.19 disposal unit approved by the commissioner of public safety and employed by a municipality
194.20 defined in section 466.01 when engaged in the disposal or neutralization of bombs or other
194.21 similar hazardous explosives, as defined in section 299C.063, outside the jurisdiction of the
194.22 municipality but within the state, or persons acting on behalf of the state in an official
194.23 capacity, temporarily or permanently, with or without compensation. It does not include
194.24 either an independent contractor except, for purposes of this section and section 3.736 only,
194.25 a guardian ad litem acting under court appointment, or members of the Minnesota National
194.26 Guard while engaged in training or duty under United States Code, title 10, or title 32,
194.27 section 316, 502, 503, 504, or 505, as amended through December 31, 1983. Notwithstanding
194.28 sections 43A.02 and 611.263, for purposes of this section and section 3.736 only, "employee
194.29 of the state" includes a district public defender or assistant district public defender in the
194.30 Second or Fourth Judicial District, a member of the Health Technology Advisory Committee,
194.31 and any officer, agent, or employee of the state of Wisconsin performing work for the state
194.32 of Minnesota pursuant to a joint state initiative.

195.1 (3) "Scope of office or employment" means that the employee was acting on behalf of
195.2 the state in the performance of duties or tasks lawfully assigned by competent authority.

195.3 (4) "Judicial branch" has the meaning given in section 43A.02, subdivision 25.

195.4 Sec. 2. Minnesota Statutes 2020, section 10A.01, subdivision 35, is amended to read:

195.5 Subd. 35. **Public official.** "Public official" means any:

195.6 (1) member of the legislature;

195.7 (2) individual employed by the legislature as secretary of the senate, legislative auditor,
195.8 director of the Legislative Budget Office, chief clerk of the house of representatives, revisor
195.9 of statutes, or researcher, legislative analyst, fiscal analyst, or attorney in the Office of
195.10 Senate Counsel, Research and Fiscal Analysis, House Research, or the House Fiscal Analysis
195.11 Department;

195.12 (3) constitutional officer in the executive branch and the officer's chief administrative
195.13 deputy;

195.14 (4) solicitor general or deputy, assistant, or special assistant attorney general;

195.15 (5) commissioner, deputy commissioner, or assistant commissioner of any state
195.16 department or agency as listed in section 15.01 or 15.06, or the state chief information
195.17 officer;

195.18 (6) member, chief administrative officer, or deputy chief administrative officer of a state
195.19 board or commission that has either the power to adopt, amend, or repeal rules under chapter
195.20 14, or the power to adjudicate contested cases or appeals under chapter 14;

195.21 (7) individual employed in the executive branch who is authorized to adopt, amend, or
195.22 repeal rules under chapter 14 or adjudicate contested cases under chapter 14;

195.23 (8) executive director of the State Board of Investment;

195.24 (9) deputy of any official listed in clauses (7) and (8);

195.25 (10) judge of the Workers' Compensation Court of Appeals;

195.26 (11) administrative law judge or compensation judge in the State Office of Administrative
195.27 Hearings or unemployment law judge in the Department of Employment and Economic
195.28 Development;

195.29 (12) member, regional administrator, division director, general counsel, or operations
195.30 manager of the Metropolitan Council;

- 196.1 (13) member or chief administrator of a metropolitan agency;
- 196.2 (14) director of the Division of Alcohol and Gambling Enforcement in the Department
196.3 of Public Safety;
- 196.4 (15) member or executive director of the ~~Higher~~ Health and Education Facilities
196.5 Authority;
- 196.6 (16) member of the board of directors or president of Enterprise Minnesota, Inc.;
- 196.7 (17) member of the board of directors or executive director of the Minnesota State High
196.8 School League;
- 196.9 (18) member of the Minnesota Ballpark Authority established in section 473.755;
- 196.10 (19) citizen member of the Legislative-Citizen Commission on Minnesota Resources;
- 196.11 (20) manager of a watershed district, or member of a watershed management organization
196.12 as defined under section 103B.205, subdivision 13;
- 196.13 (21) supervisor of a soil and water conservation district;
- 196.14 (22) director of Explore Minnesota Tourism;
- 196.15 (23) citizen member of the Lessard-Sams Outdoor Heritage Council established in section
196.16 97A.056;
- 196.17 (24) citizen member of the Clean Water Council established in section 114D.30;
- 196.18 (25) member or chief executive of the Minnesota Sports Facilities Authority established
196.19 in section 473J.07;
- 196.20 (26) district court judge, appeals court judge, or supreme court justice;
- 196.21 (27) county commissioner;
- 196.22 (28) member of the Greater Minnesota Regional Parks and Trails Commission; or
- 196.23 (29) member of the Destination Medical Center Corporation established in section
196.24 469.41.

196.25 Sec. 3. Minnesota Statutes 2020, section 136A.25, is amended to read:

196.26 **136A.25 CREATION.**

196.27 A state agency known as the Minnesota ~~Higher~~ Health and Education Facilities Authority
196.28 is hereby created.

197.1 Sec. 4. Minnesota Statutes 2020, section 136A.26, is amended to read:

197.2 **136A.26 MEMBERSHIPS; OFFICERS; COMPENSATION; REMOVAL.**

197.3 Subdivision 1. **Membership.** The Minnesota ~~Higher~~ Health and Education Facilities
 197.4 Authority shall consist of ~~eight~~ nine members appointed by the governor with the advice
 197.5 and consent of the senate, and a representative of the ~~office~~ Office of Higher Education.

197.6 All members to be appointed by the governor shall be residents of the state. At least two
 197.7 members must reside outside the metropolitan area as defined in section 473.121, subdivision
 197.8 2. At least one of the members shall be a person having a favorable reputation for skill,
 197.9 knowledge, and experience in the field of state and municipal finance; ~~and~~ at least one shall
 197.10 be a person having a favorable reputation for skill, knowledge, and experience in the building
 197.11 construction field; ~~and~~ at least one of the members shall be a trustee, director, officer, or
 197.12 employee of an institution of higher education; and at least one of the members shall be a
 197.13 trustee, director, officer, or employee of a health care organization.

197.14 Subd. 1a. **Private College Council member.** The president of the Minnesota Private
 197.15 College Council, or the president's designee, shall serve without compensation as an advisory,
 197.16 nonvoting member of the authority.

197.17 Subd. 1b. **Nonprofit health care association member.** The chief executive officer of
 197.18 a Minnesota nonprofit membership association whose members are primarily nonprofit
 197.19 health care organizations, or the chief executive officer's designee, shall serve without
 197.20 compensation as an advisory, nonvoting member of the authority. The identity of the
 197.21 Minnesota nonprofit membership association shall be determined and may be changed from
 197.22 time to time by the members of the authority in accordance with and as shall be provided
 197.23 in the bylaws of the authority.

197.24 Subd. 2. **Term; compensation; removal.** The membership terms, compensation, removal
 197.25 of members, and filling of vacancies for authority members other than the representative
 197.26 of the office, ~~and~~ the president of the Private College Council, or the chief executive officer
 197.27 of the Minnesota nonprofit membership association described in subdivision 1b shall be as
 197.28 provided in section 15.0575.

197.29 Sec. 5. Minnesota Statutes 2020, section 136A.27, is amended to read:

197.30 **136A.27 POLICY.**

197.31 It is hereby declared that for the benefit of the people of the state, the increase of their
 197.32 commerce, welfare and prosperity and the improvement of their health and living conditions
 197.33 it is essential that health care organizations within the state be provided with appropriate

198.1 additional means to establish, acquire, construct, improve, and expand health care facilities
 198.2 in furtherance of their purposes; that this and future generations of youth be given the fullest
 198.3 opportunity to learn and to develop their intellectual and mental capacities; ~~that it is essential~~
 198.4 that institutions of higher education within the state be provided with appropriate additional
 198.5 means to assist such youth in achieving the required levels of learning and development of
 198.6 their intellectual and mental capacities; and that health care organizations and institutions
 198.7 of higher education be enabled to refinance outstanding indebtedness incurred to provide
 198.8 existing facilities used for such purposes in order to preserve and enhance the utilization of
 198.9 facilities for purposes of health care and higher education, to extend or adjust maturities in
 198.10 relation to the resources available for their payment, and to save interest costs and thereby
 198.11 reduce health care costs or higher education tuition, fees, and charges; ~~and~~. It is hereby
 198.12 further declared that it is the purpose of sections 136A.25 to 136A.42 to provide a measure
 198.13 of assistance and an alternative method to enable health care organizations and institutions
 198.14 of higher education in the state to provide the facilities and structures which are sorely
 198.15 needed to accomplish the purposes of sections 136A.25 to 136A.42, all to the public benefit
 198.16 and good, to the extent and manner provided herein.

198.17 Sec. 6. Minnesota Statutes 2020, section 136A.28, is amended to read:

198.18 **136A.28 DEFINITIONS.**

198.19 Subdivision 1. **Scope.** In sections 136A.25 to 136A.42, the following words and terms
 198.20 shall, unless the context otherwise requires, have the meanings ascribed to them.

198.21 Subd. 1a. **Affiliate.** "Affiliate" means an entity that directly or indirectly controls, is
 198.22 controlled by, or is under common control with, another entity. For the purposes of this
 198.23 subdivision, "control" means either the power to elect a majority of the members of the
 198.24 governing body of an entity or the power, whether by contract or otherwise, to direct the
 198.25 management and policies of the entity. Affiliate also means an entity whose business or
 198.26 substantially all of whose property is operated under a lease, management agreement, or
 198.27 operating agreement by another entity, or an entity who operates the business or substantially
 198.28 all of the property of another entity under a lease, management agreement, or operating
 198.29 agreement.

198.30 Subd. 2. **Authority.** "Authority" means the ~~Higher~~ Health and Education Facilities
 198.31 Authority created by sections 136A.25 to 136A.42.

198.32 Subd. 3. **Project.** "Project" means ~~a structure or structures available for use as a dormitory~~
 198.33 ~~or other student housing facility, a dining hall, student union, administration building,~~
 198.34 ~~academic building, library, laboratory, research facility, classroom, athletic facility, health~~

199.1 ~~care facility, child care facility, and maintenance, storage, or utility facility and other~~
 199.2 ~~structures or facilities related thereto or required or useful for the instruction of students or~~
 199.3 ~~the conducting of research or the operation of an institution of higher education, whether~~
 199.4 ~~proposed, under construction, or completed, including parking and other facilities or~~
 199.5 ~~structures essential or convenient for the orderly conduct of such institution for higher~~
 199.6 ~~education, and shall also include landscaping, site preparation, furniture, equipment and~~
 199.7 ~~machinery, and other similar items necessary or convenient for the operation of a particular~~
 199.8 ~~facility or structure in the manner for which its use is intended but shall not include such~~
 199.9 ~~items as books, fuel, supplies, or other items the costs of which are customarily deemed to~~
 199.10 ~~result in a current operating charge, and shall~~ a health care facility or an education facility
 199.11 whether proposed, under construction, or completed, and includes land or interests in land,
 199.12 appurtenances, site preparation, landscaping, buildings and structures, systems, fixtures,
 199.13 furniture, machinery, equipment, and parking. Project also includes other structures, facilities,
 199.14 improvements, machinery, equipment, and means of transport of a capital nature that are
 199.15 necessary or convenient for the operation of the facility. Project does not include: (1) any
 199.16 facility used or to be used for sectarian instruction or as a place of religious worship nor;
 199.17 (2) any facility which is used or to be used primarily in connection with any part of the
 199.18 program of a school or department of divinity for any religious denomination; nor (3) any
 199.19 books, supplies, medicine, medical supplies, fuel, or other items, the cost of which are
 199.20 customarily deemed to result in a current operating charge.

199.21 Subd. 4. **Cost.** "Cost," as applied to a project or any portion thereof financed under the
 199.22 provisions of sections 136A.25 to 136A.42, means all or any part of the cost of construction,
 199.23 acquisition, alteration, enlargement, reconstruction and remodeling of a project including
 199.24 all lands, structures, real or personal property, rights, rights-of-way, franchises, easements
 199.25 and interests acquired or used for or in connection with a project, the cost of demolishing
 199.26 or removing any buildings or structures on land so acquired, including the cost of acquiring
 199.27 any lands to which ~~such~~ buildings or structures may be moved, the cost of all machinery
 199.28 and equipment, financing charges, interest prior to, during and for a period after completion
 199.29 of such construction and acquisition, provisions for reserves for principal and interest and
 199.30 for extensions, enlargements, additions and improvements, the cost of architectural,
 199.31 engineering, financial and legal services, plans, specifications, studies, surveys, estimates
 199.32 of cost and of revenues, administrative expenses, expenses necessary or incident to
 199.33 determining the feasibility or practicability of constructing the project and such other
 199.34 expenses as may be necessary or incident to the construction and acquisition of the project,
 199.35 the financing of such construction and acquisition and the placing of the project in operation.

200.1 Subd. 5. **Bonds.** "Bonds," or "revenue bonds" means revenue bonds of the authority
200.2 issued under the provisions of sections 136A.25 to 136A.42, including revenue refunding
200.3 bonds, notwithstanding that the same may be secured by mortgage or the full faith and credit
200.4 of a participating institution ~~for higher education~~ or any other lawfully pledged security of
200.5 a participating institution ~~for higher education~~.

200.6 Subd. 6. **Institution of higher education.** "Institution of higher education" means a
200.7 nonprofit educational institution within the state authorized to provide a program of education
200.8 beyond the high school level.

200.9 Subd. 6a. **Health care organization.** (a) "Health care organization" means a nonprofit
200.10 organization located within the state and authorized by law to operate a nonprofit health
200.11 care facility in the state. Health care organization also means a nonprofit affiliate of a health
200.12 care organization as defined under this paragraph, provided the affiliate is located within
200.13 the state or within a state that is geographically contiguous to Minnesota.

200.14 (b) Health care organization also means a nonprofit organization located within another
200.15 state that is geographically contiguous to Minnesota and authorized by law to operate a
200.16 nonprofit health care facility in that state, provided that the nonprofit organization located
200.17 within the contiguous state is an affiliate of a health care organization located within the
200.18 state.

200.19 Subd. 6b. **Education facility.** "Education facility" means a structure or structures
200.20 available for use as a dormitory or other student housing facility, dining hall, student union,
200.21 administration building, academic building, library, laboratory, research facility, classroom,
200.22 athletic facility, student health care facility, or child care facility, and includes other facilities
200.23 or structures related thereto essential or convenient for the orderly conduct of an institution
200.24 of higher education.

200.25 Subd. 6c. **Health care facility.** (a) "Health care facility" means a structure or structures
200.26 available for use within this state as a hospital, clinic, psychiatric residential treatment
200.27 facility, birth center, outpatient surgical center, comprehensive outpatient rehabilitation
200.28 facility, outpatient physical therapy or speech pathology facility, end-stage renal dialysis
200.29 facility, medical laboratory, pharmacy, radiation therapy facility, diagnostic imaging facility,
200.30 medical office building, residence for nurses or interns, nursing home, boarding care home,
200.31 assisted living facility, residential hospice, intermediate care facility for persons with
200.32 developmental disabilities, supervised living facility, housing with services establishment,
200.33 board and lodging establishment with special services, adult day care center, day services
200.34 facility, prescribed pediatric extended care facility, community residential setting, adult

201.1 foster home, or other facility related to medical or health care research, or the delivery or
 201.2 administration of health care services, and includes other structures or facilities related
 201.3 thereto essential or convenient for the orderly conduct of a health care organization.

201.4 (b) Health care facility also means a facility in a state that is geographically contiguous
 201.5 to Minnesota operated by a health care organization that corresponds by purpose, function,
 201.6 or use with a facility listed in paragraph (a).

201.7 Subd. 7. **Participating institution of higher education.** "Participating institution of
 201.8 ~~higher education~~" means a health care organization or an institution of higher education
 201.9 that, under the provisions of sections 136A.25 to 136A.42, undertakes the financing and
 201.10 construction or acquisition of a project or undertakes the refunding or refinancing of
 201.11 obligations or of a mortgage or of advances as provided in sections 136A.25 to 136A.42.
 201.12 Community colleges and technical colleges may be considered participating institutions of
 201.13 ~~higher education~~ for the purpose of financing and constructing child care facilities and
 201.14 parking facilities.

201.15 Sec. 7. Minnesota Statutes 2020, section 136A.29, subdivision 1, is amended to read:

201.16 Subdivision 1. **Purpose.** The purpose of the authority shall be to assist health care
 201.17 organizations and institutions of higher education in the construction, financing, and
 201.18 refinancing of projects. The exercise by the authority of the powers conferred by sections
 201.19 136A.25 to 136A.42, shall be deemed and held to be the performance of an essential public
 201.20 function. For the purpose of sections 136A.25 to 136A.42, the authority shall have the
 201.21 powers and duties set forth in subdivisions 2 to 23.

201.22 Sec. 8. Minnesota Statutes 2020, section 136A.29, subdivision 3, is amended to read:

201.23 Subd. 3. **Employees.** The authority is authorized and empowered to appoint and employ
 201.24 employees as it may deem necessary to carry out its duties, determine the title of the
 201.25 employees so employed, and fix the salary of ~~said~~ its employees. Employees of the authority
 201.26 shall participate in retirement and other benefits in the same manner that employees in the
 201.27 ~~unclassified service of the office~~ managerial plan under section 43A.18, subdivision 3,
 201.28 participate.

201.29 Sec. 9. Minnesota Statutes 2020, section 136A.29, subdivision 6, is amended to read:

201.30 Subd. 6. **Projects; generally.** (a) The authority is authorized and empowered to determine
 201.31 the location and character of any project to be financed under the provisions of sections
 201.32 136A.25 to 136A.42, and to construct, reconstruct, remodel, maintain, manage, enlarge,

202.1 alter, add to, repair, operate, lease, as lessee or lessor, and regulate the same, to enter into
 202.2 contracts for any or all of such purposes, to enter into contracts for the management and
 202.3 operation of a project, and to designate a participating institution ~~of higher education~~ as its
 202.4 agent to determine the location and character of a project undertaken by such participating
 202.5 institution ~~of higher education~~ under the provisions of sections 136A.25 to 136A.42 and as
 202.6 the agent of the authority, to construct, reconstruct, remodel, maintain, manage, enlarge,
 202.7 alter, add to, repair, operate, lease, as lessee or lessor, and regulate the same, and as the
 202.8 agent of the authority, to enter into contracts for any or all of such purposes, including
 202.9 contracts for the management and operation of such project.

202.10 (b) Notwithstanding paragraph (a), a project involving a health care facility within the
 202.11 state financed under sections 136A.25 to 136A.42, must comply with all applicable
 202.12 requirements in state law related to authorizing construction of or modifications to a health
 202.13 care facility, including the requirements of sections 144.5509, 144.551, 144A.071, and
 202.14 252.291.

202.15 (c) Contracts of the authority or of a participating institution ~~of higher education~~ to
 202.16 acquire or to construct, reconstruct, remodel, maintain, enlarge, alter, add to, or repair
 202.17 projects shall not be subject to the provisions of chapter 16C or section 574.26, or any other
 202.18 public contract or competitive bid law.

202.19 Sec. 10. Minnesota Statutes 2020, section 136A.29, subdivision 9, is amended to read:

202.20 Subd. 9. **Revenue bonds; limit.** The authority is authorized and empowered to issue
 202.21 revenue bonds whose aggregate principal amount at any time shall not exceed ~~\$1,300,000,000~~
 202.22 \$4,000,000,000 and to issue notes, bond anticipation notes, and revenue refunding bonds
 202.23 of the authority under the provisions of sections 136A.25 to 136A.42, to provide funds for
 202.24 acquiring, constructing, reconstructing, enlarging, remodeling, renovating, improving,
 202.25 furnishing, or equipping one or more projects or parts thereof.

202.26 Sec. 11. Minnesota Statutes 2020, section 136A.29, subdivision 10, is amended to read:

202.27 Subd. 10. **Revenue bonds; issuance, purpose, conditions.** The authority is authorized
 202.28 and empowered to issue revenue bonds to acquire projects from or to make loans to
 202.29 participating institutions ~~of higher education~~ and thereby refinance outstanding indebtedness
 202.30 incurred by participating institutions ~~of higher education~~ to provide funds for the acquisition,
 202.31 construction or improvement of a facility before or after the enactment of sections 136A.25
 202.32 to 136A.42, but otherwise eligible to be and being a project thereunder, whenever the
 202.33 authority finds that such refinancing will enhance or preserve such participating institutions

203.1 and such facilities or utilization thereof for health care or educational purposes or extend
 203.2 or adjust maturities to correspond to the resources available for their payment, or reduce
 203.3 charges or fees imposed on patients or occupants, or the tuition, charges, or fees imposed
 203.4 on students for the use or occupancy of the facilities of such participating institutions ~~of~~
 203.5 ~~higher education~~ or costs met by federal or state public funds, or enhance or preserve health
 203.6 care or educational programs and research or the acquisition or improvement of other
 203.7 facilities eligible to be a project or part thereof by the participating institution ~~of higher~~
 203.8 ~~education~~. The amount of revenue bonds to be issued to refinance outstanding indebtedness
 203.9 of a participating institution ~~of higher education~~ shall not exceed the lesser of (a) the fair
 203.10 value of the project to be acquired by the authority from the institution or mortgaged to the
 203.11 authority by the institution or (b) the amount of the outstanding indebtedness including any
 203.12 premium thereon and any interest accrued or to accrue to the date of redemption and any
 203.13 legal, fiscal and related costs in connection with such refinancing and reasonable reserves,
 203.14 as determined by the authority. The provisions of this subdivision do not prohibit the authority
 203.15 from issuing revenue bonds within and charged against the limitations provided in subdivision
 203.16 9 to provide funds for improvements, alteration, renovation, or extension of the project
 203.17 refinanced.

203.18 Sec. 12. Minnesota Statutes 2020, section 136A.29, subdivision 14, is amended to read:

203.19 Subd. 14. **Rules for use of projects.** The authority is authorized and empowered to
 203.20 establish rules for the use of a project or any portion thereof and to designate a participating
 203.21 institution ~~of higher education~~ as its agent to establish rules for the use of a project undertaken
 203.22 for such participating institution ~~of higher education~~.

203.23 Sec. 13. Minnesota Statutes 2020, section 136A.29, subdivision 19, is amended to read:

203.24 Subd. 19. **Surety.** Before the issuance of any revenue bonds under the provisions of
 203.25 sections 136A.25 to 136A.42, any member or officer of the authority authorized by resolution
 203.26 of the authority to handle funds or sign checks of the authority shall be covered under a
 203.27 surety or fidelity bond in an amount to be determined by the authority. Each such bond shall
 203.28 be conditioned upon the faithful performance of the duties of the office of the member or
 203.29 officer, and shall be executed by a surety company authorized to transact business in the
 203.30 state of Minnesota as surety. The cost of each such bond shall be paid by the authority.

203.31 Sec. 14. Minnesota Statutes 2020, section 136A.29, subdivision 20, is amended to read:

203.32 Subd. 20. **Sale, lease, and disposal of property.** The authority is authorized and
 203.33 empowered to sell, lease, release, or otherwise dispose of real and personal property or

204.1 interests therein, or a combination thereof, acquired by the authority under authority of
 204.2 sections 136A.25 to 136A.42 and no longer needed for the purposes of ~~such~~ this chapter or
 204.3 of the authority, and grant such easements and other rights in, over, under, or across a project
 204.4 as will not interfere with its use of ~~such~~ the property. ~~Such~~ The sale, lease, release,
 204.5 disposition, or grant may be made without competitive bidding and in ~~such~~ the manner and
 204.6 for such consideration as the authority in its judgment deems appropriate.

204.7 Sec. 15. Minnesota Statutes 2020, section 136A.29, subdivision 21, is amended to read:

204.8 Subd. 21. **Loans.** The authority is authorized and empowered to make loans to any
 204.9 participating institution ~~of higher education~~ for the cost of a project in accordance with an
 204.10 agreement between the authority and the participating institution ~~of higher education~~;
 204.11 provided that no ~~such~~ loan shall exceed the total cost of the project as determined by the
 204.12 participating institution ~~of higher education~~ and approved by the authority.

204.13 Sec. 16. Minnesota Statutes 2020, section 136A.29, subdivision 22, is amended to read:

204.14 Subd. 22. **Costs, expenses, and other charges.** The authority is authorized and
 204.15 empowered to charge to and apportion among participating institutions ~~of higher education~~
 204.16 its administrative costs and expenses incurred in the exercise of the powers and duties
 204.17 conferred by sections 136A.25 to 136A.42 in the manner as the authority in its judgment
 204.18 deems appropriate.

204.19 Sec. 17. Minnesota Statutes 2020, section 136A.29, is amended by adding a subdivision
 204.20 to read:

204.21 Subd. 24. **Determination of affiliate status.** The authority is authorized and empowered
 204.22 to determine whether an entity is an affiliate as defined in section 136A.28, subdivision 1a.
 204.23 A determination by the authority of affiliate status shall be deemed conclusive for the
 204.24 purposes of sections 136A.25 to 136A.42.

204.25 Sec. 18. Minnesota Statutes 2020, section 136A.32, subdivision 4, is amended to read:

204.26 Subd. 4. **Provisions of resolution authorizing bonds.** Any resolution or resolutions
 204.27 authorizing any revenue bonds or any issue of revenue bonds may contain provisions, which
 204.28 shall be a part of the contract with the holders of the revenue bonds to be authorized, as to:

204.29 (1) pledging all or any part of the revenues of a project or projects, any revenue producing
 204.30 contract or contracts made by the authority with ~~any individual partnership, corporation or~~
 204.31 ~~association or other body~~ one or more partnerships, corporations or associations, or other

205.1 bodies, public or private, to secure the payment of the revenue bonds or of any particular
 205.2 issue of revenue bonds, subject to such agreements with bondholders as may then exist;

205.3 (2) the rentals, fees and other charges to be charged, and the amounts to be raised in
 205.4 each year thereby, and the use and disposition of the revenues;

205.5 (3) the setting aside of reserves or sinking funds, and the regulation and disposition
 205.6 thereof;

205.7 (4) limitations on the right of the authority or its agent to restrict and regulate the use of
 205.8 the project;

205.9 (5) limitations on the purpose to which the proceeds of sale of any issue of revenue
 205.10 bonds then or thereafter to be issued may be applied and pledging such proceeds to secure
 205.11 the payment of the revenue bonds or any issue of the revenue bonds;

205.12 (6) limitations on the issuance of additional bonds, the terms upon which additional
 205.13 bonds may be issued and secured and the refunding of outstanding bonds;

205.14 (7) the procedure, if any, by which the terms of any contract with bondholders may be
 205.15 amended or abrogated, the amount of bonds the holders of which must consent thereto, and
 205.16 the manner in which such consent may be given;

205.17 (8) limitations on the amount of moneys derived from the project to be expended for
 205.18 operating, administrative or other expenses of the authority;

205.19 (9) defining the acts or omissions to act which shall constitute a default in the duties of
 205.20 the authority to holders of its obligations and providing the rights and remedies of such
 205.21 holders in the event of a default; or

205.22 (10) the mortgaging of a project and the site thereof for the purpose of securing the
 205.23 bondholders.

205.24 Sec. 19. Minnesota Statutes 2020, section 136A.33, is amended to read:

205.25 **136A.33 TRUST AGREEMENT.**

205.26 In the discretion of the authority any revenue bonds issued under the provisions of
 205.27 sections 136A.25 to 136A.42, may be secured by a trust agreement by and between the
 205.28 authority and a corporate trustee or trustees, which may be any trust company or bank having
 205.29 the powers of a trust company within the state. ~~Such~~ The trust agreement or the resolution
 205.30 providing for the issuance of ~~such~~ revenue bonds may pledge or assign the revenues to be
 205.31 received or proceeds of any contract or contracts pledged and may convey or mortgage the
 205.32 project or any portion thereof. ~~Such~~ The trust agreement or resolution providing for the

206.1 issuance of ~~such~~ revenue bonds may contain such provisions for protecting and enforcing
206.2 the rights and remedies of the bondholders as may be reasonable and proper and not in
206.3 violation of laws, including particularly such provisions as have hereinabove been specifically
206.4 authorized to be included in any resolution or resolutions of the authority authorizing revenue
206.5 bonds thereof. Any bank or trust company incorporated under the laws of the state ~~which~~
206.6 that may act as depository of the proceeds of bonds or of revenues or other moneys may
206.7 furnish ~~such~~ indemnifying bonds or ~~pledges~~ such pledge securities as may be required by
206.8 the authority. Any ~~such~~ trust agreement may set forth the rights and remedies of the
206.9 bondholders and of the trustee or trustees and may restrict the individual right of action by
206.10 bondholders. In addition to the foregoing, any ~~such~~ trust agreement or resolution may contain
206.11 ~~such~~ other provisions as the authority may deem reasonable and proper for the security of
206.12 the bondholders. All expenses incurred in carrying out the provisions of ~~such~~ the trust
206.13 agreement or resolution may be treated as a part of the cost of the operation of a project.

206.14 Sec. 20. Minnesota Statutes 2020, section 136A.34, subdivision 3, is amended to read:

206.15 Subd. 3. **Investment.** Any ~~such~~ escrowed proceeds, pending such use, may be invested
206.16 and reinvested in direct obligations of the United States of America, or in certificates of
206.17 deposit or time deposits secured by direct obligations of the United States of America, or
206.18 in shares or units in any money market mutual fund whose investment portfolio consists
206.19 solely of direct obligations of the United States of America, maturing at such time or times
206.20 as shall be appropriate to assure the prompt payment, as to principal, interest and redemption
206.21 premium, if any, of the outstanding revenue bonds to be so refunded. The interest, income
206.22 and profits, if any, earned or realized on any such investment may also be applied to the
206.23 payment of the outstanding revenue bonds to be so refunded. After the terms of the escrow
206.24 have been fully satisfied and carried out, any balance of such proceeds and interest, income
206.25 and profits, if any, earned or realized on the investments thereof may be returned to the
206.26 authority for use by it in any lawful manner.

206.27 Sec. 21. Minnesota Statutes 2020, section 136A.34, subdivision 4, is amended to read:

206.28 Subd. 4. **Additional purpose; improvements.** The portion of the proceeds of any ~~such~~
206.29 revenue bonds issued for the additional purpose of paying all or any part of the cost of
206.30 constructing and acquiring additions, improvements, extensions or enlargements of a project
206.31 may be invested or deposited ~~in time deposits~~ as provided in section 136A.32, subdivision
206.32 7.

207.1 Sec. 22. Minnesota Statutes 2020, section 136A.36, is amended to read:

207.2 **136A.36 REVENUES.**

207.3 The authority may fix, revise, charge and collect rates, rents, fees and charges for the
207.4 use of and for the services furnished or to be furnished by each project and ~~to~~ may contract
207.5 with any person, partnership, association or corporation, or other body, public or private,
207.6 in respect thereof. ~~Such~~ The rates, rents, fees, and charges may vary between projects
207.7 involving an education facility and projects involving a health care facility and shall be
207.8 fixed and adjusted in respect of the aggregate of rates, rents, fees, and charges from ~~such~~
207.9 the project so as to provide funds sufficient with other revenues, if any:

207.10 (1) to pay the cost of maintaining, repairing and operating the project and each and every
207.11 portion thereof, to the extent that the payment of such cost has not otherwise been adequately
207.12 provided for;

207.13 (2) to pay the principal of and the interest on outstanding revenue bonds of the authority
207.14 issued in respect of such project as the same shall become due and payable; and

207.15 (3) to create and maintain reserves required or provided for in any resolution authorizing,
207.16 or trust agreement securing, ~~such~~ revenue bonds of the authority. ~~Such~~ The rates, rents, fees
207.17 and charges shall not be subject to supervision or regulation by any department, commission,
207.18 board, body, bureau or agency of this state other than the authority. A sufficient amount of
207.19 the revenues derived in respect of a project, except ~~such~~ part of ~~such~~ the revenues as may
207.20 be necessary to pay the cost of maintenance, repair and operation and to provide reserves
207.21 and for renewals, replacements, extensions, enlargements and improvements as may be
207.22 provided for in the resolution authorizing the issuance of any revenue bonds of the authority
207.23 or in the trust agreement securing the same, shall be set aside at such regular intervals as
207.24 may be provided in ~~such~~ the resolution or trust agreement in a sinking or other similar fund
207.25 ~~which~~ that is hereby pledged to, and charged with, the payment of the principal of and the
207.26 interest on ~~such~~ revenue bonds as the same shall become due, and the redemption price or
207.27 the purchase price of bonds retired by call or purchase as therein provided. ~~Such~~ The pledge
207.28 shall be valid and binding from the time when the pledge is made; the rates, rents, fees and
207.29 charges and other revenues or other moneys so pledged and thereafter received by the
207.30 authority shall immediately be subject to the lien of ~~such~~ the pledge without physical delivery
207.31 thereof or further act, and the lien of any such pledge shall be valid and binding as against
207.32 all parties having claims of any kind against the authority, irrespective of whether such
207.33 parties have notice thereof. Neither the resolution nor any trust agreement by which a pledge
207.34 is created need be filed or recorded except in the records of the authority. The use and

208.1 disposition of moneys to the credit of such sinking or other similar fund shall be subject to
 208.2 the provisions of the resolution authorizing the issuance of such bonds or of such trust
 208.3 agreement. Except as may otherwise be provided in ~~such~~ the resolution or ~~such~~ trust
 208.4 agreement, ~~such~~ the sinking or other similar fund shall be a fund for all ~~such~~ revenue bonds
 208.5 issued to finance a project or projects at one or more participating institutions of ~~higher~~
 208.6 ~~education~~ without distinction or priority of one over another; provided the authority in any
 208.7 such resolution or trust agreement may provide that such sinking or other similar fund shall
 208.8 be the fund for a particular project at ~~an~~ a participating institution of ~~higher education~~ and
 208.9 for the revenue bonds issued to finance a particular project and may, additionally, permit
 208.10 and provide for the issuance of revenue bonds having a subordinate lien in respect of the
 208.11 security herein authorized to other revenue bonds of the authority and, in such case, the
 208.12 authority may create separate or other similar funds in respect of ~~such~~ the subordinate lien
 208.13 bonds.

208.14 Sec. 23. Minnesota Statutes 2020, section 136A.38, is amended to read:

208.15 **136A.38 BONDS ELIGIBLE FOR INVESTMENT.**

208.16 Bonds issued by the authority under the provisions of sections 136A.25 to 136A.42, are
 208.17 hereby made securities in which all public officers and public bodies of the state and its
 208.18 political subdivisions, all insurance companies, trust companies, banking associations,
 208.19 investment companies, executors, administrators, trustees and other fiduciaries may properly
 208.20 and legally invest funds, including capital in their control or belonging to them; it being the
 208.21 purpose of this section to authorize the investment in such bonds of all sinking, insurance,
 208.22 retirement, compensation, pension and trust funds, whether owned or controlled by private
 208.23 or public persons or officers; provided, however, that nothing contained in this section may
 208.24 be construed as relieving any person, firm, or corporation from any duty of exercising due
 208.25 care in selecting securities for purchase or investment; and provide further, that in no event
 208.26 shall assets of pension funds of public employees of the state of Minnesota or any of its
 208.27 agencies, boards or subdivisions, whether publicly or privately administered, be invested
 208.28 in bonds issued under the provisions of sections 136A.25 to 136A.42. Such bonds are hereby
 208.29 constituted "authorized securities" within the meaning and for the purposes of Minnesota
 208.30 Statutes 1969, section 50.14. ~~Such~~ The bonds are hereby made securities ~~which~~ that may
 208.31 properly and legally be deposited with and received by any state or municipal officer or any
 208.32 agency or political subdivision of the state for any purpose for which the deposit of bonds
 208.33 or obligations of the state now or may hereafter be authorized by law.

209.1 Sec. 24. Minnesota Statutes 2020, section 136A.41, is amended to read:

209.2 **136A.41 CONFLICT OF INTEREST.**

209.3 Notwithstanding any other law to the contrary it shall not be or constitute a conflict of
209.4 interest for a trustee, director, officer or employee of any participating institution of higher
209.5 education, financial institution, investment banking firm, brokerage firm, commercial bank
209.6 or trust company, architecture firm, insurance company, construction company, or any other
209.7 firm, person or corporation to serve as a member of the authority, provided such trustee,
209.8 director, officer or employee shall abstain from deliberation, action and vote by the authority
209.9 in each instance where the business affiliation of any such trustee, director, officer or
209.10 employee is involved.

209.11 Sec. 25. Minnesota Statutes 2020, section 136A.42, is amended to read:

209.12 **136A.42 ANNUAL REPORT.**

209.13 The authority shall keep an accurate account of all of its activities and all of its receipts
209.14 and expenditures ~~and shall annually report to the office.~~ Each year, the authority shall submit
209.15 to the Minnesota Historical Society and the Legislative Reference Library a report of the
209.16 authority's activities in the previous year, including all financial activities.

209.17 Sec. 26. Minnesota Statutes 2020, section 136F.67, subdivision 1, is amended to read:

209.18 Subdivision 1. **Authorization.** A technical college or a community college must not
209.19 seek financing for child care facilities or parking facilities through the ~~Higher~~ Health and
209.20 Education Facilities Authority, as provided in section 136A.28, subdivision 7, without the
209.21 explicit authorization of the board.

209.22 Sec. 27. Minnesota Statutes 2020, section 354B.20, subdivision 7, is amended to read:

209.23 Subd. 7. **Employing unit.** "Employing unit," if the agency employs any persons covered
209.24 by the individual retirement account plan under section 354B.211, means:

209.25 (1) the board;

209.26 (2) the Minnesota Office of Higher Education; and

209.27 (3) the ~~Higher~~ Health and Education Facilities Authority.

209.28 Sec. 28. **REVISOR INSTRUCTION.**

209.29 The revisor of statutes shall renumber the law establishing and governing the Minnesota
209.30 Higher Education Facilities Authority, renamed the Minnesota Health and Education

210.1 Facilities Authority in this act, as Minnesota Statutes, chapter 16F, coded in Minnesota
210.2 Statutes 2020, sections 136A.25 to 136A.42, as amended or repealed in this act. The revisor
210.3 of statutes shall also duplicate any required definitions from Minnesota Statutes, chapter
210.4 136A, revise any statutory cross-references consistent with the recoding, and report the
210.5 history in Minnesota Statutes, chapter 16F.

210.6 Sec. 29. **REPEALER.**

210.7 Minnesota Statutes 2020, section 136A.29, subdivision 4, is repealed.

210.8 **ARTICLE 8**
210.9 **TELEHEALTH**

210.10 Section 1. **[62A.673] COVERAGE OF SERVICES PROVIDED THROUGH**
210.11 **TELEHEALTH.**

210.12 Subdivision 1. Citation. This section may be cited as the "Minnesota Telehealth Act."

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

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

210.17 (c) "Health care provider" means a health care professional who is licensed or registered
210.18 by the state to perform health care services within the provider's scope of practice and in
210.19 accordance with state law. A health care provider includes a mental health professional as
210.20 defined under section 245.462, subdivision 18, or 245.4871, subdivision 27; a mental health
210.21 practitioner as defined under section 245.462, subdivision 17, or 245.4871, subdivision 26;
210.22 a treatment coordinator under section 245G.11, subdivision 7; an alcohol and drug counselor
210.23 under section 245G.11, subdivision 5; and a recovery peer under section 245G.11, subdivision
210.24 8.

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

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

210.30 (f) "Originating site" means a site at which a patient is located at the time health care
210.31 services are provided to the patient by means of telehealth. For purposes of store-and-forward

211.1 transfer, the originating site also means the location at which a health care provider transfers
211.2 or transmits information to the distant site.

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

211.6 (h) "Telehealth" means the delivery of health care services or consultations through the
211.7 use of real time two-way interactive audio and visual or audio-only communications to
211.8 provide or support health care delivery and facilitate the assessment, diagnosis, consultation,
211.9 treatment, education, and care management of a patient's health care. Telehealth includes
211.10 the application of secure video conferencing, store-and-forward transfers, and synchronous
211.11 interactions between a patient located at an originating site and a health care provider located
211.12 at a distant site. Telehealth includes audio-only communication between a health care
211.13 provider and a patient if the communication is a scheduled appointment and the standard
211.14 of care for the service can be met through the use of audio-only communication. Telehealth
211.15 does not include communication between health care providers or between a health care
211.16 provider and a patient that consists solely of an e-mail or facsimile transmission. Telehealth
211.17 does not include communication between health care providers that consists solely of a
211.18 telephone conversation. Telehealth does not include telemonitoring services as defined in
211.19 paragraph (i).

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

211.25 Subd. 3. **Coverage of telehealth.** (a) A health plan sold, issued, or renewed by a health
211.26 carrier in Minnesota must (1) cover benefits delivered through telehealth in the same manner
211.27 as any other benefits covered under the health plan, and (2) comply with this section.

211.28 (b) Coverage for services delivered through telehealth must not be limited on the basis
211.29 of geography, location, or distance for travel subject to the health care provider network
211.30 available to the enrollee through the enrollee's health plan.

211.31 (c) A health carrier must not create a separate provider network to deliver services
211.32 through telehealth that does not include network providers who provide in-person care to
211.33 patients for the same service or require an enrollee to use a specific provider within the
211.34 network to receive services through telehealth.

212.1 (d) A health carrier may require a deductible, co-payment, or coinsurance payment for
 212.2 a health care service provided through telehealth, provided that the deductible, co-payment,
 212.3 or coinsurance payment is not in addition to, and does not exceed, the deductible, co-payment,
 212.4 or coinsurance applicable for the same service provided through in-person contact.

212.5 (e) Nothing in this section:

212.6 (1) requires a health carrier to provide coverage for services that are not medically
 212.7 necessary or are not covered under the enrollee's health plan; or

212.8 (2) prohibits a health carrier from:

212.9 (i) establishing criteria that a health care provider must meet to demonstrate the safety
 212.10 or efficacy of delivering a particular service through telehealth for which the health carrier
 212.11 does not already reimburse other health care providers for delivering the service through
 212.12 telehealth; or

212.13 (ii) establishing reasonable medical management techniques, provided the criteria or
 212.14 techniques are not unduly burdensome or unreasonable for the particular service; or

212.15 (iii) requiring documentation or billing practices designed to protect the health carrier
 212.16 or patient from fraudulent claims, provided the practices are not unduly burdensome or
 212.17 unreasonable for the particular service.

212.18 (f) Nothing in this section requires the use of telehealth when a health care provider
 212.19 determines that the delivery of a health care service through telehealth is not appropriate or
 212.20 when an enrollee chooses not to receive a health care service through telehealth.

212.21 **Subd. 4. Parity between telehealth and in-person services.** (a) A health carrier must
 212.22 not restrict or deny coverage of a health care service that is covered under a health plan
 212.23 solely:

212.24 (1) because the health care service provided by the health care provider through telehealth
 212.25 is not provided through in-person contact; or

212.26 (2) based on the communication technology or application used to deliver the health
 212.27 care service through telehealth, provided the technology or application complies with this
 212.28 section and is appropriate for the particular service.

212.29 (b) Prior authorization may be required for health care services delivered through
 212.30 telehealth only if prior authorization is required before the delivery of the same service
 212.31 through in-person contact.

213.1 (c) A health carrier may require a utilization review for services delivered through
213.2 telehealth, provided the utilization review is conducted in the same manner and uses the
213.3 same clinical review criteria as a utilization review for the same services delivered through
213.4 in-person contact.

213.5 (d) A health carrier or health care provider shall not require an enrollee to pay a fee to
213.6 download a specific communication technology or application.

213.7 **Subd. 5. Reimbursement for services delivered through telehealth.** (a) A health carrier
213.8 must reimburse the health care provider for services delivered through telehealth on the
213.9 same basis and at the same rate as the health carrier would apply to those services if the
213.10 services had been delivered by the health care provider through in-person contact.

213.11 (b) A health carrier must not deny or limit reimbursement based solely on a health care
213.12 provider delivering the service or consultation through telehealth instead of through in-person
213.13 contact.

213.14 (c) A health carrier must not deny or limit reimbursement based solely on the technology
213.15 and equipment used by the health care provider to deliver the health care service or
213.16 consultation through telehealth, provided the technology and equipment used by the provider
213.17 meets the requirements of this section and is appropriate for the particular service.

213.18 **Subd. 6. Telehealth equipment.** (a) A health carrier must not require a health care
213.19 provider to use specific telecommunications technology and equipment as a condition of
213.20 coverage under this section, provided the health care provider uses telecommunications
213.21 technology and equipment that complies with current industry interoperable standards and
213.22 complies with standards required under the federal Health Insurance Portability and
213.23 Accountability Act of 1996, Public Law 104-191, and regulations promulgated under that
213.24 Act, unless authorized under this section.

213.25 (b) A health carrier must provide coverage for health care services delivered through
213.26 telehealth by means of the use of audio-only telephone communication if the communication
213.27 is a scheduled appointment and the standard of care for that particular service can be met
213.28 through the use of audio-only communication.

213.29 **Subd. 7. Telemonitoring services.** A health carrier must provide coverage for
213.30 telemonitoring services if:

213.31 (1) the telemonitoring service is medically appropriate based on the enrollee's medical
213.32 condition or status;

214.1 (2) the enrollee is cognitively and physically capable of operating the monitoring device
 214.2 or equipment, or the enrollee has a caregiver who is willing and able to assist with the
 214.3 monitoring device or equipment; and

214.4 (3) the enrollee resides in a setting that is suitable for telemonitoring and not in a setting
 214.5 that has health care staff on site.

214.6 Subd. 8. **Exception.** This section does not apply to coverage provided to state public
 214.7 health care program enrollees under chapter 256B or 256L.

214.8 Sec. 2. Minnesota Statutes 2020, section 147.033, is amended to read:

214.9 **147.033 PRACTICE OF ~~TELEMEDICINE~~ TELEHEALTH.**

214.10 Subdivision 1. **Definition.** For the purposes of this section, "~~telemedicine~~" means the
 214.11 ~~delivery of health care services or consultations while the patient is at an originating site~~
 214.12 ~~and the licensed health care provider is at a distant site. A communication between licensed~~
 214.13 ~~health care providers that consists solely of a telephone conversation, e-mail, or facsimile~~
 214.14 ~~transmission does not constitute telemedicine consultations or services. A communication~~
 214.15 ~~between a licensed health care provider and a patient that consists solely of an e-mail or~~
 214.16 ~~facsimile transmission does not constitute telemedicine consultations or services.~~
 214.17 ~~Telemedicine may be provided by means of real-time two-way interactive audio, and visual~~
 214.18 ~~communications, including the application of secure video conferencing or store-and-forward~~
 214.19 ~~technology to provide or support health care delivery, that facilitate the assessment, diagnosis,~~
 214.20 ~~consultation, treatment, education, and care management of a patient's health care.~~
 214.21 "telehealth" has the meaning given in section 62A.673, subdivision 2, paragraph (h).

214.22 Subd. 2. **Physician-patient relationship.** A physician-patient relationship may be
 214.23 established through ~~telemedicine~~ telehealth.

214.24 Subd. 3. **Standards of practice and conduct.** A physician providing health care services
 214.25 by ~~telemedicine~~ telehealth in this state shall be held to the same standards of practice and
 214.26 conduct as provided in this chapter for in-person health care services.

214.27 Sec. 3. Minnesota Statutes 2020, section 151.37, subdivision 2, is amended to read:

214.28 Subd. 2. **Prescribing and filing.** (a) A licensed practitioner in the course of professional
 214.29 practice only, may prescribe, administer, and dispense a legend drug, and may cause the
 214.30 same to be administered by a nurse, a physician assistant, or medical student or resident
 214.31 under the practitioner's direction and supervision, and may cause a person who is an
 214.32 appropriately certified, registered, or licensed health care professional to prescribe, dispense,

215.1 and administer the same within the expressed legal scope of the person's practice as defined
215.2 in Minnesota Statutes. A licensed practitioner may prescribe a legend drug, without reference
215.3 to a specific patient, by directing a licensed dietitian or licensed nutritionist, pursuant to
215.4 section 148.634; a nurse, pursuant to section 148.235, subdivisions 8 and 9; physician
215.5 assistant; medical student or resident; or pharmacist according to section 151.01, subdivision
215.6 27, to adhere to a particular practice guideline or protocol when treating patients whose
215.7 condition falls within such guideline or protocol, and when such guideline or protocol
215.8 specifies the circumstances under which the legend drug is to be prescribed and administered.
215.9 An individual who verbally, electronically, or otherwise transmits a written, oral, or electronic
215.10 order, as an agent of a prescriber, shall not be deemed to have prescribed the legend drug.
215.11 This paragraph applies to a physician assistant only if the physician assistant meets the
215.12 requirements of ~~section 147A.18~~ sections 147A.02 and 147A.09.

215.13 (b) The commissioner of health, if a licensed practitioner, or a person designated by the
215.14 commissioner who is a licensed practitioner, may prescribe a legend drug to an individual
215.15 or by protocol for mass dispensing purposes where the commissioner finds that the conditions
215.16 triggering section 144.4197 or 144.4198, subdivision 2, paragraph (b), exist. The
215.17 commissioner, if a licensed practitioner, or a designated licensed practitioner, may prescribe,
215.18 dispense, or administer a legend drug or other substance listed in subdivision 10 to control
215.19 tuberculosis and other communicable diseases. The commissioner may modify state drug
215.20 labeling requirements, and medical screening criteria and documentation, where time is
215.21 critical and limited labeling and screening are most likely to ensure legend drugs reach the
215.22 maximum number of persons in a timely fashion so as to reduce morbidity and mortality.

215.23 (c) A licensed practitioner that dispenses for profit a legend drug that is to be administered
215.24 orally, is ordinarily dispensed by a pharmacist, and is not a vaccine, must file with the
215.25 practitioner's licensing board a statement indicating that the practitioner dispenses legend
215.26 drugs for profit, the general circumstances under which the practitioner dispenses for profit,
215.27 and the types of legend drugs generally dispensed. It is unlawful to dispense legend drugs
215.28 for profit after July 31, 1990, unless the statement has been filed with the appropriate
215.29 licensing board. For purposes of this paragraph, "profit" means (1) any amount received by
215.30 the practitioner in excess of the acquisition cost of a legend drug for legend drugs that are
215.31 purchased in prepackaged form, or (2) any amount received by the practitioner in excess
215.32 of the acquisition cost of a legend drug plus the cost of making the drug available if the
215.33 legend drug requires compounding, packaging, or other treatment. The statement filed under
215.34 this paragraph is public data under section 13.03. This paragraph does not apply to a licensed
215.35 doctor of veterinary medicine or a registered pharmacist. Any person other than a licensed

216.1 practitioner with the authority to prescribe, dispense, and administer a legend drug under
216.2 paragraph (a) shall not dispense for profit. To dispense for profit does not include dispensing
216.3 by a community health clinic when the profit from dispensing is used to meet operating
216.4 expenses.

216.5 (d) A prescription drug order for the following drugs is not valid, unless it can be
216.6 established that the prescription drug order was based on a documented patient evaluation,
216.7 including an examination, adequate to establish a diagnosis and identify underlying conditions
216.8 and contraindications to treatment:

216.9 (1) controlled substance drugs listed in section 152.02, subdivisions 3 to 5;

216.10 (2) drugs defined by the Board of Pharmacy as controlled substances under section
216.11 152.02, subdivisions 7, 8, and 12;

216.12 (3) muscle relaxants;

216.13 (4) centrally acting analgesics with opioid activity;

216.14 (5) drugs containing butalbital; or

216.15 (6) phosphodiesterase type 5 inhibitors when used to treat erectile dysfunction.

216.16 ~~For purposes of prescribing drugs listed in clause (6), the requirement for a documented~~
216.17 ~~patient evaluation, including an examination, may be met through the use of telemedicine,~~
216.18 ~~as defined in section 147.033, subdivision 1.~~

216.19 (e) For the purposes of paragraph (d), the requirement for an examination shall be met
216.20 if:

216.21 (1) an in-person examination has been completed in any of the following circumstances:

216.22 ~~(1)~~ (i) the prescribing practitioner examines the patient at the time the prescription or
216.23 drug order is issued;

216.24 ~~(2)~~ (ii) the prescribing practitioner has performed a prior examination of the patient;

216.25 ~~(3)~~ (iii) another prescribing practitioner practicing within the same group or clinic as
216.26 the prescribing practitioner has examined the patient;

216.27 ~~(4)~~ (iv) a consulting practitioner to whom the prescribing practitioner has referred the
216.28 patient has examined the patient; or

216.29 ~~(5)~~ (v) the referring practitioner has performed an examination in the case of a consultant
216.30 practitioner issuing a prescription or drug order when providing services by means of
216.31 telemedicine; or

217.1 (2) the prescription order is for a drug listed in paragraph (d), clause (6), or for medication
 217.2 assisted therapy for a substance use disorder, and the prescribing practitioner has completed
 217.3 an examination of the patient via telehealth as defined in section 62A.673, subdivision 2,
 217.4 paragraph (h).

217.5 (f) Nothing in paragraph (d) or (e) prohibits a licensed practitioner from prescribing a
 217.6 drug through the use of a guideline or protocol pursuant to paragraph (a).

217.7 (g) Nothing in this chapter prohibits a licensed practitioner from issuing a prescription
 217.8 or dispensing a legend drug in accordance with the Expedited Partner Therapy in the
 217.9 Management of Sexually Transmitted Diseases guidance document issued by the United
 217.10 States Centers for Disease Control.

217.11 (h) Nothing in paragraph (d) or (e) limits prescription, administration, or dispensing of
 217.12 legend drugs through a public health clinic or other distribution mechanism approved by
 217.13 the commissioner of health or a community health board in order to prevent, mitigate, or
 217.14 treat a pandemic illness, infectious disease outbreak, or intentional or accidental release of
 217.15 a biological, chemical, or radiological agent.

217.16 (i) No pharmacist employed by, under contract to, or working for a pharmacy located
 217.17 within the state and licensed under section 151.19, subdivision 1, may dispense a legend
 217.18 drug based on a prescription that the pharmacist knows, or would reasonably be expected
 217.19 to know, is not valid under paragraph (d).

217.20 (j) No pharmacist employed by, under contract to, or working for a pharmacy located
 217.21 outside the state and licensed under section 151.19, subdivision 1, may dispense a legend
 217.22 drug to a resident of this state based on a prescription that the pharmacist knows, or would
 217.23 reasonably be expected to know, is not valid under paragraph (d).

217.24 (k) Nothing in this chapter prohibits the commissioner of health, if a licensed practitioner,
 217.25 or, if not a licensed practitioner, a designee of the commissioner who is a licensed
 217.26 practitioner, from prescribing legend drugs for field-delivered therapy in the treatment of
 217.27 a communicable disease according to the Centers For Disease Control and Prevention Partner
 217.28 Services Guidelines.

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

217.30 Sec. 4. Minnesota Statutes 2020, section 245G.01, subdivision 13, is amended to read:

217.31 Subd. 13. **Face-to-face.** "Face-to-face" means two-way, real-time, interactive ~~and visual~~
 217.32 communication between a client and a treatment service provider and includes services
 217.33 delivered in person or via ~~telemedicine~~ telehealth.

218.1 Sec. 5. Minnesota Statutes 2020, section 245G.01, subdivision 26, is amended to read:

218.2 Subd. 26. ~~Telemedicine~~ **Telehealth.** ~~"Telemedicine"~~ "Telehealth" means the delivery
218.3 of a substance use disorder treatment service while the client is at an originating site and
218.4 the ~~licensed~~ health care provider is at a distant site via telehealth as defined in section
218.5 256B.0625, subdivision 3b, and as specified in section 254B.05, subdivision 5, paragraph
218.6 (f).

218.7 Sec. 6. Minnesota Statutes 2020, section 245G.06, subdivision 1, is amended to read:

218.8 Subdivision 1. **General.** Each client must have a person-centered individual treatment
218.9 plan developed by an alcohol and drug counselor within ten days from the day of service
218.10 initiation for a residential program and within five calendar days on which a treatment
218.11 session has been provided from the day of service initiation for a client in a nonresidential
218.12 program. Opioid treatment programs must complete the individual treatment plan within
218.13 21 days from the day of service initiation. The individual treatment plan must be signed by
218.14 the client and the alcohol and drug counselor and document the client's involvement in the
218.15 development of the plan. The individual treatment plan is developed upon the qualified staff
218.16 member's dated signature. Treatment planning must include ongoing assessment of client
218.17 needs. An individual treatment plan must be updated based on new information gathered
218.18 about the client's condition, the client's level of participation, and on whether methods
218.19 identified have the intended effect. A change to the plan must be signed by the client and
218.20 the alcohol and drug counselor. If the client chooses to have family or others involved in
218.21 treatment services, the client's individual treatment plan must include how the family or
218.22 others will be involved in the client's treatment. If a client is receiving treatment services
218.23 or an assessment via telehealth and the alcohol and drug counselor documents the reason
218.24 the client's signature cannot be obtained, the alcohol and drug counselor may document the
218.25 client's verbal approval of the treatment plan or change to the treatment plan in lieu of the
218.26 client's signature.

218.27 Sec. 7. Minnesota Statutes 2020, section 254A.19, subdivision 5, is amended to read:

218.28 Subd. 5. **Assessment via ~~telemedicine~~ telehealth.** Notwithstanding Minnesota Rules,
218.29 part 9530.6615, subpart 3, item A, a chemical use assessment may be conducted via
218.30 ~~telemedicine~~ telehealth as defined in section 256B.0625, subdivision 3b.

218.31 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,
218.32 whichever is later. The commissioner of human services shall notify the revisor of statutes
218.33 when federal approval is obtained.

219.1 Sec. 8. Minnesota Statutes 2020, section 254B.05, subdivision 5, is amended to read:

219.2 Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for substance
219.3 use disorder services and service enhancements funded under this chapter.

219.4 (b) Eligible substance use disorder treatment services include:

219.5 (1) outpatient treatment services that are licensed according to sections 245G.01 to
219.6 245G.17, or applicable tribal license;

219.7 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),
219.8 and 245G.05;

219.9 (3) care coordination services provided according to section 245G.07, subdivision 1,
219.10 paragraph (a), clause (5);

219.11 (4) peer recovery support services provided according to section 245G.07, subdivision
219.12 2, clause (8);

219.13 (5) on July 1, 2019, or upon federal approval, whichever is later, withdrawal management
219.14 services provided according to chapter 245F;

219.15 (6) medication-assisted therapy services that are licensed according to sections 245G.01
219.16 to 245G.17 and 245G.22, or applicable tribal license;

219.17 (7) medication-assisted therapy plus enhanced treatment services that meet the
219.18 requirements of clause (6) and provide nine hours of clinical services each week;

219.19 (8) high, medium, and low intensity residential treatment services that are licensed
219.20 according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license which
219.21 provide, respectively, 30, 15, and five hours of clinical services each week;

219.22 (9) hospital-based treatment services that are licensed according to sections 245G.01 to
219.23 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
219.24 144.56;

219.25 (10) adolescent treatment programs that are licensed as outpatient treatment programs
219.26 according to sections 245G.01 to 245G.18 or as residential treatment programs according
219.27 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
219.28 applicable tribal license;

219.29 (11) high-intensity residential treatment services that are licensed according to sections
219.30 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide 30 hours of
219.31 clinical services each week provided by a state-operated vendor or to clients who have been

220.1 civilly committed to the commissioner, present the most complex and difficult care needs,
220.2 and are a potential threat to the community; and

220.3 (12) room and board facilities that meet the requirements of subdivision 1a.

220.4 (c) The commissioner shall establish higher rates for programs that meet the requirements
220.5 of paragraph (b) and one of the following additional requirements:

220.6 (1) programs that serve parents with their children if the program:

220.7 (i) provides on-site child care during the hours of treatment activity that:

220.8 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
220.9 9503; or

220.10 (B) meets the licensure exclusion criteria of section 245A.03, subdivision 2, paragraph
220.11 (a), clause (6), and meets the requirements under section 245G.19, subdivision 4; or

220.12 (ii) arranges for off-site child care during hours of treatment activity at a facility that is
220.13 licensed under chapter 245A as:

220.14 (A) a child care center under Minnesota Rules, chapter 9503; or

220.15 (B) a family child care home under Minnesota Rules, chapter 9502;

220.16 (2) culturally specific programs as defined in section 254B.01, subdivision 4a, or
220.17 programs or subprograms serving special populations, if the program or subprogram meets
220.18 the following requirements:

220.19 (i) is designed to address the unique needs of individuals who share a common language,
220.20 racial, ethnic, or social background;

220.21 (ii) is governed with significant input from individuals of that specific background; and

220.22 (iii) employs individuals to provide individual or group therapy, at least 50 percent of
220.23 whom are of that specific background, except when the common social background of the
220.24 individuals served is a traumatic brain injury or cognitive disability and the program employs
220.25 treatment staff who have the necessary professional training, as approved by the
220.26 commissioner, to serve clients with the specific disabilities that the program is designed to
220.27 serve;

220.28 (3) programs that offer medical services delivered by appropriately credentialed health
220.29 care staff in an amount equal to two hours per client per week if the medical needs of the
220.30 client and the nature and provision of any medical services provided are documented in the
220.31 client file; and

- 221.1 (4) programs that offer services to individuals with co-occurring mental health and
221.2 chemical dependency problems if:
- 221.3 (i) the program meets the co-occurring requirements in section 245G.20;
- 221.4 (ii) 25 percent of the counseling staff are licensed mental health professionals, as defined
221.5 in section 245.462, subdivision 18, clauses (1) to (6), or are students or licensing candidates
221.6 under the supervision of a licensed alcohol and drug counselor supervisor and licensed
221.7 mental health professional, except that no more than 50 percent of the mental health staff
221.8 may be students or licensing candidates with time documented to be directly related to
221.9 provisions of co-occurring services;
- 221.10 (iii) clients scoring positive on a standardized mental health screen receive a mental
221.11 health diagnostic assessment within ten days of admission;
- 221.12 (iv) the program has standards for multidisciplinary case review that include a monthly
221.13 review for each client that, at a minimum, includes a licensed mental health professional
221.14 and licensed alcohol and drug counselor, and their involvement in the review is documented;
- 221.15 (v) family education is offered that addresses mental health and substance abuse disorders
221.16 and the interaction between the two; and
- 221.17 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder
221.18 training annually.
- 221.19 (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program
221.20 that provides arrangements for off-site child care must maintain current documentation at
221.21 the chemical dependency facility of the child care provider's current licensure to provide
221.22 child care services. Programs that provide child care according to paragraph (c), clause (1),
221.23 must be deemed in compliance with the licensing requirements in section 245G.19.
- 221.24 (e) Adolescent residential programs that meet the requirements of Minnesota Rules,
221.25 parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements
221.26 in paragraph (c), clause (4), items (i) to (iv).
- 221.27 (f) Subject to federal approval, chemical dependency services that are otherwise covered
221.28 as direct face-to-face services may be provided via ~~two-way interactive video~~ telehealth as
221.29 defined in section 256B.0625, subdivision 3b. The use of ~~two-way interactive video~~ telehealth
221.30 to deliver services must be medically appropriate to the condition and needs of the person
221.31 being served. Reimbursement shall be at the same rates and under the same conditions that
221.32 would otherwise apply to direct face-to-face services. ~~The interactive video equipment and~~
221.33 ~~connection must comply with Medicare standards in effect at the time the service is provided.~~

222.1 (g) For the purpose of reimbursement under this section, substance use disorder treatment
222.2 services provided in a group setting without a group participant maximum or maximum
222.3 client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one.
222.4 At least one of the attending staff must meet the qualifications as established under this
222.5 chapter for the type of treatment service provided. A recovery peer may not be included as
222.6 part of the staff ratio.

222.7 Sec. 9. Minnesota Statutes 2020, section 256B.0621, subdivision 10, is amended to read:

222.8 Subd. 10. **Payment rates.** The commissioner shall set payment rates for targeted case
222.9 management under this subdivision. Case managers may bill according to the following
222.10 criteria:

222.11 (1) for relocation targeted case management, case managers may bill for direct case
222.12 management activities, including face-to-face contact, telephone contact, and interactive
222.13 video contact ~~according to section 256B.0924, subdivision 4a~~, in the lesser of:

222.14 (i) 180 days preceding an eligible recipient's discharge from an institution; or

222.15 (ii) the limits and conditions which apply to federal Medicaid funding for this service;

222.16 (2) for home care targeted case management, case managers may bill for direct case
222.17 management activities, including face-to-face and telephone contacts; and

222.18 (3) billings for targeted case management services under this subdivision shall not
222.19 duplicate payments made under other program authorities for the same purpose.

222.20 Sec. 10. Minnesota Statutes 2020, section 256B.0622, subdivision 7a, is amended to read:

222.21 Subd. 7a. **Assertive community treatment team staff requirements and roles.** (a)

222.22 The required treatment staff qualifications and roles for an ACT team are:

222.23 (1) the team leader:

222.24 (i) shall be a licensed mental health professional who is qualified under Minnesota Rules,
222.25 part 9505.0371, subpart 5, item A. Individuals who are not licensed but who are eligible
222.26 for licensure and are otherwise qualified may also fulfill this role but must obtain full
222.27 licensure within 24 months of assuming the role of team leader;

222.28 (ii) must be an active member of the ACT team and provide some direct services to
222.29 clients;

222.30 (iii) must be a single full-time staff member, dedicated to the ACT team, who is
222.31 responsible for overseeing the administrative operations of the team, providing clinical

223.1 oversight of services in conjunction with the psychiatrist or psychiatric care provider, and
223.2 supervising team members to ensure delivery of best and ethical practices; and

223.3 (iv) must be available to provide overall clinical oversight to the ACT team after regular
223.4 business hours and on weekends and holidays. The team leader may delegate this duty to
223.5 another qualified member of the ACT team;

223.6 (2) the psychiatric care provider:

223.7 (i) must be a licensed psychiatrist certified by the American Board of Psychiatry and
223.8 Neurology or eligible for board certification or certified by the American Osteopathic Board
223.9 of Neurology and Psychiatry or eligible for board certification, or a psychiatric nurse who
223.10 is qualified under Minnesota Rules, part 9505.0371, subpart 5, item A. The psychiatric care
223.11 provider must have demonstrated clinical experience working with individuals with serious
223.12 and persistent mental illness;

223.13 (ii) shall collaborate with the team leader in sharing overall clinical responsibility for
223.14 screening and admitting clients; monitoring clients' treatment and team member service
223.15 delivery; educating staff on psychiatric and nonpsychiatric medications, their side effects,
223.16 and health-related conditions; actively collaborating with nurses; and helping provide clinical
223.17 supervision to the team;

223.18 (iii) shall fulfill the following functions for assertive community treatment clients:
223.19 provide assessment and treatment of clients' symptoms and response to medications, including
223.20 side effects; provide brief therapy to clients; provide diagnostic and medication education
223.21 to clients, with medication decisions based on shared decision making; monitor clients'
223.22 nonpsychiatric medical conditions and nonpsychiatric medications; and conduct home and
223.23 community visits;

223.24 (iv) shall serve as the point of contact for psychiatric treatment if a client is hospitalized
223.25 for mental health treatment and shall communicate directly with the client's inpatient
223.26 psychiatric care providers to ensure continuity of care;

223.27 (v) shall have a minimum full-time equivalency that is prorated at a rate of 16 hours per
223.28 50 clients. Part-time psychiatric care providers shall have designated hours to work on the
223.29 team, with sufficient blocks of time on consistent days to carry out the provider's clinical,
223.30 supervisory, and administrative responsibilities. No more than two psychiatric care providers
223.31 may share this role;

223.32 (vi) may ~~not provide specific roles and responsibilities by telemedicine unless approved~~
223.33 ~~by the commissioner~~ services through telehealth as defined under section 256B.0625,

224.1 subdivision 3b, when necessary to ensure the continuation of psychiatric and medication
224.2 services availability for clients and to maintain statutory requirements for psychiatric care
224.3 provider staffing levels; and

224.4 (vii) shall provide psychiatric backup to the program after regular business hours and
224.5 on weekends and holidays. The psychiatric care provider may delegate this duty to another
224.6 qualified psychiatric provider;

224.7 (3) the nursing staff:

224.8 (i) shall consist of one to three registered nurses or advanced practice registered nurses,
224.9 of whom at least one has a minimum of one-year experience working with adults with
224.10 serious mental illness and a working knowledge of psychiatric medications. No more than
224.11 two individuals can share a full-time equivalent position;

224.12 (ii) are responsible for managing medication, administering and documenting medication
224.13 treatment, and managing a secure medication room; and

224.14 (iii) shall develop strategies, in collaboration with clients, to maximize taking medications
224.15 as prescribed; screen and monitor clients' mental and physical health conditions and
224.16 medication side effects; engage in health promotion, prevention, and education activities;
224.17 communicate and coordinate services with other medical providers; facilitate the development
224.18 of the individual treatment plan for clients assigned; and educate the ACT team in monitoring
224.19 psychiatric and physical health symptoms and medication side effects;

224.20 (4) the co-occurring disorder specialist:

224.21 (i) shall be a full-time equivalent co-occurring disorder specialist who has received
224.22 specific training on co-occurring disorders that is consistent with national evidence-based
224.23 practices. The training must include practical knowledge of common substances and how
224.24 they affect mental illnesses, the ability to assess substance use disorders and the client's
224.25 stage of treatment, motivational interviewing, and skills necessary to provide counseling to
224.26 clients at all different stages of change and treatment. The co-occurring disorder specialist
224.27 may also be an individual who is a licensed alcohol and drug counselor as described in
224.28 section 148F.01, subdivision 5, or a counselor who otherwise meets the training, experience,
224.29 and other requirements in section 245G.11, subdivision 5. No more than two co-occurring
224.30 disorder specialists may occupy this role; and

224.31 (ii) shall provide or facilitate the provision of co-occurring disorder treatment to clients.
224.32 The co-occurring disorder specialist shall serve as a consultant and educator to fellow ACT
224.33 team members on co-occurring disorders;

225.1 (5) the vocational specialist:

225.2 (i) shall be a full-time vocational specialist who has at least one-year experience providing
225.3 employment services or advanced education that involved field training in vocational services
225.4 to individuals with mental illness. An individual who does not meet these qualifications
225.5 may also serve as the vocational specialist upon completing a training plan approved by the
225.6 commissioner;

225.7 (ii) shall provide or facilitate the provision of vocational services to clients. The vocational
225.8 specialist serves as a consultant and educator to fellow ACT team members on these services;
225.9 and

225.10 (iii) should not refer individuals to receive any type of vocational services or linkage by
225.11 providers outside of the ACT team;

225.12 (6) the mental health certified peer specialist:

225.13 (i) shall be a full-time equivalent mental health certified peer specialist as defined in
225.14 section 256B.0615. No more than two individuals can share this position. The mental health
225.15 certified peer specialist is a fully integrated team member who provides highly individualized
225.16 services in the community and promotes the self-determination and shared decision-making
225.17 abilities of clients. This requirement may be waived due to workforce shortages upon
225.18 approval of the commissioner;

225.19 (ii) must provide coaching, mentoring, and consultation to the clients to promote recovery,
225.20 self-advocacy, and self-direction, promote wellness management strategies, and assist clients
225.21 in developing advance directives; and

225.22 (iii) must model recovery values, attitudes, beliefs, and personal action to encourage
225.23 wellness and resilience, provide consultation to team members, promote a culture where
225.24 the clients' points of view and preferences are recognized, understood, respected, and
225.25 integrated into treatment, and serve in a manner equivalent to other team members;

225.26 (7) the program administrative assistant shall be a full-time office-based program
225.27 administrative assistant position assigned to solely work with the ACT team, providing a
225.28 range of supports to the team, clients, and families; and

225.29 (8) additional staff:

225.30 (i) shall be based on team size. Additional treatment team staff may include licensed
225.31 mental health professionals as defined in Minnesota Rules, part 9505.0371, subpart 5, item
225.32 A; mental health practitioners as defined in section 245.462, subdivision 17; a mental health
225.33 practitioner working as a clinical trainee according to Minnesota Rules, part 9505.0371,

226.1 subpart 5, item C; or mental health rehabilitation workers as defined in section 256B.0623,
 226.2 subdivision 5, paragraph (a), clause (4). These individuals shall have the knowledge, skills,
 226.3 and abilities required by the population served to carry out rehabilitation and support
 226.4 functions; and

226.5 (ii) shall be selected based on specific program needs or the population served.

226.6 (b) Each ACT team must clearly document schedules for all ACT team members.

226.7 (c) Each ACT team member must serve as a primary team member for clients assigned
 226.8 by the team leader and are responsible for facilitating the individual treatment plan process
 226.9 for those clients. The primary team member for a client is the responsible team member
 226.10 knowledgeable about the client's life and circumstances and writes the individual treatment
 226.11 plan. The primary team member provides individual supportive therapy or counseling, and
 226.12 provides primary support and education to the client's family and support system.

226.13 (d) Members of the ACT team must have strong clinical skills, professional qualifications,
 226.14 experience, and competency to provide a full breadth of rehabilitation services. Each staff
 226.15 member shall be proficient in their respective discipline and be able to work collaboratively
 226.16 as a member of a multidisciplinary team to deliver the majority of the treatment,
 226.17 rehabilitation, and support services clients require to fully benefit from receiving assertive
 226.18 community treatment.

226.19 (e) Each ACT team member must fulfill training requirements established by the
 226.20 commissioner.

226.21 Sec. 11. Minnesota Statutes 2020, section 256B.0625, subdivision 3b, is amended to read:

226.22 Subd. 3b. ~~Telemedicine~~ **Telehealth services.** (a) Medical assistance covers medically
 226.23 necessary services and consultations delivered by a licensed health care provider ~~via~~
 226.24 ~~telemedicine~~ through telehealth in the same manner as if the service or consultation was
 226.25 delivered ~~in person through in-person contact. Coverage is limited to three telemedicine~~
 226.26 ~~services per enrollee per calendar week, except as provided in paragraph (f). Telemedicine~~
 226.27 Services or consultations delivered through telehealth shall be paid at the full allowable
 226.28 rate.

226.29 (b) The commissioner ~~shall~~ may establish criteria that a health care provider must attest
 226.30 to in order to demonstrate the safety or efficacy of delivering a particular service ~~via~~
 226.31 ~~telemedicine~~ through telehealth. The attestation may include that the health care provider:

226.32 (1) has identified the categories or types of services the health care provider will provide
 226.33 ~~via telemedicine~~ through telehealth;

227.1 (2) has written policies and procedures specific to ~~telemedicine~~ services delivered through
 227.2 telehealth that are regularly reviewed and updated;

227.3 (3) has policies and procedures that adequately address patient safety before, during,
 227.4 and after the ~~telemedicine~~ service is ~~rendered~~ delivered through telehealth;

227.5 (4) has established protocols addressing how and when to discontinue telemedicine
 227.6 services; and

227.7 (5) has an established quality assurance process related to ~~telemedicine~~ delivering services
 227.8 through telehealth.

227.9 (c) As a condition of payment, a licensed health care provider must document each
 227.10 occurrence of a health service ~~provided by telemedicine~~ delivered through telehealth to a
 227.11 medical assistance enrollee. Health care service records for services ~~provided by telemedicine~~
 227.12 delivered through telehealth must meet the requirements set forth in Minnesota Rules, part
 227.13 9505.2175, subparts 1 and 2, and must document:

227.14 (1) the type of service ~~provided by telemedicine~~ delivered through telehealth;

227.15 (2) the time the service began and the time the service ended, including an a.m. and p.m.
 227.16 designation;

227.17 (3) the ~~licensed~~ health care provider's basis for determining that ~~telemedicine~~ telehealth
 227.18 is an appropriate and effective means for delivering the service to the enrollee;

227.19 (4) the mode of transmission ~~of~~ used to deliver the telemedicine service through telehealth
 227.20 and records evidencing that a particular mode of transmission was utilized;

227.21 (5) the location of the originating site and the distant site;

227.22 (6) if the claim for payment is based on a physician's ~~telemedicine~~ consultation with
 227.23 another physician through telehealth, the written opinion from the consulting physician
 227.24 providing the ~~telemedicine~~ telehealth consultation; and

227.25 (7) compliance with the criteria attested to by the health care provider in accordance
 227.26 with paragraph (b).

227.27 (d) Telehealth visits, as described in this subdivision provided through audio and visual
 227.28 communication, may be used to satisfy the face-to-face requirement for reimbursement
 227.29 under the payment methods that apply to a federally qualified health center, rural health
 227.30 clinic, Indian health service, 638 tribal clinic, and certified community behavioral health
 227.31 clinic, if the service would have otherwise qualified for payment if performed in person.

228.1 (e) For mental health services or assessments delivered through telehealth that are based
 228.2 on an individual treatment plan, the provider may document the client's verbal approval of
 228.3 the treatment plan or change in the treatment plan in lieu of the client's signature in
 228.4 accordance with Minnesota Rules, part 9505.0371.

228.5 ~~(d) (f) For purposes of this subdivision, unless otherwise covered under this chapter,~~
 228.6 ~~"telemedicine" is defined as the delivery of health care services or consultations while the~~
 228.7 ~~patient is at an originating site and the licensed health care provider is at a distant site. A~~
 228.8 ~~communication between licensed health care providers, or a licensed health care provider~~
 228.9 ~~and a patient that consists solely of a telephone conversation, e-mail, or facsimile transmission~~
 228.10 ~~does not constitute telemedicine consultations or services. Telemedicine may be provided~~
 228.11 ~~by means of real-time two-way, interactive audio and visual communications, including the~~
 228.12 ~~application of secure video conferencing or store-and-forward technology to provide or~~
 228.13 ~~support health care delivery, which facilitate the assessment, diagnosis, consultation,~~
 228.14 ~~treatment, education, and care management of a patient's health care.:~~

228.15 (1) "telehealth" means the delivery of health care services or consultations through the
 228.16 use of real time two-way interactive audio and visual communication to provide or support
 228.17 health care delivery and facilitate the assessment, diagnosis, consultation, treatment,
 228.18 education, and care management of a patient's health care. Telehealth includes the application
 228.19 of secure video conferencing, store-and-forward transfers, and synchronous interactions
 228.20 between a patient located at an originating site and a health care provider located at a distant
 228.21 site. Telehealth does not include communication between health care providers or between
 228.22 a health care provider and a patient that consists solely of a audio-only communication , an
 228.23 e-mail, or facsimile transmission unless authorized by the commissioner or specified by
 228.24 law;

228.25 ~~(e) For purposes of this section, "licensed (2) "health care provider" means a licensed~~
 228.26 ~~health care provider under section 62A.671, subdivision 6 as defined under section 62A.673,~~
 228.27 ~~a community paramedic as defined under section 144E.001, subdivision 5f, or a mental~~
 228.28 ~~health practitioner defined under section 245.462, subdivision 17, or 245.4871, subdivision~~
 228.29 ~~26, working under the general supervision of a mental health professional, and a community~~
 228.30 ~~health worker who meets the criteria under subdivision 49, paragraph (a); "health care~~
 228.31 ~~provider" is defined under section 62A.671, subdivision 3; a mental health certified peer~~
 228.32 ~~specialist under section 256B.0615, subdivision 5, a mental health certified family peer~~
 228.33 ~~specialist under section 256B.0616, subdivision 5, a mental health rehabilitation worker~~
 228.34 ~~under section 256B.0623, subdivision 5, paragraph (a), clause (4), and paragraph (b), a~~
 228.35 ~~mental health behavioral aide under section 256B.0943, subdivision 7, paragraph (b), clause~~

229.1 (3), a treatment coordinator under section 245G.11, subdivision 7, an alcohol and drug
 229.2 counselor under section 245G.11, subdivision 5, a recovery peer under section 245G.11,
 229.3 subdivision 8; and

229.4 (3) "originating site" is defined under section 62A.671, subdivision 7, "distant site," and
 229.5 "store-and-forward transfer" have the meanings given in section 62A.673, subdivision 2.

229.6 ~~(f) The limit on coverage of three telemedicine services per enrollee per calendar week~~
 229.7 ~~does not apply if:~~

229.8 ~~(1) the telemedicine services provided by the licensed health care provider are for the~~
 229.9 ~~treatment and control of tuberculosis; and~~

229.10 ~~(2) the services are provided in a manner consistent with the recommendations and best~~
 229.11 ~~practices specified by the Centers for Disease Control and Prevention and the commissioner~~
 229.12 ~~of health.~~

229.13 Sec. 12. Minnesota Statutes 2020, section 256B.0625, is amended by adding a subdivision
 229.14 to read:

229.15 Subd. 3h. **Telemonitoring services.** (a) Medical assistance covers telemonitoring services
 229.16 if:

229.17 (1) the telemonitoring service is medically appropriate based on the recipient's medical
 229.18 condition or status;

229.19 (2) the recipient's health care provider has identified that telemonitoring services would
 229.20 likely prevent the recipient's admission or readmission to a hospital, emergency room, or
 229.21 nursing facility;

229.22 (3) the recipient is cognitively and physically capable of operating the monitoring device
 229.23 or equipment, or the recipient has a caregiver who is willing and able to assist with the
 229.24 monitoring device or equipment; and

229.25 (4) the recipient resides in a setting that is suitable for telemonitoring and not in a setting
 229.26 that has health care staff on site.

229.27 (b) For purposes of this subdivision, "telemonitoring services" means the remote
 229.28 monitoring of data related to a recipient's vital signs or biometric data by a monitoring
 229.29 device or equipment that transmits the data electronically to a provider for analysis. The
 229.30 assessment and monitoring of the health data transmitted by telemonitoring must be
 229.31 performed by one of the following licensed health care professionals: physician, podiatrist,

230.1 registered nurse, advanced practice registered nurse, physician assistant, respiratory therapist,
230.2 or licensed professional working under the supervision of a medical director.

230.3 Sec. 13. Minnesota Statutes 2020, section 256B.0625, subdivision 13h, is amended to
230.4 read:

230.5 Subd. 13h. **Medication therapy management services.** (a) Medical assistance covers
230.6 medication therapy management services for a recipient taking prescriptions to treat or
230.7 prevent one or more chronic medical conditions. For purposes of this subdivision,
230.8 "medication therapy management" means the provision of the following pharmaceutical
230.9 care services by a licensed pharmacist to optimize the therapeutic outcomes of the patient's
230.10 medications:

230.11 (1) performing or obtaining necessary assessments of the patient's health status;

230.12 (2) formulating a medication treatment plan, which may include prescribing medications
230.13 or products in accordance with section 151.37, subdivision 14, 15, or 16;

230.14 (3) monitoring and evaluating the patient's response to therapy, including safety and
230.15 effectiveness;

230.16 (4) performing a comprehensive medication review to identify, resolve, and prevent
230.17 medication-related problems, including adverse drug events;

230.18 (5) documenting the care delivered and communicating essential information to the
230.19 patient's other primary care providers;

230.20 (6) providing verbal education and training designed to enhance patient understanding
230.21 and appropriate use of the patient's medications;

230.22 (7) providing information, support services, and resources designed to enhance patient
230.23 adherence with the patient's therapeutic regimens; and

230.24 (8) coordinating and integrating medication therapy management services within the
230.25 broader health care management services being provided to the patient.

230.26 Nothing in this subdivision shall be construed to expand or modify the scope of practice of
230.27 the pharmacist as defined in section 151.01, subdivision 27.

230.28 (b) To be eligible for reimbursement for services under this subdivision, a pharmacist
230.29 must meet the following requirements:

230.30 (1) have a valid license issued by the Board of Pharmacy of the state in which the
230.31 medication therapy management service is being performed;

231.1 (2) have graduated from an accredited college of pharmacy on or after May 1996, or
231.2 completed a structured and comprehensive education program approved by the Board of
231.3 Pharmacy and the American Council of Pharmaceutical Education for the provision and
231.4 documentation of pharmaceutical care management services that has both clinical and
231.5 didactic elements; and

231.6 ~~(3) be practicing in an ambulatory care setting as part of a multidisciplinary team or~~
231.7 ~~have developed a structured patient care process that is offered in a private or semiprivate~~
231.8 ~~patient care area that is separate from the commercial business that also occurs in the setting,~~
231.9 ~~or in home settings, including long-term care settings, group homes, and facilities providing~~
231.10 ~~assisted living services, but excluding skilled nursing facilities; and~~

231.11 ~~(4)~~ (3) make use of an electronic patient record system that meets state standards.

231.12 (c) For purposes of reimbursement for medication therapy management services, the
231.13 commissioner may enroll individual pharmacists as medical assistance providers. The
231.14 commissioner may also establish ~~contact requirements between the pharmacist and recipient,~~
231.15 ~~including limiting~~ limits on the number of reimbursable consultations per recipient.

231.16 ~~(d) If there are no pharmacists who meet the requirements of paragraph (b) practicing~~
231.17 ~~within a reasonable geographic distance of the patient, a pharmacist who meets the~~
231.18 ~~requirements may provide~~ The Medication therapy management services may be provided
231.19 via two-way interactive video telehealth as defined in subdivision 3b and may be delivered
231.20 into a patient's residence. Reimbursement shall be at the same rates and under the same
231.21 conditions that would otherwise apply to the services provided. To qualify for reimbursement
231.22 under this paragraph, the pharmacist providing the services must meet the requirements of
231.23 paragraph (b), ~~and must be located within an ambulatory care setting that meets the~~
231.24 ~~requirements of paragraph (b), clause (3). The patient must also be located within an~~
231.25 ~~ambulatory care setting that meets the requirements of paragraph (b), clause (3). Services~~
231.26 ~~provided under this paragraph may not be transmitted into the patient's residence.~~

231.27 ~~(e) Medication therapy management services may be delivered into a patient's residence~~
231.28 ~~via secure interactive video if the medication therapy management services are performed~~
231.29 ~~electronically during a covered home care visit by an enrolled provider. Reimbursement~~
231.30 ~~shall be at the same rates and under the same conditions that would otherwise apply to the~~
231.31 ~~services provided. To qualify for reimbursement under this paragraph, the pharmacist~~
231.32 ~~providing the services must meet the requirements of paragraph (b) and must be located~~
231.33 ~~within an ambulatory care setting that meets the requirements of paragraph (b), clause (3).~~

232.1 Sec. 14. Minnesota Statutes 2020, section 256B.0625, subdivision 20, is amended to read:

232.2 Subd. 20. **Mental health case management.** (a) To the extent authorized by rule of the
 232.3 state agency, medical assistance covers case management services to persons with serious
 232.4 and persistent mental illness and children with severe emotional disturbance. Services
 232.5 provided under this section must meet the relevant standards in sections 245.461 to 245.4887,
 232.6 the Comprehensive Adult and Children's Mental Health Acts, Minnesota Rules, parts
 232.7 9520.0900 to 9520.0926, and 9505.0322, excluding subpart 10.

232.8 (b) Entities meeting program standards set out in rules governing family community
 232.9 support services as defined in section 245.4871, subdivision 17, are eligible for medical
 232.10 assistance reimbursement for case management services for children with severe emotional
 232.11 disturbance when these services meet the program standards in Minnesota Rules, parts
 232.12 9520.0900 to 9520.0926 and 9505.0322, excluding subparts 6 and 10.

232.13 (c) Medical assistance and MinnesotaCare payment for mental health case management
 232.14 shall be made on a monthly basis. In order to receive payment for an eligible child, the
 232.15 provider must document at least a face-to-face contact either in person or by interactive
 232.16 video that meets the requirements of subdivision 20b with the child, the child's parents, or
 232.17 the child's legal representative. To receive payment for an eligible adult, the provider must
 232.18 document:

232.19 (1) at least a face-to-face contact with the adult or the adult's legal representative ~~or a~~
 232.20 ~~contact by interactive video~~ either in person or by interactive video that meets the
 232.21 requirements of subdivision 20b; or

232.22 (2) at least a telephone contact with the adult or the adult's legal representative and
 232.23 document a face-to-face contact ~~or a contact by interactive video~~ either in person or by
 232.24 interactive video that meets the requirements of subdivision 20b with the adult or the adult's
 232.25 legal representative within the preceding two months.

232.26 (d) Payment for mental health case management provided by county or state staff shall
 232.27 be based on the monthly rate methodology under section 256B.094, subdivision 6, paragraph
 232.28 (b), with separate rates calculated for child welfare and mental health, and within mental
 232.29 health, separate rates for children and adults.

232.30 (e) Payment for mental health case management provided by Indian health services or
 232.31 by agencies operated by Indian tribes may be made according to this section or other relevant
 232.32 federally approved rate setting methodology.

233.1 (f) Payment for mental health case management provided by vendors who contract with
233.2 a county or Indian tribe shall be based on a monthly rate negotiated by the host county or
233.3 tribe. The negotiated rate must not exceed the rate charged by the vendor for the same
233.4 service to other payers. If the service is provided by a team of contracted vendors, the county
233.5 or tribe may negotiate a team rate with a vendor who is a member of the team. The team
233.6 shall determine how to distribute the rate among its members. No reimbursement received
233.7 by contracted vendors shall be returned to the county or tribe, except to reimburse the county
233.8 or tribe for advance funding provided by the county or tribe to the vendor.

233.9 (g) If the service is provided by a team which includes contracted vendors, tribal staff,
233.10 and county or state staff, the costs for county or state staff participation in the team shall be
233.11 included in the rate for county-provided services. In this case, the contracted vendor, the
233.12 tribal agency, and the county may each receive separate payment for services provided by
233.13 each entity in the same month. In order to prevent duplication of services, each entity must
233.14 document, in the recipient's file, the need for team case management and a description of
233.15 the roles of the team members.

233.16 (h) Notwithstanding section 256B.19, subdivision 1, the nonfederal share of costs for
233.17 mental health case management shall be provided by the recipient's county of responsibility,
233.18 as defined in sections 256G.01 to 256G.12, from sources other than federal funds or funds
233.19 used to match other federal funds. If the service is provided by a tribal agency, the nonfederal
233.20 share, if any, shall be provided by the recipient's tribe. When this service is paid by the state
233.21 without a federal share through fee-for-service, 50 percent of the cost shall be provided by
233.22 the recipient's county of responsibility.

233.23 (i) Notwithstanding any administrative rule to the contrary, prepaid medical assistance
233.24 and MinnesotaCare include mental health case management. When the service is provided
233.25 through prepaid capitation, the nonfederal share is paid by the state and the county pays no
233.26 share.

233.27 (j) The commissioner may suspend, reduce, or terminate the reimbursement to a provider
233.28 that does not meet the reporting or other requirements of this section. The county of
233.29 responsibility, as defined in sections 256G.01 to 256G.12, or, if applicable, the tribal agency,
233.30 is responsible for any federal disallowances. The county or tribe may share this responsibility
233.31 with its contracted vendors.

233.32 (k) The commissioner shall set aside a portion of the federal funds earned for county
233.33 expenditures under this section to repay the special revenue maximization account under
233.34 section 256.01, subdivision 2, paragraph (o). The repayment is limited to:

234.1 (1) the costs of developing and implementing this section; and

234.2 (2) programming the information systems.

234.3 (l) Payments to counties and tribal agencies for case management expenditures under
 234.4 this section shall only be made from federal earnings from services provided under this
 234.5 section. When this service is paid by the state without a federal share through fee-for-service,
 234.6 50 percent of the cost shall be provided by the state. Payments to county-contracted vendors
 234.7 shall include the federal earnings, the state share, and the county share.

234.8 (m) Case management services under this subdivision do not include therapy, treatment,
 234.9 legal, or outreach services.

234.10 (n) If the recipient is a resident of a nursing facility, intermediate care facility, or hospital,
 234.11 and the recipient's institutional care is paid by medical assistance, payment for case
 234.12 management services under this subdivision is limited to the lesser of:

234.13 (1) the last 180 days of the recipient's residency in that facility and may not exceed more
 234.14 than six months in a calendar year; or

234.15 (2) the limits and conditions which apply to federal Medicaid funding for this service.

234.16 (o) Payment for case management services under this subdivision shall not duplicate
 234.17 payments made under other program authorities for the same purpose.

234.18 (p) If the recipient is receiving care in a hospital, nursing facility, or residential setting
 234.19 licensed under chapter 245A or 245D that is staffed 24 hours a day, seven days a week,
 234.20 mental health targeted case management services must actively support identification of
 234.21 community alternatives for the recipient and discharge planning.

234.22 Sec. 15. Minnesota Statutes 2020, section 256B.0625, subdivision 20b, is amended to
 234.23 read:

234.24 Subd. 20b. **Mental health Targeted case management through by interactive**
 234.25 **video.** (a) ~~Subject to federal approval, contact made for targeted case management by~~
 234.26 ~~interactive video shall be eligible for payment if:~~ Minimum required face-to-face contacts
 234.27 for targeted case management may be provided by interactive video if interactive video is
 234.28 in the best interests of the person and is deemed appropriate by the person receiving targeted
 234.29 case management or the person's legal guardian and the case management provider.

234.30 ~~(1) the person receiving targeted case management services is residing in:~~

234.31 ~~(i) a hospital;~~

235.1 ~~(ii) a nursing facility; or~~

235.2 ~~(iii) a residential setting licensed under chapter 245A or 245D or a boarding and lodging~~
 235.3 ~~establishment or lodging establishment that provides supportive services or health supervision~~
 235.4 ~~services according to section 157.17 that is staffed 24 hours a day, seven days a week;~~

235.5 ~~(2) interactive video is in the best interests of the person and is deemed appropriate by~~
 235.6 ~~the person receiving targeted case management or the person's legal guardian, the case~~
 235.7 ~~management provider, and the provider operating the setting where the person is residing;~~

235.8 ~~(3) the use of interactive video is approved as part of the person's written personal service~~
 235.9 ~~or case plan, taking into consideration the person's vulnerability and active personal~~
 235.10 ~~relationships; and~~

235.11 ~~(4) interactive video is used for up to, but not more than, 50 percent of the minimum~~
 235.12 ~~required face-to-face contact.~~

235.13 (b) The person receiving targeted case management or the person's legal guardian has
 235.14 the right to choose and consent to the use of interactive video under this subdivision and
 235.15 has the right to refuse the use of interactive video at any time.

235.16 (c) The commissioner ~~shall~~ may establish criteria that a targeted case management
 235.17 provider must attest to in order to demonstrate the safety or efficacy of ~~delivering the service~~
 235.18 ~~via interactive video. The attestation may include that the case management provider has:~~
 235.19 meeting the minimum face-to-face contact requirements for targeted case management by
 235.20 interactive video.

235.21 ~~(1) written policies and procedures specific to interactive video services that are regularly~~
 235.22 ~~reviewed and updated;~~

235.23 ~~(2) policies and procedures that adequately address client safety before, during, and after~~
 235.24 ~~the interactive video services are rendered;~~

235.25 ~~(3) established protocols addressing how and when to discontinue interactive video~~
 235.26 ~~services; and~~

235.27 ~~(4) established a quality assurance process related to interactive video services.~~

235.28 (d) As a condition of payment, the targeted case management provider must document
 235.29 the following for each occurrence of targeted case management provided by interactive
 235.30 video for the purposes of face-to-face contact:

235.31 (1) the time the ~~service~~ contact began and the time the service ended, including an a.m.
 235.32 and p.m. designation;

236.1 (2) the basis for determining that interactive video is an appropriate and effective means
 236.2 ~~for delivering the service to~~ contacting the person receiving targeted case management
 236.3 services;

236.4 (3) the mode of transmission of the ~~interactive video~~ services delivered by interactive
 236.5 video and records ~~evidencing~~ stating that a particular mode of transmission was utilized;
 236.6 and

236.7 (4) the location of the originating site and the distant site; ~~and~~.

236.8 (5) ~~compliance with the criteria attested to by the targeted case management provider~~
 236.9 ~~as provided in paragraph (e).~~

236.10 (e) Interactive video must not be used to meet minimum face-to-face contact requirements
 236.11 for children receiving case management services for child protection reasons or who are in
 236.12 out-of-home placement.

236.13 (f) For purposes of this section, "interactive video" means the delivery of targeted case
 236.14 management services in real time through the use of two-way interactive audio and visual
 236.15 communication.

236.16 Sec. 16. Minnesota Statutes 2020, section 256B.0625, subdivision 46, is amended to read:

236.17 Subd. 46. **Mental health ~~telemedicine~~ telehealth.** ~~Effective January 1, 2006, and Subject~~
 236.18 ~~to federal approval, mental health services that are otherwise covered by medical assistance~~
 236.19 ~~as direct face-to-face services may be provided via two-way interactive video telehealth as~~
 236.20 ~~defined in subdivision 3b. Use of two-way interactive video telehealth to deliver services~~
 236.21 ~~must be medically appropriate to the condition and needs of the person being served.~~
 236.22 ~~Reimbursement is at the same rates and under the same conditions that would otherwise~~
 236.23 ~~apply to the service. The interactive video equipment and connection must comply with~~
 236.24 ~~Medicare standards in effect at the time the service is provided.~~

236.25 Sec. 17. Minnesota Statutes 2020, section 256B.0924, subdivision 6, is amended to read:

236.26 Subd. 6. **Payment for targeted case management.** (a) Medical assistance and
 236.27 MinnesotaCare payment for targeted case management shall be made on a monthly basis.
 236.28 In order to receive payment for an eligible adult, the provider must document at least one
 236.29 contact per month and not more than two consecutive months without a face-to-face contact
 236.30 either in person or by interactive video that meets the requirements in section 256B.0625,
 236.31 subdivision 20b with the adult or the adult's legal representative, family, primary caregiver,

237.1 or other relevant persons identified as necessary to the development or implementation of
237.2 the goals of the personal service plan.

237.3 (b) Payment for targeted case management provided by county staff under this subdivision
237.4 shall be based on the monthly rate methodology under section 256B.094, subdivision 6,
237.5 paragraph (b), calculated as one combined average rate together with adult mental health
237.6 case management under section 256B.0625, subdivision 20, except for calendar year 2002.
237.7 In calendar year 2002, the rate for case management under this section shall be the same as
237.8 the rate for adult mental health case management in effect as of December 31, 2001. Billing
237.9 and payment must identify the recipient's primary population group to allow tracking of
237.10 revenues.

237.11 (c) Payment for targeted case management provided by county-contracted vendors shall
237.12 be based on a monthly rate negotiated by the host county. The negotiated rate must not
237.13 exceed the rate charged by the vendor for the same service to other payers. If the service is
237.14 provided by a team of contracted vendors, the county may negotiate a team rate with a
237.15 vendor who is a member of the team. The team shall determine how to distribute the rate
237.16 among its members. No reimbursement received by contracted vendors shall be returned
237.17 to the county, except to reimburse the county for advance funding provided by the county
237.18 to the vendor.

237.19 (d) If the service is provided by a team that includes contracted vendors and county staff,
237.20 the costs for county staff participation on the team shall be included in the rate for
237.21 county-provided services. In this case, the contracted vendor and the county may each
237.22 receive separate payment for services provided by each entity in the same month. In order
237.23 to prevent duplication of services, the county must document, in the recipient's file, the need
237.24 for team targeted case management and a description of the different roles of the team
237.25 members.

237.26 (e) Notwithstanding section 256B.19, subdivision 1, the nonfederal share of costs for
237.27 targeted case management shall be provided by the recipient's county of responsibility, as
237.28 defined in sections 256G.01 to 256G.12, from sources other than federal funds or funds
237.29 used to match other federal funds.

237.30 (f) The commissioner may suspend, reduce, or terminate reimbursement to a provider
237.31 that does not meet the reporting or other requirements of this section. The county of
237.32 responsibility, as defined in sections 256G.01 to 256G.12, is responsible for any federal
237.33 disallowances. The county may share this responsibility with its contracted vendors.

238.1 (g) The commissioner shall set aside five percent of the federal funds received under
 238.2 this section for use in reimbursing the state for costs of developing and implementing this
 238.3 section.

238.4 (h) Payments to counties for targeted case management expenditures under this section
 238.5 shall only be made from federal earnings from services provided under this section. Payments
 238.6 to contracted vendors shall include both the federal earnings and the county share.

238.7 (i) Notwithstanding section 256B.041, county payments for the cost of case management
 238.8 services provided by county staff shall not be made to the commissioner of management
 238.9 and budget. For the purposes of targeted case management services provided by county
 238.10 staff under this section, the centralized disbursement of payments to counties under section
 238.11 256B.041 consists only of federal earnings from services provided under this section.

238.12 (j) If the recipient is a resident of a nursing facility, intermediate care facility, or hospital,
 238.13 and the recipient's institutional care is paid by medical assistance, payment for targeted case
 238.14 management services under this subdivision is limited to the lesser of:

238.15 (1) the last 180 days of the recipient's residency in that facility; or

238.16 (2) the limits and conditions which apply to federal Medicaid funding for this service.

238.17 (k) Payment for targeted case management services under this subdivision shall not
 238.18 duplicate payments made under other program authorities for the same purpose.

238.19 (l) Any growth in targeted case management services and cost increases under this
 238.20 section shall be the responsibility of the counties.

238.21 Sec. 18. Minnesota Statutes 2020, section 256B.094, subdivision 6, is amended to read:

238.22 Subd. 6. **Medical assistance reimbursement of case management services.** (a) Medical
 238.23 assistance reimbursement for services under this section shall be made on a monthly basis.
 238.24 Payment is based on face-to-face or telephone contacts between the case manager and the
 238.25 client, client's family, primary caregiver, legal representative, or other relevant person
 238.26 identified as necessary to the development or implementation of the goals of the individual
 238.27 service plan regarding the status of the client, the individual service plan, or the goals for
 238.28 the client. These contacts must meet the ~~minimum standards~~ requirements in clauses (1)
 238.29 ~~and (2)~~ to (3):

238.30 (1) there must be a face-to-face contact at least once a month except as provided in ~~clause~~
 238.31 clauses (2) and (3); ~~and~~

239.1 (2) for a client placed outside of the county of financial responsibility, or a client served
239.2 by tribal social services placed outside the reservation, in an excluded time facility under
239.3 section 256G.02, subdivision 6, or through the Interstate Compact for the Placement of
239.4 Children, section 260.93, and the placement in either case is more than 60 miles beyond
239.5 the county or reservation boundaries, there must be at least one contact per month and not
239.6 more than two consecutive months without a face-to-face ~~contact.~~ in-person contact; and

239.7 (3) for a child receiving case management services for child protection reasons or who
239.8 is in out-of-home placement, face-to-face contact must be through in-person contact.

239.9 (b) Except as provided under paragraph (c), the payment rate is established using time
239.10 study data on activities of provider service staff and reports required under sections 245.482
239.11 and 256.01, subdivision 2, paragraph (p).

239.12 (c) Payments for tribes may be made according to section 256B.0625 or other relevant
239.13 federally approved rate setting methodology for child welfare targeted case management
239.14 provided by Indian health services and facilities operated by a tribe or tribal organization.

239.15 (d) Payment for case management provided by county or tribal social services contracted
239.16 vendors shall be based on a monthly rate negotiated by the host county or tribal social
239.17 services. The negotiated rate must not exceed the rate charged by the vendor for the same
239.18 service to other payers. If the service is provided by a team of contracted vendors, the county
239.19 or tribal social services may negotiate a team rate with a vendor who is a member of the
239.20 team. The team shall determine how to distribute the rate among its members. No
239.21 reimbursement received by contracted vendors shall be returned to the county or tribal social
239.22 services, except to reimburse the county or tribal social services for advance funding provided
239.23 by the county or tribal social services to the vendor.

239.24 (e) If the service is provided by a team that includes contracted vendors and county or
239.25 tribal social services staff, the costs for county or tribal social services staff participation in
239.26 the team shall be included in the rate for county or tribal social services provided services.
239.27 In this case, the contracted vendor and the county or tribal social services may each receive
239.28 separate payment for services provided by each entity in the same month. To prevent
239.29 duplication of services, each entity must document, in the recipient's file, the need for team
239.30 case management and a description of the roles and services of the team members.

239.31 Separate payment rates may be established for different groups of providers to maximize
239.32 reimbursement as determined by the commissioner. The payment rate will be reviewed
239.33 annually and revised periodically to be consistent with the most recent time study and other
239.34 data. Payment for services will be made upon submission of a valid claim and verification

240.1 of proper documentation described in subdivision 7. Federal administrative revenue earned
240.2 through the time study, or under paragraph (c), shall be distributed according to earnings,
240.3 to counties, reservations, or groups of counties or reservations which have the same payment
240.4 rate under this subdivision, and to the group of counties or reservations which are not
240.5 certified providers under section 256F.10. The commissioner shall modify the requirements
240.6 set out in Minnesota Rules, parts 9550.0300 to 9550.0370, as necessary to accomplish this.

240.7 Sec. 19. Minnesota Statutes 2020, section 256B.0943, subdivision 1, is amended to read:

240.8 Subdivision 1. **Definitions.** For purposes of this section, the following terms have the
240.9 meanings given them.

240.10 (a) "Children's therapeutic services and supports" means the flexible package of mental
240.11 health services for children who require varying therapeutic and rehabilitative levels of
240.12 intervention to treat a diagnosed emotional disturbance, as defined in section 245.4871,
240.13 subdivision 15, or a diagnosed mental illness, as defined in section 245.462, subdivision
240.14 20. The services are time-limited interventions that are delivered using various treatment
240.15 modalities and combinations of services designed to reach treatment outcomes identified
240.16 in the individual treatment plan.

240.17 (b) "Clinical supervision" means the overall responsibility of the mental health
240.18 professional for the control and direction of individualized treatment planning, service
240.19 delivery, and treatment review for each client. A mental health professional who is an
240.20 enrolled Minnesota health care program provider accepts full professional responsibility
240.21 for a supervisee's actions and decisions, instructs the supervisee in the supervisee's work,
240.22 and oversees or directs the supervisee's work.

240.23 (c) "Clinical trainee" means a mental health practitioner who meets the qualifications
240.24 specified in Minnesota Rules, part 9505.0371, subpart 5, item C.

240.25 (d) "Crisis assistance" has the meaning given in section 245.4871, subdivision 9a. Crisis
240.26 assistance entails the development of a written plan to assist a child's family to contend with
240.27 a potential crisis and is distinct from the immediate provision of crisis intervention services.

240.28 (e) "Culturally competent provider" means a provider who understands and can utilize
240.29 to a client's benefit the client's culture when providing services to the client. A provider
240.30 may be culturally competent because the provider is of the same cultural or ethnic group
240.31 as the client or the provider has developed the knowledge and skills through training and
240.32 experience to provide services to culturally diverse clients.

241.1 (f) "Day treatment program" for children means a site-based structured mental health
241.2 program consisting of psychotherapy for three or more individuals and individual or group
241.3 skills training provided by a multidisciplinary team, under the clinical supervision of a
241.4 mental health professional.

241.5 (g) "Diagnostic assessment" has the meaning given in Minnesota Rules, part 9505.0372,
241.6 subpart 1.

241.7 (h) "Direct service time" means the time that a mental health professional, clinical trainee,
241.8 mental health practitioner, or mental health behavioral aide spends face-to-face with a client
241.9 and the client's family or providing covered ~~telemedicine~~ services through telehealth as
241.10 defined under section 256B.0625, subdivision 3b. Direct service time includes time in which
241.11 the provider obtains a client's history, develops a client's treatment plan, records individual
241.12 treatment outcomes, or provides service components of children's therapeutic services and
241.13 supports. Direct service time does not include time doing work before and after providing
241.14 direct services, including scheduling or maintaining clinical records.

241.15 (i) "Direction of mental health behavioral aide" means the activities of a mental health
241.16 professional or mental health practitioner in guiding the mental health behavioral aide in
241.17 providing services to a client. The direction of a mental health behavioral aide must be based
241.18 on the client's individualized treatment plan and meet the requirements in subdivision 6,
241.19 paragraph (b), clause (5).

241.20 (j) "Emotional disturbance" has the meaning given in section 245.4871, subdivision 15.

241.21 (k) "Individual behavioral plan" means a plan of intervention, treatment, and services
241.22 for a child written by a mental health professional or mental health practitioner, under the
241.23 clinical supervision of a mental health professional, to guide the work of the mental health
241.24 behavioral aide. The individual behavioral plan may be incorporated into the child's individual
241.25 treatment plan so long as the behavioral plan is separately communicable to the mental
241.26 health behavioral aide.

241.27 (l) "Individual treatment plan" has the meaning given in Minnesota Rules, part 9505.0371,
241.28 subpart 7.

241.29 (m) "Mental health behavioral aide services" means medically necessary one-on-one
241.30 activities performed by a trained paraprofessional qualified as provided in subdivision 7,
241.31 paragraph (b), clause (3), to assist a child retain or generalize psychosocial skills as previously
241.32 trained by a mental health professional or mental health practitioner and as described in the
241.33 child's individual treatment plan and individual behavior plan. Activities involve working

242.1 directly with the child or child's family as provided in subdivision 9, paragraph (b), clause
242.2 (4).

242.3 (n) "Mental health practitioner" has the meaning given in section 245.462, subdivision
242.4 17, except that a practitioner working in a day treatment setting may qualify as a mental
242.5 health practitioner if the practitioner holds a bachelor's degree in one of the behavioral
242.6 sciences or related fields from an accredited college or university, and: (1) has at least 2,000
242.7 hours of clinically supervised experience in the delivery of mental health services to clients
242.8 with mental illness; (2) is fluent in the language, other than English, of the cultural group
242.9 that makes up at least 50 percent of the practitioner's clients, completes 40 hours of training
242.10 on the delivery of services to clients with mental illness, and receives clinical supervision
242.11 from a mental health professional at least once per week until meeting the required 2,000
242.12 hours of supervised experience; or (3) receives 40 hours of training on the delivery of
242.13 services to clients with mental illness within six months of employment, and clinical
242.14 supervision from a mental health professional at least once per week until meeting the
242.15 required 2,000 hours of supervised experience.

242.16 (o) "Mental health professional" means an individual as defined in Minnesota Rules,
242.17 part 9505.0370, subpart 18.

242.18 (p) "Mental health service plan development" includes:

242.19 (1) the development, review, and revision of a child's individual treatment plan, as
242.20 provided in Minnesota Rules, part 9505.0371, subpart 7, including involvement of the client
242.21 or client's parents, primary caregiver, or other person authorized to consent to mental health
242.22 services for the client, and including arrangement of treatment and support activities specified
242.23 in the individual treatment plan; and

242.24 (2) administering standardized outcome measurement instruments, determined and
242.25 updated by the commissioner, as periodically needed to evaluate the effectiveness of
242.26 treatment for children receiving clinical services and reporting outcome measures, as required
242.27 by the commissioner.

242.28 (q) "Mental illness," for persons at least age 18 but under age 21, has the meaning given
242.29 in section 245.462, subdivision 20, paragraph (a).

242.30 (r) "Psychotherapy" means the treatment of mental or emotional disorders or
242.31 maladjustment by psychological means. Psychotherapy may be provided in many modalities
242.32 in accordance with Minnesota Rules, part 9505.0372, subpart 6, including patient and/or
242.33 family psychotherapy; family psychotherapy; psychotherapy for crisis; group psychotherapy;
242.34 or multiple-family psychotherapy. Beginning with the American Medical Association's

243.1 Current Procedural Terminology, standard edition, 2014, the procedure "individual
243.2 psychotherapy" is replaced with "patient and/or family psychotherapy," a substantive change
243.3 that permits the therapist to work with the client's family without the client present to obtain
243.4 information about the client or to explain the client's treatment plan to the family.

243.5 Psychotherapy is appropriate for crisis response when a child has become dysregulated or
243.6 experienced new trauma since the diagnostic assessment was completed and needs
243.7 psychotherapy to address issues not currently included in the child's individual treatment
243.8 plan.

243.9 (s) "Rehabilitative services" or "psychiatric rehabilitation services" means a series or
243.10 multidisciplinary combination of psychiatric and psychosocial interventions to: (1) restore
243.11 a child or adolescent to an age-appropriate developmental trajectory that had been disrupted
243.12 by a psychiatric illness; or (2) enable the child to self-monitor, compensate for, cope with,
243.13 counteract, or replace psychosocial skills deficits or maladaptive skills acquired over the
243.14 course of a psychiatric illness. Psychiatric rehabilitation services for children combine
243.15 psychotherapy to address internal psychological, emotional, and intellectual processing
243.16 deficits, and skills training to restore personal and social functioning. Psychiatric
243.17 rehabilitation services establish a progressive series of goals with each achievement building
243.18 upon a prior achievement. Continuing progress toward goals is expected, and rehabilitative
243.19 potential ceases when successive improvement is not observable over a period of time.

243.20 (t) "Skills training" means individual, family, or group training, delivered by or under
243.21 the supervision of a mental health professional, designed to facilitate the acquisition of
243.22 psychosocial skills that are medically necessary to rehabilitate the child to an age-appropriate
243.23 developmental trajectory heretofore disrupted by a psychiatric illness or to enable the child
243.24 to self-monitor, compensate for, cope with, counteract, or replace skills deficits or
243.25 maladaptive skills acquired over the course of a psychiatric illness. Skills training is subject
243.26 to the service delivery requirements under subdivision 9, paragraph (b), clause (2).

243.27 Sec. 20. Minnesota Statutes 2020, section 256B.0947, subdivision 6, is amended to read:

243.28 Subd. 6. **Service standards.** The standards in this subdivision apply to intensive
243.29 nonresidential rehabilitative mental health services.

243.30 (a) The treatment team must use team treatment, not an individual treatment model.

243.31 (b) Services must be available at times that meet client needs.

243.32 (c) Services must be age-appropriate and meet the specific needs of the client.

244.1 (d) The initial functional assessment must be completed within ten days of intake and
244.2 updated at least every six months or prior to discharge from the service, whichever comes
244.3 first.

244.4 (e) An individual treatment plan must:

244.5 (1) be based on the information in the client's diagnostic assessment and baselines;

244.6 (2) identify goals and objectives of treatment, a treatment strategy, a schedule for
244.7 accomplishing treatment goals and objectives, and the individuals responsible for providing
244.8 treatment services and supports;

244.9 (3) be developed after completion of the client's diagnostic assessment by a mental health
244.10 professional or clinical trainee and before the provision of children's therapeutic services
244.11 and supports;

244.12 (4) be developed through a child-centered, family-driven, culturally appropriate planning
244.13 process, including allowing parents and guardians to observe or participate in individual
244.14 and family treatment services, assessments, and treatment planning;

244.15 (5) be reviewed at least once every six months and revised to document treatment progress
244.16 on each treatment objective and next goals or, if progress is not documented, to document
244.17 changes in treatment;

244.18 (6) be signed by the clinical supervisor and by the client or by the client's parent or other
244.19 person authorized by statute to consent to mental health services for the client. A client's
244.20 parent may approve the client's individual treatment plan by secure electronic signature or
244.21 by documented oral approval that is later verified by written signature;

244.22 (7) be completed in consultation with the client's current therapist and key providers and
244.23 provide for ongoing consultation with the client's current therapist to ensure therapeutic
244.24 continuity and to facilitate the client's return to the community. For clients under the age of
244.25 18, the treatment team must consult with parents and guardians in developing the treatment
244.26 plan;

244.27 (8) if a need for substance use disorder treatment is indicated by validated assessment:

244.28 (i) identify goals, objectives, and strategies of substance use disorder treatment; develop
244.29 a schedule for accomplishing treatment goals and objectives; and identify the individuals
244.30 responsible for providing treatment services and supports;

244.31 (ii) be reviewed at least once every 90 days and revised, if necessary;

245.1 (9) be signed by the clinical supervisor and by the client and, if the client is a minor, by
245.2 the client's parent or other person authorized by statute to consent to mental health treatment
245.3 and substance use disorder treatment for the client; and

245.4 (10) provide for the client's transition out of intensive nonresidential rehabilitative mental
245.5 health services by defining the team's actions to assist the client and subsequent providers
245.6 in the transition to less intensive or "stepped down" services.

245.7 (f) The treatment team shall actively and assertively engage the client's family members
245.8 and significant others by establishing communication and collaboration with the family and
245.9 significant others and educating the family and significant others about the client's mental
245.10 illness, symptom management, and the family's role in treatment, unless the team knows or
245.11 has reason to suspect that the client has suffered or faces a threat of suffering any physical
245.12 or mental injury, abuse, or neglect from a family member or significant other.

245.13 (g) For a client age 18 or older, the treatment team may disclose to a family member,
245.14 other relative, or a close personal friend of the client, or other person identified by the client,
245.15 the protected health information directly relevant to such person's involvement with the
245.16 client's care, as provided in Code of Federal Regulations, title 45, part 164.502(b). If the
245.17 client is present, the treatment team shall obtain the client's agreement, provide the client
245.18 with an opportunity to object, or reasonably infer from the circumstances, based on the
245.19 exercise of professional judgment, that the client does not object. If the client is not present
245.20 or is unable, by incapacity or emergency circumstances, to agree or object, the treatment
245.21 team may, in the exercise of professional judgment, determine whether the disclosure is in
245.22 the best interests of the client and, if so, disclose only the protected health information that
245.23 is directly relevant to the family member's, relative's, friend's, or client-identified person's
245.24 involvement with the client's health care. The client may orally agree or object to the
245.25 disclosure and may prohibit or restrict disclosure to specific individuals.

245.26 (h) The treatment team shall provide interventions to promote positive interpersonal
245.27 relationships.

245.28 (i) The services and responsibilities of the psychiatric provider may be provided through
245.29 telehealth as defined under section 256B.0625, subdivision 3b, when necessary to prevent
245.30 disruption in client services or to maintain the required psychiatric staffing level.

245.31 Sec. 21. Minnesota Statutes 2020, section 256B.0949, subdivision 13, is amended to read:

245.32 Subd. 13. **Covered services.** (a) The services described in paragraphs (b) to (l) are
245.33 eligible for reimbursement by medical assistance under this section. Services must be

246.1 provided by a qualified EIDBI provider and supervised by a QSP. An EIDBI service must
246.2 address the person's medically necessary treatment goals and must be targeted to develop,
246.3 enhance, or maintain the individual developmental skills of a person with ASD or a related
246.4 condition to improve functional communication, including nonverbal or social
246.5 communication, social or interpersonal interaction, restrictive or repetitive behaviors,
246.6 hyperreactivity or hyporeactivity to sensory input, behavioral challenges and self-regulation,
246.7 cognition, learning and play, self-care, and safety.

246.8 (b) EIDBI treatment must be delivered consistent with the standards of an approved
246.9 modality, as published by the commissioner. EIDBI modalities include:

246.10 (1) applied behavior analysis (ABA);

246.11 (2) developmental individual-difference relationship-based model (DIR/Floortime);

246.12 (3) early start Denver model (ESDM);

246.13 (4) PLAY project;

246.14 (5) relationship development intervention (RDI); or

246.15 (6) additional modalities not listed in clauses (1) to (5) upon approval by the
246.16 commissioner.

246.17 (c) An EIDBI provider may use one or more of the EIDBI modalities in paragraph (b),
246.18 clauses (1) to (5), as the primary modality for treatment as a covered service, or several
246.19 EIDBI modalities in combination as the primary modality of treatment, as approved by the
246.20 commissioner. An EIDBI provider that identifies and provides assurance of qualifications
246.21 for a single specific treatment modality must document the required qualifications to meet
246.22 fidelity to the specific model.

246.23 (d) Each qualified EIDBI provider must identify and provide assurance of qualifications
246.24 for professional licensure certification, or training in evidence-based treatment methods,
246.25 and must document the required qualifications outlined in subdivision 15 in a manner
246.26 determined by the commissioner.

246.27 (e) CMDE is a comprehensive evaluation of the person's developmental status to
246.28 determine medical necessity for EIDBI services and meets the requirements of subdivision
246.29 5. The services must be provided by a qualified CMDE provider.

246.30 (f) EIDBI intervention observation and direction is the clinical direction and oversight
246.31 of EIDBI services by the QSP, level I treatment provider, or level II treatment provider,
246.32 including developmental and behavioral techniques, progress measurement, data collection,

247.1 function of behaviors, and generalization of acquired skills for the direct benefit of a person.
247.2 EIDBI intervention observation and direction informs any modification of the current
247.3 treatment protocol to support the outcomes outlined in the ITP.

247.4 (g) Intervention is medically necessary direct treatment provided to a person with ASD
247.5 or a related condition as outlined in their ITP. All intervention services must be provided
247.6 under the direction of a QSP. Intervention may take place across multiple settings. The
247.7 frequency and intensity of intervention services are provided based on the number of
247.8 treatment goals, person and family or caregiver preferences, and other factors. Intervention
247.9 services may be provided individually or in a group. Intervention with a higher provider
247.10 ratio may occur when deemed medically necessary through the person's ITP.

247.11 (1) Individual intervention is treatment by protocol administered by a single qualified
247.12 EIDBI provider delivered ~~face-to-face~~ to one person.

247.13 (2) Group intervention is treatment by protocol provided by one or more qualified EIDBI
247.14 providers, delivered to at least two people who receive EIDBI services.

247.15 (h) ITP development and ITP progress monitoring is development of the initial, annual,
247.16 and progress monitoring of an ITP. ITP development and ITP progress monitoring documents
247.17 provide oversight and ongoing evaluation of a person's treatment and progress on targeted
247.18 goals and objectives and integrate and coordinate the person's and the person's legal
247.19 representative's information from the CMDE and ITP progress monitoring. This service
247.20 must be reviewed and completed by the QSP, and may include input from a level I provider
247.21 or a level II provider.

247.22 (i) Family caregiver training and counseling is specialized training and education for a
247.23 family or primary caregiver to understand the person's developmental status and help with
247.24 the person's needs and development. This service must be provided by the QSP, level I
247.25 provider, or level II provider.

247.26 (j) A coordinated care conference is a voluntary ~~face-to-face~~ meeting with the person
247.27 and the person's family to review the CMDE or ITP progress monitoring and to integrate
247.28 and coordinate services across providers and service-delivery systems to develop the ITP.
247.29 This service must be provided by the QSP and may include the CMDE provider or a level
247.30 I provider or a level II provider.

247.31 (k) Travel time is allowable billing for traveling to and from the person's home, school,
247.32 a community setting, or place of service outside of an EIDBI center, clinic, or office from
247.33 a specified location to provide ~~face-to-face~~ in-person EIDBI intervention, observation and

248.1 direction, or family caregiver training and counseling. The person's ITP must specify the
248.2 reasons the provider must travel to the person.

248.3 (l) Medical assistance covers medically necessary EIDBI services and consultations
248.4 delivered by a licensed health care provider via ~~telemedicine~~ telehealth, as defined under
248.5 section 256B.0625, subdivision 3b, in the same manner as if the service or consultation was
248.6 delivered in person.

248.7 **Sec. 22. COMMISSIONER OF HUMAN SERVICES; EXTENSION OF COVID-19**
248.8 **HUMAN SERVICES PROGRAM MODIFICATIONS.**

248.9 Notwithstanding Laws 2020, First Special Session chapter 7, section 1, subdivision 2,
248.10 as amended by Laws 2020, First Special Session chapter 1, section 3, when the peacetime
248.11 emergency declared by the governor in response to the COVID-19 outbreak expires, is
248.12 terminated, or is rescinded by the proper authority, the following modifications issued by
248.13 the commissioner of human services pursuant to Executive Orders 20-11 and 20-12, and
248.14 including any amendments to the modification issued before the peacetime emergency
248.15 expires, shall remain in effect until June 30, 2023:

248.16 (1) CV16: expanding access to telemedicine services for Children's Health Insurance
248.17 Program, Medical Assistance, and MinnesotaCare enrollees;

248.18 (2) CV21: allowing telemedicine alternative for school-linked mental health services
248.19 and intermediate school district mental health services;

248.20 (3) CV24: allowing phone or video use for targeted case management visits;

248.21 (4) CV30: expanding telemedicine in health care, mental health, and substance use
248.22 disorder settings; and

248.23 (5) CV45: permitting comprehensive assessments to be completed by telephone or video
248.24 communication and permitting a counselor, recovery peer, or treatment coordinator to
248.25 provide treatment services from their home by telephone or video communication to a client
248.26 in their home.

248.27 **Sec. 23. EXPANDING TELEHEALTH DELIVERY OPTIONS STUDY.**

248.28 The commissioner of human services, in consultation with providers, shall study the
248.29 viability of the use of audio-only communication as a permitted option for delivering services
248.30 through telehealth within the public health care programs. The study shall examine the use
248.31 of audio-only communication in supporting equitable access to health care services, including
248.32 behavioral health services for the elderly, rural communities, and communities of color,

249.1 and eliminating barriers for vulnerable and underserved populations. The commissioner
249.2 shall submit recommendations to the chairs and ranking minority members of the legislative
249.3 committees with jurisdiction over health and human services policy and finances, by
249.4 December 15, 2022.

249.5 Sec. 24. **STUDY OF TELEHEALTH.**

249.6 (a) The commissioner of health, in consultation with the commissioner of human services,
249.7 shall study the impact of telehealth payment methodologies and expansion under this act
249.8 on the coverage and provision of telehealth services under public health care programs and
249.9 private health insurance. The study shall review:

249.10 (1) the impacts of telehealth payment methodologies and expansion on access to health
249.11 care services, quality of care, and value-based payments and innovation in care delivery;

249.12 (2) the short-term and long-term impacts of telehealth payment methodologies and
249.13 expansion in reducing health care disparities and providing equitable access for underserved
249.14 communities; and

249.15 (3) and make recommendations on interstate licensing options for health care
249.16 professionals by reviewing advances in the delivery of health care through interstate telehealth
249.17 while ensuring the safety and health of patients.

249.18 (b) In conducting the study, the commissioner shall consult with stakeholders and
249.19 communities impacted by telehealth payment and expansion. The commissioner,
249.20 notwithstanding Minnesota Statutes, section 62U.04, subdivision 11, may use data available
249.21 under that section to conduct the study. The commissioner shall report findings to the chairs
249.22 and ranking minority members of the legislative committees with jurisdiction over health
249.23 and human services policy and finance and commerce, by February 15, 2024.

249.24 Sec. 25. **TASK FORCE ON A PUBLIC-PRIVATE TELEPRESENCE STRATEGY.**

249.25 Subdivision 1. **Membership.** (a) The task force on person-centered telepresence platform
249.26 strategy consists of the following 20 members:

249.27 (1) two senators, one appointed by the majority leader of the senate and one appointed
249.28 by the minority leader of the senate;

249.29 (2) two members of the house of representatives, one appointed by the speaker of the
249.30 house of representatives and one appointed by the minority leader of the house of
249.31 representatives;

250.1 (3) two members appointed by the Association of Minnesota Counties representing
250.2 county services in the areas of human services, public health, and corrections or law
250.3 enforcement. One of these members must represent counties outside the metropolitan area
250.4 defined in Minnesota Statutes, section 473.121, and one of these members must represent
250.5 the metropolitan area defined in Minnesota Statutes, section 473.121;

250.6 (4) one member appointed by the Minnesota American Indian Mental Health Advisory
250.7 Council;

250.8 (5) one member appointed by the Minnesota Medical Association who is a primary care
250.9 provider practicing in Minnesota;

250.10 (6) one member appointed by the NAMI of Minnesota;

250.11 (7) one member appointed by the Minnesota School Boards Association;

250.12 (8) one member appointed by the Minnesota Hospital Association to represent hospital
250.13 emergency departments;

250.14 (9) one member appointed by the Minnesota Association of Community Mental Health
250.15 Programs to represent rural community mental health centers;

250.16 (10) one member appointed by the Council of Health Plans;

250.17 (11) one member from a rural nonprofit foundation with expertise in delivering health
250.18 and human services via broadband, appointed by the Blandin Foundation;

250.19 (12) one member representing child advocacy centers, appointed by the Minnesota Social
250.20 Service Association;

250.21 (13) one member appointed by the Minnesota Social Service Association;

250.22 (14) one member appointed by the Medical Alley Association;

250.23 (15) one member appointed by the Minnesota Nurses Association;

250.24 (16) one member appointed by the chief justice of the supreme court; and

250.25 (17) the state public defender or a designee.

250.26 (b) In addition to the members identified in paragraph (a), the task force shall include
250.27 the following members as ex officio, nonvoting members:

250.28 (1) the commissioner of corrections or a designee;

250.29 (2) the commissioner of human services or a designee;

250.30 (3) the commissioner of health or a designee; and

251.1 (4) the commissioner of education or a designee.

251.2 Subd. 2. **Appointment deadline; first meeting; chair.** Appointing authorities must
251.3 complete appointments by June 15, 2021. The task force shall select a chair from among
251.4 their members at their first meeting. The member appointed by the senate majority leader
251.5 shall convene the first meeting of the task force by July 15, 2021.

251.6 Subd. 3. **Duties.** The task force shall:

251.7 (1) explore opportunities for improving behavioral health and other health care service
251.8 delivery through the use of a common interoperable person-centered telepresence platform
251.9 that provides HIPAA compliant connectivity and technical support to potential users;

251.10 (2) review and coordinate state and local innovation initiatives and investments designed
251.11 to leverage telepresence connectivity and collaboration for Minnesotans;

251.12 (3) determine standards for a single interoperable telepresence platform;

251.13 (4) determine statewide capabilities for a single interoperable telepresence platform;

251.14 (5) identify barriers to providing a telepresence technology, including limited availability
251.15 of bandwidth, limitations in providing certain services via telepresence, and broadband
251.16 infrastructure needs;

251.17 (6) identify and make recommendations for governance that will assure person-centered
251.18 responsiveness;

251.19 (7) identify how the business model can be innovated to provide an incentive for ongoing
251.20 innovation in Minnesota's health care, human services, education, corrections, and related
251.21 ecosystems;

251.22 (8) identify criteria for suggested deliverables including:

251.23 (i) equitable statewide access;

251.24 (ii) evaluating bandwidth availability; and

251.25 (iii) competitive pricing;

251.26 (9) identify sustainable financial support for a single telepresence platform, including
251.27 infrastructure costs and startup costs for potential users; and

251.28 (10) identify the benefits to partners in the private sector, state, political subdivisions,
251.29 tribal governments, and the constituents they serve in using a common person-centered
251.30 telepresence platform for delivering behavioral health services.

252.1 Subd. 4. **Administrative support.** The Legislative Coordinating Commission shall
 252.2 provide administrative support to the task force. The Legislative Coordinating Commission
 252.3 may provide meeting space or may use space provided by the Minnesota Social Service
 252.4 Association for meetings.

252.5 Subd. 5. **Per diem; expenses.** Public members of the task force may be compensated
 252.6 and have their expenses reimbursed as provided in Minnesota Statutes, section 15.059,
 252.7 subdivision 3.

252.8 Subd. 6. **Report.** The task force shall report to the chairs and ranking minority members
 252.9 of the committees in the senate and the house of representatives with primary jurisdiction
 252.10 over health and state information technology by January 15, 2022, with recommendations
 252.11 related to expanding the state's telepresence platform and any legislation required to
 252.12 implement the recommendations.

252.13 Subd. 7. **Expiration.** The task force expires July 31, 2022, or the day after the task force
 252.14 submits the report required in this section, whichever is earlier.

252.15 Sec. 26. **REVISOR INSTRUCTION.**

252.16 In Minnesota Statutes and Minnesota Rules, the revisor of statutes shall substitute the
 252.17 term "telemedicine" with "telehealth" whenever the term appears and substitute Minnesota
 252.18 Statutes, section 62A.673, whenever references to Minnesota Statutes, sections 62A.67,
 252.19 62A.671, and 62A.672 appear.

252.20 Sec. 27. **REPEALER.**

252.21 Minnesota Statutes 2020; 256.0596; and section 256B.0924, subdivision 4a, sections
 252.22 62A.67; 62A.671; 62A.672, are repealed.

252.23

ARTICLE 9

252.24

ECONOMIC SUPPORTS

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

252.26 Subd. 4. **Eligibility; annual income; calculation.** (a) Annual income of the applicant
 252.27 family is the current monthly income of the family multiplied by 12 or the income for the
 252.28 12-month period immediately preceding the date of application, or income calculated by
 252.29 the method which provides the most accurate assessment of income available to the family.

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

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

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

253.6 Sec. 2. Minnesota Statutes 2020, section 252.27, subdivision 2a, is amended to read:

253.7 Subd. 2a. **Contribution amount.** (a) The natural or adoptive parents of a minor child,
253.8 not including a child determined eligible for medical assistance without consideration of
253.9 parental income under the TEFRA option or for the purposes of accessing home and
253.10 community-based waiver services, must contribute to the cost of services used by making
253.11 monthly payments on a sliding scale based on income, unless the child is married or has
253.12 been married, parental rights have been terminated, or the child's adoption is subsidized
253.13 according to chapter 259A or through title IV-E of the Social Security Act. The parental
253.14 contribution is a partial or full payment for medical services provided for diagnostic,
253.15 therapeutic, curing, treating, mitigating, rehabilitation, maintenance, and personal care
253.16 services as defined in United States Code, title 26, section 213, needed by the child with a
253.17 chronic illness or disability.

253.18 (b) For households with adjusted gross income equal to or greater than 275 percent of
253.19 federal poverty guidelines, the parental contribution shall be computed by applying the
253.20 following schedule of rates to the adjusted gross income of the natural or adoptive parents:

253.21 (1) if the adjusted gross income is equal to or greater than 275 percent of federal poverty
253.22 guidelines and less than or equal to 545 percent of federal poverty guidelines, the parental
253.23 contribution shall be determined using a sliding fee scale established by the commissioner
253.24 of human services which begins at 1.65 percent of adjusted gross income at 275 percent of
253.25 federal poverty guidelines and increases to 4.5 percent of adjusted gross income for those
253.26 with adjusted gross income up to 545 percent of federal poverty guidelines;

253.27 (2) if the adjusted gross income is greater than 545 percent of federal poverty guidelines
253.28 and less than 675 percent of federal poverty guidelines, the parental contribution shall be
253.29 4.5 percent of adjusted gross income;

253.30 (3) if the adjusted gross income is equal to or greater than 675 percent of federal poverty
253.31 guidelines and less than 975 percent of federal poverty guidelines, the parental contribution
253.32 shall be determined using a sliding fee scale established by the commissioner of human
253.33 services which begins at 4.5 percent of adjusted gross income at 675 percent of federal

254.1 poverty guidelines and increases to 5.99 percent of adjusted gross income for those with
254.2 adjusted gross income up to 975 percent of federal poverty guidelines; and

254.3 (4) if the adjusted gross income is equal to or greater than 975 percent of federal poverty
254.4 guidelines, the parental contribution shall be 7.49 percent of adjusted gross income.

254.5 If the child lives with the parent, the annual adjusted gross income is reduced by \$2,400
254.6 prior to calculating the parental contribution. If the child resides in an institution specified
254.7 in section 256B.35, the parent is responsible for the personal needs allowance specified
254.8 under that section in addition to the parental contribution determined under this section.
254.9 The parental contribution is reduced by any amount required to be paid directly to the child
254.10 pursuant to a court order, but only if actually paid.

254.11 (c) The household size to be used in determining the amount of contribution under
254.12 paragraph (b) includes natural and adoptive parents and their dependents, including the
254.13 child receiving services. Adjustments in the contribution amount due to annual changes in
254.14 the federal poverty guidelines shall be implemented on the first day of July following
254.15 publication of the changes.

254.16 (d) For purposes of paragraph (b), "income" means the adjusted gross income of the
254.17 natural or adoptive parents determined according to the previous year's federal tax form,
254.18 except, effective retroactive to July 1, 2003, taxable capital gains to the extent the funds
254.19 have been used to purchase a home shall not be counted as income.

254.20 (e) The contribution shall be explained in writing to the parents at the time eligibility
254.21 for services is being determined. The contribution shall be made on a monthly basis effective
254.22 with the first month in which the child receives services. Annually upon redetermination
254.23 or at termination of eligibility, if the contribution exceeded the cost of services provided,
254.24 the local agency or the state shall reimburse that excess amount to the parents, either by
254.25 direct reimbursement if the parent is no longer required to pay a contribution, or by a
254.26 reduction in or waiver of parental fees until the excess amount is exhausted. All
254.27 reimbursements must include a notice that the amount reimbursed may be taxable income
254.28 if the parent paid for the parent's fees through an employer's health care flexible spending
254.29 account under the Internal Revenue Code, section 125, and that the parent is responsible
254.30 for paying the taxes owed on the amount reimbursed.

254.31 (f) The monthly contribution amount must be reviewed at least every 12 months; when
254.32 there is a change in household size; and when there is a loss of or gain in income from one
254.33 month to another in excess of ten percent. The local agency shall mail a written notice 30
254.34 days in advance of the effective date of a change in the contribution amount. A decrease in

255.1 the contribution amount is effective in the month that the parent verifies a reduction in
255.2 income or change in household size.

255.3 (g) Parents of a minor child who do not live with each other shall each pay the
255.4 contribution required under paragraph (a). An amount equal to the annual court-ordered
255.5 child support payment actually paid on behalf of the child receiving services shall be deducted
255.6 from the adjusted gross income of the parent making the payment prior to calculating the
255.7 parental contribution under paragraph (b).

255.8 (h) The contribution under paragraph (b) shall be increased by an additional five percent
255.9 if the local agency determines that insurance coverage is available but not obtained for the
255.10 child. For purposes of this section, "available" means the insurance is a benefit of employment
255.11 for a family member at an annual cost of no more than five percent of the family's annual
255.12 income. For purposes of this section, "insurance" means health and accident insurance
255.13 coverage, enrollment in a nonprofit health service plan, health maintenance organization,
255.14 self-insured plan, or preferred provider organization.

255.15 Parents who have more than one child receiving services shall not be required to pay
255.16 more than the amount for the child with the highest expenditures. There shall be no resource
255.17 contribution from the parents. The parent shall not be required to pay a contribution in
255.18 excess of the cost of the services provided to the child, not counting payments made to
255.19 school districts for education-related services. Notice of an increase in fee payment must
255.20 be given at least 30 days before the increased fee is due.

255.21 (i) The contribution under paragraph (b) shall be reduced by \$300 per fiscal year if, in
255.22 the 12 months prior to July 1:

255.23 (1) the parent applied for insurance for the child;

255.24 (2) the insurer denied insurance;

255.25 (3) the parents submitted a complaint or appeal, in writing to the insurer, submitted a
255.26 complaint or appeal, in writing, to the commissioner of health or the commissioner of
255.27 commerce, or litigated the complaint or appeal; and

255.28 (4) as a result of the dispute, the insurer reversed its decision and granted insurance.

255.29 For purposes of this section, "insurance" has the meaning given in paragraph (h).

255.30 A parent who has requested a reduction in the contribution amount under this paragraph
255.31 shall submit proof in the form and manner prescribed by the commissioner or county agency,
255.32 including, but not limited to, the insurer's denial of insurance, the written letter or complaint
255.33 of the parents, court documents, and the written response of the insurer approving insurance.

256.1 The determinations of the commissioner or county agency under this paragraph are not rules
256.2 subject to chapter 14.

256.3 Sec. 3. Minnesota Statutes 2020, section 256B.14, subdivision 2, is amended to read:

256.4 Subd. 2. **Actions to obtain payment.** The state agency shall promulgate rules to
256.5 determine the ability of responsible relatives to contribute partial or complete payment or
256.6 repayment of medical assistance furnished to recipients for whom they are responsible. All
256.7 medical assistance exclusions shall be allowed, and a resource limit of \$10,000 for
256.8 nonexcluded resources shall be implemented. Above these limits, a contribution of one-third
256.9 of the excess resources shall be required. These rules shall not require payment or repayment
256.10 when payment would cause undue hardship to the responsible relative or that relative's
256.11 immediate family. These rules shall ~~be consistent with the requirements of section 252.27~~
256.12 ~~for~~ not apply to parents of children whose eligibility for medical assistance was determined
256.13 without deeming of the parents' resources and income under the TEFRA option or for the
256.14 purposes of accessing home and community-based waiver services. The county agency
256.15 shall give the responsible relative notice of the amount of the payment or repayment. If the
256.16 state agency or county agency finds that notice of the payment obligation was given to the
256.17 responsible relative, but that the relative failed or refused to pay, a cause of action exists
256.18 against the responsible relative for that portion of medical assistance granted after notice
256.19 was given to the responsible relative, which the relative was determined to be able to pay.

256.20 The action may be brought by the state agency or the county agency in the county where
256.21 assistance was granted, for the assistance, together with the costs of disbursements incurred
256.22 due to the action.

256.23 In addition to granting the county or state agency a money judgment, the court may,
256.24 upon a motion or order to show cause, order continuing contributions by a responsible
256.25 relative found able to repay the county or state agency. The order shall be effective only
256.26 for the period of time during which the recipient receives medical assistance from the county
256.27 or state agency.

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

256.30 Subd. 20. SNAP employment and training. The commissioner shall implement a
256.31 Supplemental Nutrition Assistance Program (SNAP) employment and training program
256.32 that meets the SNAP employment and training participation requirements of the United
256.33 States Department of Agriculture governed by Code of Federal Regulations, title 7, section

257.1 273.7. The commissioner shall operate a SNAP employment and training program in which
257.2 SNAP recipients elect to participate. In order to receive SNAP assistance beyond the time
257.3 limit, unless residing in an area covered by a time-limit waiver governed by Code of Federal
257.4 Regulations, title 7, section 273.24, nonexempt SNAP recipients who do not meet federal
257.5 SNAP work requirements must participate in an employment and training program. In
257.6 addition to county and Tribal agencies that administer SNAP, the commissioner may contract
257.7 with third-party providers for SNAP employment and training services.

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

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

257.11 Subd. 21. **County and Tribal agency duties.** County or Tribal agencies that administer
257.12 SNAP shall inform adult SNAP recipients about employment and training services and
257.13 providers in the recipient's area. County or Tribal agencies that administer SNAP may elect
257.14 to subcontract with a public or private entity approved by the commissioner to provide
257.15 SNAP employment and training services.

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

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

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

257.21 (1) supervise the administration of SNAP employment and training services to county,
257.22 Tribal, and contracted agencies under this section and Code of Federal Regulations, title 7,
257.23 section 273.7;

257.24 (2) disburse money allocated and reimbursed for SNAP employment and training services
257.25 to county, Tribal, and contracted agencies;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

258.29 (e) The commissioner of human services may reallocate unexpended money disbursed
258.30 under this section to county, Tribal, or contracted agencies that demonstrate a need for
258.31 additional funds.

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

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

259.3 Subd. 2. **Allocation of money.** (a) State money appropriated and community service
259.4 block grant money allotted to the state and all money transferred to the community service
259.5 block grant from other block grants shall be allocated annually to community action agencies
259.6 and Indian reservation governments under paragraphs (b) and (c), and to migrant and seasonal
259.7 farmworker organizations under paragraph (d).

259.8 (b) The available annual money will provide base funding to all community action
259.9 agencies and the Indian reservations. Base funding amounts per agency are as follows: for
259.10 agencies with low income populations up to ~~1,999, \$25,000; 2,000 to 23,999, \$50,000;~~ and
259.11 24,000 or more, \$100,000.

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

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

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

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

259.23 Subdivision 1. **Distribution of appropriation.** The commissioner must distribute funds
259.24 appropriated to the commissioner by law for that purpose to Hunger Solutions, a statewide
259.25 association of food shelves organized as a nonprofit corporation as defined under section
259.26 501(c)(3) of the Internal Revenue Code of 1986, to distribute to qualifying food shelves. A
259.27 food shelf qualifies under this section if:

259.28 (1) it is a nonprofit corporation, or is affiliated with a nonprofit corporation, as defined
259.29 in section 501(c)(3) of the Internal Revenue Code of 1986 or a federally recognized Tribal
259.30 nation;

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

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

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

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

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

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

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

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

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

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

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

260.25 (3) inform a person that when the person submits the application by telephone or through
 260.26 Internet telepresence, the county agency must receive a signed written application within
 260.27 30 days of the date that the person submitted the application by telephone or through Internet
 260.28 telepresence;

260.29 ~~(2)~~ (4) inform the person that any delay in submitting the application will reduce the
 260.30 amount of assistance paid for the month of application;

260.31 ~~(3)~~ (5) inform a person that the person may submit the application before an interview;

- 261.1 ~~(4)~~ (6) explain the information that will be verified during the application process by
 261.2 the county agency as provided in section 256J.32;
- 261.3 ~~(5)~~ (7) inform a person about the county agency's average application processing time
 261.4 and explain how the application will be processed under subdivision 5;
- 261.5 ~~(6)~~ (8) explain how to contact the county agency if a person's application information
 261.6 changes and how to withdraw the application;
- 261.7 ~~(7)~~ (9) inform a person that the next step in the application process is an interview and
 261.8 what a person must do if the application is approved including, but not limited to, attending
 261.9 orientation under section 256J.45 and complying with employment and training services
 261.10 requirements in sections 256J.515 to 256J.57;
- 261.11 ~~(8)~~ (10) inform the person that ~~the~~ an interview must be conducted. The interview may
 261.12 be conducted face-to-face in the county office or at a location mutually agreed upon, through
 261.13 Internet telepresence, ~~or at a location mutually agreed upon~~ by telephone;
- 261.14 ~~(9) inform a person who has received MFIP or DWP in the past 12 months of the option~~
 261.15 ~~to have a face-to-face, Internet telepresence, or telephone interview;~~
- 261.16 ~~(10)~~ (11) explain the child care and transportation services that are available under
 261.17 paragraph (c) to enable caregivers to attend the interview, screening, and orientation; and
- 261.18 ~~(11)~~ (12) identify any language barriers and arrange for translation assistance during
 261.19 appointments, including, but not limited to, screening under subdivision 3a, orientation
 261.20 under section 256J.45, and assessment under section 256J.521.
- 261.21 (b) Upon receipt of a signed application, the county agency must stamp the date of receipt
 261.22 on the face of the application. The county agency must process the application within the
 261.23 time period required under subdivision 5. An applicant may withdraw the application at
 261.24 any time by giving written or oral notice to the county agency. The county agency must
 261.25 issue a written notice confirming the withdrawal. The notice must inform the applicant of
 261.26 the county agency's understanding that the applicant has withdrawn the application and no
 261.27 longer wants to pursue it. When, within ten days of the date of the agency's notice, an
 261.28 applicant informs a county agency, in writing, that the applicant does not wish to withdraw
 261.29 the application, the county agency must reinstate the application and finish processing the
 261.30 application.
- 261.31 (c) Upon a participant's request, the county agency must arrange for transportation and
 261.32 child care or reimburse the participant for transportation and child care expenses necessary

262.1 to enable participants to attend the screening under subdivision 3a and orientation under
262.2 section 256J.45.

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

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

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

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

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

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

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

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

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

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

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

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

263.2 Sec. 14. Minnesota Statutes 2020, section 256J.35, is amended to read:

263.3 **256J.35 AMOUNT OF ASSISTANCE PAYMENT.**

263.4 Except as provided in paragraphs (a) to (d), the amount of an assistance payment is equal
263.5 to the difference between the MFIP standard of need or the Minnesota family wage level
263.6 in section 256J.24 and countable income.

263.7 (a) Beginning July 1, 2015, MFIP assistance units are eligible for an MFIP housing
263.8 assistance grant of ~~\$110~~ \$150 per month, unless:

263.9 (1) the housing assistance unit is currently receiving public and assisted rental subsidies
263.10 provided through the Department of Housing and Urban Development (HUD) and is subject
263.11 to section 256J.37, subdivision 3a; or

263.12 (2) the assistance unit is a child-only case under section 256J.88.

263.13 (b) When MFIP eligibility exists for the month of application, the amount of the assistance
263.14 payment for the month of application must be prorated from the date of application or the
263.15 date all other eligibility factors are met for that applicant, whichever is later. This provision
263.16 applies when an applicant loses at least one day of MFIP eligibility.

263.17 (c) MFIP overpayments to an assistance unit must be recouped according to section
263.18 256P.08, subdivision 6.

263.19 (d) An initial assistance payment must not be made to an applicant who is not eligible
263.20 on the date payment is made.

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

263.22 Sec. 15. Minnesota Statutes 2020, section 256J.45, subdivision 1, is amended to read:

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

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

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

263.29 The county agency must inform caregivers who are not exempt under clause (1) or (2) that
263.30 failure to attend the orientation is considered an occurrence of noncompliance with program

264.1 requirements, and will result in the imposition of a sanction under section 256J.46. If the
264.2 client complies with the orientation requirement prior to the first day of the month in which
264.3 the grant reduction is proposed to occur, the orientation sanction shall be lifted.

264.4 Sec. 16. Minnesota Statutes 2020, section 256J.626, subdivision 1, is amended to read:

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

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

264.16 Sec. 17. Minnesota Statutes 2020, section 256J.95, subdivision 5, is amended to read:

264.17 Subd. 5. **Submitting application form.** The eligibility date for the diversionary work
264.18 program begins with on the date that the signed combined application form (CAF) is received
264.19 by the county agency either as a signed written application; an application submitted by
264.20 telephone; or an application submitted through Internet telepresence; or on the date that
264.21 diversionary work program eligibility criteria are met, whichever is later. The county agency
264.22 must inform an applicant that when the applicant submits the application by telephone or
264.23 through Internet telepresence, the county agency must receive a signed written application
264.24 within 30 days of the date that the applicant submitted the application by telephone or
264.25 through Internet telepresence. The county agency must inform the applicant that any delay
264.26 in submitting the application will reduce the benefits paid for the month of application. The
264.27 county agency must inform a person that an application may be submitted before the person
264.28 has an interview appointment. Upon receipt of a signed application, the county agency must
264.29 stamp the date of receipt on the face of the application. The applicant may withdraw the
264.30 application at any time prior to approval by giving written or oral notice to the county
264.31 agency. The county agency must follow the notice requirements in section 256J.09,
264.32 subdivision 3, when issuing a notice confirming the withdrawal.

265.1 Sec. 18. Minnesota Statutes 2020, section 256N.02, subdivision 16, is amended to read:

265.2 Subd. 16. **Permanent legal and physical custody.** "Permanent legal and physical
 265.3 custody" means: (1) a full transfer of permanent legal and physical custody of a child ordered
 265.4 by a Minnesota juvenile court under section 260C.515, subdivision 4, to a relative ~~ordered~~
 265.5 ~~by a Minnesota juvenile court under section 260C.515, subdivision 4, who is not the child's~~
 265.6 parent as defined in section 260C.007, subdivision 25; or (2) for a child under jurisdiction
 265.7 of a tribal court, a judicial determination under a similar provision in tribal code which
 265.8 means that a relative will assume the duty and authority to provide care, control, and
 265.9 protection of a child who is residing in foster care, and to make decisions regarding the
 265.10 child's education, health care, and general welfare until adulthood. To establish eligibility
 265.11 for Northstar kinship assistance, permanent legal and physical custody does not include
 265.12 joint legal custody, joint physical custody, or joint legal and joint physical custody of a child
 265.13 shared by the child's parent and relative custodian.

265.14 Sec. 19. Minnesota Statutes 2020, section 256N.02, subdivision 17, is amended to read:

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

265.22 Sec. 20. Minnesota Statutes 2020, section 256N.22, subdivision 1, is amended to read:

265.23 Subdivision 1. **General eligibility requirements.** (a) To be eligible for Northstar kinship
 265.24 assistance under this section, there must be a judicial determination under section 260C.515,
 265.25 subdivision 4, that a transfer of permanent legal and physical custody to a relative who is
 265.26 not the child's parent is in the child's best interest. For a child under jurisdiction of a tribal
 265.27 court, a judicial determination under a similar provision in tribal code indicating that a
 265.28 relative will assume the duty and authority to provide care, control, and protection of a child
 265.29 who is residing in foster care, and to make decisions regarding the child's education, health
 265.30 care, and general welfare until adulthood, and that this is in the child's best interest is
 265.31 considered equivalent. A child whose parent shares legal, physical, or legal and physical
 265.32 custody of the child with a relative custodian is not eligible for Northstar kinship assistance.
 265.33 Additionally, a child must:

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

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

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

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

266.9 (B) expedited permanency cannot be completed without provision of Northstar kinship
266.10 assistance;

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

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

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

266.18 (3) meet the agency determinations regarding permanency requirements in subdivision
266.19 2;

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

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

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

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

266.30 (c) To be eligible for title IV-E Northstar kinship assistance, a child must also meet any
266.31 additional criteria in section 473(d) of the Social Security Act. The sibling of a child who
266.32 meets the criteria for title IV-E Northstar kinship assistance in section 473(d) of the Social

267.1 Security Act is eligible for title IV-E Northstar kinship assistance if the child and sibling
 267.2 are placed with the same prospective relative custodian or custodians, and the legally
 267.3 responsible agency, relatives, and commissioner agree on the appropriateness of the
 267.4 arrangement for the sibling. A child who meets all eligibility criteria except those specific
 267.5 to title IV-E Northstar kinship assistance is entitled to Northstar kinship assistance paid
 267.6 through funds other than title IV-E.

267.7 Sec. 21. Minnesota Statutes 2020, section 256N.23, subdivision 2, is amended to read:

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

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

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

267.13 (2) a petition to terminate parental rights;

267.14 (3) consent of the child's parent to adoption accepted by the court under chapter 260C
 267.15 or, in the case of a child receiving Northstar kinship assistance payments under section
 267.16 256N.22, consent of the child's parent to the child's adoption executed under chapter 259;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

269.4 (g) Once the legally responsible agency has determined that placement with an identified
269.5 parent is in the child's best interests and made full written disclosure about the child's social
269.6 and medical history, the agency must ask the prospective adoptive parent if the prospective
269.7 adoptive parent is willing to adopt the child without receiving adoption assistance under
269.8 this section. If the identified parent is either unwilling or unable to adopt the child without
269.9 adoption assistance, the legally responsible agency must provide documentation as prescribed
269.10 by the commissioner to fulfill the requirement to make a reasonable effort to place the child
269.11 without adoption assistance. If the identified parent is willing to adopt the child without
269.12 adoption assistance, the parent must provide a written statement to this effect to the legally
269.13 responsible agency and the statement must be maintained in the permanent adoption record
269.14 of the legally responsible agency. For children under guardianship of the commissioner,
269.15 the legally responsible agency shall submit a copy of this statement to the commissioner to
269.16 be maintained in the permanent adoption record.

269.17 Sec. 22. Minnesota Statutes 2020, section 256N.23, subdivision 6, is amended to read:

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

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

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

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

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

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

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

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

270.7 Sec. 23. Minnesota Statutes 2020, section 256N.24, subdivision 1, is amended to read:

270.8 Subdivision 1. **Assessment.** (a) Each child eligible under sections 256N.21, 256N.22,
270.9 and 256N.23, must be assessed to determine the benefits the child may receive under section
270.10 256N.26, in accordance with the assessment tool, process, and requirements specified in
270.11 subdivision 2.

270.12 (b) If an agency applies the emergency foster care rate for initial placement under section
270.13 256N.26, the agency may wait up to 30 days to complete the initial assessment.

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

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

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

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

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

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

270.26 (b) If a new special assessment is required prior to the effective date of the Northstar
270.27 kinship assistance agreement, it must be completed by the financially responsible agency,
270.28 in consultation with the legally responsible agency if different. If the prospective relative
270.29 custodian is unable or unwilling to cooperate with the special assessment process, the child
270.30 shall be assigned the basic level, level B under section 256N.26, subdivision 3, ~~unless the~~

271.1 ~~child is known to be an at-risk child, in which case, the child shall be assigned level A under~~
 271.2 ~~section 256N.26, subdivision 1.~~

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

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

271.13 Sec. 25. Minnesota Statutes 2020, section 256N.24, subdivision 11, is amended to read:

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

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

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

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

271.25 (e) If the child's caregiver is unable or unwilling to cooperate with the reassessment, the
 271.26 child must be assessed at level B under section 256N.26, subdivision 3, unless the child has
 271.27 ~~an a Northstar adoption assistance or Northstar kinship assistance agreement in place and~~
 271.28 is known to be an at-risk child, in which case the child must be assessed at level A under
 271.29 section 256N.26, subdivision 1.

271.30 Sec. 26. Minnesota Statutes 2020, section 256N.24, subdivision 12, is amended to read:

271.31 Subd. 12. **Approval of initial assessments, special assessments, and reassessments.** (a)
 271.32 Any agency completing initial assessments, special assessments, or reassessments must

272.1 designate one or more supervisors or other staff to examine and approve assessments
272.2 completed by others in the agency under subdivision 2. The person approving an assessment
272.3 must not be the case manager or staff member completing that assessment.

272.4 (b) In cases where a special assessment or reassessment for ~~guardian~~ Northstar kinship
272.5 assistance and adoption assistance is required under subdivision 8 or 11, the commissioner
272.6 shall review and approve the assessment as part of the eligibility determination process
272.7 outlined in section 256N.22, subdivision 7, for Northstar kinship assistance, or section
272.8 256N.23, subdivision 7, for adoption assistance. The assessment determines the maximum
272.9 ~~for~~ of the negotiated agreement amount under section 256N.25.

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

272.12 Sec. 27. Minnesota Statutes 2020, section 256N.24, subdivision 14, is amended to read:

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

272.18 Sec. 28. Minnesota Statutes 2020, section 256N.25, subdivision 1, is amended to read:

272.19 Subdivision 1. **Agreement; Northstar kinship assistance; adoption assistance.** (a) In
272.20 order to receive Northstar kinship assistance or adoption assistance benefits on behalf of
272.21 an eligible child, a written, binding agreement between the caregiver or caregivers, the
272.22 financially responsible agency, or, if there is no financially responsible agency, the agency
272.23 designated by the commissioner, and the commissioner must be established prior to
272.24 finalization of the adoption or a transfer of permanent legal and physical custody. The
272.25 agreement must be negotiated with the caregiver or caregivers under subdivision 2 and
272.26 renegotiated under subdivision 3, if applicable.

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

272.29 (1) duration of the agreement;

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

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

273.1 (4) the terms of the payment, including any child care portion as specified in section
273.2 256N.24, subdivision 3;

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

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

273.8 (7) provisions for modification of the terms of the agreement, including renegotiation
273.9 of the agreement;

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

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

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

273.18 (d) The effective date of the Northstar kinship assistance agreement must be the date of
273.19 the court order that transfers permanent legal and physical custody to the relative. The
273.20 effective date of the adoption assistance agreement is the date of the finalized adoption
273.21 decree.

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

273.24 Sec. 29. Minnesota Statutes 2020, section 256N.25, is amended by adding a subdivision
273.25 to read:

273.26 Subd. 1a. Reimbursement of nonrecurring expenses. (a) The commissioner of human
273.27 services must reimburse a relative custodian with a fully executed Northstar kinship assistance
273.28 benefit agreement for costs that the relative custodian incurs while seeking permanent legal
273.29 and physical custody of a child who is the subject of a Northstar kinship assistance benefit
273.30 agreement. The commissioner must reimburse a relative custodian for expenses that are
273.31 reasonable and necessary that the relative incurs during the transfer of permanent legal and
273.32 physical custody of a child to the relative custodian, subject to a maximum of \$2,000. To

274.1 be eligible for reimbursement, the expenses must directly relate to the legal transfer of
274.2 permanent legal and physical custody of the child to the relative custodian, must not have
274.3 been incurred by the relative custodian in violation of state or federal law, and must not
274.4 have been reimbursed from other sources or funds. The relative custodian must submit
274.5 reimbursement requests to the commissioner within 21 months of the date of the child's
274.6 finalized transfer of permanent legal and physical custody, and the relative custodian must
274.7 follow all requirements and procedures that the commissioner prescribes.

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

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

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

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

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

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

275.5 Sec. 30. Minnesota Statutes 2020, section 256P.02, subdivision 1a, is amended to read:

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

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

275.11 Sec. 31. Minnesota Statutes 2020, section 256P.02, subdivision 2, is amended to read:

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

275.15 (1) cash;

275.16 (2) bank accounts;

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

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

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

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

275.21 Sec. 32. Minnesota Statutes 2020, section 256P.04, subdivision 4, is amended to read:

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

275.23 (1) identity of adults;

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

275.25 (3) immigration status;

275.26 (4) income;

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

275.28 (6) vehicles;

- 276.1 (7) checking and savings accounts, including but not limited to any business accounts
 276.2 used to pay expenses not related to the business;
- 276.3 (8) inconsistent information, if related to eligibility;
- 276.4 (9) residence;
- 276.5 (10) Social Security number; and
- 276.6 (11) use of nonrecurring income under section 256P.06, subdivision 3, clause (2), item
 276.7 (ix), for the intended purpose for which it was given and received.

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

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

276.16 Sec. 33. Minnesota Statutes 2020, section 256P.05, is amended to read:

276.17 **256P.05 SELF-EMPLOYMENT EARNINGS.**

276.18 Subdivision 1. **Exempted programs.** Participants who qualify for ~~child care assistance~~
 276.19 ~~programs under chapter 119B~~, Minnesota supplemental aid under chapter 256D, and housing
 276.20 support under chapter 256I on the basis of eligibility for Supplemental Security Income are
 276.21 exempt from this section. Participants who qualify for child care assistance programs under
 276.22 chapter 119B are exempt from subdivision 3.

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

- 276.26 (1) one-half of gross earnings from self-employment; or
- 276.27 (2) taxable income as determined from an Internal Revenue Service tax form that has
 276.28 been filed with the Internal Revenue Service ~~within the last~~ for the most recent year and
 276.29 according to guidance provided for the Supplemental Nutrition Assistance Program. A
 276.30 12-month average using ~~net~~ taxable income shall be used to budget monthly income.

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

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

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

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

277.15 Sec. 34. Minnesota Statutes 2020, section 256P.06, subdivision 3, is amended to read:

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

277.18 (1) earned income; and

277.19 (2) unearned income, which includes:

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

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

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

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

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

277.26 (vi) cash prizes and winnings;

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

277.29 (A) 18 years of age and enrolled in a secondary school; or

277.30 (B) 18 or 19 years of age, a caregiver, and is enrolled in school at least half-time;

- 278.1 (viii) retirement, survivors, and disability insurance payments;
- 278.2 (ix) nonrecurring income over \$60 per quarter unless earmarked and used for the purpose
278.3 for which it is intended. Income and use of this income is subject to verification requirements
278.4 under section 256P.04;
- 278.5 (x) retirement benefits;
- 278.6 (xi) cash assistance benefits, as defined by each program in chapters 119B, 256D, 256I,
278.7 and 256J;
- 278.8 (xii) tribal per capita payments unless excluded by federal and state law;
- 278.9 (xiii) income and payments from service and rehabilitation programs that meet or exceed
278.10 the state's minimum wage rate;
- 278.11 (xiv) income from members of the United States armed forces unless excluded from
278.12 income taxes according to federal or state law;
- 278.13 (xv) all child support payments for programs under chapters 119B, 256D, and 256I;
- 278.14 (xvi) the amount of child support received that exceeds \$100 for assistance units with
278.15 one child and \$200 for assistance units with two or more children for programs under chapter
278.16 256J; and
- 278.17 (xvii) spousal support.

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

278.19 Sec. 35. Minnesota Statutes 2020, section 259.22, subdivision 4, is amended to read:

278.20 Subd. 4. **Time for filing petition.** A petition shall be filed not later than 12 months after
278.21 a child is placed in a prospective adoptive home. If a petition is not filed by that time, the
278.22 agency that placed the child, or, in a direct adoptive placement, the agency that is supervising
278.23 the placement shall file with the district court in the county where the prospective adoptive
278.24 parent resides a motion for an order and a report recommending one of the following:

278.25 (1) that the time for filing a petition be extended because of the child's special needs as
278.26 defined under title IV-E of the Social Security Act, United States Code, title 42, section
278.27 673;

278.28 (2) that, based on a written plan for completing filing of the petition, including a specific
278.29 timeline, to which the prospective adoptive parents have agreed, the time for filing a petition
278.30 be extended long enough to complete the plan because such an extension is in the best

279.1 interests of the child and additional time is needed for the child to adjust to the adoptive
279.2 home; or

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

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

279.7 Sec. 36. Minnesota Statutes 2020, section 259.241, is amended to read:

279.8 **259.241 ADULT ADOPTION.**

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

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

279.16 (c) Notwithstanding paragraph (b), a person in extended foster care under section
279.17 260C.451 may consent to the person's own adoption as long as the court with jurisdiction
279.18 finds the person competent to give consent.

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

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

279.25 Sec. 37. Minnesota Statutes 2020, section 259.35, subdivision 1, is amended to read:

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

279.29 "Minnesota Statutes, section 259.59, provides that upon legally adopting a child, adoptive
279.30 parents assume all the rights and responsibilities of birth parents. The responsibilities include
279.31 providing for the child's financial support and caring for health, emotional, and behavioral

280.1 problems. Except for subsidized adoptions under Minnesota Statutes, chapter ~~259A~~ 256N,
 280.2 or any other provisions of law that expressly apply to adoptive parents and children, adoptive
 280.3 parents are not eligible for state or federal financial subsidies besides those that a birth
 280.4 parent would be eligible to receive for a child. Adoptive parents may not terminate their
 280.5 parental rights to a legally adopted child for a reason that would not apply to a birth parent
 280.6 seeking to terminate rights to a child. An individual who takes guardianship of a child for
 280.7 the purpose of adopting the child shall, upon taking guardianship from the child's country
 280.8 of origin, assume all the rights and responsibilities of birth and adoptive parents as stated
 280.9 in this paragraph."

280.10 Sec. 38. Minnesota Statutes 2020, section 259.53, subdivision 4, is amended to read:

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

280.14 Sec. 39. Minnesota Statutes 2020, section 259.73, is amended to read:

280.15 **259.73 REIMBURSEMENT OF NONRECURRING ADOPTION EXPENSES.**

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

280.18 Sec. 40. Minnesota Statutes 2020, section 259.75, subdivision 5, is amended to read:

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

280.24 Sec. 41. Minnesota Statutes 2020, section 259.75, subdivision 6, is amended to read:

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

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

281.5 Sec. 42. Minnesota Statutes 2020, section 259.75, subdivision 9, is amended to read:

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

281.9 Sec. 43. Minnesota Statutes 2020, section 259.83, subdivision 1a, is amended to read:

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

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

281.21 Sec. 44. Minnesota Statutes 2020, section 259A.75, subdivision 1, is amended to read:

281.22 Subdivision 1. **General information.** (a) Subject to the procedures required by the
281.23 commissioner and the provisions of this section, a Minnesota county or Tribal agency shall
281.24 receive a reimbursement from the commissioner equal to 100 percent of the reasonable and
281.25 appropriate cost for contracted adoption placement services identified for a specific child
281.26 that are not reimbursed under other federal or state funding sources.

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

281.31 (c) The commissioner shall set aside an amount not to exceed five percent of the total
281.32 amount of the fiscal year appropriation from the state for the adoption assistance program

282.1 to reimburse a Minnesota county or tribal social services placing agency for child-specific
282.2 adoption placement services. When adoption assistance payments for children's needs exceed
282.3 95 percent of the total amount of the fiscal year appropriation from the state for the adoption
282.4 assistance program, the amount of reimbursement available to placing agencies for adoption
282.5 services is reduced correspondingly.

282.6 Sec. 45. Minnesota Statutes 2020, section 259A.75, subdivision 2, is amended to read:

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

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

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

282.13 (3) meet all of the special needs criteria according to section ~~259A.10, subdivision 2~~
282.14 256N.23, subdivision 2.

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

282.18 Sec. 46. Minnesota Statutes 2020, section 259A.75, subdivision 3, is amended to read:

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

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

282.25 Sec. 47. Minnesota Statutes 2020, section 259A.75, subdivision 4, is amended to read:

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

282.30 (b) The commissioner shall determine eligibility for reimbursement of adoption placement
282.31 services. If determined eligible, the commissioner of human services shall sign the purchase

283.1 of service agreement, making this a fully executed contract. No reimbursement under this
 283.2 section shall be made to an agency for services provided prior to the fully executed contract.

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

283.7 Sec. 48. Minnesota Statutes 2020, section 260C.007, subdivision 22a, is amended to read:

283.8 Subd. 22a. **Licensed residential family-based substance use disorder treatment**
 283.9 **program.** "Licensed residential family-based substance use disorder treatment program"
 283.10 means a residential treatment facility that provides the parent or guardian with parenting
 283.11 skills training, parent education, or individual and family counseling, under an organizational
 283.12 structure and treatment framework that involves understanding, recognizing, and responding
 283.13 to the effects of all types of trauma according to recognized principles of a trauma-informed
 283.14 approach and trauma-specific interventions to address the consequences of trauma and
 283.15 facilitate healing. The residential program must be licensed by the Department of Human
 283.16 Services under ~~chapter~~ chapters 245A and sections 245G.01 to 245G.16, 245G.19, and
 283.17 245G.21 245G or Tribally licensed or approved as a residential substance use disorder
 283.18 treatment program specializing in the treatment of clients with children.

283.19 Sec. 49. Minnesota Statutes 2020, section 260C.212, subdivision 1, is amended to read:

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

283.24 (b) An out-of-home placement plan means a written document which is prepared by the
 283.25 responsible social services agency jointly with the parent or parents or guardian of the child
 283.26 and in consultation with the child's guardian ad litem, the child's tribe, if the child is an
 283.27 Indian child, the child's foster parent or representative of the foster care facility, and, where
 283.28 appropriate, the child. When a child is age 14 or older, the child may include two other
 283.29 individuals on the team preparing the child's out-of-home placement plan. The child may
 283.30 select one member of the case planning team to be designated as the child's advisor and to
 283.31 advocate with respect to the application of the reasonable and prudent parenting standards.
 283.32 The responsible social services agency may reject an individual selected by the child if the
 283.33 agency has good cause to believe that the individual would not act in the best interest of the

284.1 child. For a child in voluntary foster care for treatment under chapter 260D, preparation of
284.2 the out-of-home placement plan shall additionally include the child's mental health treatment
284.3 provider. For a child 18 years of age or older, the responsible social services agency shall
284.4 involve the child and the child's parents as appropriate. As appropriate, the plan shall be:

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

284.6 (2) ordered by the court, either as presented or modified after hearing, under section
284.7 260C.178, subdivision 7, or 260C.201, subdivision 6; and

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

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

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

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

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

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

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

284.32 (4) a description of any services or resources that were requested by the child or the
284.33 child's parent, guardian, foster parent, or custodian since the date of the child's placement

285.1 in the residential facility, and whether those services or resources were provided and if not,
285.2 the basis for the denial of the services or resources;

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

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

285.15 (7) when a child cannot return to or be in the care of either parent, documentation of
285.16 steps to finalize the transfer of permanent legal and physical custody to a relative as the
285.17 permanency plan for the child. This documentation must support the requirements of the
285.18 kinship placement agreement under section 256N.22 and must include the reasonable efforts
285.19 used to determine that it is not appropriate for the child to return home or be adopted, and
285.20 reasons why permanent placement with a relative through a Northstar kinship assistance
285.21 arrangement is in the child's best interest; how the child meets the eligibility requirements
285.22 for Northstar kinship assistance payments; agency efforts to discuss adoption with the child's
285.23 relative foster parent and reasons why the relative foster parent chose not to pursue adoption,
285.24 if applicable; and agency efforts to discuss with the child's parent or parents the permanent
285.25 transfer of permanent legal and physical custody or the reasons why these efforts were not
285.26 made;

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

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

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

286.8 (9) the educational records of the child including the most recent information available
286.9 regarding:

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

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

286.12 (iii) the child's school record;

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

286.15 (v) any other relevant educational information;

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

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

286.19 (ii) how the child's known medical problems and identified needs from the screens,
286.20 including any known communicable diseases, as defined in section 144.4172, subdivision
286.21 2, shall be monitored and treated while the child is in foster care;

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

286.24 (iv) who is responsible to coordinate and respond to the child's health care needs,
286.25 including the role of the parent, the agency, and the foster parent;

286.26 (v) who is responsible for oversight of the child's prescription medications;

286.27 (vi) how physicians or other appropriate medical and nonmedical professionals shall be
286.28 consulted and involved in assessing the health and well-being of the child and determine
286.29 the appropriate medical treatment for the child; and

286.30 (vii) the responsibility to ensure that the child has access to medical care through either
286.31 medical insurance or medical assistance;

- 287.1 (11) the health records of the child including information available regarding:
- 287.2 (i) the names and addresses of the child's health care and dental care providers;
- 287.3 (ii) a record of the child's immunizations;
- 287.4 (iii) the child's known medical problems, including any known communicable diseases
- 287.5 as defined in section 144.4172, subdivision 2;
- 287.6 (iv) the child's medications; and
- 287.7 (v) any other relevant health care information such as the child's eligibility for medical
- 287.8 insurance or medical assistance;
- 287.9 (12) an independent living plan for a child 14 years of age or older, developed in
- 287.10 consultation with the child. The child may select one member of the case planning team to
- 287.11 be designated as the child's advisor and to advocate with respect to the application of the
- 287.12 reasonable and prudent parenting standards in subdivision 14. The plan should include, but
- 287.13 not be limited to, the following objectives:
- 287.14 (i) educational, vocational, or employment planning;
- 287.15 (ii) health care planning and medical coverage;
- 287.16 (iii) transportation including, where appropriate, assisting the child in obtaining a driver's
- 287.17 license;
- 287.18 (iv) money management, including the responsibility of the responsible social services
- 287.19 agency to ensure that the child annually receives, at no cost to the child, a consumer report
- 287.20 as defined under section 13C.001 and assistance in interpreting and resolving any inaccuracies
- 287.21 in the report;
- 287.22 (v) planning for housing;
- 287.23 (vi) social and recreational skills;
- 287.24 (vii) establishing and maintaining connections with the child's family and community;
- 287.25 and
- 287.26 (viii) regular opportunities to engage in age-appropriate or developmentally appropriate
- 287.27 activities typical for the child's age group, taking into consideration the capacities of the
- 287.28 individual child;
- 287.29 (13) for a child in voluntary foster care for treatment under chapter 260D, diagnostic
- 287.30 and assessment information, specific services relating to meeting the mental health care
- 287.31 needs of the child, and treatment outcomes;

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

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

288.8 (d) The parent or parents or guardian and the child each shall have the right to legal
288.9 counsel in the preparation of the case plan and shall be informed of the right at the time of
288.10 placement of the child. The child shall also have the right to a guardian ad litem. If unable
288.11 to employ counsel from their own resources, the court shall appoint counsel upon the request
288.12 of the parent or parents or the child or the child's legal guardian. The parent or parents may
288.13 also receive assistance from any person or social services agency in preparation of the case
288.14 plan.

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

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

288.26 Sec. 50. Minnesota Statutes 2020, section 260C.212, subdivision 2, is amended to read:

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

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

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

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

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

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

289.10 (2) the medical needs of the child;

289.11 (3) the educational needs of the child;

289.12 (4) the developmental needs of the child;

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

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

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

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

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

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

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

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

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

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

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

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

290.16 Sec. 51. Minnesota Statutes 2020, section 260C.212, is amended by adding a subdivision
290.17 to read:

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

290.23 (b) If the child continues to be in placement out of the home of the parent or guardian
290.24 from whom the child was removed, reasonable efforts by the responsible social services
290.25 agency to complete the child's social and medical history must begin no later than the child's
290.26 permanency progress review hearing required under section 260C.204 or six months after
290.27 the child's placement in foster care, whichever occurs earlier.

290.28 (c) In a child's social and medical history, the responsible social services agency must
290.29 include background information and health history specific to the child, the child's birth
290.30 parents, and the child's other birth relatives. Applicable background and health information
290.31 about the child includes the child's current health condition, behavior, and demeanor;
290.32 placement history; education history; sibling information; and birth, medical, dental, and
290.33 immunization information. Redacted copies of pertinent records, assessments, and evaluations
290.34 must be attached to the child's social and medical history. Applicable background information

291.1 about the child's birth parents and other birth relatives includes general background
291.2 information; education and employment history; physical health and mental health history;
291.3 and reasons for the child's placement.

291.4 Sec. 52. Minnesota Statutes 2020, section 260C.219, subdivision 5, is amended to read:

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

291.10 Sec. 53. Minnesota Statutes 2020, section 260C.503, subdivision 2, is amended to read:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

292.19 Sec. 54. Minnesota Statutes 2020, section 260C.515, subdivision 3, is amended to read:

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

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

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

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

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

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

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

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

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

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

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

293.22 (9) unless otherwise required by the Indian Child Welfare Act, United States Code, title
293.23 25, section 1913(c), a consent to adopt executed under this section shall be irrevocable upon
293.24 acceptance by the court except upon order permitting revocation issued by the same court
293.25 after written findings that consent was obtained by fraud.

293.26 Sec. 55. Minnesota Statutes 2020, section 260C.605, subdivision 1, is amended to read:

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

293.30 (b) Reasonable efforts to make a placement in a home according to the placement
293.31 considerations under section 260C.212, subdivision 2, with a relative or foster parent who
293.32 will commit to being the permanent resource for the child in the event the child cannot be

294.1 reunified with a parent are required under section 260.012 and may be made concurrently
294.2 with reasonable, or if the child is an Indian child, active efforts to reunify the child with the
294.3 parent.

294.4 (c) Reasonable efforts under paragraph (b) must begin as soon as possible when the
294.5 child is in foster care under this chapter, but not later than the hearing required under section
294.6 260C.204.

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

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

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

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

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

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

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

294.17 (ii) an updated search is required whenever:

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

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

294.22 (C) the court determines a relative search by the agency is in the best interests of the
294.23 child;

294.24 (iii) engaging the child's foster parent and the child's relatives identified as an adoptive
294.25 resource during the search conducted under section 260C.221, to commit to being the
294.26 prospective adoptive parent of the child; or

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

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

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

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

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

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

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

295.10 (4) updating and completing the social and medical history required under sections
295.11 ~~259.43~~ 260C.212, subdivision 15, and 260C.609;

295.12 (5) making, and keeping updated, appropriate referrals required by section 260.851, the
295.13 Interstate Compact on the Placement of Children;

295.14 (6) giving notice regarding the responsibilities of an adoptive parent to any prospective
295.15 adoptive parent as required under section 259.35;

295.16 (7) offering the adopting parent the opportunity to apply for or decline adoption assistance
295.17 under chapter ~~259A~~ 256N;

295.18 (8) certifying the child for adoption assistance, assessing the amount of adoption
295.19 assistance, and ascertaining the status of the commissioner's decision on the level of payment
295.20 if the adopting parent has applied for adoption assistance;

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

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

295.28 Sec. 56. Minnesota Statutes 2020, section 260C.607, subdivision 6, is amended to read:

295.29 Subd. 6. **Motion and hearing to order adoptive placement.** (a) At any time after the
295.30 district court orders the child under the guardianship of the commissioner of human services,
295.31 but not later than 30 days after receiving notice required under section 260C.613, subdivision

296.1 1, paragraph (c), that the agency has made an adoptive placement, a relative or the child's
296.2 foster parent may file a motion for an order for adoptive placement of a child who is under
296.3 the guardianship of the commissioner if the relative or the child's foster parent:

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

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

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

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

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

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

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

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

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

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

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

297.13 Sec. 57. Minnesota Statutes 2020, section 260C.609, is amended to read:

297.14 **260C.609 SOCIAL AND MEDICAL HISTORY.**

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

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

297.22 ~~(c)~~ (a) The responsible social services agency shall thoroughly discuss the child's history
297.23 with the adopting prospective adoptive parent of the child and shall give a redacted copy
297.24 of the report of the child's social and medical history as described in section 260C.212,
297.25 subdivision 15, including redacted attachments, to the adopting prospective adoptive parent.
297.26 If the prospective adoptive parent does not pursue adoption of the child, the prospective
297.27 adoptive parent must return the child's social and medical history and redacted attachments
297.28 to the agency. The responsible social services agency may give a redacted copy of the child's
297.29 social and medical history may also be given to the child, as appropriate according to section
297.30 260C.212, subdivision 1.

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

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

298.5 Sec. 58. Minnesota Statutes 2020, section 260C.615, is amended to read:

298.6 **260C.615 DUTIES OF COMMISSIONER.**

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

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

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

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

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

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

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

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

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

298.28 Sec. 59. **GRANT TO MINNESOTA ASSOCIATION FOR VOLUNTEER**
 298.29 **ADMINISTRATION.**

298.30 The commissioner of human services shall establish a onetime grant to the Minnesota
 298.31 Association for Volunteer Administration to administer needs-based volunteerism subgrants

299.1 for underresourced nonprofit organizations in greater Minnesota to support the organizations'
 299.2 efforts to address and minimize disparities in access to human services through increased
 299.3 volunteerism. Successful subgrant applicants must demonstrate that the populations served
 299.4 by the subgrantee are underserved or suffer from or are at risk of homelessness, hunger,
 299.5 poverty, lack of access to health care, or deficits in education. The Minnesota Association
 299.6 for Volunteer Administration shall give priority to organizations that are serving the needs
 299.7 of vulnerable populations. By December 15, 2023, the Minnesota Association for Volunteer
 299.8 Administration shall report data on outcomes of the subgrants and make recommendations
 299.9 for improving and sustaining volunteer efforts statewide to the chairs and ranking minority
 299.10 members of the legislative committees and divisions with jurisdiction over human services.

299.11 Sec. 60. **CHILD CARE AND DEVELOPMENT BLOCK GRANT ALLOCATION;**
 299.12 **TRANSFER FUNDS FOR EARLY LEARNING SCHOLARSHIPS.**

299.13 The commissioner of human services shall allocate \$73,000,000 in fiscal year 2022 and
 299.14 \$73,000,000 in fiscal year 2023 from the amount that Minnesota received under the American
 299.15 Rescue Plan Act, Public Law 117-2, section 2201, for the child care and development block
 299.16 grant, to be transferred to the commissioner of education for the early learning scholarship
 299.17 program under Minnesota Statutes, section 124D.165. For purposes of expending federal
 299.18 resources, the commissioner of human services shall consult with the commissioner of
 299.19 education to ensure that the transferred resources are deployed to support prioritized groups
 299.20 of children, including but not limited to the groups identified in Minnesota Statutes, section
 299.21 124D.165, while identifying and implementing any other oversight and reporting necessary
 299.22 to maintain compliance with the federal child care and development block grant
 299.23 accountability and data collection requirements in United States Code, title 42, section
 299.24 9858i.

299.25 Sec. 61. **FEDERAL PANDEMIC EMERGENCY ASSISTANCE ALLOCATION;**
 299.26 **EMERGENCY ASSISTANCE GRANTS.**

299.27 (a) From the amount that Minnesota received under section 9201 of the federal American
 299.28 Rescue Plan Act, Public Law 117-2, for pandemic emergency assistance, the commissioner
 299.29 of human services shall allocate \$10,000,000 in fiscal year 2022 for emergency assistance
 299.30 grants according to paragraph (b).

299.31 (b) The commissioner shall distribute funds to counties to provide emergency assistance
 299.32 grants to families with children under Minnesota Statutes, section 256J.626. The emergency
 299.33 assistance grants under this section must be available for:

300.1 (1) rent or mortgage, including arrears;

300.2 (2) utility bills, including arrears;

300.3 (3) food;

300.4 (4) clothing needed for work or school;

300.5 (5) public transportation and vehicle repairs; and

300.6 (6) school-related equipment needs.

300.7 (c) Notwithstanding any county policies to the contrary, applicants are eligible for grants,
 300.8 subject to applicable maximum payments, for a security deposit, or if they are in arrears for
 300.9 rent, mortgage, or contract for deed payments.

300.10 Sec. 62. FEDERAL PANDEMIC EMERGENCY ASSISTANCE ALLOCATION;
 300.11 MFIP CONSOLIDATED FUND.

300.12 From the amount that Minnesota received under section 9201 of the federal American
 300.13 Rescue Plan Act, Public Law 117-2, for pandemic emergency assistance, the commissioner
 300.14 of human services shall allocate \$4,327,000 in fiscal year 2023 to counties according to
 300.15 Minnesota Statutes, section 256J.626.

300.16 Sec. 63. REPEALER.

300.17 Minnesota Statutes 2020, sections 256D.051, subdivisions 1, 1a, 2, 2a, 3, 3a, 3b, 6b, 6c,
 300.18 7, 8, 9, and 18; 256D.052, subdivision 3; and 259A.70 are repealed.

300.19 **EFFECTIVE DATE.** This section is effective August 1, 2021, except that the repeal
 300.20 of Minnesota Statutes, section 259A.70 is effective July 1, 2021.

300.21

ARTICLE 10

300.22

CHILD CARE ASSISTANCE

300.23 Section 1. Minnesota Statutes 2020, section 119B.11, subdivision 2a, is amended to read:

300.24 Subd. 2a. **Recovery of overpayments.** (a) An amount of child care assistance paid to a
 300.25 recipient or provider in excess of the payment due is recoverable by the county agency
 300.26 under paragraphs (b) and (c), even when the overpayment was caused by ~~agency error or~~
 300.27 circumstances outside the responsibility and control of the family or provider. Overpayments
 300.28 designated solely as agency error, and not the result of acts or omissions on the part of a
 300.29 provider or recipient, must not be established or collected.

301.1 (b) An overpayment must be recouped or recovered from the family if the overpayment
301.2 benefited the family by causing the family to pay less for child care expenses than the family
301.3 otherwise would have been required to pay under child care assistance program requirements.
301.4 If the family remains eligible for child care assistance, the overpayment must be recovered
301.5 through recoupment as identified in Minnesota Rules, part 3400.0187, except that the
301.6 overpayments must be calculated and collected on a service period basis. If the family no
301.7 longer remains eligible for child care assistance, the county may choose to initiate efforts
301.8 to recover overpayments from the family for overpayment less than \$50. If the overpayment
301.9 is greater than or equal to \$50, the county shall seek voluntary repayment of the overpayment
301.10 from the family. If the county is unable to recoup the overpayment through voluntary
301.11 repayment, the county shall initiate civil court proceedings to recover the overpayment
301.12 unless the county's costs to recover the overpayment will exceed the amount of the
301.13 overpayment. A family with an outstanding debt under this subdivision is not eligible for
301.14 child care assistance until: (1) the debt is paid in full; or (2) satisfactory arrangements are
301.15 made with the county to retire the debt consistent with the requirements of this chapter and
301.16 Minnesota Rules, chapter 3400, and the family is in compliance with the arrangements.

301.17 (c) The county must recover an overpayment from a provider if the overpayment did
301.18 not benefit the family by causing it to receive more child care assistance or to pay less for
301.19 child care expenses than the family otherwise would have been eligible to receive or required
301.20 to pay under child care assistance program requirements, and benefited the provider by
301.21 causing the provider to receive more child care assistance than otherwise would have been
301.22 paid on the family's behalf under child care assistance program requirements. If the provider
301.23 continues to care for children receiving child care assistance, the overpayment must be
301.24 recovered through reductions in child care assistance payments for services as described in
301.25 an agreement with the county. The provider may not charge families using that provider
301.26 more to cover the cost of recouping the overpayment. If the provider no longer cares for
301.27 children receiving child care assistance, the county may choose to initiate efforts to recover
301.28 overpayments of less than \$50 from the provider. If the overpayment is greater than or equal
301.29 to \$50, the county shall seek voluntary repayment of the overpayment from the provider.
301.30 If the county is unable to recoup the overpayment through voluntary repayment, the county
301.31 shall initiate civil court proceedings to recover the overpayment unless the county's costs
301.32 to recover the overpayment will exceed the amount of the overpayment. A provider with
301.33 an outstanding debt under this subdivision is not eligible to care for children receiving child
301.34 care assistance until:

301.35 (1) the debt is paid in full; or

302.1 (2) satisfactory arrangements are made with the county to retire the debt consistent with
302.2 the requirements of this chapter and Minnesota Rules, chapter 3400, and the provider is in
302.3 compliance with the arrangements.

302.4 (d) When both the family and the provider acted together to intentionally cause the
302.5 overpayment, both the family and the provider are jointly liable for the overpayment
302.6 regardless of who benefited from the overpayment. The county must recover the overpayment
302.7 as provided in paragraphs (b) and (c). When the family or the provider is in compliance
302.8 with a repayment agreement, the party in compliance is eligible to receive child care
302.9 assistance or to care for children receiving child care assistance despite the other party's
302.10 noncompliance with repayment arrangements.

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

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

302.13 Subdivision 1. **Subsidy restrictions.** (a) The maximum rate paid for child care assistance
302.14 in any county or county price cluster under the child care fund shall be the greater of the
302.15 25th percentile of the ~~2018~~ 2021 child care provider rate survey or the rates in effect at the
302.16 time of the update. For a child care provider located within the boundaries of a city located
302.17 in two or more of the counties of Benton, Sherburne, and Stearns, the maximum rate paid
302.18 for child care assistance shall be equal to the maximum rate paid in the county with the
302.19 highest maximum reimbursement rates or the provider's charge, whichever is less. The
302.20 commissioner may: (1) assign a county with no reported provider prices to a similar price
302.21 cluster; and (2) consider county level access when determining final price clusters.

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

302.24 (c) The department shall monitor the effect of this paragraph on provider rates. The
302.25 county shall pay the provider's full charges for every child in care up to the maximum
302.26 established. The commissioner shall determine the maximum rate for each type of care on
302.27 an hourly, full-day, and weekly basis, including special needs and disability care.

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

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

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

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

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

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

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

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

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

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

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

303.22 Subd. 6. **Provider payments.** (a) A provider shall bill only for services documented
303.23 according to section 119B.125, subdivision 6. The provider shall bill for services provided
303.24 within ten days of the end of the service period. Payments under the child care fund shall
303.25 be made within 21 days of receiving a complete bill from the provider. Counties or the state
303.26 may establish policies that make payments on a more frequent basis.

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

304.1 Any bill submitted more than a year after the last date of service on the bill must not be
304.2 paid.

304.3 (c) If a provider provided care for a time period without receiving an authorization of
304.4 care and a billing form for an eligible family, payment of child care assistance may only be
304.5 made retroactively for a maximum of ~~six~~ three months from the date the provider is issued
304.6 an authorization of care and billing form. For a family at application, if a provider provided
304.7 child care during a time period without receiving an authorization of care and a billing form,
304.8 a county may only make child care assistance payments to the provider retroactively from
304.9 the date that child care began, or from the date that the family's eligibility began under
304.10 section 119B.09, subdivision 7, or from the date that the family meets authorization
304.11 requirements, not to exceed six months from the date that the provider is issued an
304.12 authorization of care and billing form, whichever is later.

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

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

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

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

304.24 (4) the provider is operating after:

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

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

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

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

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

305.1 (7) the provider fails to report decreases in a child's attendance as required under section
305.2 119B.125, subdivision 9.

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

305.6 (f) A county's payment policies must be included in the county's child care plan under
305.7 section 119B.08, subdivision 3. If payments are made by the state, in addition to being in
305.8 compliance with this subdivision, the payments must be made in compliance with section
305.9 16A.124.

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

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

305.17 Sec. 4. Minnesota Statutes 2020, section 245E.07, subdivision 1, is amended to read:

305.18 Subdivision 1. **Grounds for and methods of monetary recovery.** (a) The department
305.19 may obtain monetary recovery from a provider who has been improperly paid by the child
305.20 care assistance program, regardless of whether the error was intentional ~~or county error~~.
305.21 Overpayments designated solely as agency error, and not the result of acts or omissions on
305.22 the part of a provider or recipient, must not be established or collected. The department
305.23 does not need to establish a pattern as a precondition of monetary recovery of erroneous or
305.24 false billing claims, duplicate billing claims, or billing claims based on false statements or
305.25 financial misconduct.

305.26 (b) The department shall obtain monetary recovery from providers by the following
305.27 means:

305.28 (1) permitting voluntary repayment of money, either in lump-sum payment or installment
305.29 payments;

305.30 (2) using any legal collection process;

305.31 (3) deducting or withholding program payments; or

305.32 (4) utilizing the means set forth in chapter 16D.

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

306.2 Sec. 5. **CHILD CARE AND DEVELOPMENT BLOCK GRANT ALLOCATION;**
306.3 **BASIC SLIDING FEE CHILD CARE ASSISTANCE PROGRAM.**

306.4 The commissioner of human services shall allocate \$14,574,000 in fiscal year 2022,
306.5 \$14,574,000 in fiscal year 2023, and \$14,574,000 in fiscal year 2024 from the amount
306.6 Minnesota received under the American Rescue Plan Act, Public Law 117-2, section 2201,
306.7 for the child care and development block grant, for the basic sliding fee child care assistance
306.8 program under Minnesota Statutes, section 119B.03. This is a onetime allocation.

306.9 **ARTICLE 11**

306.10 **CHILD PROTECTION**

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

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

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

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

307.2 Subdivision 1. **Availability of residential treatment services.** County boards must
307.3 provide or contract for enough residential treatment services to meet the needs of each child
307.4 with severe emotional disturbance residing in the county and needing this level of care.
307.5 Length of stay is based on the child's residential treatment need and shall be ~~subject to the~~
307.6 ~~six-month review process established in section 260C.203, and for children in voluntary~~
307.7 ~~placement for treatment, the court review process in section 260D.06~~ reviewed every 90
307.8 days. Services must be appropriate to the child's age and treatment needs and must be made
307.9 available as close to the county as possible. Residential treatment must be designed to:

307.10 (1) help the child improve family living and social interaction skills;

307.11 (2) help the child gain the necessary skills to return to the community;

307.12 (3) stabilize crisis admissions; and

307.13 (4) work with families throughout the placement to improve the ability of the families
307.14 to care for children with severe emotional disturbance in the home.

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

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

307.17 Subdivision 1. **Admission criteria.** (a) Prior to admission or placement, except in the
307.18 case of an emergency, all children referred for treatment of severe emotional disturbance
307.19 in a ~~treatment foster care setting~~, residential treatment facility, or informally admitted to a
307.20 regional treatment center shall undergo an assessment to determine the appropriate level of
307.21 care if public county funds are used to pay for the child's services.

307.22 (b) The ~~responsible social services agency~~ county board shall determine the appropriate
307.23 level of care for a child when county-controlled funds are used to pay for the child's ~~services~~
307.24 ~~or placement~~ residential treatment under this chapter, including residential treatment provided
307.25 in a qualified residential treatment facility under chapter 260C and licensed by the
307.26 ~~commissioner under chapter 245A. In accordance with section 260C.157, a juvenile treatment~~
307.27 ~~screening team shall conduct a screening before the team may recommend whether to place~~
307.28 ~~a child in a qualified residential treatment program as defined in section 260C.007,~~
307.29 subdivision 26d. When a ~~social services agency~~ county board does not have responsibility
307.30 for a child's placement and the child is enrolled in a prepaid health program under section
307.31 256B.69, the enrolled child's contracted health plan must determine the appropriate level
307.32 of care for the child. When Indian Health Services funds or funds of a tribally owned facility
307.33 funded under the Indian Self-Determination and Education Assistance Act, Public Law

308.1 93-638, are to be used for a child, the Indian Health Services or 638 tribal health facility
308.2 must determine the appropriate level of care for the child. When more than one entity bears
308.3 responsibility for a child's coverage, the entities shall coordinate level of care determination
308.4 activities for the child to the extent possible.

308.5 (c) ~~The responsible social services agency must make the level of care determination~~
308.6 ~~available to the juvenile treatment screening team, as permitted under chapter 13. The level~~
308.7 ~~of care determination shall inform the juvenile treatment screening team process and the~~
308.8 ~~assessment in section 260C.704 when considering whether to place the child in a qualified~~
308.9 ~~residential treatment program. When the responsible social services agency is not involved~~
308.10 ~~in determining a child's placement, the child's level of care determination shall determine~~
308.11 whether the proposed treatment:

308.12 (1) is necessary;

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

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

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

308.17 (d) When a level of care determination is conducted, the ~~responsible social services~~
308.18 ~~agency~~ county board or other entity may not determine that a screening ~~under section~~
308.19 ~~260C.157 or~~₂ referral₂ or admission to a treatment foster care setting or residential treatment
308.20 facility is not appropriate solely because services were not first provided to the child in a
308.21 less restrictive setting and the child failed to make progress toward or meet treatment goals
308.22 in the less restrictive setting. The level of care determination must be based on a diagnostic
308.23 assessment ~~that includes a functional assessment~~ of a child which evaluates the child's
308.24 family, school, and community living situations; and an assessment of the child's need for
308.25 care out of the home using a validated tool which assesses a child's functional status and
308.26 assigns an appropriate level of care to the child. The validated tool must be approved by
308.27 the commissioner of human services. If a diagnostic assessment ~~including a functional~~
308.28 ~~assessment~~ has been completed by a mental health professional within the past 180 days, a
308.29 new diagnostic assessment need not be completed unless in the opinion of the current treating
308.30 mental health professional the child's mental health status has changed markedly since the
308.31 assessment was completed. The child's parent shall be notified if an assessment will not be
308.32 completed and of the reasons. A copy of the notice shall be placed in the child's file.
308.33 Recommendations developed as part of the level of care determination process shall include
308.34 specific community services needed by the child and, if appropriate, the child's family, and

309.1 shall indicate whether ~~or not~~ these services are available and accessible to the child and the
 309.2 child's family. The child and the child's family must be invited to any meeting at which the
 309.3 level of care determination is discussed and decisions regarding residential treatment are
 309.4 made. The child and the child's family may invite other relatives, friends, or advocates to
 309.5 attend these meetings.

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

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

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

309.17 (g) Discharge planning for the child to return to the community must include identification
 309.18 of and referrals to appropriate home and community supports to meet the needs of the child
 309.19 and family. Discharge planning must begin within 30 days after the child enters residential
 309.20 treatment and be updated every 60 days.

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

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

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

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

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

310.3 Subd. 4a. **Children's residential facility.** "Children's residential facility" means a
310.4 residential program licensed under this chapter or chapter 241 according to the applicable
310.5 standards in Minnesota Rules, parts 2960.0010 to 2960.0710.

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

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

310.9 Subd. 6d. **Foster family setting.** "Foster family setting" has the meaning given in
310.10 Minnesota Rules, part 2960.3010, subpart 23, and includes settings licensed by the
310.11 commissioner of human services or the commissioner of corrections.

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

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

310.15 Subd. 6e. **Foster residence setting.** "Foster residence setting" has the meaning given
310.16 in Minnesota Rules, part 2960.3010, subpart 26, and includes settings licensed by the
310.17 commissioner of human services or the commissioner of corrections.

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

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

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

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

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

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

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

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

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

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

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

311.15 Subd. 5. **First date of working in a facility or setting; documentation**
311.16 **requirements.** Children's residential facility and foster residence setting license holders
311.17 must document the first date that a person who is a background study subject begins working
311.18 in the license holder's facility or setting. If the license holder does not maintain documentation
311.19 of each background study subject's first date of working in the facility or setting in the
311.20 license holder's personnel files, the license holder must provide documentation to the
311.21 commissioner that contains the first date that each background study subject began working
311.22 in the license holder's program upon the commissioner's request.

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

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

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

311.29 (1) a qualified residential treatment program;

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

312.4 (3) a residential setting specializing in providing prenatal, postpartum, or parenting
312.5 support for youth; or

312.6 (4) a supervised independent living setting for youth who are 18 years of age or older.

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

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

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

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

312.19 **Subd. 2. Program certification types and requests for certification.** (a) By July 1,
312.20 2021, the commissioner of human services must offer certifications to license holders for
312.21 the following types of programs:

312.22 (1) qualified residential treatment programs;

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

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

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

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

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

313.5 (b) For the purposes of this section, "trauma-informed care" means care that:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

314.13 (2) avoids aspects that may be retraumatizing;

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

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

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

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

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

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

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

314.27 (5) if the program is certified to use restrictive procedures under Minnesota Rules, part
314.28 2960.0710, describe how the program uses restrictive procedures only when necessary for
314.29 a youth in a manner that addresses the youth's history of trauma and avoids causing the
314.30 youth additional trauma.

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

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

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

315.8 **Subd. 4. Qualified residential treatment programs; certification requirements. (a)**

315.9 To be certified as a qualified residential treatment program, a license holder must meet:

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

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

315.14 (3) the requirements of this subdivision.

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

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

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

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

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

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

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

316.4 (2) the Joint Commission;

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

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

316.8 (f) The license holder must facilitate participation of a youth's family members in the
316.9 youth's treatment program, consistent with the youth's best interests and according to the
316.10 youth's out-of-home placement plan required by sections 260C.212, subdivision 1; and
316.11 260C.708.

316.12 (g) The license holder must contact and facilitate outreach to each youth's family
316.13 members, including the youth's siblings, and must document outreach to the youth's family
316.14 members in the youth's file, including the contact method and each family member's contact
316.15 information. In the youth's file, the license holder must record and maintain the contact
316.16 information for all known biological family members and fictive kin of the youth.

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

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

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

316.29 **Subd. 5. Residential settings specializing in providing care and supportive services**
316.30 **for youth who have been or are at risk of becoming victims of sex trafficking or**
316.31 **commercial sexual exploitation; certification requirements.** (a) To be certified as a
316.32 residential setting specializing in providing care and supportive services for youth who have

317.1 been or are at risk of becoming victims of sex trafficking or commercial sexual exploitation,
317.2 a license holder must meet the requirements of this subdivision.

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

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

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

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

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

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

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

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

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

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

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

317.31 Subd. 6. Residential settings specializing in providing prenatal, postpartum, or
317.32 parenting supports for youth; certification requirements. (a) To be certified as a

318.1 residential setting specializing in providing prenatal, postpartum, or parenting supports for
318.2 youth, a license holder must meet the requirements of this subdivision.

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

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

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

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

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

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

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

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

318.21 (1) instruction that: (i) a child or infant should never be left unattended around water;

318.22 (ii) a tub should be filled with only two to four inches of water for infants; and (iii) an infant
318.23 should never be put into a tub when the water is running; and

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

318.27 The license holder must document the parent's receipt of the education and keep the
318.28 documentation in the parent's file. The documentation must indicate whether the parent
318.29 agrees to comply with the safeguards described in this paragraph. If the parent refuses to
318.30 comply, program staff must provide additional education to the parent as described in the
318.31 parental supervision plan. The parental supervision plan must include the intervention,

319.1 frequency, and staff responsible for the duration of the parent's participation in the program
319.2 or until the parent agrees to comply with the safeguards described in this paragraph.

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

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

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

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

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

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

319.13 (g) If the parent refuses to comply with the safeguards described in paragraph (d) or is
319.14 unable to adequately care for the child, the license holder must develop a parental supervision
319.15 plan in conjunction with the parent. The plan must account for any factors in paragraph (e)
319.16 that contribute to the parent's inability to adequately care for the child. The plan must be
319.17 dated and signed by the staff person who completed the plan.

319.18 (h) The license holder must have written procedures addressing whether the program
319.19 permits a parent to arrange for supervision of the parent's child by another youth in the
319.20 program. If permitted, the facility must have a procedure that requires staff approval of the
319.21 supervision arrangement before the supervision by the nonparental youth occurs. The
319.22 procedure for approval must include an assessment of the nonparental youth's capacity to
319.23 assume the supervisory responsibilities using the criteria in paragraph (e). The license holder
319.24 must document the license holder's approval of the supervisory arrangement and the
319.25 assessment of the nonparental youth's capacity to supervise the child and must keep this
319.26 documentation in the file of the parent whose child is being supervised by the nonparental
319.27 youth.

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

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

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

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

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

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

320.10 Subd. 8. **Monitoring and inspections.** (a) For a program licensed by the commissioner
320.11 of human services, the commissioner of human services may review a program's compliance
320.12 with certification requirements by conducting an inspection, a licensing review, or an
320.13 investigation of the program. The commissioner may issue a correction order to the license
320.14 holder for a program's noncompliance with the certification requirements of this section.
320.15 For a program licensed by the commissioner of human services, a license holder must make
320.16 a request for reconsideration of a correction order according to section 245A.06, subdivision
320.17 2.

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

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

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

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

320.26 (c) For a program licensed by the commissioner of corrections, if a license holder believes
320.27 that there are errors in the correction order of the commissioner of human services, the
320.28 license holder may ask the Department of Human Services to reconsider the parts of the
320.29 correction order that the license holder alleges are in error. To submit a request for
320.30 reconsideration, the license holder must send a written request for reconsideration by United
320.31 States mail to the commissioner of human services. The request for reconsideration must
320.32 be postmarked within 20 calendar days of the date that the correction order was received
320.33 by the license holder and must:

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

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

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

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

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

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

321.12 (b) The license holder may request reconsideration of a decertification by notifying the
321.13 commissioner of human services by certified mail or personal service. The license holder
321.14 must request reconsideration of a decertification in writing. If the license holder sends the
321.15 request for reconsideration of a decertification by certified mail, the license holder must
321.16 send the request by United States mail to the commissioner of human services and the
321.17 request must be postmarked within 20 calendar days after the license holder received the
321.18 notice of decertification. If the license holder requests reconsideration of a decertification
321.19 by personal service, the request for reconsideration must be received by the commissioner
321.20 of human services within 20 calendar days after the license holder received the notice of
321.21 decertification. When submitting a request for reconsideration of a decertification, the license
321.22 holder must submit a written argument or evidence in support of the request for
321.23 reconsideration.

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

321.26 Subd. 10. **Variances.** The commissioner of human services may grant variances to the
321.27 requirements in this section that do not affect a youth's health or safety or compliance with
321.28 federal requirements for Title IV-E funding if the conditions in section 245A.04, subdivision
321.29 9, are met.

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

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

322.2 Subd. 14b. **American Indian child welfare projects.** (a) The commissioner of human
322.3 services may authorize projects to initiate tribal delivery of child welfare services to American
322.4 Indian children and their parents and custodians living on the reservation. The commissioner
322.5 has authority to solicit and determine which tribes may participate in a project. Grants may
322.6 be issued to Minnesota Indian tribes to support the projects. The commissioner may waive
322.7 existing state rules as needed to accomplish the projects. The commissioner may authorize
322.8 projects to use alternative methods of (1) screening, investigating, and assessing reports of
322.9 child maltreatment, and (2) administrative reconsideration, administrative appeal, and
322.10 judicial appeal of maltreatment determinations, provided the alternative methods used by
322.11 the projects comply with the provisions of section 256.045 and chapter 260E that deal with
322.12 the rights of individuals who are the subjects of reports or investigations, including notice
322.13 and appeal rights and data practices requirements. The commissioner shall only authorize
322.14 alternative methods that comply with the public policy under section 260E.01. The
322.15 commissioner may seek any federal approval necessary to carry out the projects as well as
322.16 seek and use any funds available to the commissioner, including use of federal funds,
322.17 foundation funds, existing grant funds, and other funds. The commissioner is authorized to
322.18 advance state funds as necessary to operate the projects. Federal reimbursement applicable
322.19 to the projects is appropriated to the commissioner for the purposes of the projects. The
322.20 projects must be required to address responsibility for safety, permanency, and well-being
322.21 of children.

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

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

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

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

322.28 (3) have a substantial number of children for whom determinations of maltreatment have
322.29 occurred;

322.30 (4)(i) have capacity to respond to reports of abuse and neglect under chapter 260E; or

322.31 (ii) have codified the tribe's screening, investigation, and assessment of reports of child
322.32 maltreatment procedures, if authorized to use an alternative method by the commissioner
322.33 under paragraph (a);

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

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

323.3 (7) enter into host Tribal contracts pursuant to section 256.0112, subdivision 6.

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

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

323.8 (2) family preservation;

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

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

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

323.14 (e) When a tribe has initiated a project and has been approved by the commissioner to
323.15 assume child welfare responsibilities for American Indian children of that tribe under this
323.16 section, the affected county social service agency is relieved of responsibility for responding
323.17 to reports of abuse and neglect under chapter 260E for those children during the time within
323.18 which the tribal project is in effect and funded. The commissioner shall work with tribes
323.19 and affected counties to develop procedures for data collection, evaluation, and clarification
323.20 of ongoing role and financial responsibilities of the county and tribe for child welfare services
323.21 prior to initiation of the project. Children who have not been identified by the tribe as
323.22 participating in the project shall remain the responsibility of the county. Nothing in this
323.23 section shall alter responsibilities of the county for law enforcement or court services.

323.24 (f) Participating tribes may conduct children's mental health screenings under section
323.25 245.4874, subdivision 1, paragraph (a), clause (12), for children who are eligible for the
323.26 initiative and living on the reservation and who meet one of the following criteria:

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

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

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

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

324.4 (g) Participating tribes may establish a local child mortality review panel. In establishing
324.5 a local child mortality review panel, the tribe agrees to conduct local child mortality reviews
324.6 for child deaths or near-fatalities occurring on the reservation under subdivision 12. Tribes
324.7 with established child mortality review panels shall have access to nonpublic data and shall
324.8 protect nonpublic data under subdivision 12, paragraphs (c) to (e). The tribe shall provide
324.9 written notice to the commissioner and affected counties when a local child mortality review
324.10 panel has been established and shall provide data upon request of the commissioner for
324.11 purposes of sharing nonpublic data with members of the state child mortality review panel
324.12 in connection to an individual case.

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

324.17 (i) In consultation with the White Earth Band, the commissioner shall develop and submit
324.18 to the chairs and ranking minority members of the legislative committees with jurisdiction
324.19 over health and human services a plan to transfer legal responsibility for providing child
324.20 protective services to White Earth Band member children residing in Hennepin County to
324.21 the White Earth Band. The plan shall include a financing proposal, definitions of key terms,
324.22 statutory amendments required, and other provisions required to implement the plan. The
324.23 commissioner shall submit the plan by January 15, 2012.

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

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

324.26 Subd. 6. **Contracting within and across county lines; lead county contracts; lead**
324.27 **Tribal contracts.** Paragraphs (a) to (e) govern contracting within and across county lines
324.28 and lead county contracts. Paragraphs (a) to (e) govern contracting within and across
324.29 reservation boundaries and lead Tribal contracts for initiative tribes under section 256.01,
324.30 subdivision 14b. For purposes of this subdivision, "local agency" includes a tribe or a county
324.31 agency.

324.32 (a) Once a local agency and an approved vendor execute a contract that meets the
324.33 requirements of this subdivision, the contract governs all other purchases of service from

325.1 the vendor by all other local agencies for the term of the contract. The local agency that
325.2 negotiated and entered into the contract becomes the lead tribe or county for the contract.

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

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

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

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

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

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

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

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

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

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

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

326.8 (b) When the Indian Child Welfare Act of 1978, United States Code, title 25, sections
 326.9 1901 to 1963, applies to a child, the county must contact the child's tribe without delay to
 326.10 give the tribe the option to designate a qualified individual who is a trained culturally
 326.11 competent professional or licensed clinician, including a mental health professional under
 326.12 section 245.4871, subdivision 27, who is not employed by the responsible social services
 326.13 agency and who is not connected to or affiliated with any placement setting in which a
 326.14 responsible social services agency has placed children. Only a federal waiver that
 326.15 demonstrates maintained objectivity may allow a responsible social services agency employee
 326.16 or Tribal employee affiliated with any placement setting in which the responsible social
 326.17 services agency has placed children to be designated the qualified individual.

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

326.19 Subd. 31. **Sexually exploited youth.** "Sexually exploited youth" means an individual
 326.20 who:

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

326.24 (2) is a victim of a crime described in section 609.342, 609.343, 609.344, 609.345,
 326.25 609.3451, 609.3453, 609.352, 617.246, or 617.247;

326.26 (3) is a victim of a crime described in United States Code, title 18, section 2260; 2421;
 326.27 2422; 2423; 2425; 2425A; or 2256; ~~or~~

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

326.29 (5) is a victim of commercial sexual exploitation as defined in United States Code, title
 326.30 22, section 7102(11)(A) and (12).

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

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

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

327.16 (b) The responsible social services agency shall conduct screenings within 15 days of a
 327.17 request for a screening, unless the screening is for the purpose of residential treatment and
 327.18 the child is enrolled in a prepaid health program under section 256B.69, in which case the
 327.19 agency shall conduct the screening within ten working days of a request. The responsible
 327.20 social services agency shall convene the juvenile treatment screening team, which may be
 327.21 constituted under section 245.4885 or 256B.092 or Minnesota Rules, parts 9530.6600 to
 327.22 9530.6655. The team shall consist of social workers; persons with expertise in the treatment
 327.23 of juveniles who are emotionally ~~disabled~~ disturbed, chemically dependent, or have a
 327.24 developmental disability; and the child's parent, guardian, or permanent legal custodian.
 327.25 The team may include the child's relatives as defined in section 260C.007, subdivisions 26b
 327.26 and 27, the child's foster care provider, and professionals who are a resource to the child's
 327.27 family such as teachers, medical or mental health providers, and clergy, as appropriate,
 327.28 consistent with the family and permanency team as defined in section 260C.007, subdivision
 327.29 16a. Prior to forming the team, the responsible social services agency must consult with the
 327.30 child's parents, the child if the child is age 14 or older, ~~the child's parents~~, and, if applicable,
 327.31 the child's tribe to obtain recommendations regarding which individuals to include on the
 327.32 team and to ensure that the team is family-centered and will act in the child's best interest
 327.33 interests. If the child, child's parents, or legal guardians raise concerns about specific relatives
 327.34 or professionals, the team should not include those individuals. This provision does not
 327.35 apply to paragraph (c).

328.1 (c) If the agency provides notice to tribes under section 260.761, and the child screened
328.2 is an Indian child, the responsible social services agency must make a rigorous and concerted
328.3 effort to include a designated representative of the Indian child's tribe on the juvenile
328.4 treatment screening team, unless the child's tribal authority declines to appoint a
328.5 representative. The Indian child's tribe may delegate its authority to represent the child to
328.6 any other federally recognized Indian tribe, as defined in section 260.755, subdivision 12.
328.7 The provisions of the Indian Child Welfare Act of 1978, United States Code, title 25, sections
328.8 1901 to 1963, and the Minnesota Indian Family Preservation Act, sections 260.751 to
328.9 260.835, apply to this section.

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

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

328.18 (e) When the responsible social services agency is responsible for placing and caring
328.19 for the child and the screening team recommends placing a child in a qualified residential
328.20 treatment program as defined in section 260C.007, subdivision 26d, the agency must: (1)
328.21 begin the assessment and processes required in section 260C.704 without delay; and (2)
328.22 conduct a relative search according to section 260C.221 to assemble the child's family and
328.23 permanency team under section 260C.706. Prior to notifying relatives regarding the family
328.24 and permanency team, the responsible social services agency must consult with the child's
328.25 parents and the child if the child is age 14 or older, ~~the child's parents~~ and, if applicable, the
328.26 child's tribe to ensure that the agency is providing notice to individuals who will act in the
328.27 child's best ~~interest~~ interests. The child and the child's parents may identify a culturally
328.28 competent qualified individual to complete the child's assessment. The agency shall make
328.29 efforts to refer the assessment to the identified qualified individual. The assessment may
328.30 not be delayed for the purpose of having the assessment completed by a specific qualified
328.31 individual.

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

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

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

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

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

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

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

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

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

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

329.23 (c) ~~Except in proceedings where the sole basis for the petition is habitual truancy, if the~~
 329.24 ~~parent, guardian, or custodian desires counsel but is unable to employ it, the court shall~~
 329.25 ~~appoint counsel to represent the parent, guardian, or custodian in any case in which it feels~~
 329.26 ~~that such an appointment is appropriate if the person would be financially unable to obtain~~
 329.27 ~~counsel under the guidelines set forth in section 611.17. In all child protection proceedings~~
 329.28 ~~where a child risks removal from the care of the child's parent, guardian, or custodian,~~
 329.29 ~~including a child in need of protection or services petition, an action pursuing removal of~~
 329.30 ~~a child from the child's home, a termination of parental rights petition, or a petition for~~
 329.31 ~~permanent out-of-home placement, if the parent, guardian, or custodian desires counsel and~~
 329.32 ~~is eligible for counsel under section 611.17, the court shall appoint counsel to represent~~
 329.33 ~~each parent, guardian, or custodian prior to the first hearing on the petition and at all stages~~

330.1 of the proceedings. Court appointed counsel shall be at county expense as outlined in
330.2 paragraph (h).

330.3 (d) In any proceeding where the subject of a petition for a child in need of protection or
330.4 services is ten years of age or older, the responsible social services agency shall, within 14
330.5 days after filing the petition or at the emergency removal hearing under section 260C.178,
330.6 subdivision 1, if the child is present, fully and effectively inform the child of the child's
330.7 right to be represented by appointed counsel upon request and shall notify the court as to
330.8 whether the child desired counsel. Information provided to the child shall include, at a
330.9 minimum, the fact that counsel will be provided without charge to the child, that the child's
330.10 communications with counsel are confidential, and that the child has the right to participate
330.11 in all proceedings on a petition, including the opportunity to personally attend all hearings.
330.12 The responsible social services agency shall also, within 14 days of the child's tenth birthday,
330.13 fully and effectively inform the child of the child's right to be represented by counsel if the
330.14 child reaches the age of ten years while the child is the subject of a petition for a child in
330.15 need of protection or services or is a child under the guardianship of the commissioner.

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

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

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

330.27 (h) Court-appointed counsel for the parent, guardian, or custodian under this subdivision
330.28 is at county expense. If the county has contracted with counsel ~~meeting qualifications under~~
330.29 ~~paragraph (i)~~, the court shall appoint the counsel retained by the county, unless a conflict
330.30 of interest exists. If a conflict exists, after consulting with the chief judge of the judicial
330.31 district or the judge's designee, the county shall contract with competent counsel to provide
330.32 the necessary representation. The court may appoint only one counsel at public expense for
330.33 the first court hearing to represent the interests of the parents, guardians, and custodians,
330.34 unless, at any time during the proceedings upon petition of a party, the court determines

331.1 and makes written findings on the record that extraordinary circumstances exist that require
331.2 counsel to be appointed to represent a separate interest of other parents, guardians, or
331.3 custodians subject to the jurisdiction of the juvenile court.

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

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

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

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

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

331.19 (2) when the agency places a child in a qualified residential treatment program as defined
331.20 in section 260C.007, subdivision 26d, or moves a child from one qualified residential
331.21 treatment program to a different qualified residential treatment program, the agency must
331.22 update the child's out-of-home placement plan within 60 days. To meet the requirements
331.23 of section 260C.708, the agency must file the child's out-of-home placement plan ~~with the~~
331.24 ~~court as part of the 60-day hearing and~~ along with the agency's report seeking the court's
331.25 approval of the child's placement at a qualified residential treatment program under section
331.26 260C.71. After the court issues an order, the agency must update the child's out-of-home
331.27 placement plan after the court hearing to document the court's approval or disapproval of
331.28 the child's placement in a qualified residential treatment program;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

333.3 **260C.4412 PAYMENT FOR RESIDENTIAL PLACEMENTS.**

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

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

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

333.17 (i) qualified residential treatment programs as defined in section 260C.007, subdivision
333.18 26d;

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

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

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

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

333.27 (c) A lead contract under section 256.0112, subdivision 6, is not required to establish
333.28 the foster care maintenance payment in paragraph (a) for foster residence settings licensed
333.29 under chapter 245A that meet the standards of Minnesota Rules, parts 2960.3200 to
333.30 2960.3230. The foster care maintenance payment for these settings must be consistent with
333.31 section 256N.26, subdivision 3, and subject to the annual revision as specified in section
333.32 256N.26, subdivision 9.

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

334.2 **260C.452 SUCCESSFUL TRANSITION TO ADULTHOOD.**

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

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

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

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

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

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

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

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

334.17 (c) The purpose of this section is to provide support to a youth who is transitioning to
334.18 adulthood by providing services to the youth concerning:

334.19 (1) education;

334.20 (2) employment;

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

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

334.25 (5) engaging in age-appropriate and developmentally appropriate activities under section
334.26 260C.212, subdivision 14, and positive youth development;

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

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

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

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

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

335.15 ~~Subd. 3. **Notification.** Six months before the child is expected to be discharged from~~
335.16 ~~foster care, the responsible social services agency shall provide written notice to the child~~
335.17 ~~regarding the right to continued access to services for certain children in foster care past 18~~
335.18 ~~years of age and of the right to appeal a denial of social services under section 256.045.~~

335.19 Subd. 4. **Administrative or court review of placements.** (a) When the ~~child~~ youth is
335.20 14 years of age or older, the court, in consultation with the ~~child~~ youth, shall review the
335.21 youth's independent living plan according to section 260C.203, paragraph (d).

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

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

336.1 (d) For a ~~child~~ youth who will be discharged from foster care at 18 years of age or older
 336.2 because the youth is not eligible for extended foster care benefits or chooses to leave foster
 336.3 care, the responsible social services agency must develop a personalized transition plan as
 336.4 directed by the ~~child~~ youth during the ~~90-day~~ 180-day period immediately prior to the
 336.5 expected date of discharge. The transition plan must be as detailed as the ~~child~~ youth elects
 336.6 and include specific options, including but not limited to:

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

336.8 (2) health insurance, including eligibility for medical assistance as defined in section
 336.9 256B.055, subdivision 17;

336.10 (3) education, including application to the Education and Training Voucher Program;

336.11 (4) local opportunities for mentors and continuing support services, ~~including the Healthy~~
 336.12 ~~Transitions and Homeless Prevention program, if available;~~

336.13 (5) workforce supports and employment services;

336.14 (6) a copy of the ~~child's~~ youth's consumer credit report as defined in section 13C.001
 336.15 and assistance in interpreting and resolving any inaccuracies in the report, at no cost to the
 336.16 ~~child~~ youth;

336.17 (7) information on executing a health care directive under chapter 145C and on the
 336.18 importance of designating another individual to make health care decisions on behalf of the
 336.19 ~~child~~ youth if the ~~child~~ youth becomes unable to participate in decisions;

336.20 (8) appropriate contact information through 21 years of age if the ~~child~~ youth needs
 336.21 information or help dealing with a crisis situation; and

336.22 (9) official documentation that the youth was previously in foster care.

336.23 Subd. 5. **Notice of termination of foster care social services.** (a) ~~When~~ Before a ~~child~~
 336.24 youth who is 18 years of age or older leaves foster care at ~~18 years of age or older~~, the
 336.25 responsible social services agency shall give the ~~child~~ youth written notice that foster care
 336.26 shall terminate 30 days from the date that the notice is sent by the agency according to
 336.27 section 260C.451, subdivision 8.

336.28 ~~(b) The child or the child's guardian ad litem may file a motion asking the court to review~~
 336.29 ~~the responsible social services agency's determination within 15 days of receiving the notice.~~
 336.30 ~~The child shall not be discharged from foster care until the motion is heard. The responsible~~
 336.31 ~~social services agency shall work with the child to transition out of foster care.~~

337.1 ~~(e) The written notice of termination of benefits shall be on a form prescribed by the~~
 337.2 ~~commissioner and shall give notice of the right to have the responsible social services~~
 337.3 ~~agency's determination reviewed by the court under this section or sections 260C.203,~~
 337.4 ~~260C.317, and 260C.515, subdivision 5 or 6. A copy of the termination notice shall be sent~~
 337.5 ~~to the child and the child's attorney, if any, the foster care provider, the child's guardian ad~~
 337.6 ~~litem, and the court. The responsible social services agency is not responsible for paying~~
 337.7 ~~foster care benefits for any period of time after the child leaves foster care.~~

337.8 (b) Before case management services will end for a youth who is at least 18 years of
 337.9 age and under 23 years of age, the responsible social services agency shall give the youth:
 337.10 (1) written notice that case management services for the youth shall terminate; and (2)
 337.11 written notice that the youth has the right to appeal the termination of case management
 337.12 services under section 256.045, subdivision 3, by responding in writing within ten days of
 337.13 the date that the agency mailed the notice. The termination notice must include information
 337.14 about services for which the youth is eligible and how to access the services.

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

337.16 Sec. 23. Minnesota Statutes 2020, section 260C.704, is amended to read:

337.17 **260C.704 REQUIREMENTS FOR THE QUALIFIED INDIVIDUAL'S**
 337.18 **ASSESSMENT OF THE CHILD FOR PLACEMENT IN A QUALIFIED**
 337.19 **RESIDENTIAL TREATMENT PROGRAM.**

337.20 (a) A qualified individual must complete an assessment of the child prior to ~~or within~~
 337.21 ~~30 days of~~ the child's placement in a qualified residential treatment program in a format
 337.22 approved by the commissioner of human services, ~~and unless, due to a crisis, the child must~~
 337.23 immediately be placed in a qualified residential treatment program. When a child must
 337.24 immediately be placed in a qualified residential treatment program without an assessment,
 337.25 the qualified individual must complete the child's assessment within 30 days of the child's
 337.26 placement. The qualified individual must:

337.27 (1) assess the child's needs and strengths, using an age-appropriate, evidence-based,
 337.28 validated, functional assessment approved by the commissioner of human services;

337.29 (2) determine whether the child's needs can be met by the child's family members or
 337.30 through placement in a family foster home; or, if not, determine which residential setting
 337.31 would provide the child with the most effective and appropriate level of care to the child
 337.32 in the least restrictive environment;

338.1 (3) develop a list of short- and long-term mental and behavioral health goals for the
338.2 child; and

338.3 (4) work with the child's family and permanency team using culturally competent
338.4 practices.

338.5 If a level of care determination was conducted under section 245.4885, that information
338.6 must be shared with the qualified individual and the juvenile treatment screening team.

338.7 (b) The child and the child's parents, when appropriate, may request that a specific
338.8 culturally competent qualified individual complete the child's assessment. The agency shall
338.9 make efforts to refer the child to the identified qualified individual to complete the
338.10 assessment. The assessment must not be delayed for a specific qualified individual to
338.11 complete the assessment.

338.12 (c) The qualified individual must provide the assessment, when complete, to the
338.13 responsible social services agency, ~~the child's parents or legal guardians, the guardian ad~~
338.14 ~~litem, and the court.~~ If the assessment recommends placement of the child in a qualified
338.15 residential treatment facility, the agency must distribute the assessment to the child's parent
338.16 or legal guardian and file the assessment with the court report as required in section 260C.71,
338.17 subdivision 2. If the assessment does not recommend placement in a qualified residential
338.18 treatment facility, the agency must provide a copy of the assessment to the parents or legal
338.19 guardians and the guardian ad litem and file the assessment determination with the court at
338.20 the next required hearing as required in section 260C.71, subdivision 5. If court rules and
338.21 chapter 13 permit disclosure of the results of the child's assessment, the agency may share
338.22 the results of the child's assessment with the child's foster care provider, other members of
338.23 the child's family, and the family and permanency team. The agency must not share the
338.24 child's private medical data with the family and permanency team unless: (1) chapter 13
338.25 permits the agency to disclose the child's private medical data to the family and permanency
338.26 team; or (2) the child's parent has authorized the agency to disclose the child's private medical
338.27 data to the family and permanency team.

338.28 (d) For an Indian child, the assessment of the child must follow the order of placement
338.29 preferences in the Indian Child Welfare Act of 1978, United States Code, title 25, section
338.30 1915.

338.31 (e) In the assessment determination, the qualified individual must specify in writing:

338.32 (1) the reasons why the child's needs cannot be met by the child's family or in a family
338.33 foster home. A shortage of family foster homes is not an acceptable reason for determining
338.34 that a family foster home cannot meet a child's needs;

339.1 (2) why the recommended placement in a qualified residential treatment program will
 339.2 provide the child with the most effective and appropriate level of care to meet the child's
 339.3 needs in the least restrictive environment possible and how placing the child at the treatment
 339.4 program is consistent with the short-term and long-term goals of the child's permanency
 339.5 plan; and

339.6 (3) if the qualified individual's placement recommendation is not the placement setting
 339.7 that the parent, family and permanency team, child, or tribe prefer, the qualified individual
 339.8 must identify the reasons why the qualified individual does not recommend the parent's,
 339.9 family and permanency team's, child's, or tribe's placement preferences. The out-of-home
 339.10 placement plan under section 260C.708 must also include reasons why the qualified
 339.11 individual did not recommend the preferences of the parents, family and permanency team,
 339.12 child, or tribe.

339.13 (f) If the qualified individual determines that the child's family or a family foster home
 339.14 or other less restrictive placement may meet the child's needs, the agency must move the
 339.15 child out of the qualified residential treatment program and transition the child to a less
 339.16 restrictive setting within 30 days of the determination. If the responsible social services
 339.17 agency has placement authority of the child, the agency must make a plan for the child's
 339.18 placement according to section 260C.212, subdivision 2. The agency must file the child's
 339.19 assessment determination with the court at the next required hearing.

339.20 (g) If the qualified individual recommends placing the child in a qualified residential
 339.21 treatment program and if the responsible social services agency has placement authority of
 339.22 the child, the agency shall make referrals to appropriate qualified residential treatment
 339.23 programs and, upon acceptance by an appropriate program, place the child in an approved
 339.24 or certified qualified residential treatment program.

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

339.26 Sec. 24. Minnesota Statutes 2020, section 260C.706, is amended to read:

339.27 **260C.706 FAMILY AND PERMANENCY TEAM REQUIREMENTS.**

339.28 (a) When the responsible social services agency's juvenile treatment screening team, as
 339.29 defined in section 260C.157, recommends placing the child in a qualified residential treatment
 339.30 program, the agency must assemble a family and permanency team within ten days.

339.31 (1) The team must include all appropriate biological family members, the child's parents,
 339.32 legal guardians or custodians, foster care providers, and relatives as defined in section

340.1 260C.007, subdivisions ~~26e~~ 26b and 27, and professionals, as appropriate, who are a resource
340.2 to the child's family, such as teachers, medical or mental health providers, or clergy.

340.3 (2) When a child is placed in foster care prior to the qualified residential treatment
340.4 program, the agency shall include relatives responding to the relative search notice as
340.5 required under section 260C.221 on this team, unless the juvenile court finds that contacting
340.6 a specific relative would ~~endanger~~ present a safety or health risk to the parent, guardian,
340.7 child, sibling, or any other family member.

340.8 (3) When a qualified residential treatment program is the child's initial placement setting,
340.9 the responsible social services agency must engage with the child and the child's parents to
340.10 determine the appropriate family and permanency team members.

340.11 (4) When the permanency goal is to reunify the child with the child's parent or legal
340.12 guardian, the purpose of the relative search and focus of the family and permanency team
340.13 is to preserve family relationships and identify and develop supports for the child and parents.

340.14 (5) The responsible agency must make a good faith effort to identify and assemble all
340.15 appropriate individuals to be part of the child's family and permanency team and request
340.16 input from the parents regarding relative search efforts consistent with section 260C.221.
340.17 The out-of-home placement plan in section 260C.708 must include all contact information
340.18 for the team members, as well as contact information for family members or relatives who
340.19 are not a part of the family and permanency team.

340.20 (6) If the child is age 14 or older, the team must include members of the family and
340.21 permanency team that the child selects in accordance with section 260C.212, subdivision
340.22 1, paragraph (b).

340.23 (7) Consistent with section 260C.221, a responsible social services agency may disclose
340.24 relevant and appropriate private data about the child to relatives in order for the relatives
340.25 to participate in caring and planning for the child's placement.

340.26 (8) If the child is an Indian child under section 260.751, the responsible social services
340.27 agency must make active efforts to include the child's tribal representative on the family
340.28 and permanency team.

340.29 (b) The family and permanency team shall meet regarding the assessment required under
340.30 section 260C.704 to determine whether it is necessary and appropriate to place the child in
340.31 a qualified residential treatment program and to participate in case planning under section
340.32 260C.708.

341.1 (c) When reunification of the child with the child's parent or legal guardian is the
 341.2 permanency plan, the family and permanency team shall support the parent-child relationship
 341.3 by recognizing the parent's legal authority, consulting with the parent regarding ongoing
 341.4 planning for the child, and assisting the parent with visiting and contacting the child.

341.5 (d) When the agency's permanency plan is to transfer the child's permanent legal and
 341.6 physical custody to a relative or for the child's adoption, the team shall:

341.7 (1) coordinate with the proposed guardian to provide the child with educational services,
 341.8 medical care, and dental care;

341.9 (2) coordinate with the proposed guardian, the agency, and the foster care facility to
 341.10 meet the child's treatment needs after the child is placed in a permanent placement with the
 341.11 proposed guardian;

341.12 (3) plan to meet the child's need for safety, stability, and connection with the child's
 341.13 family and community after the child is placed in a permanent placement with the proposed
 341.14 guardian; and

341.15 (4) in the case of an Indian child, communicate with the child's tribe to identify necessary
 341.16 and appropriate services for the child, transition planning for the child, the child's treatment
 341.17 needs, and how to maintain the child's connections to the child's community, family, and
 341.18 tribe.

341.19 (e) The agency shall invite the family and permanency team to participate in case planning
 341.20 and the agency shall give the team notice of court reviews under sections 260C.152 and
 341.21 260C.221 until: (1) the child is reunited with the child's parents; or (2) the child's foster care
 341.22 placement ends and the child is in a permanent placement.

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

341.24 Sec. 25. Minnesota Statutes 2020, section 260C.708, is amended to read:

341.25 **260C.708 OUT-OF-HOME PLACEMENT PLAN FOR QUALIFIED**
 341.26 **RESIDENTIAL TREATMENT PROGRAM PLACEMENTS.**

341.27 (a) When the responsible social services agency places a child in a qualified residential
 341.28 treatment program as defined in section 260C.007, subdivision 26d, the out-of-home
 341.29 placement plan must include:

341.30 (1) the case plan requirements in section ~~260.212, subdivision 1~~ 260C.212;

342.1 (2) the reasonable and good faith efforts of the responsible social services agency to
342.2 identify and include all of the individuals required to be on the child's family and permanency
342.3 team under section 260C.007;

342.4 (3) all contact information for members of the child's family and permanency team and
342.5 for other relatives who are not part of the family and permanency team;

342.6 (4) evidence that the agency scheduled meetings of the family and permanency team,
342.7 including meetings relating to the assessment required under section 260C.704, at a time
342.8 and place convenient for the family;

342.9 (5) evidence that the family and permanency team is involved in the assessment required
342.10 under section 260C.704 to determine the appropriateness of the child's placement in a
342.11 qualified residential treatment program;

342.12 (6) the family and permanency team's placement preferences for the child in the
342.13 assessment required under section 260C.704. When making a decision about the child's
342.14 placement preferences, the family and permanency team must recognize:

342.15 (i) that the agency should place a child with the child's siblings unless a court finds that
342.16 placing a child with the child's siblings is not possible due to a child's specialized placement
342.17 needs or is otherwise contrary to the child's best interests; and

342.18 (ii) that the agency should place an Indian child according to the requirements of the
342.19 Indian Child Welfare Act, the Minnesota Family Preservation Act under sections 260.751
342.20 to 260.835, and section 260C.193, subdivision 3, paragraph (g);

342.21 ~~(5)~~ (7) when reunification of the child with the child's parent or legal guardian is the
342.22 agency's goal, evidence demonstrating that the parent or legal guardian provided input about
342.23 the members of the family and permanency team under section 260C.706;

342.24 ~~(6)~~ (8) when the agency's permanency goal is to reunify the child with the child's parent
342.25 or legal guardian, the out-of-home placement plan must identify services and supports that
342.26 maintain the parent-child relationship and the parent's legal authority, decision-making, and
342.27 responsibility for ongoing planning for the child. In addition, the agency must assist the
342.28 parent with visiting and contacting the child;

342.29 ~~(7)~~ (9) when the agency's permanency goal is to transfer permanent legal and physical
342.30 custody of the child to a proposed guardian or to finalize the child's adoption, the case plan
342.31 must document the agency's steps to transfer permanent legal and physical custody of the
342.32 child or finalize adoption, as required in section 260C.212, subdivision 1, paragraph (c),
342.33 clauses (6) and (7); and

343.1 ~~(8)~~ (10) the qualified individual's recommendation regarding the child's placement in a
343.2 qualified residential treatment program and the court approval or disapproval of the placement
343.3 as required in section 260C.71.

343.4 (b) If the placement preferences of the family and permanency team, child, and tribe, if
343.5 applicable, are not consistent with the placement setting that the qualified individual
343.6 recommends, the case plan must include the reasons why the qualified individual did not
343.7 recommend following the preferences of the family and permanency team, child, and the
343.8 tribe.

343.9 (c) The agency must file the out-of-home placement plan with the court as part of the
343.10 60-day ~~hearing~~ court order under section 260C.71.

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

343.12 Sec. 26. Minnesota Statutes 2020, section 260C.71, is amended to read:

343.13 **260C.71 COURT APPROVAL REQUIREMENTS.**

343.14 Subdivision 1. **Judicial review.** When the responsible social services agency has legal
343.15 authority to place a child at a qualified residential treatment facility under section 260C.007,
343.16 subdivision 21a, and the child's assessment under section 260C.704 recommends placing
343.17 the child in a qualified residential treatment facility, the agency shall place the child at a
343.18 qualified residential facility. Within 60 days of placing the child at a qualified residential
343.19 treatment facility, the agency must obtain a court order finding that the child's placement
343.20 is appropriate and meets the child's individualized needs.

343.21 Subd. 2. **Qualified residential treatment program; agency report to court.** (a) The
343.22 responsible social services agency shall file a written report with the court after receiving
343.23 the qualified individual's assessment as specified in section 260C.704 prior to the child's
343.24 placement or within 35 days of the date of the child's placement in a qualified residential
343.25 treatment facility. The written report shall contain or have attached:

343.26 (1) the child's name, date of birth, race, gender, and current address;

343.27 (2) the names, races, dates of birth, residence, and post office address of the child's
343.28 parents or legal custodian, or guardian;

343.29 (3) the name and address of the qualified residential treatment program, including a
343.30 chief administrator of the facility;

343.31 (4) a statement of the facts that necessitated the child's foster care placement;

344.1 (5) the child's out-of-home placement plan under section 260C.212, subdivision 1,
344.2 including the requirements in section 260C.708;

344.3 (6) if the child is placed in an out-of-state qualified residential treatment program, the
344.4 compelling reasons why the child's needs cannot be met by an in-state placement;

344.5 (7) the qualified individual's assessment of the child under section 260C.704, paragraph
344.6 (c), in a format approved by the commissioner;

344.7 (8) if, at the time required for the report under this subdivision, the child's parent or legal
344.8 guardian, a child who is ten years of age or older, the family and permanency team, or a
344.9 tribe disagrees with the recommended qualified residential treatment program placement,
344.10 information regarding the disagreement and to the extent possible, the basis for the
344.11 disagreement in the report; and

344.12 (9) any other information that the responsible social services agency, child's parent, legal
344.13 custodian or guardian, child, or, in the case of an Indian child, tribe would like the court to
344.14 consider.

344.15 (b) The agency shall file the written report under paragraph (a) with the court and serve
344.16 on the parties a request for a hearing or a court order without a hearing.

344.17 (c) The agency must inform the child's parent or legal guardian and a child who is ten
344.18 years of age or older of the court review requirements of this section and the child and child's
344.19 parent's or legal guardian's right to submit information to the court:

344.20 (1) the agency must inform the child's parent or legal guardian and a child who is ten
344.21 years of age or older of the reporting date and the date by which the agency must receive
344.22 information from the child and child's parent so that the agency is able to submit the report
344.23 required by this subdivision to the court;

344.24 (2) the agency must inform the child's parent or legal guardian, and a child who is ten
344.25 years of age or older that the court will hold a hearing upon the request of the child or the
344.26 child's parent; and

344.27 (3) the agency must inform the child's parent or legal guardian, and a child who is ten
344.28 years of age or older that they have the right to request a hearing and the right to present
344.29 information to the court for the court's review under this subdivision.

344.30 Subd. 3. **Court hearing.** (a) The court shall hold a hearing when a party or a child who
344.31 is ten years of age or older requests a hearing.

345.1 (b) In all other circumstances, the court has the discretion to hold a hearing or issue an
345.2 order without a hearing.

345.3 Subd. 4. **Court findings and order.** (a) Within 60 days from the beginning of each
345.4 placement in a qualified residential treatment program when the qualified individual's
345.5 assessment of the child recommends placing the child in a qualified residential treatment
345.6 program, the court must consider the qualified individual's assessment of the child under
345.7 section 260C.704 and issue an order to:

345.8 ~~(1) consider the qualified individual's assessment of whether it is necessary and~~
345.9 ~~appropriate to place the child in a qualified residential treatment program under section~~
345.10 ~~260C.704;~~

345.11 ~~(2)~~ (1) determine whether a family foster home can meet the child's needs, whether it is
345.12 necessary and appropriate to place a child in a qualified residential treatment program that
345.13 is the least restrictive environment possible, and whether the child's placement is consistent
345.14 with the child's short and long term goals as specified in the permanency plan; and

345.15 ~~(3)~~ (2) approve or disapprove of the child's placement.

345.16 ~~(b) In the out-of-home placement plan, the agency must document the court's approval~~
345.17 ~~or disapproval of the placement, as specified in section 260C.708. If the court disapproves~~
345.18 ~~of the child's placement in a qualified residential treatment program, the responsible social~~
345.19 ~~services agency shall: (1) remove the child from the qualified residential treatment program~~
345.20 ~~within 30 days of the court's order; and (2) make a plan for the child's placement that is~~
345.21 ~~consistent with the child's best interests under section 260C.212, subdivision 2.~~

345.22 Subd. 5. **Court review and approval not required.** When the responsible social services
345.23 agency has legal authority to place a child under section 260C.007, subdivision 21a, and
345.24 the qualified individual's assessment of the child does not recommend placing the child in
345.25 a qualified residential treatment program, the court is not required to hold a hearing and the
345.26 court is not required to issue an order. Pursuant to section 260C.704, paragraph (f), the
345.27 responsible social services agency shall make a plan for the child's placement consistent
345.28 with the child's best interests under section 260C.212, subdivision 2. The agency must file
345.29 the agency's assessment determination for the child with the court at the next required
345.30 hearing.

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

346.1 Sec. 27. Minnesota Statutes 2020, section 260C.712, is amended to read:

346.2 **260C.712 ONGOING REVIEWS AND PERMANENCY HEARING**
346.3 **REQUIREMENTS.**

346.4 As long as a child remains placed in a qualified residential treatment program, the
346.5 responsible social services agency shall submit evidence at each administrative review under
346.6 section 260C.203; each court review under sections 260C.202, 260C.203, ~~and~~ 260C.204,
346.7 260D.06, 260D.07, and 260D.08; and each permanency hearing under section 260C.515,
346.8 260C.519, ~~or~~ 260C.521, or 260D.07 that:

346.9 (1) demonstrates that an ongoing assessment of the strengths and needs of the child
346.10 continues to support the determination that the child's needs cannot be met through placement
346.11 in a family foster home;

346.12 (2) demonstrates that the placement of the child in a qualified residential treatment
346.13 program provides the most effective and appropriate level of care for the child in the least
346.14 restrictive environment;

346.15 (3) demonstrates how the placement is consistent with the short-term and long-term
346.16 goals for the child, as specified in the child's permanency plan;

346.17 (4) documents how the child's specific treatment or service needs will be met in the
346.18 placement;

346.19 (5) documents the length of time that the agency expects the child to need treatment or
346.20 services; ~~and~~

346.21 (6) documents the responsible social services agency's efforts to prepare the child to
346.22 return home or to be placed with a fit and willing relative, legal guardian, adoptive parent,
346.23 or foster family; and

346.24 (7) if the child is placed in a qualified residential treatment program out-of-state,
346.25 documents the compelling reasons for placing the child out-of-state, and the reasons that
346.26 the child's needs cannot be met by an in-state placement.

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

347.1 Sec. 28. Minnesota Statutes 2020, section 260C.714, is amended to read:

347.2 **260C.714 REVIEW OF EXTENDED QUALIFIED RESIDENTIAL TREATMENT**
347.3 **PROGRAM PLACEMENTS.**

347.4 (a) When a responsible social services agency places a child in a qualified residential
347.5 treatment program for more than 12 consecutive months or 18 nonconsecutive months or,
347.6 in the case of a child who is under 13 years of age, for more than six consecutive or
347.7 nonconsecutive months, the agency must submit: (1) the signed approval by the county
347.8 social services director of the responsible social services agency; and (2) the evidence
347.9 supporting the child's placement at the most recent court review or permanency hearing
347.10 under section 260C.712, ~~paragraph (b).~~

347.11 (b) The commissioner shall specify the procedures and requirements for the agency's
347.12 review and approval of a child's extended qualified residential treatment program placement.
347.13 The commissioner may consult with counties, tribes, child-placing agencies, mental health
347.14 providers, licensed facilities, the child, the child's parents, and the family and permanency
347.15 team members to develop case plan requirements and engage in periodic reviews of the
347.16 case plan.

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

347.18 Sec. 29. Minnesota Statutes 2020, section 260D.01, is amended to read:

347.19 **260D.01 CHILD IN VOLUNTARY FOSTER CARE FOR TREATMENT.**

347.20 (a) Sections 260D.01 to 260D.10, may be cited as the "child in voluntary foster care for
347.21 treatment" provisions of the Juvenile Court Act.

347.22 (b) The juvenile court has original and exclusive jurisdiction over a child in voluntary
347.23 foster care for treatment upon the filing of a report or petition required under this chapter.
347.24 All obligations of the responsible social services agency to a child and family in foster care
347.25 contained in chapter 260C not inconsistent with this chapter are also obligations of the
347.26 agency with regard to a child in foster care for treatment under this chapter.

347.27 (c) This chapter shall be construed consistently with the mission of the children's mental
347.28 health service system as set out in section 245.487, subdivision 3, and the duties of an agency
347.29 under sections 256B.092 and 260C.157 and Minnesota Rules, parts 9525.0004 to 9525.0016,
347.30 to meet the needs of a child with a developmental disability or related condition. This
347.31 chapter:

348.1 (1) establishes voluntary foster care through a voluntary foster care agreement as the
348.2 means for an agency and a parent to provide needed treatment when the child must be in
348.3 foster care to receive necessary treatment for an emotional disturbance or developmental
348.4 disability or related condition;

348.5 (2) establishes court review requirements for a child in voluntary foster care for treatment
348.6 due to emotional disturbance or developmental disability or a related condition;

348.7 (3) establishes the ongoing responsibility of the parent as legal custodian to visit the
348.8 child, to plan together with the agency for the child's treatment needs, to be available and
348.9 accessible to the agency to make treatment decisions, and to obtain necessary medical,
348.10 dental, and other care for the child; ~~and~~

348.11 (4) applies to voluntary foster care when the child's parent and the agency agree that the
348.12 child's treatment needs require foster care either:

348.13 (i) due to a level of care determination by the agency's screening team informed by the
348.14 child's diagnostic and functional assessment under section 245.4885; or

348.15 (ii) due to a determination regarding the level of services needed by the child by the
348.16 responsible social services' services agency's screening team under section 256B.092, and
348.17 Minnesota Rules, parts 9525.0004 to 9525.0016-; and

348.18 (5) includes the requirements for a child's placement in sections 260C.70 to 260C.714,
348.19 when the juvenile treatment screening team recommends placing a child in a qualified
348.20 residential treatment program except as modified by this chapter.

348.21 (d) This chapter does not apply when there is a current determination under chapter
348.22 260E that the child requires child protective services or when the child is in foster care for
348.23 any reason other than treatment for the child's emotional disturbance or developmental
348.24 disability or related condition. When there is a determination under chapter 260E that the
348.25 child requires child protective services based on an assessment that there are safety and risk
348.26 issues for the child that have not been mitigated through the parent's engagement in services
348.27 or otherwise, or when the child is in foster care for any reason other than the child's emotional
348.28 disturbance or developmental disability or related condition, the provisions of chapter 260C
348.29 apply.

348.30 (e) The paramount consideration in all proceedings concerning a child in voluntary foster
348.31 care for treatment is the safety, health, and the best interests of the child. The purpose of
348.32 this chapter is:

349.1 (1) to ensure that a child with a disability is provided the services necessary to treat or
349.2 ameliorate the symptoms of the child's disability;

349.3 (2) to preserve and strengthen the child's family ties whenever possible and in the child's
349.4 best interests, approving the child's placement away from the child's parents only when the
349.5 child's need for care or treatment requires ~~it~~ out-of-home placement and the child cannot
349.6 be maintained in the home of the parent; and

349.7 (3) to ensure that the child's parent retains legal custody of the child and associated
349.8 decision-making authority unless the child's parent willfully fails or is unable to make
349.9 decisions that meet the child's safety, health, and best interests. The court may not find that
349.10 the parent willfully fails or is unable to make decisions that meet the child's needs solely
349.11 because the parent disagrees with the agency's choice of foster care facility, unless the
349.12 agency files a petition under chapter 260C, and establishes by clear and convincing evidence
349.13 that the child is in need of protection or services.

349.14 (f) The legal parent-child relationship shall be supported under this chapter by maintaining
349.15 the parent's legal authority and responsibility for ongoing planning for the child and by the
349.16 agency's assisting the parent, ~~where~~ when necessary, to exercise the parent's ongoing right
349.17 and obligation to visit or to have reasonable contact with the child. Ongoing planning means:

349.18 (1) actively participating in the planning and provision of educational services, medical,
349.19 and dental care for the child;

349.20 (2) actively planning and participating with the agency and the foster care facility for
349.21 the child's treatment needs; ~~and~~

349.22 (3) planning to meet the child's need for safety, stability, and permanency, and the child's
349.23 need to stay connected to the child's family and community; and

349.24 (4) engaging with the responsible social services agency to ensure that the family and
349.25 permanency team under section 260C.706 consists of appropriate family members. For
349.26 purposes of voluntary placement of a child in foster care for treatment under chapter 260D,
349.27 prior to forming the child's family and permanency team, the responsible social services
349.28 agency must consult with the child's parents and the child if the child is 14 years of age or
349.29 older, and if applicable, the child's tribe to obtain recommendations regarding which
349.30 individuals to include on the team and to ensure that the team is family-centered and will
349.31 act in the child's best interests. If the child or the child's parent or legal guardian raises
349.32 concerns about specific relatives or professionals, the team should not include those
349.33 individuals on the team unless the individual is a treating professional or an important
349.34 connection to the youth as outlined in the case or crisis plan. For voluntary placements under

350.1 this chapter in a qualified residential treatment program, as defined in section 260C.007,
350.2 subdivision 26d, for purposes of engaging in a relative search as provided in section
350.3 260C.221, the county agency must consult with the child's parent or legal guardian, the
350.4 child if the child is 14 years of age or older, and, if applicable, the tribe, to obtain
350.5 recommendations regarding which adult relatives should be notified. If the child, parent,
350.6 or legal guardian raises concerns about specific relatives, the county agency must not notify
350.7 them.

350.8 (g) The provisions of section 260.012 to ensure placement prevention, family
350.9 reunification, and all active and reasonable effort requirements of that section apply. This
350.10 chapter shall be construed consistently with the requirements of the Indian Child Welfare
350.11 Act of 1978, United States Code, title 25, section 1901, et al., and the provisions of the
350.12 Minnesota Indian Family Preservation Act, sections 260.751 to 260.835.

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

350.14 Sec. 30. Minnesota Statutes 2020, section 260D.05, is amended to read:

350.15 **260D.05 ADMINISTRATIVE REVIEW OF CHILD IN VOLUNTARY FOSTER**
350.16 **CARE FOR TREATMENT.**

350.17 The administrative reviews required under section 260C.203 must be conducted for a
350.18 child in voluntary foster care for treatment, except that the initial administrative review
350.19 must take place prior to the submission of the report to the court required under section
350.20 260D.06, subdivision 2. When a child is placed in a qualified residential treatment program
350.21 as defined in section 260C.007, subdivision 26d, the responsible social services agency
350.22 must submit evidence to the court as specified in section 260C.712.

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

350.24 Sec. 31. Minnesota Statutes 2020, section 260D.06, subdivision 2, is amended to read:

350.25 Subd. 2. **Agency report to court; court review.** The agency shall obtain judicial review
350.26 by reporting to the court according to the following procedures:

350.27 (a) A written report shall be forwarded to the court within 165 days of the date of the
350.28 voluntary placement agreement. The written report shall contain or have attached:

350.29 (1) a statement of facts that necessitate the child's foster care placement;

350.30 (2) the child's name, date of birth, race, gender, and current address;

351.1 (3) the names, race, date of birth, residence, and post office addresses of the child's
351.2 parents or legal custodian;

351.3 (4) a statement regarding the child's eligibility for membership or enrollment in an Indian
351.4 tribe and the agency's compliance with applicable provisions of sections 260.751 to 260.835;

351.5 (5) the names and addresses of the foster parents or chief administrator of the facility in
351.6 which the child is placed, if the child is not in a family foster home or group home;

351.7 (6) a copy of the out-of-home placement plan required under section 260C.212,
351.8 subdivision 1;

351.9 (7) a written summary of the proceedings of any administrative review required under
351.10 section 260C.203; ~~and~~

351.11 (8) evidence as specified in section 260C.712 when a child is placed in a qualified
351.12 residential treatment program as defined in section 260C.007, subdivision 26d; and

351.13 (9) any other information the agency, parent or legal custodian, the child or the foster
351.14 parent, or other residential facility wants the court to consider.

351.15 (b) In the case of a child in placement due to emotional disturbance, the written report
351.16 shall include as an attachment, the child's individual treatment plan developed by the child's
351.17 treatment professional, as provided in section 245.4871, subdivision 21, or the child's
351.18 standard written plan, as provided in section 125A.023, subdivision 3, paragraph (e).

351.19 (c) In the case of a child in placement due to developmental disability or a related
351.20 condition, the written report shall include as an attachment, the child's individual service
351.21 plan, as provided in section 256B.092, subdivision 1b; the child's individual program plan,
351.22 as provided in Minnesota Rules, part 9525.0004, subpart 11; the child's waiver care plan;
351.23 or the child's standard written plan, as provided in section 125A.023, subdivision 3, paragraph
351.24 (e).

351.25 (d) The agency must inform the child, age 12 or older, the child's parent, and the foster
351.26 parent or foster care facility of the reporting and court review requirements of this section
351.27 and of their right to submit information to the court:

351.28 (1) if the child or the child's parent or the foster care provider wants to send information
351.29 to the court, the agency shall advise those persons of the reporting date and the date by
351.30 which the agency must receive the information they want forwarded to the court so the
351.31 agency is timely able submit it with the agency's report required under this subdivision;

352.1 (2) the agency must also inform the child, age 12 or older, the child's parent, and the
352.2 foster care facility that they have the right to be heard in person by the court and how to
352.3 exercise that right;

352.4 (3) the agency must also inform the child, age 12 or older, the child's parent, and the
352.5 foster care provider that an in-court hearing will be held if requested by the child, the parent,
352.6 or the foster care provider; and

352.7 (4) if, at the time required for the report under this section, a child, age 12 or older,
352.8 disagrees about the foster care facility or services provided under the out-of-home placement
352.9 plan required under section 260C.212, subdivision 1, the agency shall include information
352.10 regarding the child's disagreement, and to the extent possible, the basis for the child's
352.11 disagreement in the report required under this section.

352.12 (e) After receiving the required report, the court has jurisdiction to make the following
352.13 determinations and must do so within ten days of receiving the forwarded report, whether
352.14 a hearing is requested:

352.15 (1) whether the voluntary foster care arrangement is in the child's best interests;

352.16 (2) whether the parent and agency are appropriately planning for the child; and

352.17 (3) in the case of a child age 12 or older, who disagrees with the foster care facility or
352.18 services provided under the out-of-home placement plan, whether it is appropriate to appoint
352.19 counsel and a guardian ad litem for the child using standards and procedures under section
352.20 260C.163.

352.21 (f) Unless requested by a parent, representative of the foster care facility, or the child,
352.22 no in-court hearing is required in order for the court to make findings and issue an order as
352.23 required in paragraph (e).

352.24 (g) If the court finds the voluntary foster care arrangement is in the child's best interests
352.25 and that the agency and parent are appropriately planning for the child, the court shall issue
352.26 an order containing explicit, individualized findings to support its determination. The
352.27 individualized findings shall be based on the agency's written report and other materials
352.28 submitted to the court. The court may make this determination notwithstanding the child's
352.29 disagreement, if any, reported under paragraph (d).

352.30 (h) The court shall send a copy of the order to the county attorney, the agency, parent,
352.31 child, age 12 or older, and the foster parent or foster care facility.

353.1 (i) The court shall also send the parent, the child, age 12 or older, the foster parent, or
353.2 representative of the foster care facility notice of the permanency review hearing required
353.3 under section 260D.07, paragraph (e).

353.4 (j) If the court finds continuing the voluntary foster care arrangement is not in the child's
353.5 best interests or that the agency or the parent are not appropriately planning for the child,
353.6 the court shall notify the agency, the parent, the foster parent or foster care facility, the child,
353.7 age 12 or older, and the county attorney of the court's determinations and the basis for the
353.8 court's determinations. In this case, the court shall set the matter for hearing and appoint a
353.9 guardian ad litem for the child under section 260C.163, subdivision 5.

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

353.11 Sec. 32. Minnesota Statutes 2020, section 260D.07, is amended to read:

353.12 **260D.07 REQUIRED PERMANENCY REVIEW HEARING.**

353.13 (a) When the court has found that the voluntary arrangement is in the child's best interests
353.14 and that the agency and parent are appropriately planning for the child pursuant to the report
353.15 submitted under section 260D.06, and the child continues in voluntary foster care as defined
353.16 in section 260D.02, subdivision 10, for 13 months from the date of the voluntary foster care
353.17 agreement, or has been in placement for 15 of the last 22 months, the agency must:

353.18 (1) terminate the voluntary foster care agreement and return the child home; or

353.19 (2) determine whether there are compelling reasons to continue the voluntary foster care
353.20 arrangement and, if the agency determines there are compelling reasons, seek judicial
353.21 approval of its determination; or

353.22 (3) file a petition for the termination of parental rights.

353.23 (b) When the agency is asking for the court's approval of its determination that there are
353.24 compelling reasons to continue the child in the voluntary foster care arrangement, the agency
353.25 shall file a "Petition for Permanency Review Regarding a Child in Voluntary Foster Care
353.26 for Treatment" and ask the court to proceed under this section.

353.27 (c) The "Petition for Permanency Review Regarding a Child in Voluntary Foster Care
353.28 for Treatment" shall be drafted or approved by the county attorney and be under oath. The
353.29 petition shall include:

353.30 (1) the date of the voluntary placement agreement;

353.31 (2) whether the petition is due to the child's developmental disability or emotional
353.32 disturbance;

- 354.1 (3) the plan for the ongoing care of the child and the parent's participation in the plan;
- 354.2 (4) a description of the parent's visitation and contact with the child;
- 354.3 (5) the date of the court finding that the foster care placement was in the best interests
- 354.4 of the child, if required under section 260D.06, or the date the agency filed the motion under
- 354.5 section 260D.09, paragraph (b);
- 354.6 (6) the agency's reasonable efforts to finalize the permanent plan for the child, including
- 354.7 returning the child to the care of the child's family; ~~and~~
- 354.8 (7) a citation to this chapter as the basis for the petition; and
- 354.9 (8) evidence as specified in section 260C.712 when a child is placed in a qualified
- 354.10 residential treatment program as defined in section 260C.007, subdivision 26d.
- 354.11 (d) An updated copy of the out-of-home placement plan required under section 260C.212,
- 354.12 subdivision 1, shall be filed with the petition.
- 354.13 (e) The court shall set the date for the permanency review hearing no later than 14 months
- 354.14 after the child has been in placement or within 30 days of the petition filing date when the
- 354.15 child has been in placement 15 of the last 22 months. The court shall serve the petition
- 354.16 together with a notice of hearing by United States mail on the parent, the child age 12 or
- 354.17 older, the child's guardian ad litem, if one has been appointed, the agency, the county
- 354.18 attorney, and counsel for any party.
- 354.19 (f) The court shall conduct the permanency review hearing on the petition no later than
- 354.20 14 months after the date of the voluntary placement agreement, within 30 days of the filing
- 354.21 of the petition when the child has been in placement 15 of the last 22 months, or within 15
- 354.22 days of a motion to terminate jurisdiction and to dismiss an order for foster care under
- 354.23 chapter 260C, as provided in section 260D.09, paragraph (b).
- 354.24 (g) At the permanency review hearing, the court shall:
- 354.25 (1) inquire of the parent if the parent has reviewed the "Petition for Permanency Review
- 354.26 Regarding a Child in Voluntary Foster Care for Treatment," whether the petition is accurate,
- 354.27 and whether the parent agrees to the continued voluntary foster care arrangement as being
- 354.28 in the child's best interests;
- 354.29 (2) inquire of the parent if the parent is satisfied with the agency's reasonable efforts to
- 354.30 finalize the permanent plan for the child, including whether there are services available and
- 354.31 accessible to the parent that might allow the child to safely be with the child's family;
- 354.32 (3) inquire of the parent if the parent consents to the court entering an order that:

355.1 (i) approves the responsible agency's reasonable efforts to finalize the permanent plan
355.2 for the child, which includes ongoing future planning for the safety, health, and best interests
355.3 of the child; and

355.4 (ii) approves the responsible agency's determination that there are compelling reasons
355.5 why the continued voluntary foster care arrangement is in the child's best interests; and

355.6 (4) inquire of the child's guardian ad litem and any other party whether the guardian or
355.7 the party agrees that:

355.8 (i) the court should approve the responsible agency's reasonable efforts to finalize the
355.9 permanent plan for the child, which includes ongoing and future planning for the safety,
355.10 health, and best interests of the child; and

355.11 (ii) the court should approve of the responsible agency's determination that there are
355.12 compelling reasons why the continued voluntary foster care arrangement is in the child's
355.13 best interests.

355.14 (h) At a permanency review hearing under this section, the court may take the following
355.15 actions based on the contents of the sworn petition and the consent of the parent:

355.16 (1) approve the agency's compelling reasons that the voluntary foster care arrangement
355.17 is in the best interests of the child; and

355.18 (2) find that the agency has made reasonable efforts to finalize the permanent plan for
355.19 the child.

355.20 (i) A child, age 12 or older, may object to the agency's request that the court approve its
355.21 compelling reasons for the continued voluntary arrangement and may be heard on the reasons
355.22 for the objection. Notwithstanding the child's objection, the court may approve the agency's
355.23 compelling reasons and the voluntary arrangement.

355.24 (j) If the court does not approve the voluntary arrangement after hearing from the child
355.25 or the child's guardian ad litem, the court shall dismiss the petition. In this case, either:

355.26 (1) the child must be returned to the care of the parent; or

355.27 (2) the agency must file a petition under section 260C.141, asking for appropriate relief
355.28 under sections 260C.301 or 260C.503 to 260C.521.

355.29 (k) When the court approves the agency's compelling reasons for the child to continue
355.30 in voluntary foster care for treatment, and finds that the agency has made reasonable efforts
355.31 to finalize a permanent plan for the child, the court shall approve the continued voluntary

356.1 foster care arrangement, and continue the matter under the court's jurisdiction for the purposes
356.2 of reviewing the child's placement every 12 months while the child is in foster care.

356.3 (l) A finding that the court approves the continued voluntary placement means the agency
356.4 has continued legal authority to place the child while a voluntary placement agreement
356.5 remains in effect. The parent or the agency may terminate a voluntary agreement as provided
356.6 in section 260D.10. Termination of a voluntary foster care placement of an Indian child is
356.7 governed by section 260.765, subdivision 4.

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

356.9 Sec. 33. Minnesota Statutes 2020, section 260D.08, is amended to read:

356.10 **260D.08 ANNUAL REVIEW.**

356.11 (a) After the court conducts a permanency review hearing under section 260D.07, the
356.12 matter must be returned to the court for further review of the responsible social services
356.13 reasonable efforts to finalize the permanent plan for the child and the child's foster care
356.14 placement at least every 12 months while the child is in foster care. The court shall give
356.15 notice to the parent and child, age 12 or older, and the foster parents of the continued review
356.16 requirements under this section at the permanency review hearing.

356.17 (b) Every 12 months, the court shall determine whether the agency made reasonable
356.18 efforts to finalize the permanency plan for the child, which means the exercise of due
356.19 diligence by the agency to:

356.20 (1) ensure that the agreement for voluntary foster care is the most appropriate legal
356.21 arrangement to meet the child's safety, health, and best interests and to conduct a genuine
356.22 examination of whether there is another permanency disposition order under chapter 260C,
356.23 including returning the child home, that would better serve the child's need for a stable and
356.24 permanent home;

356.25 (2) engage and support the parent in continued involvement in planning and decision
356.26 making for the needs of the child;

356.27 (3) strengthen the child's ties to the parent, relatives, and community;

356.28 (4) implement the out-of-home placement plan required under section 260C.212,
356.29 subdivision 1, and ensure that the plan requires the provision of appropriate services to
356.30 address the physical health, mental health, and educational needs of the child; ~~and~~

357.1 (5) submit evidence to the court as specified in section 260C.712 when a child is placed
357.2 in a qualified residential treatment program setting as defined in section 260C.007,
357.3 subdivision 26d; and

357.4 ~~(5)~~ (6) ensure appropriate planning for the child's safe, permanent, and independent
357.5 living arrangement after the child's 18th birthday.

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

357.7 Sec. 34. Minnesota Statutes 2020, section 260D.14, is amended to read:

357.8 **260D.14 SUCCESSFUL TRANSITION TO ADULTHOOD FOR CHILDREN**
357.9 **YOUTH IN VOLUNTARY PLACEMENT.**

357.10 Subdivision 1. **Case planning.** When ~~the child~~ a youth is 14 years of age or older, the
357.11 responsible social services agency shall ensure that a child youth in foster care under this
357.12 chapter is provided with the case plan requirements in section 260C.212, subdivisions 1
357.13 and 14.

357.14 Subd. 2. **Notification.** The responsible social services agency shall provide a youth with
357.15 ~~written notice of the right to continued access to services for certain children in foster care~~
357.16 ~~past 18 years of age under section 260C.452, subdivision 3~~ foster care benefits that a youth
357.17 who is 18 years of age or older may continue to receive according to section 260C.451,
357.18 subdivision 1, and of the right to appeal a denial of social services under section 256.045.
357.19 The notice must be provided to the ~~child~~ youth six months before the ~~child's~~ youth's 18th
357.20 birthday.

357.21 Subd. 3. **Administrative or court reviews.** When ~~the child~~ a youth is ~~17~~ 14 years of
357.22 age or older, the administrative review or court hearing must include a review of the
357.23 responsible social services agency's support for the ~~child's~~ youth's successful transition to
357.24 adulthood as required in section 260C.452, subdivision 4.

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

357.26 Sec. 35. Minnesota Statutes 2020, section 260E.36, is amended by adding a subdivision
357.27 to read:

357.28 **Subd. 1a. Sex trafficking and sexual exploitation training requirement.** As required
357.29 by the Child Abuse Prevention and Treatment Act amendments through Public Law 114-22
357.30 and to implement Public Law 115-123, all child protection social workers and social services
357.31 staff who have responsibility for child protective duties under this chapter or chapter 260C

358.1 shall complete training implemented by the commissioner of human services regarding sex
358.2 trafficking and sexual exploitation of children and youth.

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

358.4 Sec. 36. **DIRECTION TO THE COMMISSIONER; INITIAL IMPLEMENTATION**
358.5 **OF COURT-APPOINTED COUNSEL IN CHILD PROTECTION PROCEEDINGS.**

358.6 The commissioner of human services shall collect data from counties regarding
358.7 court-appointed counsel under Minnesota Statutes, section 260C.163, subdivision 3, including
358.8 but not limited to:

358.9 (1) data documenting the presence of court-appointed counsel for qualifying parents,
358.10 guardians, or custodians at each emergency protective hearing;

358.11 (2) total annual court-appointed parent representation expenditures for each county; and

358.12 (3) additional demographic information that would assist counties in obtaining title IV-E
358.13 reimbursement.

358.14 The commissioner must complete and submit a report on the data in this section and efforts
358.15 to assist counties with implementation of required court-appointment of counsel under
358.16 Minnesota Statutes, section 260C.163, subdivision 3, to the chairs and ranking minority
358.17 members of the legislative committees with jurisdiction over human services and judiciary
358.18 policy and finance on or before July 1, 2022.

358.19 Sec. 37. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**
358.20 **AFTERCARE SUPPORTS.**

358.21 The commissioner of human services shall consult with stakeholders to develop policies
358.22 regarding aftercare supports for the transition of a child from a qualified residential treatment
358.23 program as defined in Minnesota Statutes, section 260C.007, subdivision 26d, to reunification
358.24 with the child's parent or legal guardian, including potential placement in a less restrictive
358.25 setting prior to reunification that aligns with the child's permanency plan and person-centered
358.26 support plan, when applicable. The policies must be consistent with Minnesota Rules, part
358.27 2960.0190, and Minnesota Statutes, section 245A.25, subdivision 4, paragraph (i), and
358.28 address the coordination of the qualified residential treatment program discharge planning
358.29 and aftercare supports where needed, the county social services case plan, and services from
358.30 community-based providers, to maintain the child's progress with behavioral health goals
358.31 as defined in the child's treatment plan. The commissioner must complete development of
358.32 the policy guidance by December 31, 2022.

359.1 **Sec. 38. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; COSTS**
359.2 **TO STATE, COUNTIES, AND PROVIDERS FOR IMPLEMENTATION OF THE**
359.3 **FAMILY FIRST PRESERVATION SERVICES ACT.**

359.4 The commissioner of human services shall contract with an appropriate vendor to study
359.5 the increased costs incurred by the state, counties, and providers to implement the
359.6 requirements of the federal Family First Preservation Services Act in Minnesota. Identified
359.7 costs should include, but are not limited to, reductions in Title IV-E payments to lead
359.8 agencies; additional staff needs for the state, lead agencies, and providers; implementation
359.9 of the federal Qualified Residential Treatment Program placement requirements and new
359.10 prevention services by the state, lead agencies, and providers; costs incurred by residential
359.11 facility providers to become certified as a qualified residential treatment program and to
359.12 maintain certification standards; and other costs that are directly or indirectly related to
359.13 implementation of the federal Family First Prevention Services Act. The study should also
359.14 include known or estimates of increased federal funding that the state or lead agencies could
359.15 receive through expanded Title IV-E reimbursements. The commissioner shall provide a
359.16 report on these costs to the chairs and ranking minority members of the legislative committees
359.17 with jurisdiction over human services by January 15, 2024.

359.18 **Sec. 39. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
359.19 **OMBUDSPERSON FOR FAMILIES REORGANIZATION STUDY.**

359.20 The commissioner of human services shall evaluate different options to reorganize the
359.21 Office of Ombudsperson for Families under Minnesota Statutes, section 257.0755, into at
359.22 least two separate offices, and develop and recommend a corresponding legislative proposal
359.23 for introduction in the 2022 regular legislative session. The proposal shall also include any
359.24 recommended reorganization of the community-specific boards under Minnesota Statutes,
359.25 section 257.0768. The commissioner shall submit a copy of the legislative proposal and a
359.26 letter describing the reasons for recommending the proposal, the analysis that led to the
359.27 recommended proposal, other reorganization options that were considered, and any fiscal
359.28 impacts or considerations, to the chairs and ranking minority members of the legislative
359.29 committees with jurisdiction over the Office of Ombudsperson for Families.

359.30 **Sec. 40. REPEALER.**

359.31 Minnesota Statutes 2020, section 245.4871, subdivision 32a, is repealed.

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

ARTICLE 12

CHILD PROTECTION POLICY

360.1
360.2

360.3 Section 1. Minnesota Statutes 2020, section 256.741, is amended by adding a subdivision
360.4 to read:

360.5 Subd. 12a. Appeals of good cause determinations. According to section 256.045, an
360.6 individual may appeal the determination or redetermination of good cause under this section.
360.7 To initiate an appeal of a good cause determination or redetermination, the individual must
360.8 make a request for a state agency hearing in writing within 30 calendar days after the date
360.9 that a notice of denial for good cause is mailed or otherwise transmitted to the individual.
360.10 Until a human services judge issues a decision under section 256.0451, subdivision 22, the
360.11 child support agency shall cease all child support enforcement efforts and shall not report
360.12 the individual's noncooperation to public assistance agencies.

360.13 Sec. 2. Minnesota Statutes 2020, section 256.741, is amended by adding a subdivision to
360.14 read:

360.15 Subd. 12b. Reporting noncooperation. The public authority may issue a notice of the
360.16 individual's noncooperation to each public assistance agency providing public assistance
360.17 to the individual if:

360.18 (1) 30 calendar days have passed since the later of the initial county denial or the date
360.19 of the denial following the state agency hearing; or

360.20 (2) the individual has not cooperated with the child support agency as required in
360.21 subdivision 5.

360.22 Sec. 3. Minnesota Statutes 2020, section 260E.20, subdivision 2, is amended to read:

360.23 Subd. 2. **Face-to-face contact.** (a) Upon receipt of a screened in report, the local welfare
360.24 agency shall ~~conduct a~~ have face-to-face contact with the child reported to be maltreated
360.25 and with the child's primary caregiver sufficient to complete a safety assessment and ensure
360.26 the immediate safety of the child.

360.27 (b) The face-to-face contact with the child and primary caregiver shall occur immediately
360.28 if sexual abuse or substantial child endangerment is alleged and within five calendar days
360.29 for all other reports. If the alleged offender was not already interviewed as the primary
360.30 caregiver, the local welfare agency shall also conduct a face-to-face interview with the
360.31 alleged offender in the early stages of the assessment or investigation. Face-to-face contact
360.32 with the child and primary caregiver in response to a report alleging sexual abuse or

361.1 substantial child endangerment may be postponed for no more than five calendar days if
361.2 the child is residing in a location that is confirmed to restrict contact with the alleged offender
361.3 as established in guidelines issued by the commissioner, or if the local welfare agency is
361.4 pursuing a court order for the child's caregiver to produce the child for questioning under
361.5 section 260E.22, subdivision 5.

361.6 (c) At the initial contact with the alleged offender, the local welfare agency or the agency
361.7 responsible for assessing or investigating the report must inform the alleged offender of the
361.8 complaints or allegations made against the individual in a manner consistent with laws
361.9 protecting the rights of the person who made the report. The interview with the alleged
361.10 offender may be postponed if it would jeopardize an active law enforcement investigation.

361.11 (d) The local welfare agency or the agency responsible for assessing or investigating
361.12 the report must provide the alleged offender with an opportunity to make a statement. The
361.13 alleged offender may submit supporting documentation relevant to the assessment or
361.14 investigation.

361.15 Sec. 4. Minnesota Statutes 2020, section 518.157, subdivision 1, is amended to read:

361.16 Subdivision 1. **Implementation; administration.** (a) By January 1, 1998, the chief
361.17 judge of each judicial district or a designee shall implement one or more parent education
361.18 programs within the judicial district for the purpose of educating parents about the impact
361.19 that divorce, the restructuring of families, and judicial proceedings have upon children and
361.20 families; methods for preventing parenting time conflicts; and dispute resolution options.
361.21 The chief judge of each judicial district or a designee may require that children attend a
361.22 separate education program designed to deal with the impact of divorce upon children as
361.23 part of the parent education program. Each parent education program must enable persons
361.24 to have timely and reasonable access to education sessions.

361.25 (b) The chief judge of each judicial district shall ensure that the judicial district's website
361.26 includes information on the parent education program or programs required under this
361.27 section.

361.28 Sec. 5. Minnesota Statutes 2020, section 518.157, subdivision 3, is amended to read:

361.29 Subd. 3. **Attendance.** (a) In a proceeding under this chapter where the parties have not
361.30 agreed to custody or a parenting time is contested schedule, the court shall order the parents
361.31 of a minor child shall attend to attend or take online a minimum of eight hours in an
361.32 orientation and education program that meets the minimum standards promulgated by the
361.33 Minnesota Supreme Court.

362.1 (b) In all other proceedings involving custody, support, or parenting time the court may
 362.2 order the parents of a minor child to attend a parent education program.

362.3 (c) The program shall provide the court with names of persons who fail to attend the
 362.4 parent education program as ordered by the court. Persons who are separated or contemplating
 362.5 involvement in a dissolution, paternity, custody, or parenting time proceeding may attend
 362.6 a parent education program without a court order.

362.7 (d) Unless otherwise ordered by the court, participation in a parent education program
 362.8 must begin before an initial case management conference and within 30 days after the first
 362.9 filing with the court or as soon as practicable after that time based on the reasonable
 362.10 availability of classes for the program for the parent. Parent education programs must offer
 362.11 an opportunity to participate at all phases of a pending or postdecree proceeding.

362.12 (e) Upon request of a party and a showing of good cause, the court may excuse the party
 362.13 from attending the program. If past or present domestic abuse, as defined in chapter 518B,
 362.14 is alleged, the court shall not require the parties to attend the same parent education sessions
 362.15 and shall enter an order setting forth the manner in which the parties may safely participate
 362.16 in the program.

362.17 (f) Before an initial case management conference for a proceeding under this chapter
 362.18 where the parties have not agreed to custody or parenting time, the court shall notify the
 362.19 parties of their option to resolve disagreements, including the development of a parenting
 362.20 plan, through the use of private mediation.

362.21 Sec. 6. Minnesota Statutes 2020, section 518.68, subdivision 2, is amended to read:

362.22 Subd. 2. **Contents.** The required notices must be substantially as follows:

362.23 **IMPORTANT NOTICE**

362.24 **1. PAYMENTS TO PUBLIC AGENCY**

362.25 According to Minnesota Statutes, section 518A.50, payments ordered for maintenance
 362.26 and support must be paid to the public agency responsible for child support enforcement
 362.27 as long as the person entitled to receive the payments is receiving or has applied for
 362.28 public assistance or has applied for support and maintenance collection services. MAIL
 362.29 PAYMENTS TO:

362.30 **2. DEPRIVING ANOTHER OF CUSTODIAL OR PARENTAL RIGHTS -- A FELONY**

362.31 A person may be charged with a felony who conceals a minor child or takes, obtains,
 362.32 retains, or fails to return a minor child from or to the child's parent (or person with

363.1 custodial or visitation rights), according to Minnesota Statutes, section 609.26. A copy
363.2 of that section is available from any district court clerk.

363.3 3. NONSUPPORT OF A SPOUSE OR CHILD -- CRIMINAL PENALTIES

363.4 A person who fails to pay court-ordered child support or maintenance may be charged
363.5 with a crime, which may include misdemeanor, gross misdemeanor, or felony charges,
363.6 according to Minnesota Statutes, section 609.375. A copy of that section is available
363.7 from any district court clerk.

363.8 4. RULES OF SUPPORT, MAINTENANCE, PARENTING TIME

363.9 (a) Payment of support or spousal maintenance is to be as ordered, and the giving of
363.10 gifts or making purchases of food, clothing, and the like will not fulfill the obligation.

363.11 (b) Payment of support must be made as it becomes due, and failure to secure or denial
363.12 of parenting time is NOT an excuse for nonpayment, but the aggrieved party must seek
363.13 relief through a proper motion filed with the court.

363.14 (c) Nonpayment of support is not grounds to deny parenting time. The party entitled to
363.15 receive support may apply for support and collection services, file a contempt motion,
363.16 or obtain a judgment as provided in Minnesota Statutes, section 548.091.

363.17 (d) The payment of support or spousal maintenance takes priority over payment of debts
363.18 and other obligations.

363.19 (e) A party who accepts additional obligations of support does so with the full knowledge
363.20 of the party's prior obligation under this proceeding.

363.21 (f) Child support or maintenance is based on annual income, and it is the responsibility
363.22 of a person with seasonal employment to budget income so that payments are made
363.23 throughout the year as ordered.

363.24 (g) Reasonable parenting time guidelines are contained in Appendix B, which is available
363.25 from the court administrator.

363.26 (h) The nonpayment of support may be enforced through the denial of student grants;
363.27 interception of state and federal tax refunds; suspension of driver's, recreational, and
363.28 occupational licenses; referral to the department of revenue or private collection agencies;
363.29 seizure of assets, including bank accounts and other assets held by financial institutions;
363.30 reporting to credit bureaus; ~~interest charging~~, income withholding, and contempt
363.31 proceedings; and other enforcement methods allowed by law.

364.1 (i) The public authority may suspend or resume collection of the amount allocated for
364.2 child care expenses if the conditions of Minnesota Statutes, section 518A.40, subdivision
364.3 4, are met.

364.4 (j) The public authority may remove or resume a medical support offset if the conditions
364.5 of Minnesota Statutes, section 518A.41, subdivision 16, are met.

364.6 ~~(k) The public authority may suspend or resume interest charging on child support~~
364.7 ~~judgments if the conditions of Minnesota Statutes, section 548.091, subdivision 1a, are met.~~

364.8 5. MODIFYING CHILD SUPPORT

364.9 If either the obligor or obligee is laid off from employment or receives a pay reduction,
364.10 child support may be modified, increased, or decreased. Any modification will only take
364.11 effect when it is ordered by the court, and will only relate back to the time that a motion
364.12 is filed. Either the obligor or obligee may file a motion to modify child support, and may
364.13 request the public agency for help. UNTIL A MOTION IS FILED, THE CHILD
364.14 SUPPORT OBLIGATION WILL CONTINUE AT THE CURRENT LEVEL. THE
364.15 COURT IS NOT PERMITTED TO REDUCE SUPPORT RETROACTIVELY.

364.16 6. PARENTAL RIGHTS FROM MINNESOTA STATUTES, SECTION 518.17, 364.17 SUBDIVISION 3

364.18 Unless otherwise provided by the Court:

364.19 (a) Each party has the right of access to, and to receive copies of, school, medical, dental,
364.20 religious training, and other important records and information about the minor children.
364.21 Each party has the right of access to information regarding health or dental insurance
364.22 available to the minor children. Presentation of a copy of this order to the custodian of
364.23 a record or other information about the minor children constitutes sufficient authorization
364.24 for the release of the record or information to the requesting party.

364.25 (b) Each party shall keep the other informed as to the name and address of the school
364.26 of attendance of the minor children. Each party has the right to be informed by school
364.27 officials about the children's welfare, educational progress and status, and to attend
364.28 school and parent teacher conferences. The school is not required to hold a separate
364.29 conference for each party.

364.30 (c) In case of an accident or serious illness of a minor child, each party shall notify the
364.31 other party of the accident or illness, and the name of the health care provider and the
364.32 place of treatment.

365.1 (d) Each party has the right of reasonable access and telephone contact with the minor
365.2 children.

365.3 7. WAGE AND INCOME DEDUCTION OF SUPPORT AND MAINTENANCE

365.4 Child support and/or spousal maintenance may be withheld from income, with or without
365.5 notice to the person obligated to pay, when the conditions of Minnesota Statutes, section
365.6 518A.53 have been met. A copy of those sections is available from any district court
365.7 clerk.

365.8 8. CHANGE OF ADDRESS OR RESIDENCE

365.9 Unless otherwise ordered, each party shall notify the other party, the court, and the public
365.10 authority responsible for collection, if applicable, of the following information within
365.11 ten days of any change: the residential and mailing address, telephone number, driver's
365.12 license number, Social Security number, and name, address, and telephone number of
365.13 the employer.

365.14 9. COST OF LIVING INCREASE OF SUPPORT AND MAINTENANCE

365.15 Basic support and/or spousal maintenance may be adjusted every two years based upon
365.16 a change in the cost of living (using Department of Labor Consumer Price Index,
365.17 unless otherwise specified in this order) when the conditions of Minnesota Statutes,
365.18 section 518A.75, are met. Cost of living increases are compounded. A copy of Minnesota
365.19 Statutes, section 518A.75, and forms necessary to request or contest a cost of living
365.20 increase are available from any district court clerk.

365.21 10. JUDGMENTS FOR UNPAID SUPPORT

365.22 If a person fails to make a child support payment, the payment owed becomes a judgment
365.23 against the person responsible to make the payment by operation of law on or after the
365.24 date the payment is due, and the person entitled to receive the payment or the public
365.25 agency may obtain entry and docketing of the judgment WITHOUT NOTICE to the
365.26 person responsible to make the payment under Minnesota Statutes, section 548.091.
365.27 ~~Interest begins to accrue on a payment or installment of child support whenever the~~
365.28 ~~unpaid amount due is greater than the current support due, according to Minnesota~~
365.29 ~~Statutes, section 548.091, subdivision 1a.~~

365.30 11. JUDGMENTS FOR UNPAID MAINTENANCE

365.31 (a) A judgment for unpaid spousal maintenance may be entered when the conditions of
365.32 Minnesota Statutes, section 548.091, are met. A copy of that section is available from
365.33 any district court clerk.

366.1 (b) The public authority is not responsible for calculating interest on any judgment for
366.2 unpaid spousal maintenance. When providing services in IV-D cases, as defined in
366.3 Minnesota Statutes, section 518A.26, subdivision 10, the public authority will only
366.4 collect interest on spousal maintenance if spousal maintenance is reduced to a sum
366.5 certain judgment.

366.6 12. ATTORNEY FEES AND COLLECTION COSTS FOR ENFORCEMENT OF CHILD
366.7 SUPPORT

366.8 A judgment for attorney fees and other collection costs incurred in enforcing a child
366.9 support order will be entered against the person responsible to pay support when the
366.10 conditions of Minnesota Statutes, section 518A.735, are met. A copy of Minnesota
366.11 Statutes, sections 518.14 and 518A.735 and forms necessary to request or contest these
366.12 attorney fees and collection costs are available from any district court clerk.

366.13 13. PARENTING TIME EXPEDITOR PROCESS

366.14 On request of either party or on its own motion, the court may appoint a parenting time
366.15 expeditor to resolve parenting time disputes under Minnesota Statutes, section 518.1751.
366.16 A copy of that section and a description of the expeditor process is available from any
366.17 district court clerk.

366.18 14. PARENTING TIME REMEDIES AND PENALTIES

366.19 Remedies and penalties for the wrongful denial of parenting time are available under
366.20 Minnesota Statutes, section 518.175, subdivision 6. These include compensatory parenting
366.21 time; civil penalties; bond requirements; contempt; and reversal of custody. A copy of
366.22 that subdivision and forms for requesting relief are available from any district court
366.23 clerk.

366.24 **EFFECTIVE DATE.** This section is effective August 1, 2022.

366.25 Sec. 7. Minnesota Statutes 2020, section 518A.29, is amended to read:

366.26 **518A.29 CALCULATION OF GROSS INCOME.**

366.27 (a) Subject to the exclusions and deductions in this section, gross income includes any
366.28 form of periodic payment to an individual, including, but not limited to, salaries, wages,
366.29 commissions, self-employment income under section 518A.30, workers' compensation,
366.30 unemployment benefits, annuity payments, military and naval retirement, pension and
366.31 disability payments, spousal maintenance received under a previous order or the current
366.32 proceeding, Social Security or veterans benefits provided for a joint child under section

367.1 518A.31, and potential income under section 518A.32. Salaries, wages, commissions, or
367.2 other compensation paid by third parties shall be based upon gross income before
367.3 participation in an employer-sponsored benefit plan that allows an employee to pay for a
367.4 benefit or expense using pretax dollars, such as flexible spending plans and health savings
367.5 accounts. No deductions shall be allowed for contributions to pensions, 401-K, IRA, or
367.6 other retirement benefits.

367.7 (b) Gross income does not include compensation received by a party for employment
367.8 in excess of a 40-hour work week, provided that:

367.9 (1) child support is ordered in an amount at least equal to the guideline amount based
367.10 on gross income not excluded under this clause; and

367.11 (2) the party demonstrates, and the court finds, that:

367.12 (i) the excess employment began after the filing of the petition for dissolution or legal
367.13 separation or a petition related to custody, parenting time, or support;

367.14 (ii) the excess employment reflects an increase in the work schedule or hours worked
367.15 over that of the two years immediately preceding the filing of the petition;

367.16 (iii) the excess employment is voluntary and not a condition of employment;

367.17 (iv) the excess employment is in the nature of additional, part-time or overtime
367.18 employment compensable by the hour or fraction of an hour; and

367.19 (v) the party's compensation structure has not been changed for the purpose of affecting
367.20 a support or maintenance obligation.

367.21 (c) Expense reimbursements or in-kind payments received by a parent in the course of
367.22 employment, self-employment, or operation of a business shall be counted as income if
367.23 they reduce personal living expenses.

367.24 (d) Gross income may be calculated on either an annual or monthly basis. Weekly income
367.25 shall be translated to monthly income by multiplying the weekly income by 4.33.

367.26 (e) Gross income does not include a child support payment received by a party. It is a
367.27 rebuttable presumption that adoption assistance payments, Northstar kinship assistance
367.28 payments, and foster care subsidies are not gross income.

367.29 (f) Gross income does not include the income of the obligor's spouse and the obligee's
367.30 spouse.

367.31 (g) ~~Child support or~~ Spousal maintenance payments ordered by a court for a ~~nonjoint~~
367.32 ~~child or~~ former spouse or ordered payable to the other party as part of the current proceeding

368.1 are deducted from other periodic payments received by a party for purposes of determining
368.2 gross income.

368.3 (h) Gross income does not include public assistance benefits received under section
368.4 256.741 or other forms of public assistance based on need.

368.5 **EFFECTIVE DATE.** This section is effective January 1, 2023.

368.6 Sec. 8. Minnesota Statutes 2020, section 518A.33, is amended to read:

368.7 **518A.33 DEDUCTION FROM INCOME FOR NONJOINT CHILDREN.**

368.8 (a) When either or both parents are legally responsible for a nonjoint child, a deduction
368.9 for this obligation shall be calculated under this section if:

368.10 ~~(1) the nonjoint child primarily resides in the parent's household; and~~

368.11 ~~(2) the parent is not obligated to pay basic child support for the nonjoint child to the~~
368.12 ~~other parent or a legal custodian of the child under an existing child support order.~~

368.13 ~~(b) The court shall use the guidelines under section 518A.35 to determine the basic child~~
368.14 ~~support obligation for the nonjoint child or children by using the gross income of the parent~~
368.15 ~~for whom the deduction is being calculated and the number of nonjoint children primarily~~
368.16 ~~residing in the parent's household. If the number of nonjoint children to be used for the~~
368.17 ~~determination is greater than two, the determination must be made using the number two~~
368.18 ~~instead of the greater number. Court-ordered child support for a nonjoint child shall be~~
368.19 ~~deducted from the payor's gross income.~~

368.20 ~~(c) The deduction for nonjoint children is 50 percent of the guideline amount determined~~
368.21 ~~under paragraph (b). When a parent is legally responsible for a nonjoint child and the parent~~
368.22 ~~is not obligated to pay basic child support for the nonjoint child to the other parent or a legal~~
368.23 ~~custodian under an existing child support order, a deduction shall be calculated. The court~~
368.24 ~~shall use the basic support guideline table under section 518A.35 to determine this deduction~~
368.25 ~~by using the gross income of the parent for whom the deduction is being calculated, minus~~
368.26 ~~any deduction under paragraph (b) and the number of eligible nonjoint children, up to six~~
368.27 ~~children. The deduction for nonjoint children is 75 percent of the guideline amount~~
368.28 ~~determined under this paragraph.~~

368.29 **EFFECTIVE DATE.** This section is effective January 1, 2023.

369.1 Sec. 9. Minnesota Statutes 2020, section 518A.35, subdivision 1, is amended to read:

369.2 Subdivision 1. **Determination of support obligation.** (a) The guideline in this section
369.3 is a rebuttable presumption and shall be used in any judicial or administrative proceeding
369.4 to establish or modify a support obligation under this chapter.

369.5 (b) The basic child support obligation shall be determined by referencing the guideline
369.6 for the appropriate number of joint children and the combined parental income for
369.7 determining child support of the parents.

369.8 (c) If a child is not in the custody of either parent and a support order is sought against
369.9 one or both parents, the basic child support obligation shall be determined by referencing
369.10 the guideline for the appropriate number of joint children, and the parent's individual parental
369.11 income for determining child support, not the combined parental incomes for determining
369.12 child support of the parents. Unless a parent has court-ordered parenting time, the parenting
369.13 expense adjustment formula under section 518A.34 must not be applied.

369.14 (d) If a child is ~~in custody of either parent~~ not residing with the parent that has
369.15 court-ordered or statutory custody and a support order is sought ~~by the public authority~~
369.16 under section 256.87 against one or both parents, ~~unless the parent against whom the support~~
369.17 ~~order is sought has court-ordered parenting time~~, the basic support obligation must be
369.18 determined by referencing the guideline for the appropriate number of joint children and
369.19 the parent's individual income without application of the parenting expense adjustment
369.20 formula under section 518A.34.

369.21 (e) For combined parental incomes for determining child support exceeding ~~\$15,000~~
369.22 \$20,000 per month, the presumed basic child support obligations shall be as for parents
369.23 with combined parental income for determining child support of ~~\$15,000~~ \$20,000 per month.
369.24 A basic child support obligation in excess of this level may be demonstrated for those reasons
369.25 set forth in section 518A.43.

369.26 **EFFECTIVE DATE.** This section is effective January 1, 2023.

369.27 Sec. 10. Minnesota Statutes 2020, section 518A.35, subdivision 2, is amended to read:

369.28 Subd. 2. **Basic support; guideline.** Unless otherwise agreed to by the parents and
369.29 approved by the court, when establishing basic support, the court must order that basic
369.30 support be divided between the parents based on their proportionate share of the parents'
369.31 combined monthly parental income for determining child support (PICS). Basic support
369.32 must be computed using the following guideline:

370.1	Combined Parental	Number of Children					
370.2	Income for	One	Two	Three	Four	Five	Six
370.3	Determining Child						
370.4	Support						
370.5	\$0- \$799		\$50	\$75	\$75	\$100	
370.6	<u>\$1,399</u>	\$50	<u>\$60</u>	<u>\$70</u>	<u>\$80</u>	<u>\$90</u>	\$100
370.7	800-899	80	129	149	173	201	233
370.8	900-999	90	145	167	194	226	262
370.9	1,000-1,099	116	161	186	216	251	291
370.10	1,100-1,199	145	205	237	275	320	370
370.11	1,200-1,299	177	254	294	341	396	459
370.12	1,300-1,399	212	309	356	414	480	557
370.13		251	368	425	493	573	664
370.14	1,400- 1,499	<u>60</u>	<u>75</u>	<u>85</u>	<u>100</u>	<u>110</u>	<u>120</u>
370.15		292	433	500	580	673	780
370.16	1,500- 1,599	<u>75</u>	<u>90</u>	<u>105</u>	<u>125</u>	<u>135</u>	<u>145</u>
370.17		337	502	580	673	781	905
370.18	1,600- 1,699	<u>90</u>	<u>110</u>	<u>130</u>	<u>150</u>	<u>160</u>	<u>170</u>
370.19		385	577	666	773	897	1,040
370.20	1,700- 1,799	<u>110</u>	<u>130</u>	<u>155</u>	<u>175</u>	<u>185</u>	<u>195</u>
370.21		436	657	758	880	1,021	1,183
370.22	1,800- 1,899	<u>130</u>	<u>150</u>	<u>180</u>	<u>200</u>	<u>210</u>	<u>220</u>
370.23		490	742	856	994	1,152	1,336
370.24	1,900- 1,999	<u>150</u>	<u>175</u>	<u>205</u>	<u>235</u>	<u>245</u>	<u>255</u>
370.25		516	832	960	1,114	1,292	1,498
370.26	2,000- 2,099	<u>170</u>	<u>200</u>	<u>235</u>	<u>270</u>	<u>285</u>	<u>295</u>
370.27		528	851	981	1,139	1,320	1,531
370.28	2,100- 2,199	<u>190</u>	<u>225</u>	<u>265</u>	<u>305</u>	<u>325</u>	<u>335</u>
370.29		538	867	1,000	1,160	1,346	1,561
370.30	2,200- 2,299	<u>215</u>	<u>255</u>	<u>300</u>	<u>345</u>	<u>367</u>	<u>379</u>
370.31		546	881	1,016	1,179	1,367	1,586
370.32	2,300- 2,399	<u>240</u>	<u>285</u>	<u>335</u>	<u>385</u>	<u>409</u>	<u>423</u>
370.33		554	893	1,029	1,195	1,385	1,608
370.34	2,400- 2,499	<u>265</u>	<u>315</u>	<u>370</u>	<u>425</u>	<u>451</u>	<u>467</u>
370.35		560	903	1,040	1,208	1,400	1,625
370.36	2,500- 2,599	<u>290</u>	<u>350</u>	<u>408</u>	<u>465</u>	<u>493</u>	<u>511</u>
370.37		570	920	1,060	1,230	1,426	1,655
370.38	2,600- 2,699	<u>315</u>	<u>385</u>	<u>446</u>	<u>505</u>	<u>535</u>	<u>555</u>
370.39		580	936	1,078	1,251	1,450	1,683
370.40	2,700- 2,799	<u>340</u>	<u>420</u>	<u>484</u>	<u>545</u>	<u>577</u>	<u>599</u>
370.41		589	950	1,094	1,270	1,472	1,707
370.42	2,800- 2,899	<u>365</u>	<u>455</u>	<u>522</u>	<u>585</u>	<u>619</u>	<u>643</u>
370.43		596	963	1,109	1,287	1,492	1,730
370.44	2,900- 2,999	<u>390</u>	<u>490</u>	<u>560</u>	<u>625</u>	<u>661</u>	<u>687</u>

371.1		<u>603</u>	<u>975</u>	<u>1,122</u>	<u>1,302</u>	<u>1,509</u>	<u>1,749</u>
371.2	3,000- 3,099	<u>415</u>	<u>525</u>	<u>598</u>	<u>665</u>	<u>703</u>	<u>731</u>
371.3		<u>613</u>	<u>991</u>	<u>1,141</u>	<u>1,324</u>	<u>1,535</u>	<u>1,779</u>
371.4	3,100- 3,199	<u>440</u>	<u>560</u>	<u>636</u>	<u>705</u>	<u>745</u>	<u>775</u>
371.5		<u>623</u>	<u>1,007</u>	<u>1,158</u>	<u>1,344</u>	<u>1,558</u>	<u>1,807</u>
371.6	3,200- 3,299	<u>465</u>	<u>595</u>	<u>674</u>	<u>745</u>	<u>787</u>	<u>819</u>
371.7		<u>636</u>	<u>1,021</u>	<u>1,175</u>	<u>1,363</u>	<u>1,581</u>	<u>1,833</u>
371.8	3,300- 3,399	<u>485</u>	<u>630</u>	<u>712</u>	<u>785</u>	<u>829</u>	<u>863</u>
371.9		<u>650</u>	<u>1,034</u>	<u>1,190</u>	<u>1,380</u>	<u>1,601</u>	<u>1,857</u>
371.10	3,400- 3,499	<u>505</u>	<u>665</u>	<u>750</u>	<u>825</u>	<u>871</u>	<u>907</u>
371.11		<u>664</u>	<u>1,047</u>	<u>1,204</u>	<u>1,397</u>	<u>1,621</u>	<u>1,880</u>
371.12	3,500- 3,599	<u>525</u>	<u>695</u>	<u>784</u>	<u>861</u>	<u>910</u>	<u>948</u>
371.13		<u>677</u>	<u>1,062</u>	<u>1,223</u>	<u>1,418</u>	<u>1,646</u>	<u>1,909</u>
371.14	3,600- 3,699	<u>545</u>	<u>725</u>	<u>818</u>	<u>897</u>	<u>949</u>	<u>989</u>
371.15		<u>691</u>	<u>1,077</u>	<u>1,240</u>	<u>1,439</u>	<u>1,670</u>	<u>1,937</u>
371.16	3,700- 3,799	<u>565</u>	<u>755</u>	<u>852</u>	<u>933</u>	<u>988</u>	<u>1,030</u>
371.17		<u>705</u>	<u>1,081</u>	<u>1,257</u>	<u>1,459</u>	<u>1,693</u>	<u>1,963</u>
371.18	3,800- 3,899	<u>585</u>	<u>785</u>	<u>886</u>	<u>969</u>	<u>1,027</u>	<u>1,071</u>
371.19		<u>719</u>	<u>1,104</u>	<u>1,273</u>	<u>1,478</u>	<u>1,715</u>	<u>1,988</u>
371.20	3,900- 3,999	<u>605</u>	<u>815</u>	<u>920</u>	<u>1,005</u>	<u>1,065</u>	<u>1,111</u>
371.21		<u>732</u>	<u>1,116</u>	<u>1,288</u>	<u>1,496</u>	<u>1,736</u>	<u>2,012</u>
371.22	4,000- 4,099	<u>625</u>	<u>845</u>	<u>954</u>	<u>1,041</u>	<u>1,103</u>	<u>1,151</u>
371.23		<u>746</u>	<u>1,132</u>	<u>1,305</u>	<u>1,516</u>	<u>1,759</u>	<u>2,039</u>
371.24	4,100- 4,199	<u>645</u>	<u>875</u>	<u>988</u>	<u>1,077</u>	<u>1,142</u>	<u>1,191</u>
371.25		<u>760</u>	<u>1,147</u>	<u>1,322</u>	<u>1,536</u>	<u>1,781</u>	<u>2,064</u>
371.26	4,200- 4,299	<u>665</u>	<u>905</u>	<u>1,022</u>	<u>1,113</u>	<u>1,180</u>	<u>1,230</u>
371.27		<u>774</u>	<u>1,161</u>	<u>1,338</u>	<u>1,554</u>	<u>1,802</u>	<u>2,088</u>
371.28	4,300- 4,399	<u>685</u>	<u>935</u>	<u>1,056</u>	<u>1,149</u>	<u>1,218</u>	<u>1,269</u>
371.29		<u>787</u>	<u>1,175</u>	<u>1,353</u>	<u>1,572</u>	<u>1,822</u>	<u>2,111</u>
371.30	4,400- 4,499	<u>705</u>	<u>965</u>	<u>1,090</u>	<u>1,185</u>	<u>1,256</u>	<u>1,308</u>
371.31		<u>801</u>	<u>1,184</u>	<u>1,368</u>	<u>1,589</u>	<u>1,841</u>	<u>2,133</u>
371.32	4,500- 4,599	<u>724</u>	<u>993</u>	<u>1,122</u>	<u>1,219</u>	<u>1,292</u>	<u>1,345</u>
371.33		<u>808</u>	<u>1,200</u>	<u>1,386</u>	<u>1,608</u>	<u>1,864</u>	<u>2,160</u>
371.34	4,600- 4,699	<u>743</u>	<u>1,021</u>	<u>1,154</u>	<u>1,253</u>	<u>1,328</u>	<u>1,382</u>
371.35		<u>814</u>	<u>1,215</u>	<u>1,402</u>	<u>1,627</u>	<u>1,887</u>	<u>2,186</u>
371.36	4,700- 4,799	<u>762</u>	<u>1,049</u>	<u>1,186</u>	<u>1,287</u>	<u>1,364</u>	<u>1,419</u>
371.37		<u>820</u>	<u>1,231</u>	<u>1,419</u>	<u>1,645</u>	<u>1,908</u>	<u>2,212</u>
371.38	4,800- 4,899	<u>781</u>	<u>1,077</u>	<u>1,218</u>	<u>1,321</u>	<u>1,400</u>	<u>1,456</u>
371.39		<u>825</u>	<u>1,246</u>	<u>1,435</u>	<u>1,663</u>	<u>1,930</u>	<u>2,236</u>
371.40	4,900- 4,999	<u>800</u>	<u>1,105</u>	<u>1,250</u>	<u>1,354</u>	<u>1,435</u>	<u>1,493</u>
371.41		<u>831</u>	<u>1,260</u>	<u>1,450</u>	<u>1,680</u>	<u>1,950</u>	<u>2,260</u>
371.42	5,000- 5,099	<u>818</u>	<u>1,132</u>	<u>1,281</u>	<u>1,387</u>	<u>1,470</u>	<u>1,529</u>
371.43		<u>837</u>	<u>1,275</u>	<u>1,468</u>	<u>1,701</u>	<u>1,975</u>	<u>2,289</u>
371.44	5,100- 5,199	<u>835</u>	<u>1,159</u>	<u>1,312</u>	<u>1,420</u>	<u>1,505</u>	<u>1,565</u>
371.45		<u>843</u>	<u>1,290</u>	<u>1,485</u>	<u>1,722</u>	<u>1,999</u>	<u>2,317</u>
371.46	5,200- 5,299	<u>852</u>	<u>1,186</u>	<u>1,343</u>	<u>1,453</u>	<u>1,540</u>	<u>1,601</u>

372.1		<u>849</u>	<u>1,304</u>	<u>1,502</u>	<u>1,743</u>	<u>2,022</u>	<u>2,345</u>
372.2	5,300- 5,399	<u>869</u>	<u>1,213</u>	<u>1,374</u>	<u>1,486</u>	<u>1,575</u>	<u>1,638</u>
372.3		<u>854</u>	<u>1,318</u>	<u>1,518</u>	<u>1,763</u>	<u>2,046</u>	<u>2,372</u>
372.4	5,400- 5,499	<u>886</u>	<u>1,240</u>	<u>1,405</u>	<u>1,519</u>	<u>1,610</u>	<u>1,674</u>
372.5		<u>860</u>	<u>1,331</u>	<u>1,535</u>	<u>1,782</u>	<u>2,068</u>	<u>2,398</u>
372.6	5,500- 5,599	<u>903</u>	<u>1,264</u>	<u>1,434</u>	<u>1,550</u>	<u>1,643</u>	<u>1,708</u>
372.7		<u>866</u>	<u>1,346</u>	<u>1,551</u>	<u>1,801</u>	<u>2,090</u>	<u>2,424</u>
372.8	5,600- 5,699	<u>920</u>	<u>1,288</u>	<u>1,463</u>	<u>1,581</u>	<u>1,676</u>	<u>1,743</u>
372.9		<u>873</u>	<u>1,357</u>	<u>1,568</u>	<u>1,819</u>	<u>2,111</u>	<u>2,449</u>
372.10	5,700- 5,799	<u>937</u>	<u>1,312</u>	<u>1,492</u>	<u>1,612</u>	<u>1,709</u>	<u>1,777</u>
372.11		<u>881</u>	<u>1,376</u>	<u>1,583</u>	<u>1,837</u>	<u>2,132</u>	<u>2,473</u>
372.12	5,800- 5,899	<u>954</u>	<u>1,336</u>	<u>1,521</u>	<u>1,643</u>	<u>1,742</u>	<u>1,811</u>
372.13		<u>888</u>	<u>1,390</u>	<u>1,599</u>	<u>1,855</u>	<u>2,152</u>	<u>2,497</u>
372.14	5,900- 5,999	<u>971</u>	<u>1,360</u>	<u>1,550</u>	<u>1,674</u>	<u>1,775</u>	<u>1,846</u>
372.15		<u>895</u>	<u>1,404</u>	<u>1,604</u>	<u>1,872</u>	<u>2,172</u>	<u>2,520</u>
372.16	6,000- 6,099	<u>988</u>	<u>1,383</u>	<u>1,577</u>	<u>1,703</u>	<u>1,805</u>	<u>1,877</u>
372.17		<u>902</u>	<u>1,419</u>	<u>1,631</u>	<u>1,892</u>	<u>2,195</u>	<u>2,546</u>
372.18	6,100- 6,199	<u>993</u>	<u>1,391</u>	<u>1,586</u>	<u>1,713</u>	<u>1,815</u>	<u>1,887</u>
372.19		<u>909</u>	<u>1,433</u>	<u>1,645</u>	<u>1,912</u>	<u>2,217</u>	<u>2,572</u>
372.20	6,200- 6,299	<u>999</u>	<u>1,399</u>	<u>1,594</u>	<u>1,722</u>	<u>1,825</u>	<u>1,898</u>
372.21		<u>916</u>	<u>1,448</u>	<u>1,664</u>	<u>1,932</u>	<u>2,239</u>	<u>2,597</u>
372.22	6,300- 6,399	<u>1,005</u>	<u>1,406</u>	<u>1,603</u>	<u>1,732</u>	<u>1,836</u>	<u>1,909</u>
372.23		<u>923</u>	<u>1,462</u>	<u>1,682</u>	<u>1,951</u>	<u>2,260</u>	<u>2,621</u>
372.24	6,400- 6,499	<u>1,010</u>	<u>1,414</u>	<u>1,612</u>	<u>1,741</u>	<u>1,846</u>	<u>1,920</u>
372.25		<u>930</u>	<u>1,476</u>	<u>1,697</u>	<u>1,970</u>	<u>2,282</u>	<u>2,646</u>
372.26	6,500- 6,599	<u>1,016</u>	<u>1,422</u>	<u>1,621</u>	<u>1,751</u>	<u>1,856</u>	<u>1,931</u>
372.27		<u>936</u>	<u>1,490</u>	<u>1,713</u>	<u>1,989</u>	<u>2,305</u>	<u>2,673</u>
372.28	6,600- 6,699	<u>1,021</u>	<u>1,430</u>	<u>1,630</u>	<u>1,761</u>	<u>1,866</u>	<u>1,941</u>
372.29		<u>943</u>	<u>1,505</u>	<u>1,730</u>	<u>2,009</u>	<u>2,328</u>	<u>2,700</u>
372.30	6,700- 6,799	<u>1,027</u>	<u>1,438</u>	<u>1,639</u>	<u>1,770</u>	<u>1,876</u>	<u>1,951</u>
372.31		<u>950</u>	<u>1,519</u>	<u>1,746</u>	<u>2,028</u>	<u>2,350</u>	<u>2,727</u>
372.32	6,800- 6,899	<u>1,032</u>	<u>1,445</u>	<u>1,648</u>	<u>1,780</u>	<u>1,887</u>	<u>1,962</u>
372.33		<u>957</u>	<u>1,533</u>	<u>1,762</u>	<u>2,047</u>	<u>2,379</u>	<u>2,747</u>
372.34	6,900- 6,999	<u>1,038</u>	<u>1,453</u>	<u>1,657</u>	<u>1,790</u>	<u>1,897</u>	<u>1,973</u>
372.35		<u>963</u>	<u>1,547</u>	<u>1,778</u>	<u>2,065</u>	<u>2,394</u>	<u>2,753</u>
372.36	7,000- 7,099	<u>1,044</u>	<u>1,462</u>	<u>1,666</u>	<u>1,800</u>	<u>1,908</u>	<u>1,984</u>
372.37		<u>970</u>	<u>1,561</u>	<u>1,795</u>	<u>2,085</u>	<u>2,417</u>	<u>2,758</u>
372.38	7,100- 7,199	<u>1,050</u>	<u>1,470</u>	<u>1,676</u>	<u>1,810</u>	<u>1,918</u>	<u>1,995</u>
372.39		<u>974</u>	<u>1,574</u>	<u>1,812</u>	<u>2,104</u>	<u>2,439</u>	<u>2,764</u>
372.40	7,200- 7,299	<u>1,056</u>	<u>1,479</u>	<u>1,686</u>	<u>1,821</u>	<u>1,930</u>	<u>2,007</u>
372.41		<u>980</u>	<u>1,587</u>	<u>1,828</u>	<u>2,123</u>	<u>2,462</u>	<u>2,769</u>
372.42	7,300- 7,399	<u>1,063</u>	<u>1,488</u>	<u>1,696</u>	<u>1,832</u>	<u>1,942</u>	<u>2,019</u>
372.43		<u>989</u>	<u>1,600</u>	<u>1,844</u>	<u>2,142</u>	<u>2,483</u>	<u>2,775</u>
372.44	7,400- 7,499	<u>1,069</u>	<u>1,496</u>	<u>1,706</u>	<u>1,843</u>	<u>1,953</u>	<u>2,032</u>
372.45		<u>998</u>	<u>1,613</u>	<u>1,860</u>	<u>2,160</u>	<u>2,505</u>	<u>2,781</u>
372.46	7,500- 7,599	<u>1,075</u>	<u>1,505</u>	<u>1,716</u>	<u>1,854</u>	<u>1,965</u>	<u>2,043</u>

373.1		<u>1,006</u>	<u>1,628</u>	<u>1,877</u>	<u>2,180</u>	<u>2,528</u>	<u>2,803</u>
373.2	7,600- 7,699	<u>1,081</u>	<u>1,514</u>	<u>1,725</u>	<u>1,863</u>	<u>1,975</u>	<u>2,054</u>
373.3		<u>1,015</u>	<u>1,643</u>	<u>1,894</u>	<u>2,199</u>	<u>2,550</u>	<u>2,833</u>
373.4	7,700- 7,799	<u>1,087</u>	<u>1,522</u>	<u>1,735</u>	<u>1,874</u>	<u>1,986</u>	<u>2,066</u>
373.5		<u>1,023</u>	<u>1,658</u>	<u>1,911</u>	<u>2,218</u>	<u>2,572</u>	<u>2,864</u>
373.6	7,800- 7,899	<u>1,093</u>	<u>1,531</u>	<u>1,745</u>	<u>1,885</u>	<u>1,998</u>	<u>2,078</u>
373.7		<u>1,032</u>	<u>1,673</u>	<u>1,928</u>	<u>2,237</u>	<u>2,594</u>	<u>2,894</u>
373.8	7,900- 7,999	<u>1,099</u>	<u>1,540</u>	<u>1,755</u>	<u>1,896</u>	<u>2,009</u>	<u>2,090</u>
373.9		<u>1,040</u>	<u>1,688</u>	<u>1,944</u>	<u>2,256</u>	<u>2,616</u>	<u>2,925</u>
373.10	8,000- 8,099	<u>1,106</u>	<u>1,548</u>	<u>1,765</u>	<u>1,907</u>	<u>2,021</u>	<u>2,102</u>
373.11		<u>1,048</u>	<u>1,703</u>	<u>1,960</u>	<u>2,274</u>	<u>2,637</u>	<u>2,955</u>
373.12	8,100- 8,199	<u>1,112</u>	<u>1,557</u>	<u>1,775</u>	<u>1,917</u>	<u>2,032</u>	<u>2,114</u>
373.13		<u>1,056</u>	<u>1,717</u>	<u>1,976</u>	<u>2,293</u>	<u>2,658</u>	<u>2,985</u>
373.14	8,200- 8,299	<u>1,118</u>	<u>1,566</u>	<u>1,785</u>	<u>1,928</u>	<u>2,044</u>	<u>2,126</u>
373.15		<u>1,064</u>	<u>1,731</u>	<u>1,992</u>	<u>2,311</u>	<u>2,679</u>	<u>3,016</u>
373.16	8,300 -8,399	<u>1,124</u>	<u>1,574</u>	<u>1,795</u>	<u>1,939</u>	<u>2,055</u>	<u>2,137</u>
373.17		<u>1,072</u>	<u>1,746</u>	<u>2,008</u>	<u>2,328</u>	<u>2,700</u>	<u>3,046</u>
373.18	8,400- 8,499	<u>1,131</u>	<u>1,583</u>	<u>1,804</u>	<u>1,949</u>	<u>2,066</u>	<u>2,149</u>
373.19		<u>1,080</u>	<u>1,760</u>	<u>2,023</u>	<u>2,346</u>	<u>2,720</u>	<u>3,077</u>
373.20	8,500- 8,599	<u>1,137</u>	<u>1,592</u>	<u>1,814</u>	<u>1,960</u>	<u>2,078</u>	<u>2,161</u>
373.21		<u>1,092</u>	<u>1,780</u>	<u>2,047</u>	<u>2,374</u>	<u>2,752</u>	<u>3,107</u>
373.22	8,600- 8,699	<u>1,143</u>	<u>1,600</u>	<u>1,824</u>	<u>1,970</u>	<u>2,089</u>	<u>2,173</u>
373.23		<u>1,105</u>	<u>1,801</u>	<u>2,071</u>	<u>2,401</u>	<u>2,784</u>	<u>3,138</u>
373.24	8,700- 8,799	<u>1,149</u>	<u>1,609</u>	<u>1,834</u>	<u>1,981</u>	<u>2,100</u>	<u>2,185</u>
373.25		<u>1,118</u>	<u>1,822</u>	<u>2,094</u>	<u>2,429</u>	<u>2,816</u>	<u>3,168</u>
373.26	8,800- 8,899	<u>1,155</u>	<u>1,618</u>	<u>1,844</u>	<u>1,992</u>	<u>2,112</u>	<u>2,197</u>
373.27		<u>1,130</u>	<u>1,842</u>	<u>2,118</u>	<u>2,456</u>	<u>2,848</u>	<u>3,199</u>
373.28	8,900- 8,999	<u>1,162</u>	<u>1,626</u>	<u>1,854</u>	<u>2,003</u>	<u>2,124</u>	<u>2,209</u>
373.29		<u>1,143</u>	<u>1,863</u>	<u>2,142</u>	<u>2,484</u>	<u>2,880</u>	<u>3,223</u>
373.30	9,000- 9,099	<u>1,168</u>	<u>1,635</u>	<u>1,864</u>	<u>2,014</u>	<u>2,135</u>	<u>2,221</u>
373.31		<u>1,156</u>	<u>1,884</u>	<u>2,166</u>	<u>2,512</u>	<u>2,912</u>	<u>3,243</u>
373.32	9,100- 9,199	<u>1,174</u>	<u>1,644</u>	<u>1,874</u>	<u>2,024</u>	<u>2,146</u>	<u>2,232</u>
373.33		<u>1,168</u>	<u>1,904</u>	<u>2,190</u>	<u>2,539</u>	<u>2,944</u>	<u>3,263</u>
373.34	9,200- 9,299	<u>1,180</u>	<u>1,652</u>	<u>1,884</u>	<u>2,035</u>	<u>2,158</u>	<u>2,244</u>
373.35		<u>1,181</u>	<u>1,925</u>	<u>2,213</u>	<u>2,567</u>	<u>2,976</u>	<u>3,284</u>
373.36	9,300- 9,399	<u>1,186</u>	<u>1,661</u>	<u>1,893</u>	<u>2,045</u>	<u>2,168</u>	<u>2,255</u>
373.37		<u>1,194</u>	<u>1,946</u>	<u>2,237</u>	<u>2,594</u>	<u>3,008</u>	<u>3,304</u>
373.38	9,400- 9,499	<u>1,193</u>	<u>1,670</u>	<u>1,903</u>	<u>2,056</u>	<u>2,179</u>	<u>2,267</u>
373.39		<u>1,207</u>	<u>1,967</u>	<u>2,261</u>	<u>2,622</u>	<u>3,031</u>	<u>3,324</u>
373.40	9,500- 9,599	<u>1,199</u>	<u>1,678</u>	<u>1,913</u>	<u>2,066</u>	<u>2,190</u>	<u>2,278</u>
373.41		<u>1,219</u>	<u>1,987</u>	<u>2,285</u>	<u>2,650</u>	<u>3,050</u>	<u>3,345</u>
373.42	9,600- 9,699	<u>1,205</u>	<u>1,687</u>	<u>1,923</u>	<u>2,077</u>	<u>2,202</u>	<u>2,290</u>
373.43		<u>1,232</u>	<u>2,008</u>	<u>2,309</u>	<u>2,677</u>	<u>3,069</u>	<u>3,365</u>
373.44	9,700- 9,799	<u>1,211</u>	<u>1,696</u>	<u>1,933</u>	<u>2,088</u>	<u>2,214</u>	<u>2,302</u>
373.45		<u>1,245</u>	<u>2,029</u>	<u>2,332</u>	<u>2,705</u>	<u>3,087</u>	<u>3,385</u>
373.46	9,800- 9,899	<u>1,217</u>	<u>1,704</u>	<u>1,943</u>	<u>2,099</u>	<u>2,225</u>	<u>2,314</u>

374.1		<u>1,257</u>	<u>2,049</u>	<u>2,356</u>	<u>2,732</u>	<u>3,106</u>	<u>3,406</u>
374.2	9,900- 9,999	<u>1,224</u>	<u>1,713</u>	<u>1,953</u>	<u>2,110</u>	<u>2,237</u>	<u>2,326</u>
374.3		<u>1,270</u>	<u>2,070</u>	<u>2,380</u>	<u>2,760</u>	<u>3,125</u>	<u>3,426</u>
374.4	10,000-10,099	<u>1,230</u>	<u>1,722</u>	<u>1,963</u>	<u>2,121</u>	<u>2,248</u>	<u>2,338</u>
374.5		<u>1,283</u>	<u>2,091</u>	<u>2,404</u>	<u>2,788</u>	<u>3,144</u>	<u>3,446</u>
374.6	10,100-10,199	<u>1,236</u>	<u>1,730</u>	<u>1,973</u>	<u>2,131</u>	<u>2,259</u>	<u>2,350</u>
374.7		<u>1,295</u>	<u>2,111</u>	<u>2,428</u>	<u>2,815</u>	<u>3,162</u>	<u>3,467</u>
374.8	10,200-10,299	<u>1,242</u>	<u>1,739</u>	<u>1,983</u>	<u>2,142</u>	<u>2,270</u>	<u>2,361</u>
374.9		<u>1,308</u>	<u>2,132</u>	<u>2,451</u>	<u>2,843</u>	<u>3,181</u>	<u>3,487</u>
374.10	10,300-10,399	<u>1,248</u>	<u>1,748</u>	<u>1,992</u>	<u>2,152</u>	<u>2,281</u>	<u>2,373</u>
374.11		<u>1,321</u>	<u>2,153</u>	<u>2,475</u>	<u>2,870</u>	<u>3,200</u>	<u>3,507</u>
374.12	10,400-10,499	<u>1,254</u>	<u>1,756</u>	<u>2,002</u>	<u>2,163</u>	<u>2,292</u>	<u>2,384</u>
374.13		<u>1,334</u>	<u>2,174</u>	<u>2,499</u>	<u>2,898</u>	<u>3,218</u>	<u>3,528</u>
374.14	10,500-10,599	<u>1,261</u>	<u>1,765</u>	<u>2,012</u>	<u>2,173</u>	<u>2,304</u>	<u>2,396</u>
374.15		<u>1,346</u>	<u>2,194</u>	<u>2,523</u>	<u>2,921</u>	<u>3,237</u>	<u>3,548</u>
374.16	10,600-10,699	<u>1,267</u>	<u>1,774</u>	<u>2,022</u>	<u>2,184</u>	<u>2,316</u>	<u>2,409</u>
374.17		<u>1,359</u>	<u>2,215</u>	<u>2,547</u>	<u>2,938</u>	<u>3,256</u>	<u>3,568</u>
374.18	10,700-10,799	<u>1,273</u>	<u>1,782</u>	<u>2,032</u>	<u>2,195</u>	<u>2,327</u>	<u>2,420</u>
374.19		<u>1,372</u>	<u>2,236</u>	<u>2,570</u>	<u>2,955</u>	<u>3,274</u>	<u>3,589</u>
374.20	10,800-10,899	<u>1,279</u>	<u>1,791</u>	<u>2,042</u>	<u>2,206</u>	<u>2,338</u>	<u>2,432</u>
374.21		<u>1,384</u>	<u>2,256</u>	<u>2,594</u>	<u>2,972</u>	<u>3,293</u>	<u>3,609</u>
374.22	10,900-10,999	<u>1,285</u>	<u>1,800</u>	<u>2,052</u>	<u>2,217</u>	<u>2,349</u>	<u>2,444</u>
374.23		<u>1,397</u>	<u>2,277</u>	<u>2,618</u>	<u>2,989</u>	<u>3,312</u>	<u>3,629</u>
374.24	11,000-11,099	<u>1,292</u>	<u>1,808</u>	<u>2,061</u>	<u>2,226</u>	<u>2,360</u>	<u>2,455</u>
374.25		<u>1,410</u>	<u>2,294</u>	<u>2,642</u>	<u>3,006</u>	<u>3,331</u>	<u>3,649</u>
374.26	11,100-11,199	<u>1,298</u>	<u>1,817</u>	<u>2,071</u>	<u>2,237</u>	<u>2,372</u>	<u>2,467</u>
374.27		<u>1,422</u>	<u>2,306</u>	<u>2,666</u>	<u>3,023</u>	<u>3,349</u>	<u>3,667</u>
374.28	11,200-11,299	<u>1,304</u>	<u>1,826</u>	<u>2,081</u>	<u>2,248</u>	<u>2,384</u>	<u>2,479</u>
374.29		<u>1,435</u>	<u>2,319</u>	<u>2,689</u>	<u>3,040</u>	<u>3,366</u>	<u>3,686</u>
374.30	11,300-11,399	<u>1,310</u>	<u>1,834</u>	<u>2,091</u>	<u>2,259</u>	<u>2,395</u>	<u>2,491</u>
374.31		<u>1,448</u>	<u>2,331</u>	<u>2,713</u>	<u>3,055</u>	<u>3,383</u>	<u>3,705</u>
374.32	11,400-11,499	<u>1,316</u>	<u>1,843</u>	<u>2,101</u>	<u>2,270</u>	<u>2,406</u>	<u>2,503</u>
374.33		<u>1,461</u>	<u>2,344</u>	<u>2,735</u>	<u>3,071</u>	<u>3,400</u>	<u>3,723</u>
374.34	11,500-11,599	<u>1,323</u>	<u>1,852</u>	<u>2,111</u>	<u>2,280</u>	<u>2,417</u>	<u>2,514</u>
374.35		<u>1,473</u>	<u>2,356</u>	<u>2,748</u>	<u>3,087</u>	<u>3,417</u>	<u>3,742</u>
374.36	11,600-11,699	<u>1,329</u>	<u>1,860</u>	<u>2,121</u>	<u>2,291</u>	<u>2,428</u>	<u>2,526</u>
374.37		<u>1,486</u>	<u>2,367</u>	<u>2,762</u>	<u>3,102</u>	<u>3,435</u>	<u>3,761</u>
374.38	11,700-11,799	<u>1,335</u>	<u>1,869</u>	<u>2,131</u>	<u>2,302</u>	<u>2,439</u>	<u>2,537</u>
374.39		<u>1,499</u>	<u>2,378</u>	<u>2,775</u>	<u>3,116</u>	<u>3,452</u>	<u>3,780</u>
374.40	11,800-11,899	<u>1,341</u>	<u>1,878</u>	<u>2,141</u>	<u>2,313</u>	<u>2,451</u>	<u>2,549</u>
374.41		<u>1,511</u>	<u>2,389</u>	<u>2,788</u>	<u>3,131</u>	<u>3,469</u>	<u>3,798</u>
374.42	11,900-11,999	<u>1,347</u>	<u>1,886</u>	<u>2,150</u>	<u>2,323</u>	<u>2,463</u>	<u>2,561</u>
374.43		<u>1,524</u>	<u>2,401</u>	<u>2,801</u>	<u>3,146</u>	<u>3,485</u>	<u>3,817</u>
374.44	12,000-12,099	<u>1,354</u>	<u>1,895</u>	<u>2,160</u>	<u>2,333</u>	<u>2,474</u>	<u>2,573</u>
374.45		<u>1,537</u>	<u>2,412</u>	<u>2,814</u>	<u>3,160</u>	<u>3,501</u>	<u>3,836</u>
374.46	12,100-12,199	<u>1,360</u>	<u>1,904</u>	<u>2,170</u>	<u>2,344</u>	<u>2,485</u>	<u>2,585</u>

375.1		<u>1,549</u>	<u>2,423</u>	<u>2,828</u>	<u>3,175</u>	<u>3,517</u>	<u>3,854</u>
375.2	12,200-12,299	<u>1,366</u>	<u>1,912</u>	<u>2,180</u>	<u>2,355</u>	<u>2,497</u>	<u>2,597</u>
375.3		<u>1,562</u>	<u>2,434</u>	<u>2,841</u>	<u>3,190</u>	<u>3,534</u>	<u>3,871</u>
375.4	12,300-12,399	<u>1,372</u>	<u>1,921</u>	<u>2,190</u>	<u>2,366</u>	<u>2,509</u>	<u>2,609</u>
375.5		<u>1,575</u>	<u>2,445</u>	<u>2,854</u>	<u>3,205</u>	<u>3,550</u>	<u>3,889</u>
375.6	12,400-12,499	<u>1,378</u>	<u>1,930</u>	<u>2,200</u>	<u>2,377</u>	<u>2,520</u>	<u>2,621</u>
375.7		<u>1,588</u>	<u>2,456</u>	<u>2,867</u>	<u>3,219</u>	<u>3,566</u>	<u>3,907</u>
375.8	12,500-12,599	<u>1,385</u>	<u>1,938</u>	<u>2,210</u>	<u>2,387</u>	<u>2,531</u>	<u>2,633</u>
375.9		<u>1,600</u>	<u>2,467</u>	<u>2,880</u>	<u>3,234</u>	<u>3,582</u>	<u>3,924</u>
375.10	12,600-12,699	<u>1,391</u>	<u>1,947</u>	<u>2,220</u>	<u>2,397</u>	<u>2,542</u>	<u>2,644</u>
375.11		<u>1,613</u>	<u>2,478</u>	<u>2,894</u>	<u>3,249</u>	<u>3,598</u>	<u>3,942</u>
375.12	12,700-12,799	<u>1,397</u>	<u>1,956</u>	<u>2,230</u>	<u>2,408</u>	<u>2,553</u>	<u>2,656</u>
375.13		<u>1,626</u>	<u>2,489</u>	<u>2,907</u>	<u>3,264</u>	<u>3,615</u>	<u>3,960</u>
375.14	12,800-12,899	<u>1,403</u>	<u>1,964</u>	<u>2,240</u>	<u>2,419</u>	<u>2,565</u>	<u>2,668</u>
375.15		<u>1,638</u>	<u>2,500</u>	<u>2,920</u>	<u>3,278</u>	<u>3,631</u>	<u>3,977</u>
375.16	12,900-12,999	<u>1,409</u>	<u>1,973</u>	<u>2,250</u>	<u>2,430</u>	<u>2,576</u>	<u>2,680</u>
375.17		<u>1,651</u>	<u>2,512</u>	<u>2,933</u>	<u>3,293</u>	<u>3,647</u>	<u>3,995</u>
375.18	13,000-13,099	<u>1,416</u>	<u>1,982</u>	<u>2,259</u>	<u>2,440</u>	<u>2,587</u>	<u>2,691</u>
375.19		<u>1,664</u>	<u>2,523</u>	<u>2,946</u>	<u>3,308</u>	<u>3,663</u>	<u>4,012</u>
375.20	13,100-13,199	<u>1,422</u>	<u>1,990</u>	<u>2,269</u>	<u>2,451</u>	<u>2,599</u>	<u>2,703</u>
375.21		<u>1,676</u>	<u>2,534</u>	<u>2,960</u>	<u>3,322</u>	<u>3,679</u>	<u>4,030</u>
375.22	13,200-13,299	<u>1,428</u>	<u>1,999</u>	<u>2,279</u>	<u>2,462</u>	<u>2,610</u>	<u>2,715</u>
375.23		<u>1,689</u>	<u>2,545</u>	<u>2,973</u>	<u>3,337</u>	<u>3,696</u>	<u>4,048</u>
375.24	13,300-13,399	<u>1,434</u>	<u>2,008</u>	<u>2,289</u>	<u>2,473</u>	<u>2,622</u>	<u>2,727</u>
375.25		<u>1,702</u>	<u>2,556</u>	<u>2,986</u>	<u>3,352</u>	<u>3,712</u>	<u>4,065</u>
375.26	13,400-13,499	<u>1,440</u>	<u>2,016</u>	<u>2,299</u>	<u>2,484</u>	<u>2,633</u>	<u>2,739</u>
375.27		<u>1,715</u>	<u>2,567</u>	<u>2,999</u>	<u>3,367</u>	<u>3,728</u>	<u>4,083</u>
375.28	13,500-13,599	<u>1,446</u>	<u>2,025</u>	<u>2,309</u>	<u>2,494</u>	<u>2,644</u>	<u>2,751</u>
375.29		<u>1,727</u>	<u>2,578</u>	<u>3,012</u>	<u>3,381</u>	<u>3,744</u>	<u>4,100</u>
375.30	13,600-13,699	<u>1,453</u>	<u>2,034</u>	<u>2,318</u>	<u>2,504</u>	<u>2,655</u>	<u>2,762</u>
375.31		<u>1,740</u>	<u>2,589</u>	<u>3,026</u>	<u>3,396</u>	<u>3,760</u>	<u>4,118</u>
375.32	13,700-13,799	<u>1,459</u>	<u>2,042</u>	<u>2,328</u>	<u>2,515</u>	<u>2,666</u>	<u>2,773</u>
375.33		<u>1,753</u>	<u>2,600</u>	<u>3,039</u>	<u>3,411</u>	<u>3,777</u>	<u>4,136</u>
375.34	13,800-13,899	<u>1,465</u>	<u>2,051</u>	<u>2,338</u>	<u>2,526</u>	<u>2,677</u>	<u>2,784</u>
375.35		<u>1,765</u>	<u>2,611</u>	<u>3,052</u>	<u>3,425</u>	<u>3,793</u>	<u>4,153</u>
375.36	13,900-13,999	<u>1,471</u>	<u>2,060</u>	<u>2,348</u>	<u>2,537</u>	<u>2,688</u>	<u>2,795</u>
375.37		<u>1,778</u>	<u>2,623</u>	<u>3,065</u>	<u>3,440</u>	<u>3,809</u>	<u>4,171</u>
375.38	14,000-14,099	<u>1,477</u>	<u>2,068</u>	<u>2,358</u>	<u>2,547</u>	<u>2,699</u>	<u>2,807</u>
375.39		<u>1,791</u>	<u>2,634</u>	<u>3,078</u>	<u>3,455</u>	<u>3,825</u>	<u>4,189</u>
375.40	14,100-14,199	<u>1,484</u>	<u>2,077</u>	<u>2,368</u>	<u>2,558</u>	<u>2,711</u>	<u>2,819</u>
375.41		<u>1,803</u>	<u>2,645</u>	<u>3,092</u>	<u>3,470</u>	<u>3,841</u>	<u>4,206</u>
375.42	14,200-14,299	<u>1,490</u>	<u>2,086</u>	<u>2,378</u>	<u>2,569</u>	<u>2,722</u>	<u>2,831</u>
375.43		<u>1,816</u>	<u>2,656</u>	<u>3,105</u>	<u>3,484</u>	<u>3,858</u>	<u>4,224</u>
375.44	14,300-14,399	<u>1,496</u>	<u>2,094</u>	<u>2,388</u>	<u>2,580</u>	<u>2,734</u>	<u>2,843</u>
375.45		<u>1,829</u>	<u>2,667</u>	<u>3,118</u>	<u>3,499</u>	<u>3,874</u>	<u>4,239</u>
375.46	14,400-14,499	<u>1,502</u>	<u>2,103</u>	<u>2,398</u>	<u>2,590</u>	<u>2,746</u>	<u>2,855</u>

376.1		<u>1,842</u>	<u>2,678</u>	<u>3,131</u>	<u>3,514</u>	<u>3,889</u>	<u>4,253</u>
376.2	14,500-14,599	<u>1,508</u>	<u>2,111</u>	<u>2,407</u>	<u>2,600</u>	<u>2,757</u>	<u>2,867</u>
376.3		<u>1,854</u>	<u>2,689</u>	<u>3,144</u>	<u>3,529</u>	<u>3,902</u>	<u>4,268</u>
376.4	14,600-14,699	<u>1,515</u>	<u>2,120</u>	<u>2,417</u>	<u>2,611</u>	<u>2,768</u>	<u>2,879</u>
376.5		<u>1,864</u>	<u>2,700</u>	<u>3,158</u>	<u>3,541</u>	<u>3,916</u>	<u>4,282</u>
376.6	14,700-14,799	<u>1,521</u>	<u>2,129</u>	<u>2,427</u>	<u>2,622</u>	<u>2,780</u>	<u>2,891</u>
376.7		<u>1,872</u>	<u>2,711</u>	<u>3,170</u>	<u>3,553</u>	<u>3,929</u>	<u>4,297</u>
376.8	14,800-14,899	<u>1,527</u>	<u>2,138</u>	<u>2,437</u>	<u>2,633</u>	<u>2,792</u>	<u>2,903</u>
376.9		<u>1,879</u>	<u>2,722</u>	<u>3,181</u>	<u>3,565</u>	<u>3,942</u>	<u>4,311</u>
376.10	14,900-14,999	<u>1,533</u>	<u>2,146</u>	<u>2,447</u>	<u>2,643</u>	<u>2,802</u>	<u>2,914</u>
376.11	15,000, or the	<u>1,883</u>	<u>2,727</u>	<u>3,186</u>	<u>3,571</u>	<u>3,949</u>	<u>4,319</u>
376.12	amount in effect	<u>1,539</u>	<u>2,155</u>	<u>2,457</u>	<u>2,654</u>	<u>2,813</u>	<u>2,926</u>
376.13	under subd. 4						
376.14	-15,099						
376.15	<u>15,100-15,199</u>	<u>1,545</u>	<u>2,163</u>	<u>2,466</u>	<u>2,664</u>	<u>2,825</u>	<u>2,937</u>
376.16	<u>15,200-15,299</u>	<u>1,551</u>	<u>2,171</u>	<u>2,476</u>	<u>2,675</u>	<u>2,836</u>	<u>2,949</u>
376.17	<u>15,300-15,399</u>	<u>1,557</u>	<u>2,180</u>	<u>2,486</u>	<u>2,685</u>	<u>2,847</u>	<u>2,961</u>
376.18	<u>15,400-15,499</u>	<u>1,563</u>	<u>2,188</u>	<u>2,495</u>	<u>2,695</u>	<u>2,858</u>	<u>2,973</u>
376.19	<u>15,500-15,599</u>	<u>1,569</u>	<u>2,197</u>	<u>2,505</u>	<u>2,706</u>	<u>2,869</u>	<u>2,985</u>
376.20	<u>15,600-15,699</u>	<u>1,575</u>	<u>2,205</u>	<u>2,514</u>	<u>2,716</u>	<u>2,880</u>	<u>2,996</u>
376.21	<u>15,700-15,799</u>	<u>1,581</u>	<u>2,214</u>	<u>2,524</u>	<u>2,727</u>	<u>2,891</u>	<u>3,008</u>
376.22	<u>15,800-15,899</u>	<u>1,587</u>	<u>2,222</u>	<u>2,534</u>	<u>2,737</u>	<u>2,902</u>	<u>3,019</u>
376.23	<u>15,900-15,999</u>	<u>1,593</u>	<u>2,230</u>	<u>2,543</u>	<u>2,747</u>	<u>2,913</u>	<u>3,030</u>
376.24	<u>16,000-16,099</u>	<u>1,599</u>	<u>2,239</u>	<u>2,553</u>	<u>2,758</u>	<u>2,924</u>	<u>3,042</u>
376.25	<u>16,100-16,199</u>	<u>1,605</u>	<u>2,247</u>	<u>2,562</u>	<u>2,768</u>	<u>2,935</u>	<u>3,053</u>
376.26	<u>16,200-16,299</u>	<u>1,611</u>	<u>2,256</u>	<u>2,572</u>	<u>2,779</u>	<u>2,946</u>	<u>3,065</u>
376.27	<u>16,300-16,399</u>	<u>1,617</u>	<u>2,264</u>	<u>2,582</u>	<u>2,789</u>	<u>2,957</u>	<u>3,076</u>
376.28	<u>16,400-16,499</u>	<u>1,623</u>	<u>2,272</u>	<u>2,591</u>	<u>2,799</u>	<u>2,968</u>	<u>3,088</u>
376.29	<u>16,500-16,599</u>	<u>1,629</u>	<u>2,281</u>	<u>2,601</u>	<u>2,810</u>	<u>2,979</u>	<u>3,099</u>
376.30	<u>16,600-16,699</u>	<u>1,635</u>	<u>2,289</u>	<u>2,610</u>	<u>2,820</u>	<u>2,990</u>	<u>3,110</u>
376.31	<u>16,700-16,799</u>	<u>1,641</u>	<u>2,298</u>	<u>2,620</u>	<u>2,830</u>	<u>3,001</u>	<u>3,121</u>
376.32	<u>16,800-16,899</u>	<u>1,647</u>	<u>2,306</u>	<u>2,629</u>	<u>2,840</u>	<u>3,011</u>	<u>3,132</u>
376.33	<u>16,900-16,999</u>	<u>1,653</u>	<u>2,315</u>	<u>2,639</u>	<u>2,851</u>	<u>3,022</u>	<u>3,143</u>
376.34	<u>17,000-17,099</u>	<u>1,659</u>	<u>2,323</u>	<u>2,649</u>	<u>2,861</u>	<u>3,033</u>	<u>3,155</u>
376.35	<u>17,100-17,199</u>	<u>1,665</u>	<u>2,331</u>	<u>2,658</u>	<u>2,871</u>	<u>3,044</u>	<u>3,167</u>
376.36	<u>17,200-17,299</u>	<u>1,671</u>	<u>2,340</u>	<u>2,668</u>	<u>2,882</u>	<u>3,055</u>	<u>3,178</u>
376.37	<u>17,300-17,399</u>	<u>1,677</u>	<u>2,348</u>	<u>2,677</u>	<u>2,892</u>	<u>3,066</u>	<u>3,189</u>
376.38	<u>17,400-17,499</u>	<u>1,683</u>	<u>2,357</u>	<u>2,687</u>	<u>2,902</u>	<u>3,077</u>	<u>3,201</u>
376.39	<u>17,500-17,599</u>	<u>1,689</u>	<u>2,365</u>	<u>2,696</u>	<u>2,912</u>	<u>3,088</u>	<u>3,212</u>
376.40	<u>17,600-17,699</u>	<u>1,695</u>	<u>2,373</u>	<u>2,705</u>	<u>2,922</u>	<u>3,098</u>	<u>3,223</u>
376.41	<u>17,700-17,799</u>	<u>1,701</u>	<u>2,382</u>	<u>2,715</u>	<u>2,932</u>	<u>3,109</u>	<u>3,234</u>

377.1	<u>17,800-17,899</u>	<u>1,707</u>	<u>2,390</u>	<u>2,724</u>	<u>2,942</u>	<u>3,119</u>	<u>3,245</u>
377.2	<u>17,900-17,999</u>	<u>1,713</u>	<u>2,399</u>	<u>2,734</u>	<u>2,953</u>	<u>3,130</u>	<u>3,256</u>
377.3	<u>18,000-18,099</u>	<u>1,719</u>	<u>2,407</u>	<u>2,744</u>	<u>2,963</u>	<u>3,141</u>	<u>3,268</u>
377.4	<u>18,100-18,199</u>	<u>1,725</u>	<u>2,415</u>	<u>2,753</u>	<u>2,973</u>	<u>3,152</u>	<u>3,279</u>
377.5	<u>18,200-18,299</u>	<u>1,731</u>	<u>2,424</u>	<u>2,763</u>	<u>2,984</u>	<u>3,163</u>	<u>3,290</u>
377.6	<u>18,300-18,399</u>	<u>1,737</u>	<u>2,432</u>	<u>2,772</u>	<u>2,994</u>	<u>3,174</u>	<u>3,301</u>
377.7	<u>18,400-18,499</u>	<u>1,743</u>	<u>2,441</u>	<u>2,782</u>	<u>3,004</u>	<u>3,185</u>	<u>3,313</u>
377.8	<u>18,500-18,599</u>	<u>1,749</u>	<u>2,449</u>	<u>2,791</u>	<u>3,014</u>	<u>3,196</u>	<u>3,324</u>
377.9	<u>18,600-18,699</u>	<u>1,755</u>	<u>2,457</u>	<u>2,801</u>	<u>3,024</u>	<u>3,206</u>	<u>3,335</u>
377.10	<u>18,700-18,799</u>	<u>1,761</u>	<u>2,466</u>	<u>2,811</u>	<u>3,035</u>	<u>3,217</u>	<u>3,346</u>
377.11	<u>18,800-18,899</u>	<u>1,767</u>	<u>2,474</u>	<u>2,820</u>	<u>3,045</u>	<u>3,227</u>	<u>3,357</u>
377.12	<u>18,900-18,999</u>	<u>1,773</u>	<u>2,483</u>	<u>2,830</u>	<u>3,056</u>	<u>3,238</u>	<u>3,368</u>
377.13	<u>19,000-19,099</u>	<u>1,779</u>	<u>2,491</u>	<u>2,840</u>	<u>3,066</u>	<u>3,249</u>	<u>3,380</u>
377.14	<u>19,100-19,199</u>	<u>1,785</u>	<u>2,499</u>	<u>2,849</u>	<u>3,076</u>	<u>3,260</u>	<u>3,392</u>
377.15	<u>19,200-19,299</u>	<u>1,791</u>	<u>2,508</u>	<u>2,859</u>	<u>3,087</u>	<u>3,271</u>	<u>3,403</u>
377.16	<u>19,300-19,399</u>	<u>1,797</u>	<u>2,516</u>	<u>2,868</u>	<u>3,097</u>	<u>3,282</u>	<u>3,414</u>
377.17	<u>19,400-19,499</u>	<u>1,803</u>	<u>2,525</u>	<u>2,878</u>	<u>3,107</u>	<u>3,293</u>	<u>3,426</u>
377.18	<u>19,500-19,599</u>	<u>1,809</u>	<u>2,533</u>	<u>2,887</u>	<u>3,117</u>	<u>3,304</u>	<u>3,437</u>
377.19	<u>19,600-19,699</u>	<u>1,815</u>	<u>2,541</u>	<u>2,896</u>	<u>3,127</u>	<u>3,315</u>	<u>3,448</u>
377.20	<u>19,700-19,799</u>	<u>1,821</u>	<u>2,550</u>	<u>2,906</u>	<u>3,138</u>	<u>3,326</u>	<u>3,459</u>
377.21	<u>19,800-19,899</u>	<u>1,827</u>	<u>2,558</u>	<u>2,915</u>	<u>3,148</u>	<u>3,337</u>	<u>3,470</u>
377.22	<u>19,900-19,999</u>	<u>1,833</u>	<u>2,567</u>	<u>2,925</u>	<u>3,159</u>	<u>3,348</u>	<u>3,481</u>
377.23	<u>20,000 and over or</u>	<u>1,839</u>	<u>2,575</u>	<u>2,935</u>	<u>3,170</u>	<u>3,359</u>	<u>3,492</u>
377.24	<u>the amount in</u>						
377.25	<u>effect under</u>						
377.26	<u>subdivision 4</u>						

377.27 **EFFECTIVE DATE.** This section is effective January 1, 2023.

377.28 Sec. 11. Minnesota Statutes 2020, section 518A.39, subdivision 7, is amended to read:

377.29 Subd. 7. **Child care exception.** Child care support must be based on the actual child
 377.30 care expenses. The court may provide that a decrease in the amount of the child care based
 377.31 on a decrease in the actual child care expenses is effective as of the date the expense is
 377.32 decreased. Under section 518A.40, subdivision 4, paragraph (d), a decrease in the amount
 377.33 of child care support shall be effective as of the date the expenses terminated unless otherwise
 377.34 found by the court.

378.1 Sec. 12. Minnesota Statutes 2020, section 518A.40, is amended by adding a subdivision
378.2 to read:

378.3 Subd. 3a. **Child care cost information.** (a) Upon the request of the obligor when child
378.4 care support is ordered to be paid, unless there is a protective or restraining order issued by
378.5 the court regarding one of the parties or on behalf of a joint child, or the obligee is a
378.6 participant in the Safe at Home program:

378.7 (1) the obligee must give the child care provider the name and address of the obligor
378.8 and must give the obligor the name, address, and telephone number of the child care provider;

378.9 (2) by February 1 of each year, the obligee must provide the obligor with verification
378.10 from the child care provider that indicates the total child care expenses paid for the previous
378.11 year; and

378.12 (3) when there is a change in the child care provider, the type of child care provider, or
378.13 the age group of the child, the obligee must provide updated information to the obligor
378.14 within 30 calendar days. If the obligee fails to provide the annual verification from the
378.15 provider or updated information, the obligor may request the verification from the provider.

378.16 (b) When the obligee is no longer incurring child care expenses, the obligee must notify
378.17 the obligor, and the public authority if it provides child support services, that the child care
378.18 expenses ended and on which date. If the public authority is providing services, the public
378.19 authority must follow the procedure outlined in subdivision 4.

378.20 Sec. 13. Minnesota Statutes 2020, section 518A.40, subdivision 4, is amended to read:

378.21 **Subd. 4. Change in child care.** (a) When a court order provides for child care expenses,
378.22 and child care support is not assigned under section 256.741, the public authority, if the
378.23 public authority provides child support enforcement services, may suspend collecting the
378.24 amount allocated for child care expenses when either party informs the public authority that
378.25 no child care ~~costs~~ expenses are being incurred and:

378.26 (1) the public authority verifies the accuracy of the information with the obligee; or

378.27 (2) the obligee fails to respond within 30 days of the date of a written request from the
378.28 public authority for information regarding child care costs. A written or oral response from
378.29 the obligee that child care costs are being incurred is sufficient for the public authority to
378.30 continue collecting child care expenses.

378.31 The suspension is effective as of the first day of the month following the date that the public
378.32 authority either verified the information with the obligee or the obligee failed to respond.

379.1 The public authority will resume collecting child care expenses when either party provides
379.2 information that child care costs are incurred, or when a child care support assignment takes
379.3 effect under section 256.741, subdivision 4. The resumption is effective as of the first day
379.4 of the month after the date that the public authority received the information.

379.5 (b) If the parties provide conflicting information to the public authority regarding whether
379.6 child care expenses are being incurred, the public authority will continue or resume collecting
379.7 child care expenses. Either party, by motion to the court, may challenge the suspension,
379.8 continuation, or resumption of the collection of child care expenses under this subdivision.
379.9 If the public authority suspends collection activities for the amount allocated for child care
379.10 expenses, all other provisions of the court order remain in effect.

379.11 (c) In cases where there is a substantial increase or decrease in child care expenses, the
379.12 parties may modify the order under section 518A.39.

379.13 (d) In cases where child care expenses have terminated, the parties may modify the order
379.14 under section 518A.39.

379.15 (e) When the public authority is providing child support services, the parties may contact
379.16 the public authority about the option of a stipulation to modify or terminate the child care
379.17 support amount.

379.18 Sec. 14. Minnesota Statutes 2020, section 518A.42, is amended to read:

379.19 **518A.42 ABILITY TO PAY; SELF-SUPPORT ADJUSTMENT.**

379.20 Subdivision 1. **Ability to pay.** (a) It is a rebuttable presumption that a child support
379.21 order should not exceed the obligor's ability to pay. To determine the amount of child support
379.22 the obligor has the ability to pay, the court shall follow the procedure set out in this section.

379.23 (b) The court shall calculate the obligor's income available for support by subtracting a
379.24 monthly self-support reserve equal to 120 percent of the federal poverty guidelines for one
379.25 person from the obligor's ~~gross income~~ parental income for determining child support (PICS).
379.26 If the obligor's income available for support calculated under this paragraph is equal to or
379.27 greater than the obligor's support obligation calculated under section 518A.34, the court
379.28 shall order child support under section 518A.34.

379.29 (c) If the obligor's income available for support calculated under paragraph (b) is more
379.30 than the minimum support amount under subdivision 2, but less than the guideline amount
379.31 under section 518A.34, then the court shall apply a reduction to the child support obligation
379.32 in the following order, until the support order is equal to the obligor's income available for
379.33 support:

380.1 (1) medical support obligation;

380.2 (2) child care support obligation; and

380.3 (3) basic support obligation.

380.4 (d) If the obligor's income available for support calculated under paragraph (b) is equal
380.5 to or less than the minimum support amount under subdivision 2 or if the obligor's gross
380.6 income is less than 120 percent of the federal poverty guidelines for one person, the minimum
380.7 support amount under subdivision 2 applies.

380.8 Subd. 2. **Minimum basic support amount.** (a) If the basic support amount applies, the
380.9 court must order the following amount as the minimum basic support obligation:

380.10 (1) for one ~~or two children~~ child, the obligor's basic support obligation is \$50 per month;

380.11 (2) for two children, the obligor's basic support obligation is \$60 per month;

380.12 (3) for three or four children, the obligor's basic support obligation is \$75 \$70 per month;

380.13 ~~and~~

380.14 (4) for four children, the obligor's basic support obligation is \$80 per month;

380.15 (3) ~~(5)~~ for five or more children, the obligor's basic support obligation is \$100 \$90 per
380.16 month-; and

380.17 (6) for six or more children, the obligor's basic support obligation is \$100 per month.

380.18 (b) If the court orders the obligor to pay the minimum basic support amount under this
380.19 subdivision, the obligor is presumed unable to pay child care support and medical support.

380.20 ~~If the court finds the obligor receives no income and completely lacks the ability to earn~~
380.21 ~~income, the minimum basic support amount under this subdivision does not apply.~~

380.22 Subd. 3. **Exception.** (a) This section does not apply to an obligor who is incarcerated.

380.23 (b) If the court finds the obligor receives no income and completely lacks the ability to
380.24 earn income, the minimum basic support amount under this subdivision does not apply.

380.25 (c) If the obligor's basic support amount is reduced below the minimum basic support
380.26 amount due to the application of the parenting expense adjustment, the minimum basic
380.27 support amount under this subdivision does not apply and the lesser amount is the guideline
380.28 basic support.

380.29 **EFFECTIVE DATE.** This section is effective January 1, 2023.

381.1 Sec. 15. Minnesota Statutes 2020, section 518A.43, is amended by adding a subdivision
381.2 to read:

381.3 Subd. 1b. **Increase in income of custodial parent.** In a modification of support under
381.4 section 518A.39, the court may deviate from the presumptive child support obligation under
381.5 section 518A.34 when the only change in circumstances is an increase to the custodial
381.6 parent's income and:

381.7 (1) the basic support increases;

381.8 (2) the parties' combined gross income is \$6,000 or less; or

381.9 (3) the obligor's income is \$2,000 or less.

381.10 **EFFECTIVE DATE.** This section is effective January 1, 2023.

381.11 Sec. 16. Minnesota Statutes 2020, section 518A.685, is amended to read:

381.12 **518A.685 CONSUMER REPORTING AGENCY; REPORTING ARREARS.**

381.13 (a) If a public authority determines that an obligor has not paid the current monthly
381.14 support obligation plus any required arrearage payment for three months, the public authority
381.15 ~~must~~ may report this information to a consumer reporting agency.

381.16 (b) Before reporting that an obligor is in arrears for court-ordered child support, the
381.17 public authority must:

381.18 (1) provide written notice to the obligor that the public authority intends to report the
381.19 arrears to a consumer reporting agency; and

381.20 (2) mail the written notice to the obligor's last known mailing address at least 30 days
381.21 before the public authority reports the arrears to a consumer reporting agency.

381.22 (c) The obligor may, within 21 days of receipt of the notice, do the following to prevent
381.23 the public authority from reporting the arrears to a consumer reporting agency:

381.24 (1) pay the arrears in full; ~~or~~

381.25 (2) request an administrative review. An administrative review is limited to issues of
381.26 mistaken identity, a pending legal action involving the arrears, or an incorrect arrears
381.27 balance; or

381.28 (3) enter into a written payment agreement pursuant to section 518A.69 that is approved
381.29 by a court, a child support magistrate, or the public authority responsible for child support
381.30 enforcement.

382.1 (d) A public authority that reports arrearage information under this section must make
382.2 monthly reports to a consumer reporting agency. The monthly report must be consistent
382.3 with credit reporting industry standards for child support.

382.4 (e) For purposes of this section, "consumer reporting agency" has the meaning given in
382.5 section 13C.001, subdivision 4, and United States Code, title 15, section 1681a(f).

382.6 **EFFECTIVE DATE.** This section is effective January 1, 2023.

382.7 Sec. 17. **[518A.80] MOTION TO TRANSFER TO TRIBAL COURT.**

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

382.10 (b) "Case participant" means a person who is a party to the case.

382.11 (c) "District court" means a district court of the state of Minnesota.

382.12 (d) "Party" means a person or entity named or admitted as a party or seeking to be
382.13 admitted as a party in the district court action, including the county IV-D agency, regardless
382.14 of whether the person or entity is named in the caption.

382.15 (e) "Tribal court" means a tribal court of a federally recognized Indian tribe located in
382.16 Minnesota that is receiving funding from the federal government to operate a child support
382.17 program under United States Code, title 42, chapter 7, subchapter IV, part D, sections 654
382.18 to 669b.

382.19 (f) "Tribal IV-D agency" has the meaning given in Code of Federal Regulations, title
382.20 45, part 309.05.

382.21 (g) "Title IV-D child support case" has the meaning given in section 518A.26, subdivision
382.22 10.

382.23 **Subd. 2. Actions eligible for transfer.** Under this section, a postjudgment child support,
382.24 custody, or parenting time action is eligible for transfer to a Tribal court. This section does
382.25 not apply to a child protection action or a dissolution action involving a child.

382.26 **Subd. 3. Motion to transfer.** (a) A party's or Tribal IV-D agency's motion to transfer a
382.27 child support, custody, or parenting time action to a Tribal court shall include:

382.28 (1) the address of each case participant;

382.29 (2) the Tribal affiliation of each case participant, if applicable;

382.30 (3) the name, Tribal affiliation if applicable, and date of birth of each living minor or
382.31 dependent child of a case participant who is subject to the action; and

383.1 (4) the legal and factual basis for the court to find that the district court and a Tribal
383.2 court have concurrent jurisdiction in the case.

383.3 (b) A party or Tribal IV-D agency bringing a motion to transfer a child support, custody,
383.4 or parenting time action to a Tribal court must file the motion with the district court and
383.5 serve the required documents on each party and the Tribal IV-D agency, regardless of
383.6 whether the Tribal IV-D agency is a party to the action.

383.7 (c) A party's or Tribal IV-D agency's motion to transfer a child support, custody, or
383.8 parenting time action to a Tribal court must be accompanied by an affidavit setting forth
383.9 facts in support of the motion.

383.10 (d) When a party other than the Tribal IV-D agency has filed a motion to transfer a child
383.11 support, custody, or parenting time action to a Tribal court, an affidavit of the Tribal IV-D
383.12 agency stating whether the Tribal IV-D agency provides services to a party must be filed
383.13 and served on each party within 15 days from the date of service of the motion to transfer
383.14 the action.

383.15 **Subd. 4. Order to transfer to Tribal court.** (a) Unless a district court holds a hearing
383.16 under subdivision 6, upon motion of a party or a Tribal IV-D agency, a district court must
383.17 transfer a postjudgment child support, custody, or parenting time action to a Tribal court
383.18 when the district court finds that:

383.19 (1) the district court and Tribal court have concurrent jurisdiction of the action;

383.20 (2) a case participant in the action is receiving services from the Tribal IV-D agency;
383.21 and

383.22 (3) no party or Tribal IV-D agency files and serves a timely objection to transferring the
383.23 action to a Tribal court.

383.24 (b) When the district court finds that each requirement of this subdivision is satisfied,
383.25 the district court is not required to hold a hearing on the motion to transfer the action to a
383.26 Tribal court. The district court's order transferring the action to a Tribal court must include
383.27 written findings that describe how each requirement of this subdivision is met.

383.28 **Subd. 5. Objection to motion to transfer.** (a) To object to a motion to transfer a child
383.29 support, custody, or parenting time action to a Tribal court, a party or Tribal IV-D agency
383.30 must file with the court and serve on each party and the Tribal IV-D agency a responsive
383.31 motion objecting to the motion to transfer within 30 days of the motion to transfer's date of
383.32 service.

384.1 (b) If a party or Tribal IV-D agency files with the district court and properly serves a
384.2 timely objection to the motion to transfer a child support, custody, or parenting time action
384.3 to a Tribal court, the district court must hold a hearing on the motion.

384.4 Subd. 6. **Hearing.** If a district court holds a hearing under this section, the district court
384.5 must evaluate and make written findings about all relevant factors, including:

384.6 (1) whether an issue requires interpretation of Tribal law, including the Tribal constitution,
384.7 statutes, bylaws, ordinances, resolutions, treaties, or case law;

384.8 (2) whether the action involves Tribal traditional or cultural matters;

384.9 (3) whether the tribe is a party to the action;

384.10 (4) whether Tribal sovereignty, jurisdiction, or territory is an issue in the action;

384.11 (5) the Tribal membership status of each case participant in the action;

384.12 (6) where the claim arises that forms the basis of the action;

384.13 (7) the location of the residence of each case participant in the action and each child
384.14 who is a subject of the action;

384.15 (8) whether the parties have by contract chosen a forum or the law to be applied in the
384.16 event of a dispute;

384.17 (9) the timing of any motion to transfer the action to a Tribal court, each party's
384.18 expenditure of time and resources, the court's expenditure of time and resources, and the
384.19 district court's scheduling order;

384.20 (10) which court will hear and decide the action more expeditiously;

384.21 (11) the burden on each party if the court transfers the action to a Tribal court, including
384.22 costs, access to and admissibility of evidence, and matters of procedure; and

384.23 (12) any other factor that the court determines to be relevant.

384.24 Subd. 7. **Future exercise of jurisdiction.** Nothing in this section shall be construed to
384.25 limit the district court's exercise of jurisdiction when the Tribal court waives jurisdiction,
384.26 transfers the action back to district court, or otherwise declines to exercise jurisdiction over
384.27 the action.

384.28 Subd. 8. **Transfer to Red Lake Nation Tribal Court.** When a party or Tribal IV-D
384.29 agency brings a motion to transfer a child support, custody, or parenting time action to the
384.30 Red Lake Nation Tribal Court, the court must transfer the action to the Red Lake Nation
384.31 Tribal Court if the case participants and child resided within the boundaries of the Red Lake

385.1 Reservation for six months preceding the motion to transfer the action to the Red Lake
385.2 Nation Tribal Court.

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

385.4 Sec. 18. Minnesota Statutes 2020, section 548.091, subdivision 1a, is amended to read:

385.5 Subd. 1a. **Child support judgment by operation of law.** ~~(a)~~ Any payment or installment
385.6 of support required by a judgment or decree of dissolution or legal separation, determination
385.7 of parentage, an order under chapter 518C, an order under section 256.87, or an order under
385.8 section 260B.331 or 260C.331, that is not paid or withheld from the obligor's income as
385.9 required under section 518A.53, or which is ordered as child support by judgment, decree,
385.10 or order by a court in any other state, is a judgment by operation of law on and after the
385.11 date it is due, is entitled to full faith and credit in this state and any other state, and shall be
385.12 entered and docketed by the court administrator on the filing of affidavits as provided in
385.13 subdivision 2a. ~~Except as otherwise provided by paragraphs (b) and (c), interest accrues~~
385.14 ~~from the date the unpaid amount due is greater than the current support due at the annual~~
385.15 ~~rate provided in section 549.09, subdivision 1, not to exceed an annual rate of 18 percent.~~
385.16 A payment or installment of support that becomes a judgment by operation of law between
385.17 the date on which a party served notice of a motion for modification under section 518A.39,
385.18 subdivision 2, and the date of the court's order on modification may be modified under that
385.19 subdivision. Interest does not accrue on a judgment for child support, confinement and
385.20 pregnancy expenses, or genetic testing fees.

385.21 ~~(b) Notwithstanding the provisions of section 549.09, upon motion to the court and upon~~
385.22 ~~proof by the obligor of 12 consecutive months of complete and timely payments of both~~
385.23 ~~current support and court-ordered paybacks of a child support debt or arrearage, the court~~
385.24 ~~may order interest on the remaining debt or arrearage to stop accruing. Timely payments~~
385.25 ~~are those made in the month in which they are due. If, after that time, the obligor fails to~~
385.26 ~~make complete and timely payments of both current support and court-ordered paybacks~~
385.27 ~~of child support debt or arrearage, the public authority or the obligee may move the court~~
385.28 ~~for the reinstatement of interest as of the month in which the obligor ceased making complete~~
385.29 ~~and timely payments.~~

385.30 ~~The court shall provide copies of all orders issued under this section to the public~~
385.31 ~~authority. The state court administrator shall prepare and make available to the court and~~
385.32 ~~the parties forms to be submitted by the parties in support of a motion under this paragraph.~~

386.1 ~~(e) Notwithstanding the provisions of section 549.09, upon motion to the court, the court~~
386.2 ~~may order interest on a child support debt or arrearage to stop accruing where the court~~
386.3 ~~finds that the obligor is:~~

386.4 ~~(1) unable to pay support because of a significant physical or mental disability;~~

386.5 ~~(2) a recipient of Supplemental Security Income (SSI), Title II Older Americans Survivor's~~
386.6 ~~Disability Insurance (OASDI), other disability benefits, or public assistance based upon~~
386.7 ~~need; or~~

386.8 ~~(3) institutionalized or incarcerated for at least 30 days for an offense other than~~
386.9 ~~nonsupport of the child or children involved, and is otherwise financially unable to pay~~
386.10 ~~support.~~

386.11 ~~(d) If the conditions in paragraph (c) no longer exist, upon motion to the court, the court~~
386.12 ~~may order interest accrual to resume retroactively from the date of service of the motion to~~
386.13 ~~resume the accrual of interest.~~

386.14 ~~(e) Notwithstanding section 549.09, the public authority must suspend the charging of~~
386.15 ~~interest when:~~

386.16 ~~(1) the obligor makes a request to the public authority that the public authority suspend~~
386.17 ~~the charging of interest;~~

386.18 ~~(2) the public authority provides full IV-D child support services; and~~

386.19 ~~(3) the obligor has made, through the public authority, 12 consecutive months of complete~~
386.20 ~~and timely payments of both current support and court-ordered paybacks of a child support~~
386.21 ~~debt or arrearage.~~

386.22 ~~Timely payments are those made in the month in which they are due.~~

386.23 ~~Interest charging must be suspended on the first of the month following the date of the~~
386.24 ~~written notice of the public authority's action to suspend the charging of interest. If, after~~
386.25 ~~interest charging has been suspended, the obligor fails to make complete and timely payments~~
386.26 ~~of both current support and court-ordered paybacks of child support debt or arrearage, the~~
386.27 ~~public authority may resume the charging of interest as of the first day of the month in which~~
386.28 ~~the obligor ceased making complete and timely payments.~~

386.29 ~~The public authority must provide written notice to the parties of the public authority's~~
386.30 ~~action to suspend or resume the charging of interest. The notice must inform the parties of~~
386.31 ~~the right to request a hearing to contest the public authority's action. The notice must be~~
386.32 ~~sent by first class mail to the parties' last known addresses.~~

387.1 ~~A party may contest the public authority's action to suspend or resume the charging of~~
387.2 ~~interest if the party makes a written request for a hearing within 30 days of the date of written~~
387.3 ~~notice. If a party makes a timely request for a hearing, the public authority must schedule~~
387.4 ~~a hearing and send written notice of the hearing to the parties by mail to the parties' last~~
387.5 ~~known addresses at least 14 days before the hearing. The hearing must be conducted in~~
387.6 ~~district court or in the expedited child support process if section 484.702 applies. The district~~
387.7 ~~court or child support magistrate must determine whether suspending or resuming the interest~~
387.8 ~~charging is appropriate and, if appropriate, the effective date.~~

387.9 **EFFECTIVE DATE.** This section is effective August 1, 2022.

387.10 Sec. 19. Minnesota Statutes 2020, section 548.091, subdivision 2a, is amended to read:

387.11 Subd. 2a. **Entry and docketing of child support judgment.** (a) On or after the date an
387.12 unpaid amount becomes a judgment by operation of law under subdivision 1a, the obligee
387.13 or the public authority may file with the court administrator:

387.14 (1) a statement identifying, or a copy of, the judgment or decree of dissolution or legal
387.15 separation, determination of parentage, order under chapter 518B or 518C, an order under
387.16 section 256.87, an order under section 260B.331 or 260C.331, or judgment, decree, or order
387.17 for child support by a court in any other state, which provides for periodic installments of
387.18 child support, or a judgment or notice of attorney fees and collection costs under section
387.19 518A.735;

387.20 (2) an affidavit of default. The affidavit of default must state the full name, occupation,
387.21 place of residence, and last known post office address of the obligor, the name of the obligee,
387.22 the date or dates payment was due and not received and judgment was obtained by operation
387.23 of law, the total amount of the judgments to be entered and docketed; and

387.24 (3) an affidavit of service of a notice of intent to enter and docket judgment and to recover
387.25 attorney fees and collection costs on the obligor, in person or by first class mail at the
387.26 obligor's last known post office address. Service is completed upon mailing in the manner
387.27 designated. Where applicable, a notice of interstate lien in the form promulgated under
387.28 United States Code, title 42, section 652(a), is sufficient to satisfy the requirements of clauses
387.29 (1) and (2).

387.30 (b) A judgment entered and docketed under this subdivision has the same effect and is
387.31 subject to the same procedures, defenses, and proceedings as any other judgment in district
387.32 court, and may be enforced or satisfied in the same manner as judgments under section
387.33 548.09, except as otherwise provided.

388.1 (c) A judgment entered and docketed under this subdivision is not subject to interest
388.2 charging or accrual.

388.3 **EFFECTIVE DATE.** This section is effective August 1, 2022.

388.4 Sec. 20. Minnesota Statutes 2020, section 548.091, subdivision 3b, is amended to read:

388.5 Subd. 3b. **Child support judgment administrative renewals.** Child support judgments
388.6 may be renewed by service of notice upon the debtor. Service must be by first class mail at
388.7 the last known address of the debtor, with service deemed complete upon mailing in the
388.8 manner designated, or in the manner provided for the service of civil process. Upon the
388.9 filing of the notice and proof of service, the court administrator shall administratively renew
388.10 the judgment for child support without any additional filing fee in the same court file as the
388.11 original child support judgment. The judgment must be renewed in an amount equal to the
388.12 unpaid principal plus the ~~accrued~~ unpaid interest accrued prior to August 1, 2022. Child
388.13 support judgments may be renewed multiple times until paid.

388.14 **EFFECTIVE DATE.** This section is effective August 1, 2022.

388.15 Sec. 21. Minnesota Statutes 2020, section 548.091, subdivision 9, is amended to read:

388.16 Subd. 9. **Payoff statement.** The public authority shall issue to the obligor, attorneys,
388.17 lenders, and closers, or their agents, a payoff statement setting forth conclusively the amount
388.18 necessary to satisfy the lien. Payoff statements must be issued within three business days
388.19 after receipt of a request by mail, personal delivery, telefacsimile, or electronic mail
388.20 transmission, and must be delivered to the requester by telefacsimile or electronic mail
388.21 transmission if requested and if appropriate technology is available to the public authority.
388.22 If the payoff statement includes amounts for unpaid maintenance, the statement shall specify
388.23 that the public authority does not calculate accrued interest and that an interest balance in
388.24 addition to the payoff statement may be owed.

388.25 **EFFECTIVE DATE.** This section is effective August 1, 2022.

388.26 Sec. 22. Minnesota Statutes 2020, section 548.091, subdivision 10, is amended to read:

388.27 Subd. 10. **Release of lien.** Upon payment of the child support amount due, the public
388.28 authority shall execute and deliver a satisfaction of the judgment lien within five business
388.29 days. The public authority is not responsible for satisfaction of judgments for unpaid
388.30 maintenance.

388.31 **EFFECTIVE DATE.** This section is effective August 1, 2022.

389.1 Sec. 23. Minnesota Statutes 2020, section 549.09, subdivision 1, is amended to read:

389.2 Subdivision 1. **When owed; rate.** (a) When a judgment or award is for the recovery of
389.3 money, including a judgment for the recovery of taxes, interest from the time of the verdict,
389.4 award, or report until judgment is finally entered shall be computed by the court administrator
389.5 or arbitrator as provided in paragraph (c) and added to the judgment or award.

389.6 (b) Except as otherwise provided by contract or allowed by law, preverdict, preaward,
389.7 or prereport interest on pecuniary damages shall be computed as provided in paragraph (c)
389.8 from the time of the commencement of the action or a demand for arbitration, or the time
389.9 of a written notice of claim, whichever occurs first, except as provided herein. The action
389.10 must be commenced within two years of a written notice of claim for interest to begin to
389.11 accrue from the time of the notice of claim. If either party serves a written offer of settlement,
389.12 the other party may serve a written acceptance or a written counteroffer within 30 days.
389.13 After that time, interest on the judgment or award shall be calculated by the judge or arbitrator
389.14 in the following manner. The prevailing party shall receive interest on any judgment or
389.15 award from the time of commencement of the action or a demand for arbitration, or the time
389.16 of a written notice of claim, or as to special damages from the time when special damages
389.17 were incurred, if later, until the time of verdict, award, or report only if the amount of its
389.18 offer is closer to the judgment or award than the amount of the opposing party's offer. If
389.19 the amount of the losing party's offer was closer to the judgment or award than the prevailing
389.20 party's offer, the prevailing party shall receive interest only on the amount of the settlement
389.21 offer or the judgment or award, whichever is less, and only from the time of commencement
389.22 of the action or a demand for arbitration, or the time of a written notice of claim, or as to
389.23 special damages from when the special damages were incurred, if later, until the time the
389.24 settlement offer was made. Subsequent offers and counteroffers supersede the legal effect
389.25 of earlier offers and counteroffers. For the purposes of clause (2), the amount of settlement
389.26 offer must be allocated between past and future damages in the same proportion as determined
389.27 by the trier of fact. Except as otherwise provided by contract or allowed by law, preverdict,
389.28 preaward, or prereport interest shall not be awarded on the following:

389.29 (1) judgments, awards, or benefits in workers' compensation cases, but not including
389.30 third-party actions;

389.31 (2) judgments or awards for future damages;

389.32 (3) punitive damages, fines, or other damages that are noncompensatory in nature;

389.33 (4) judgments or awards not in excess of the amount specified in section 491A.01; and

390.1 (5) that portion of any verdict, award, or report which is founded upon interest, or costs,
390.2 disbursements, attorney fees, or other similar items added by the court or arbitrator.

390.3 (c)(1)(i) For a judgment or award of \$50,000 or less or a judgment or award for or against
390.4 the state or a political subdivision of the state, regardless of the amount, or a judgment or
390.5 award in a family court action, except for a child support judgment, regardless of the amount,
390.6 the interest shall be computed as simple interest per annum. The rate of interest shall be
390.7 based on the secondary market yield of one year United States Treasury bills, calculated on
390.8 a bank discount basis as provided in this section.

390.9 On or before the 20th day of December of each year the state court administrator shall
390.10 determine the rate from the one-year constant maturity treasury yield for the most recent
390.11 calendar month, reported on a monthly basis in the latest statistical release of the board of
390.12 governors of the Federal Reserve System. This yield, rounded to the nearest one percent,
390.13 or four percent, whichever is greater, shall be the annual interest rate during the succeeding
390.14 calendar year. The state court administrator shall communicate the interest rates to the court
390.15 administrators and sheriffs for use in computing the interest on verdicts and shall make the
390.16 interest rates available to arbitrators.

390.17 This item applies to any section that references section 549.09 by citation for the purposes
390.18 of computing an interest rate on any amount owed to or by the state or a political subdivision
390.19 of the state, regardless of the amount.

390.20 (ii) The court, in a family court action, may order a lower interest rate or no interest rate
390.21 if the parties agree or if the court makes findings explaining why application of a lower
390.22 interest rate or no interest rate is necessary to avoid causing an unfair hardship to the debtor.
390.23 This item does not apply to child support or spousal maintenance judgments subject to
390.24 section 548.091.

390.25 (2) For a judgment or award over \$50,000, other than a judgment or award for or against
390.26 the state or a political subdivision of the state or a judgment or award in a family court
390.27 action, the interest rate shall be ten percent per year until paid.

390.28 (3) When a judgment creditor, or the judgment creditor's attorney or agent, has received
390.29 a payment after entry of judgment, whether the payment is made voluntarily by or on behalf
390.30 of the judgment debtor, or is collected by legal process other than execution levy where a
390.31 proper return has been filed with the court administrator, the judgment creditor, or the
390.32 judgment creditor's attorney, before applying to the court administrator for an execution
390.33 shall file with the court administrator an affidavit of partial satisfaction. The affidavit must
390.34 state the dates and amounts of payments made upon the judgment after the most recent

391.1 affidavit of partial satisfaction filed, if any; the part of each payment that is applied to taxable
391.2 disbursements and to accrued interest and to the unpaid principal balance of the judgment;
391.3 and the accrued, but the unpaid interest owing, if any, after application of each payment.

391.4 (4) Interest shall not accrue on child support judgments.

391.5 (d) This section does not apply to arbitrations between employers and employees under
391.6 chapter 179 or 179A. An arbitrator is neither required to nor prohibited from awarding
391.7 interest under chapter 179 or under section 179A.16 for essential employees.

391.8 (e) For purposes of this subdivision:

391.9 (1) "state" includes a department, board, agency, commission, court, or other entity in
391.10 the executive, legislative, or judicial branch of the state; and

391.11 (2) "political subdivision" includes a town, statutory or home rule charter city, county,
391.12 school district, or any other political subdivision of the state.

391.13 **EFFECTIVE DATE.** This section is effective August 1, 2022.

391.14 **ARTICLE 13**

391.15 **BEHAVIORAL HEALTH**

391.16 Section 1. Minnesota Statutes 2020, section 245.4889, subdivision 1, is amended to read:

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

391.19 (1) counties;

391.20 (2) Indian tribes;

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

391.22 (4) mental health service providers.

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

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

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

391.28 (3) respite care services for children with emotional disturbances or severe emotional
391.29 disturbances who are at risk of out-of-home placement. A child is not required to have case
391.30 management services to receive respite care services;

- 392.1 (4) children's mental health crisis services;
- 392.2 (5) mental health services for people from cultural and ethnic minorities;
- 392.3 (6) children's mental health screening and follow-up diagnostic assessment and treatment;
- 392.4 (7) services to promote and develop the capacity of providers to use evidence-based
392.5 practices in providing children's mental health services;
- 392.6 (8) school-linked mental health services under section 245.4901;
- 392.7 (9) building evidence-based mental health intervention capacity for children birth to age
392.8 five;
- 392.9 (10) suicide prevention and counseling services that use text messaging statewide;
- 392.10 (11) mental health first aid training;
- 392.11 (12) training for parents, collaborative partners, and mental health providers on the
392.12 impact of adverse childhood experiences and trauma and development of an interactive
392.13 website to share information and strategies to promote resilience and prevent trauma;
- 392.14 (13) transition age services to develop or expand mental health treatment and supports
392.15 for adolescents and young adults 26 years of age or younger;
- 392.16 (14) early childhood mental health consultation;
- 392.17 (15) evidence-based interventions for youth at risk of developing or experiencing a first
392.18 episode of psychosis, and a public awareness campaign on the signs and symptoms of
392.19 psychosis;
- 392.20 (16) psychiatric consultation for primary care practitioners; ~~and~~
- 392.21 (17) providers to begin operations and meet program requirements when establishing a
392.22 new children's mental health program. These may be start-up grants; and
- 392.23 (18) evidence-informed interventions for youth and young adults who are at risk of
392.24 developing a mood disorder or are experiencing an emerging mood disorder, including
392.25 major depression and bipolar disorders, and a public awareness campaign on the signs and
392.26 symptoms of mood disorders in youth and young adults.
- 392.27 (c) Services under paragraph (b) must be designed to help each child to function and
392.28 remain with the child's family in the community and delivered consistent with the child's
392.29 treatment plan. Transition services to eligible young adults under this paragraph must be
392.30 designed to foster independent living in the community.

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

393.3 Sec. 2. Minnesota Statutes 2020, section 245.735, subdivision 3, is amended to read:

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

393.11 ~~(1) comply with the CCBHC criteria published by the United States Department of~~
393.12 ~~Health and Human Services;~~

393.13 (1) comply with state licensing requirements and other requirements issued by the
393.14 commissioner;

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

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

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

393.24 (5) comply with quality assurance reporting requirements and other reporting
393.25 requirements, including any required reporting of encounter data, clinical outcomes data,
393.26 and quality data;

393.27 (6) provide crisis mental health and substance use services, withdrawal management
393.28 services, emergency crisis intervention services, and stabilization services, through existing
393.29 mobile crisis services; screening, assessment, and diagnosis services, including risk
393.30 assessments and level of care determinations; person- and family-centered treatment planning;
393.31 outpatient mental health and substance use services; targeted case management; psychiatric
393.32 rehabilitation services; peer support and counselor services and family support services;
393.33 and intensive community-based mental health services, including mental health services

394.1 for members of the armed forces and veterans; CCBHCs must directly provide the majority
 394.2 of these services to enrollees, but may coordinate some services with another entity through
 394.3 a collaboration or agreement, pursuant to paragraph (b);

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

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

394.11 (ii) other community services, supports, and providers, including schools, child welfare
 394.12 agencies, juvenile and criminal justice agencies, Indian health services clinics, tribally
 394.13 licensed health care and mental health facilities, urban Indian health clinics, Department of
 394.14 Veterans Affairs medical centers, outpatient clinics, drop-in centers, acute care hospitals,
 394.15 and hospital outpatient clinics;

394.16 (8) be certified as mental health clinics under section 245.69, subdivision 2;

394.17 (9) comply with standards established by the commissioner relating to mental health
 394.18 ~~services in Minnesota Rules, parts 9505.0370 to 9505.0372~~ CCBHC screenings, assessments,
 394.19 and evaluations;

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

394.21 (11) be certified to provide children's therapeutic services and supports under section
 394.22 256B.0943;

394.23 (12) be certified to provide adult rehabilitative mental health services under section
 394.24 256B.0623;

394.25 (13) be enrolled to provide mental health crisis response services under ~~sections~~ section
 394.26 ~~256B.0624 and 256B.0944;~~

394.27 (14) be enrolled to provide mental health targeted case management under section
 394.28 256B.0625, subdivision 20;

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

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

395.1 (17) comply with standards relating to peer services under sections 256B.0615,
 395.2 256B.0616, and 245G.07, subdivision 1, paragraph (a), clause (5), as applicable when peer
 395.3 services are provided.

395.4 (b) ~~If an entity a certified CCBHC is unable to provide one or more of the services listed~~
 395.5 ~~in paragraph (a), clauses (6) to (17), the commissioner may certify the entity as a CCBHC;~~
 395.6 ~~if the entity has a current may contract with another entity that has the required authority~~
 395.7 ~~to provide that service and that meets federal CCBHC the following criteria as a designated~~
 395.8 ~~collaborating organization, or, to the extent allowed by the federal CCBHC criteria, the~~
 395.9 ~~commissioner may approve a referral arrangement. The CCBHC must meet federal~~
 395.10 ~~requirements regarding the type and scope of services to be provided directly by the CCBHC.:~~

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

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

395.15 (3) the entity agrees that the CCBHC is responsible for coordinating care and has clinical
 395.16 and financial responsibility for the services that the entity provides under the agreement;
 395.17 and

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

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

395.27 (d) When the standards listed in paragraph (a) or other applicable standards conflict or
 395.28 address similar issues in duplicative or incompatible ways, the commissioner may grant
 395.29 variances to state requirements if the variances do not conflict with federal requirements
 395.30 for services reimbursed under medical assistance. If standards overlap, the commissioner
 395.31 may substitute all or a part of a licensure or certification that is substantially the same as
 395.32 another licensure or certification. The commissioner shall consult with stakeholders, as
 395.33 described in subdivision 4, before granting variances under this provision. For the CCBHC
 395.34 that is certified but not approved for prospective payment under section 256B.0625,

396.1 subdivision 5m, the commissioner may grant a variance under this paragraph if the variance
396.2 does not increase the state share of costs.

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

396.11 (f) The commissioner shall recertify CCBHCs at least every three years. The
396.12 commissioner shall establish a process for decertification and shall require corrective action,
396.13 medical assistance repayment, or decertification of a CCBHC that no longer meets the
396.14 requirements in this section or that fails to meet the standards provided by the commissioner
396.15 in the application and certification process.

396.16 Sec. 3. Minnesota Statutes 2020, section 245.735, subdivision 5, is amended to read:

396.17 Subd. 5. **Information systems support.** The commissioner and the state chief information
396.18 officer shall provide information systems support to the projects as necessary to comply
396.19 with state and federal requirements.

396.20 Sec. 4. Minnesota Statutes 2020, section 245.735, is amended by adding a subdivision to
396.21 read:

396.22 Subd. 6. **Demonstration entities.** The commissioner may operate the demonstration
396.23 program established by section 223 of the Protecting Access to Medicare Act if federal
396.24 funding for the demonstration program remains available from the United States Department
396.25 of Health and Human Services. To the extent practicable, the commissioner shall align the
396.26 requirements of the demonstration program with the requirements under this section for
396.27 CCBHCs receiving medical assistance reimbursement. A CCBHC may not apply to
396.28 participate as a billing provider in both the CCBHC federal demonstration and the benefit
396.29 for CCBHCs under the medical assistance program.

397.1 Sec. 5. Minnesota Statutes 2020, section 246.54, subdivision 1b, is amended to read:

397.2 Subd. 1b. **Community behavioral health hospitals.** A county's payment of the cost of
397.3 care provided at state-operated community-based behavioral health hospitals for adults and
397.4 children shall be according to the following schedule:

397.5 (1) 100 percent for each day during the stay, including the day of admission, when the
397.6 facility determines that it is clinically appropriate for the client to be discharged; and

397.7 (2) the county shall not be entitled to reimbursement from the client, the client's estate,
397.8 or from the client's relatives, except as provided in section 246.53.

397.9 Sec. 6. **[254B.17] SCHOOL-LINKED SUBSTANCE ABUSE GRANTS.**

397.10 Subdivision 1. **Establishment.** The commissioner of human services shall establish a
397.11 school-linked substance abuse grant program to provide early identification of and
397.12 intervention for secondary school students with substance use disorder needs, and to build
397.13 the capacity of secondary schools to support students with substance use disorder needs in
397.14 the classroom.

397.15 Subd. 2. **Eligible applicant.** (a) An eligible applicant for a school-linked substance
397.16 abuse grant is an entity or individual that is:

397.17 (1) licensed under chapter 245G and in compliance with the general requirements in
397.18 chapters 245A, 245C, and 260E, section 626.557, and Minnesota Rules, chapter 9544; or

397.19 (2) an alcohol and drug counselor licensed under chapter 148F and in compliance with
397.20 section 245G.11, subdivision 5.

397.21 Subd. 3. **Allowable grant activities and related expenses.** (a) Allowable grant activities
397.22 and related expenses may include but are not limited to:

397.23 (1) identifying and diagnosing substance use disorders of students;

397.24 (2) delivering substance use disorder treatment and services to students and their families,
397.25 including via telemedicine;

397.26 (3) supporting families in meeting their child's needs, including navigating health care,
397.27 social service, and juvenile justice systems;

397.28 (4) providing transportation for students receiving school-linked substance use disorder
397.29 treatment services when school is not in session;

398.1 (5) building the capacity of schools to meet the needs of students with substance use
398.2 disorder concerns, including school staff development activities for licensed and nonlicensed
398.3 staff; and

398.4 (6) purchasing equipment, connection charges, on-site coordination, setup fees, and site
398.5 fees in order to deliver school-linked substance use disorder treatment services via
398.6 telemedicine.

398.7 (b) Grantees shall obtain all available third-party reimbursement sources as a condition
398.8 of receiving a grant. For purposes of the grant program, a third-party reimbursement source
398.9 excludes a public school as defined in section 120A.20, subdivision 1. Grantees shall serve
398.10 each student regardless of the student's health coverage status or ability to pay.

398.11 (c) Prior to issuing a request for proposals for grants under this section, the commissioner
398.12 shall award grants to eligible applicants that are currently providing substance use disorder
398.13 treatment services in secondary schools or that are currently providing school-linked mental
398.14 health services but have the demonstrated capacity to provide allowable substance use
398.15 disorder treatment services in secondary schools.

398.16 Subd. 4. **Data collection and outcome measurement.** Grantees shall provide data to
398.17 the commissioner for the purpose of evaluating the effectiveness of the school-linked
398.18 substance use disorder treatment grant program.

398.19 Sec. 7. Minnesota Statutes 2020, section 256B.0624, subdivision 7, is amended to read:

398.20 Subd. 7. **Crisis stabilization services.** (a) Crisis stabilization services must be provided
398.21 by qualified staff of a crisis stabilization services provider entity and must meet the following
398.22 standards:

398.23 (1) a crisis stabilization treatment plan must be developed which meets the criteria in
398.24 subdivision 11;

398.25 (2) staff must be qualified as defined in subdivision 8; and

398.26 (3) services must be delivered according to the treatment plan and include face-to-face
398.27 contact with the recipient by qualified staff for further assessment, help with referrals,
398.28 updating of the crisis stabilization treatment plan, supportive counseling, skills training,
398.29 and collaboration with other service providers in the community.

398.30 (b) If crisis stabilization services are provided in a supervised, licensed residential setting,
398.31 the recipient must be contacted face-to-face daily by a qualified mental health practitioner
398.32 or mental health professional. The program must have 24-hour-a-day residential staffing

399.1 which may include staff who do not meet the qualifications in subdivision 8. The residential
399.2 staff must have 24-hour-a-day immediate direct or telephone access to a qualified mental
399.3 health professional or practitioner.

399.4 (c) If crisis stabilization services are provided in a supervised, licensed residential setting
399.5 that serves no more than four adult residents, and one or more individuals are present at the
399.6 setting to receive residential crisis stabilization services, the residential staff must include,
399.7 for at least eight hours per day, at least one individual who meets the qualifications in
399.8 subdivision 8, paragraph (a), clause (1) or (2). The commissioner shall establish a statewide
399.9 per diem rate for crisis stabilization services provided under this paragraph to medical
399.10 assistance enrollees. The rate for a provider shall not exceed the rate charged by that provider
399.11 for the same service to other payers. Payment shall not be made to more than one entity for
399.12 each individual for services provided under this paragraph on a given day. The commissioner
399.13 shall set rates prospectively for the annual rate period. The commissioner shall require
399.14 providers to submit annual cost reports on a uniform cost reporting form and shall use
399.15 submitted cost reports to inform the rate-setting process. The commissioner shall recalculate
399.16 the statewide per diem every year.

399.17 (d) If crisis stabilization services are provided in a supervised, licensed residential setting
399.18 that serves more than four adult residents, and one or more are recipients of crisis stabilization
399.19 services, the residential staff must include, for 24 hours a day, at least one individual who
399.20 meets the qualifications in subdivision 8. During the first 48 hours that a recipient is in the
399.21 residential program, the residential program must have at least two staff working 24 hours
399.22 a day. Staffing levels may be adjusted thereafter according to the needs of the recipient as
399.23 specified in the crisis stabilization treatment plan.

399.24 **EFFECTIVE DATE.** This section is effective August 1, 2021, or upon federal approval,
399.25 whichever is later. The commissioner of human services shall notify the revisor of statutes
399.26 when federal approval is obtained.

399.27 Sec. 8. Minnesota Statutes 2020, section 256B.0625, subdivision 5m, is amended to read:

399.28 Subd. 5m. **Certified community behavioral health clinic services.** (a) Medical
399.29 assistance covers certified community behavioral health clinic (CCBHC) services that meet
399.30 the requirements of section 245.735, subdivision 3.

399.31 (b) The commissioner shall ~~establish standards and methodologies for a~~ reimburse
399.32 CCBHCs on a per-visit basis under the prospective payment system for medical assistance
399.33 payments for services delivered by a CCBHC, in accordance with guidance issued by the
399.34 Centers for Medicare and Medicaid Services as described in paragraph (c). The commissioner

400.1 shall include a quality ~~bonus~~ incentive payment in the prospective payment system based
 400.2 ~~on federal criteria~~ as described in paragraph (e). There is no county share for medical
 400.3 assistance services when reimbursed through the CCBHC prospective payment system.

400.4 ~~(c) Unless otherwise indicated in applicable federal requirements, the prospective payment~~
 400.5 ~~system must continue to be based on the federal instructions issued for the federal section~~
 400.6 ~~223 CCBHC demonstration, except:~~ The commissioner shall ensure that the prospective
 400.7 payment system for CCBHC payments under medical assistance meets the following
 400.8 requirements:

400.9 (1) the prospective payment rate shall be a provider-specific rate calculated for each
 400.10 CCBHC, based on the daily cost of providing CCBHC services and the total annual allowable
 400.11 costs for CCBHCs divided by the total annual number of CCBHC visits. For calculating
 400.12 the payment rate, total annual visits include visits covered by medical assistance and visits
 400.13 not covered by medical assistance. Allowable costs include but are not limited to the salaries
 400.14 and benefits of medical assistance providers; the cost of CCBHC services provided under
 400.15 section 245.735, subdivision 3, paragraph (a), clauses (6) and (7); and other costs such as
 400.16 insurance or supplies needed to provide CCBHC services;

400.17 (2) payment shall be limited to one payment per day per medical assistance enrollee for
 400.18 each CCBHC visit eligible for reimbursement. A CCBHC visit is eligible for reimbursement
 400.19 if at least one of the CCBHC services listed under section 245.735, subdivision 3, paragraph
 400.20 (a), clause (6), is furnished to a medical assistance enrollee by a health care practitioner or
 400.21 licensed agency employed by or under contract with a CCBHC;

400.22 (3) new payment rates set by the commissioner for newly certified CCBHCs under
 400.23 section 245.735, subdivision 3, shall be based on rates for established CCBHCs with a
 400.24 similar scope of services. If no comparable CCBHC exists, the commissioner shall establish
 400.25 a clinic-specific rate using audited historical cost report data adjusted for the estimated cost
 400.26 of delivering CCBHC services, including the estimated cost of providing the full scope of
 400.27 services and the projected change in visits resulting from the change in scope;

400.28 ~~(4)~~ (4) the commissioner shall rebase CCBHC rates at least once every three years and
 400.29 12 months following an initial rate or a rate change due to a change in the scope of services,
 400.30 whichever is earlier;

400.31 ~~(2)~~ (5) the commissioner shall provide for a 60-day appeals process after notice of the
 400.32 results of the rebasing;

400.33 ~~(3) the prohibition against inclusion of new facilities in the demonstration does not apply~~
 400.34 ~~after the demonstration ends;~~

401.1 ~~(4)~~ (6) the prospective payment rate under this section does not apply to services rendered
401.2 by CCBHCs to individuals who are dually eligible for Medicare and medical assistance
401.3 when Medicare is the primary payer for the service. An entity that receives a prospective
401.4 payment system rate that overlaps with the CCBHC rate is not eligible for the CCBHC rate;

401.5 ~~(5)~~ (7) payments for CCBHC services to individuals enrolled in managed care shall be
401.6 coordinated with the state's phase-out of CCBHC wrap payments. The commissioner shall
401.7 complete the phase-out of CCBHC wrap payments within 60 days of the implementation
401.8 of the prospective payment system in the Medicaid Management Information System
401.9 (MMIS), for CCBHCs reimbursed under this chapter, with a final settlement of payments
401.10 due made payable to CCBHCs no later than 18 months thereafter;

401.11 ~~(6)~~ initial prospective payment rates for CCBHCs certified after July 1, 2019, shall be
401.12 based on rates for comparable CCBHCs. If no comparable provider exists, the commissioner
401.13 shall compute a CCBHC-specific rate based upon the CCBHC's audited costs adjusted for
401.14 changes in the scope of services;

401.15 ~~(7)~~ (8) the prospective payment rate for each CCBHC shall be ~~adjusted annually~~ updated
401.16 by trending each provider-specific rate by the Medicare Economic Index as defined for the
401.17 federal section 223 CCBHC demonstration for primary care services. This update shall
401.18 occur each year in between rebasing periods determined by the commissioner in accordance
401.19 with clause (4). CCBHCs must provide data on costs and visits to the state annually using
401.20 the CCBHC cost report established by the commissioner; and

401.21 (9) a CCBHC may request a rate adjustment for changes in the CCBHC's scope of
401.22 services when such changes are expected to result in an adjustment to the CCBHC payment
401.23 rate by 2.5 percent or more. The CCBHC must provide the commissioner with information
401.24 regarding the changes in the scope of services, including the estimated cost of providing
401.25 the new or modified services and any projected increase or decrease in the number of visits
401.26 resulting from the change. Rate adjustments for changes in scope shall occur no more than
401.27 once per year in between rebasing periods per CCBHC and are effective on the date of the
401.28 annual CCBHC rate update.

401.29 ~~(8)~~ the commissioner shall seek federal approval for a CCBHC rate methodology that
401.30 allows for rate modifications based on changes in scope for an individual CCBHC, including
401.31 for changes to the type, intensity, or duration of services. Upon federal approval, a CCBHC
401.32 may submit a change of scope request to the commissioner if the change in scope would
401.33 result in a change of 2.5 percent or more in the prospective payment system rate currently

402.1 ~~received by the CCBHC. CCBHC change of scope requests must be according to a format~~
402.2 ~~and timeline to be determined by the commissioner in consultation with CCBHCs.~~

402.3 (d) Managed care plans and county-based purchasing plans shall reimburse CCBHC
402.4 providers at the prospective payment rate. The commissioner shall monitor the effect of
402.5 this requirement on the rate of access to the services delivered by CCBHC providers. If, for
402.6 any contract year, federal approval is not received for this paragraph, the commissioner
402.7 must adjust the capitation rates paid to managed care plans and county-based purchasing
402.8 plans for that contract year to reflect the removal of this provision. Contracts between
402.9 managed care plans and county-based purchasing plans and providers to whom this paragraph
402.10 applies must allow recovery of payments from those providers if capitation rates are adjusted
402.11 in accordance with this paragraph. Payment recoveries must not exceed the amount equal
402.12 to any increase in rates that results from this provision. This paragraph expires if federal
402.13 approval is not received for this paragraph at any time.

402.14 (e) The commissioner shall implement a quality incentive payment program for CCBHCs
402.15 that meets the following requirements:

402.16 (1) a CCBHC shall receive a quality incentive payment upon meeting specific numeric
402.17 thresholds for performance metrics established by the commissioner, in addition to payments
402.18 for which the CCBHC is eligible under the prospective payment system described in
402.19 paragraph (c);

402.20 (2) a CCBHC must be certified and enrolled as a CCBHC for the entire measurement
402.21 year to be eligible for incentive payments;

402.22 (3) each CCBHC shall receive written notice of the criteria that must be met in order to
402.23 receive quality incentive payments at least 90 days prior to the measurement year; and

402.24 (4) a CCBHC must provide the commissioner with data needed to determine incentive
402.25 payment eligibility within six months following the measurement year. The commissioner
402.26 shall notify CCBHC providers of their performance on the required measures and the
402.27 incentive payment amount within 12 months following the measurement year.

402.28 (f) All claims to managed care plans for CCBHC services as provided under this section
402.29 shall be submitted directly to, and paid by, the commissioner on the dates specified no later
402.30 than January 1 of the following calendar year, if:

402.31 (1) one or more managed care plans does not comply with the federal requirement for
402.32 payment of clean claims to CCBHCs, as defined in Code of Federal Regulations, title 42,

403.1 section 447.45(b), and the managed care plan does not resolve the payment issue within 30
403.2 days of noncompliance; and

403.3 (2) the total amount of clean claims not paid in accordance with federal requirements
403.4 by one or more managed care plans is 50 percent of, or greater than, the total CCBHC claims
403.5 eligible for payment by managed care plans.

403.6 If the conditions in this paragraph are met between January 1 and June 30 of a calendar
403.7 year, claims shall be submitted to and paid by the commissioner beginning on January 1 of
403.8 the following year. If the conditions in this paragraph are met between July 1 and December
403.9 31 of a calendar year, claims shall be submitted to and paid by the commissioner beginning
403.10 on July 1 of the following year.

403.11 Sec. 9. Minnesota Statutes 2020, section 256B.0759, subdivision 2, is amended to read:

403.12 **Subd. 2. Provider participation.** (a) Outpatient substance use disorder treatment
403.13 providers may elect to participate in the demonstration project and meet the requirements
403.14 of subdivision 3. To participate, a provider must notify the commissioner of the provider's
403.15 intent to participate in a format required by the commissioner and enroll as a demonstration
403.16 project provider.

403.17 (b) Programs licensed by the Department of Human Services as a residential treatment
403.18 program according to section 245G.21 that receive payment under this chapter must enroll
403.19 as demonstration project providers and meet the requirements of subdivision 3 by June 30,
403.20 2025. Programs that do not meet the requirements of this paragraph are ineligible for payment
403.21 for services provided under section 256B.0625.

403.22 (c) Programs licensed by the Department of Human Services as a withdrawal management
403.23 program according to chapter 245F that receive payment under this chapter must enroll as
403.24 demonstration project providers and meet the requirements of subdivision 3 by June 30,
403.25 2025. Programs that do not meet the requirements of this paragraph are ineligible for payment
403.26 for services provided under section 256B.0625.

403.27 (d) Out-of-state residential substance use disorder treatment programs that receive
403.28 payment under this chapter must enroll as demonstration project providers and meet the
403.29 requirements of subdivision 3 by June 30, 2025. Programs that do not meet the requirements
403.30 of this paragraph are ineligible for payment for services provided under section 256B.0625.

403.31 (e) Tribally licensed programs may elect to participate in the demonstration project and
403.32 meet the requirements of subdivision 3. The Department of Human Services must consult

404.1 with Tribal nations to discuss participation in the substance use disorder demonstration
404.2 project.

404.3 (f) All rate enhancements for services rendered by voluntarily enrolled demonstration
404.4 providers enrolled before July 1, 2021, are applicable only to dates of service on or after
404.5 the effective date of the provider's enrollment in the demonstration project, except as
404.6 authorized under paragraph (g). The commissioner shall recoup any rate enhancements paid
404.7 under paragraph (g) to a provider that does not meet the requirements of subdivision 3 by
404.8 July 1, 2021.

404.9 (g) The commissioner may allow providers enrolled before July 1, 2021, to receive any
404.10 applicable rate enhancements authorized under subdivision 4 for services provided on dates
404.11 of service no earlier than July 22, 2020, for fee-for-service enrollees and no earlier than
404.12 January 1, 2021, to managed care enrollees if the provider meets all of the following
404.13 requirements:

404.14 (1) the provider attests that during the time period for which the provider is seeking the
404.15 rate enhancement, the provider took meaningful steps and had a reasonable plan approved
404.16 by the commissioner to meet the demonstration project requirements in subdivision 3;

404.17 (2) the provider submits attestation and evidence, including all information requested
404.18 by the commissioner, of meeting the requirements of subdivision 3 to the commissioner in
404.19 a format required by the commissioner; and

404.20 (3) the commissioner received the provider's application for enrollment on or before
404.21 June 1, 2021.

404.22 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,
404.23 whichever is later, except paragraphs (f) and (g) are effective the day following final
404.24 enactment. The commissioner shall notify the revisor of statutes when federal approval is
404.25 obtained.

404.26 Sec. 10. Minnesota Statutes 2020, section 256B.0759, subdivision 4, is amended to read:

404.27 Subd. 4. **Provider payment rates.** (a) Payment rates for participating providers must
404.28 be increased for services provided to medical assistance enrollees. To receive a rate increase,
404.29 participating providers must meet demonstration project requirements and provide evidence
404.30 of formal referral arrangements with providers delivering step-up or step-down levels of
404.31 care. Providers that have enrolled in the demonstration project but have not met the provider
404.32 standards under subdivision 3 as of July 1, 2022, are not eligible for a rate increase in this
404.33 subdivision until the date that the provider meets the provider standards in subdivision 3.

405.1 Services provided from July 1, 2022, to the date that the provider meets the provider standards
405.2 under subdivision 3 shall be reimbursed at rates according to section 254B.05, subdivision
405.3 5, paragraph (b).

405.4 (b) The commissioner may temporarily suspend payments to the provider according to
405.5 section 256B.04, subdivision 21, paragraph (d), if the provider does not meet the requirements
405.6 in paragraph (a). Payments withheld from the provider must be made once the commissioner
405.7 determines that the requirements in paragraph (a) are met.

405.8 ~~(b)~~ (c) For substance use disorder services under section 254B.05, subdivision 5,
405.9 paragraph (b), clause (8), provided on or after July 1, 2020, payment rates must be increased
405.10 by ~~15~~ 35 percent over the rates in effect on December 31, 2019.

405.11 ~~(e)~~ (d) For substance use disorder services under section 254B.05, subdivision 5,
405.12 paragraph (b), clauses (1), (6), and (7), and adolescent treatment programs that are licensed
405.13 as outpatient treatment programs according to sections 245G.01 to 245G.18, provided on
405.14 or after January 1, 2021, payment rates must be increased by ~~ten~~ 30 percent over the rates
405.15 in effect on December 31, 2020.

405.16 ~~(d)~~ (e) Effective January 1, 2021, and contingent on annual federal approval, managed
405.17 care plans and county-based purchasing plans must reimburse providers of the substance
405.18 use disorder services meeting the criteria described in paragraph (a) who are employed by
405.19 or under contract with the plan an amount that is at least equal to the fee-for-service base
405.20 rate payment for the substance use disorder services described in paragraphs ~~(b)~~ (c) and ~~(e)~~
405.21 (d). The commissioner must monitor the effect of this requirement on the rate of access to
405.22 substance use disorder services and residential substance use disorder rates. Capitation rates
405.23 paid to managed care organizations and county-based purchasing plans must reflect the
405.24 impact of this requirement. This paragraph expires if federal approval is not received at any
405.25 time as required under this paragraph.

405.26 ~~(e)~~ (f) Effective July 1, 2021, contracts between managed care plans and county-based
405.27 purchasing plans and providers to whom paragraph ~~(d)~~ (e) applies must allow recovery of
405.28 payments from those providers if, for any contract year, federal approval for the provisions
405.29 of paragraph ~~(d)~~ (e) is not received, and capitation rates are adjusted as a result. Payment
405.30 recoveries must not exceed the amount equal to any decrease in rates that results from this
405.31 provision.

405.32 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,
405.33 whichever occurs later, except paragraphs (c) and (d) are effective January 1, 2022, or upon

406.1 federal approval, whichever is later. The commissioner shall notify the revisor of statutes
406.2 when federal approval is obtained.

406.3 Sec. 11. Minnesota Statutes 2020, section 256B.0759, is amended by adding a subdivision
406.4 to read:

406.5 Subd. 6. **Medium intensity residential program participation.** Medium intensity
406.6 residential programs that qualify to participate in the demonstration project shall use the
406.7 specified base payment rate of \$132.90 per day, and shall be eligible for the rate increases
406.8 specified in subdivision 4.

406.9 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2020.

406.10 Sec. 12. Minnesota Statutes 2020, section 256B.0759, is amended by adding a subdivision
406.11 to read:

406.12 Subd. 7. **Public access.** The state shall post the final documents, for example, monitoring
406.13 reports, close out report, approved evaluation design, interim evaluation report, and
406.14 summative evaluation report, on the state's Medicaid website within 30 calendar days of
406.15 approval by CMS.

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

406.17 Sec. 13. Minnesota Statutes 2020, section 256B.0759, is amended by adding a subdivision
406.18 to read:

406.19 Subd. 8. **Federal approval; demonstration project extension.** The commissioner shall
406.20 seek all necessary federal authority to extend the demonstration and must submit the request
406.21 for extension by the federally required date of June 30, 2023.

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

406.23 Sec. 14. Minnesota Statutes 2020, section 256B.0759, is amended by adding a subdivision
406.24 to read:

406.25 Subd. 9. **Demonstration project evaluation work group.** Beginning October 1, 2021,
406.26 the commissioner shall assemble a work group of relevant stakeholders, including but not
406.27 limited to demonstration project participants and the Minnesota Association of Resources
406.28 for Recovery and Chemical Health, that shall meet at least quarterly for the duration of the
406.29 demonstration to evaluate the long-term sustainability of any improvements to quality or
406.30 access to substance use disorder treatment services caused by participation in the

407.1 demonstration project. The work group shall also determine how to implement successful
407.2 outcomes of the demonstration project once the project expires.

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

407.4 Sec. 15. Minnesota Statutes 2020, section 256B.0947, subdivision 2, is amended to read:

407.5 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings
407.6 given them.

407.7 (a) "Intensive nonresidential rehabilitative mental health services" means child
407.8 rehabilitative mental health services as defined in section 256B.0943, except that these
407.9 services are provided by a multidisciplinary staff using a total team approach consistent
407.10 with assertive community treatment, as adapted for youth, and are directed to recipients
407.11 ages 16, 17, 18, 19, or 20 who are eight years of age or older and under 26 years of age with
407.12 a serious mental illness or co-occurring mental illness and substance abuse addiction who
407.13 require intensive services to prevent admission to an inpatient psychiatric hospital or
407.14 placement in a residential treatment facility or who require intensive services to step down
407.15 from inpatient or residential care to community-based care.

407.16 (b) "Co-occurring mental illness and substance abuse addiction" means a dual diagnosis
407.17 of at least one form of mental illness and at least one substance use disorder. Substance use
407.18 disorders include alcohol or drug abuse or dependence, excluding nicotine use.

407.19 (c) "Diagnostic assessment" has the meaning given to it in Minnesota Rules, part
407.20 9505.0370, subpart 11. A diagnostic assessment must be provided according to Minnesota
407.21 Rules, part 9505.0372, subpart 1, and for this section must incorporate a determination of
407.22 the youth's necessary level of care using a standardized functional assessment instrument
407.23 approved and periodically updated by the commissioner.

407.24 (d) "Education specialist" means an individual with knowledge and experience working
407.25 with youth regarding special education requirements and goals, special education plans,
407.26 and coordination of educational activities with health care activities.

407.27 (e) "Housing access support" means an ancillary activity to help an individual find,
407.28 obtain, retain, and move to safe and adequate housing. Housing access support does not
407.29 provide monetary assistance for rent, damage deposits, or application fees.

407.30 (f) "Integrated dual disorders treatment" means the integrated treatment of co-occurring
407.31 mental illness and substance use disorders by a team of cross-trained clinicians within the
407.32 same program, and is characterized by assertive outreach, stage-wise comprehensive
407.33 treatment, treatment goal setting, and flexibility to work within each stage of treatment.

408.1 (g) "Medication education services" means services provided individually or in groups,
408.2 which focus on:

408.3 (1) educating the client and client's family or significant nonfamilial supporters about
408.4 mental illness and symptoms;

408.5 (2) the role and effects of medications in treating symptoms of mental illness; and

408.6 (3) the side effects of medications.

408.7 Medication education is coordinated with medication management services and does not
408.8 duplicate it. Medication education services are provided by physicians, pharmacists, or
408.9 registered nurses with certification in psychiatric and mental health care.

408.10 (h) "Peer specialist" means an employed team member who is a mental health certified
408.11 peer specialist according to section 256B.0615 and also a former children's mental health
408.12 consumer who:

408.13 (1) provides direct services to clients including social, emotional, and instrumental
408.14 support and outreach;

408.15 (2) assists younger peers to identify and achieve specific life goals;

408.16 (3) works directly with clients to promote the client's self-determination, personal
408.17 responsibility, and empowerment;

408.18 (4) assists youth with mental illness to regain control over their lives and their
408.19 developmental process in order to move effectively into adulthood;

408.20 (5) provides training and education to other team members, consumer advocacy
408.21 organizations, and clients on resiliency and peer support; and

408.22 (6) meets the following criteria:

408.23 (i) is at least 22 years of age;

408.24 (ii) has had a diagnosis of mental illness, as defined in Minnesota Rules, part 9505.0370,
408.25 subpart 20, or co-occurring mental illness and substance abuse addiction;

408.26 (iii) is a former consumer of child and adolescent mental health services, or a former or
408.27 current consumer of adult mental health services for a period of at least two years;

408.28 (iv) has at least a high school diploma or equivalent;

408.29 (v) has successfully completed training requirements determined and periodically updated
408.30 by the commissioner;

409.1 (vi) is willing to disclose the individual's own mental health history to team members
409.2 and clients; and

409.3 (vii) must be free of substance use problems for at least one year.

409.4 (i) "Provider agency" means a for-profit or nonprofit organization established to
409.5 administer an assertive community treatment for youth team.

409.6 (j) "Substance use disorders" means one or more of the disorders defined in the diagnostic
409.7 and statistical manual of mental disorders, current edition.

409.8 (k) "Transition services" means:

409.9 (1) activities, materials, consultation, and coordination that ensures continuity of the
409.10 client's care in advance of and in preparation for the client's move from one stage of care
409.11 or life to another by maintaining contact with the client and assisting the client to establish
409.12 provider relationships;

409.13 (2) providing the client with knowledge and skills needed posttransition;

409.14 (3) establishing communication between sending and receiving entities;

409.15 (4) supporting a client's request for service authorization and enrollment; and

409.16 (5) establishing and enforcing procedures and schedules.

409.17 A youth's transition from the children's mental health system and services to the adult
409.18 mental health system and services and return to the client's home and entry or re-entry into
409.19 community-based mental health services following discharge from an out-of-home placement
409.20 or inpatient hospital stay.

409.21 (l) "Treatment team" means all staff who provide services to recipients under this section.

409.22 (m) "Family peer specialist" means a staff person qualified under section 256B.0616.

409.23 Sec. 16. Minnesota Statutes 2020, section 256B.0947, subdivision 3, is amended to read:

409.24 Subd. 3. **Client eligibility.** An eligible recipient is an individual who:

409.25 (1) is ~~age 16, 17, 18, 19, or 20~~ eight years of age or older and under 26 years of age; ~~and~~

409.26 (2) is diagnosed with a serious mental illness or co-occurring mental illness and substance
409.27 abuse addiction, for which intensive nonresidential rehabilitative mental health services are
409.28 needed;

410.1 (3) has received a level-of-care determination, using an instrument approved by the
410.2 commissioner, that indicates a need for intensive integrated intervention without 24-hour
410.3 medical monitoring and a need for extensive collaboration among multiple providers;

410.4 (4) has a functional impairment and a history of difficulty in functioning safely and
410.5 successfully in the community, school, home, or job; or who is likely to need services from
410.6 the adult mental health system ~~within the next two years~~ during adulthood; and

410.7 (5) has had a recent diagnostic assessment, as provided in Minnesota Rules, part
410.8 9505.0372, subpart 1, by a mental health professional who is qualified under Minnesota
410.9 Rules, part 9505.0371, subpart 5, item A, that documents that intensive nonresidential
410.10 rehabilitative mental health services are medically necessary to ameliorate identified
410.11 symptoms and functional impairments and to achieve individual transition goals.

410.12 Sec. 17. Minnesota Statutes 2020, section 256B.0947, subdivision 5, is amended to read:

410.13 Subd. 5. **Standards for intensive nonresidential rehabilitative providers.** (a) Services
410.14 must be provided by a provider entity as provided in subdivision 4.

410.15 (b) The treatment team must have specialized training in providing services to the specific
410.16 age group of youth that the team serves. An individual treatment team must serve youth
410.17 who are: (1) at least eight years of age or older and under 16 years of age, or (2) at least 14
410.18 years of age or older and under 26 years of age.

410.19 ~~(b)~~ (c) The treatment team for intensive nonresidential rehabilitative mental health
410.20 services comprises both permanently employed core team members and client-specific team
410.21 members as follows:

410.22 (1) The core treatment team is an entity that operates under the direction of an
410.23 independently licensed mental health professional, who is qualified under Minnesota Rules,
410.24 part 9505.0371, subpart 5, item A, and that assumes comprehensive clinical responsibility
410.25 for clients. Based on professional qualifications and client needs, clinically qualified core
410.26 team members are assigned on a rotating basis as the client's lead worker to coordinate a
410.27 client's care. The core team must comprise at least four full-time equivalent direct care staff
410.28 and must include, but is not limited to:

410.29 (i) an independently licensed mental health professional, qualified under Minnesota
410.30 Rules, part 9505.0371, subpart 5, item A, who serves as team leader to provide administrative
410.31 direction and clinical supervision to the team;

411.1 (ii) an advanced-practice registered nurse with certification in psychiatric or mental
411.2 health care or a board-certified child and adolescent psychiatrist, either of which must be
411.3 credentialed to prescribe medications;

411.4 (iii) a licensed alcohol and drug counselor who is also trained in mental health
411.5 interventions; and

411.6 (iv) a peer specialist as defined in subdivision 2, paragraph (h).

411.7 (2) The core team may also include any of the following:

411.8 (i) additional mental health professionals;

411.9 (ii) a vocational specialist;

411.10 (iii) an educational specialist;

411.11 (iv) a child and adolescent psychiatrist who may be retained on a consultant basis;

411.12 (v) a mental health practitioner, as defined in section 245.4871, subdivision 26;

411.13 (vi) a case management service provider, as defined in section 245.4871, subdivision 4;

411.14 (vii) a housing access specialist; and

411.15 (viii) a family peer specialist as defined in subdivision 2, paragraph (m).

411.16 (3) A treatment team may include, in addition to those in clause (1) or (2), ad hoc
411.17 members not employed by the team who consult on a specific client and who must accept
411.18 overall clinical direction from the treatment team for the duration of the client's placement
411.19 with the treatment team and must be paid by the provider agency at the rate for a typical
411.20 session by that provider with that client or at a rate negotiated with the client-specific
411.21 member. Client-specific treatment team members may include:

411.22 (i) the mental health professional treating the client prior to placement with the treatment
411.23 team;

411.24 (ii) the client's current substance abuse counselor, if applicable;

411.25 (iii) a lead member of the client's individualized education program team or school-based
411.26 mental health provider, if applicable;

411.27 (iv) a representative from the client's health care home or primary care clinic, as needed
411.28 to ensure integration of medical and behavioral health care;

411.29 (v) the client's probation officer or other juvenile justice representative, if applicable;

411.30 and

412.1 (vi) the client's current vocational or employment counselor, if applicable.

412.2 ~~(e)~~ (d) The clinical supervisor shall be an active member of the treatment team and shall
412.3 function as a practicing clinician at least on a part-time basis. The treatment team shall meet
412.4 with the clinical supervisor at least weekly to discuss recipients' progress and make rapid
412.5 adjustments to meet recipients' needs. The team meeting must include client-specific case
412.6 reviews and general treatment discussions among team members. Client-specific case
412.7 reviews and planning must be documented in the individual client's treatment record.

412.8 ~~(d)~~ (e) The staffing ratio must not exceed ten clients to one full-time equivalent treatment
412.9 team position.

412.10 ~~(e)~~ (f) The treatment team shall serve no more than 80 clients at any one time. Should
412.11 local demand exceed the team's capacity, an additional team must be established rather than
412.12 exceed this limit.

412.13 ~~(f)~~ (g) Nonclinical staff shall have prompt access in person or by telephone to a mental
412.14 health practitioner or mental health professional. The provider shall have the capacity to
412.15 promptly and appropriately respond to emergent needs and make any necessary staffing
412.16 adjustments to ensure the health and safety of clients.

412.17 ~~(g)~~ (h) The intensive nonresidential rehabilitative mental health services provider shall
412.18 participate in evaluation of the assertive community treatment for youth (Youth ACT) model
412.19 as conducted by the commissioner, including the collection and reporting of data and the
412.20 reporting of performance measures as specified by contract with the commissioner.

412.21 ~~(h)~~ (i) A regional treatment team may serve multiple counties.

412.22 Sec. 18. Minnesota Statutes 2020, section 256B.0947, subdivision 6, is amended to read:

412.23 Subd. 6. **Service standards.** The standards in this subdivision apply to intensive
412.24 nonresidential rehabilitative mental health services.

412.25 (a) The treatment team must use team treatment, not an individual treatment model.

412.26 (b) Services must be available at times that meet client needs.

412.27 (c) Services must be age-appropriate and meet the specific needs of the client.

412.28 (d) The initial functional assessment must be completed within ten days of intake and
412.29 updated at least every six months or prior to discharge from the service, whichever comes
412.30 first.

- 413.1 (e) The treatment team must complete an individual treatment plan for each client and
413.2 the individual treatment plan must:
- 413.3 (1) be based on the information in the client's diagnostic assessment and baselines;
- 413.4 (2) identify goals and objectives of treatment, a treatment strategy, a schedule for
413.5 accomplishing treatment goals and objectives, and the individuals responsible for providing
413.6 treatment services and supports;
- 413.7 (3) be developed after completion of the client's diagnostic assessment by a mental health
413.8 professional or clinical trainee and before the provision of children's therapeutic services
413.9 and supports;
- 413.10 (4) be developed through a child-centered, family-driven, culturally appropriate planning
413.11 process, including allowing parents and guardians to observe or participate in individual
413.12 and family treatment services, assessments, and treatment planning;
- 413.13 (5) be reviewed at least once every six months and revised to document treatment progress
413.14 on each treatment objective and next goals or, if progress is not documented, to document
413.15 changes in treatment;
- 413.16 (6) be signed by the clinical supervisor and by the client or by the client's parent or other
413.17 person authorized by statute to consent to mental health services for the client. A client's
413.18 parent may approve the client's individual treatment plan by secure electronic signature or
413.19 by documented oral approval that is later verified by written signature;
- 413.20 (7) be completed in consultation with the client's current therapist and key providers and
413.21 provide for ongoing consultation with the client's current therapist to ensure therapeutic
413.22 continuity and to facilitate the client's return to the community. For clients under the age of
413.23 18, the treatment team must consult with parents and guardians in developing the treatment
413.24 plan;
- 413.25 (8) if a need for substance use disorder treatment is indicated by validated assessment:
- 413.26 (i) identify goals, objectives, and strategies of substance use disorder treatment; develop
413.27 a schedule for accomplishing treatment goals and objectives; and identify the individuals
413.28 responsible for providing treatment services and supports;
- 413.29 (ii) be reviewed at least once every 90 days and revised, if necessary;
- 413.30 (9) be signed by the clinical supervisor and by the client and, if the client is a minor, by
413.31 the client's parent or other person authorized by statute to consent to mental health treatment
413.32 and substance use disorder treatment for the client; and

414.1 (10) provide for the client's transition out of intensive nonresidential rehabilitative mental
414.2 health services by defining the team's actions to assist the client and subsequent providers
414.3 in the transition to less intensive or "stepped down" services.

414.4 (f) The treatment team shall actively and assertively engage the client's family members
414.5 and significant others by establishing communication and collaboration with the family and
414.6 significant others and educating the family and significant others about the client's mental
414.7 illness, symptom management, and the family's role in treatment, unless the team knows or
414.8 has reason to suspect that the client has suffered or faces a threat of suffering any physical
414.9 or mental injury, abuse, or neglect from a family member or significant other.

414.10 (g) For a client age 18 or older, the treatment team may disclose to a family member,
414.11 other relative, or a close personal friend of the client, or other person identified by the client,
414.12 the protected health information directly relevant to such person's involvement with the
414.13 client's care, as provided in Code of Federal Regulations, title 45, part 164.502(b). If the
414.14 client is present, the treatment team shall obtain the client's agreement, provide the client
414.15 with an opportunity to object, or reasonably infer from the circumstances, based on the
414.16 exercise of professional judgment, that the client does not object. If the client is not present
414.17 or is unable, by incapacity or emergency circumstances, to agree or object, the treatment
414.18 team may, in the exercise of professional judgment, determine whether the disclosure is in
414.19 the best interests of the client and, if so, disclose only the protected health information that
414.20 is directly relevant to the family member's, relative's, friend's, or client-identified person's
414.21 involvement with the client's health care. The client may orally agree or object to the
414.22 disclosure and may prohibit or restrict disclosure to specific individuals.

414.23 (h) The treatment team shall provide interventions to promote positive interpersonal
414.24 relationships.

414.25 Sec. 19. Minnesota Statutes 2020, section 297E.02, subdivision 3, is amended to read:

414.26 Subd. 3. **Collection; disposition.** (a) Taxes imposed by this section are due and payable
414.27 to the commissioner when the gambling tax return is required to be filed. Distributors must
414.28 file their monthly sales figures with the commissioner on a form prescribed by the
414.29 commissioner. Returns covering the taxes imposed under this section must be filed with
414.30 the commissioner on or before the 20th day of the month following the close of the previous
414.31 calendar month. The commissioner shall prescribe the content, format, and manner of returns
414.32 or other documents pursuant to section 270C.30. The proceeds, along with the revenue
414.33 received from all license fees and other fees under sections 349.11 to 349.191, 349.211,

415.1 and 349.213, must be paid to the commissioner of management and budget for deposit in
415.2 the general fund.

415.3 (b) The sales tax imposed by chapter 297A on the sale of pull-tabs and tipboards by the
415.4 distributor is imposed on the retail sales price. The retail sale of pull-tabs or tipboards by
415.5 the organization is exempt from taxes imposed by chapter 297A and is exempt from all
415.6 local taxes and license fees except a fee authorized under section 349.16, subdivision 8.

415.7 (c) One-half of one percent of the revenue deposited in the general fund under paragraph
415.8 (a), is appropriated to the commissioner of human services for the compulsive gambling
415.9 treatment program established under section 245.98. One-half of one percent of the revenue
415.10 deposited in the general fund under paragraph (a), is appropriated to the commissioner of
415.11 human services for a grant to the state affiliate recognized by the National Council on
415.12 Problem Gambling to increase public awareness of problem gambling, education and training
415.13 for individuals and organizations providing effective treatment services to problem gamblers
415.14 and their families, and research relating to problem gambling. Money appropriated by this
415.15 paragraph must supplement and must not replace existing state funding for these programs.

415.16 (d) The commissioner of human services must provide to the state affiliate recognized
415.17 by the National Council on Problem Gambling a monthly statement of the amounts deposited
415.18 under paragraph (c). Beginning January 1, 2022, the commissioner of human services must
415.19 provide to the chairs and ranking minority members of the legislative committees with
415.20 jurisdiction over treatment for problem gambling and to the state affiliate recognized by the
415.21 National Council on Problem Gambling an annual reconciliation of the amounts deposited
415.22 under paragraph (c). The annual reconciliation under this paragraph must include the amount
415.23 allocated to the commissioner of human services for the compulsive gambling treatment
415.24 program established under section 245.98, and the amount allocated to the state affiliate
415.25 recognized by the National Council on Problem Gambling.

415.26 Sec. 20. **SUBSTANCE USE DISORDER TREATMENT PATHFINDER**
415.27 **COMPANION PILOT PROJECT.**

415.28 (a) Anoka County and an academic institution acting as a research partner, in consultation
415.29 with the North Metro Mental Health Roundtable, shall conduct a one-year pilot project
415.30 beginning September 1, 2021, to evaluate the effects on treatment outcomes of the use by
415.31 individuals in substance use disorder recovery of the telephone-based Pathfinder Companion
415.32 application, which allows individuals in recovery to connect with peers, resources, providers,
415.33 and others helping with recovery after an individual is discharged from treatment, and the
415.34 use by providers of the computer-based Pathfinder Bridge application, which allows providers

416.1 to prioritize care, connect directly with patients, and monitor long-term outcomes and
416.2 recovery effectiveness.

416.3 (b) Prior to launching the program, Anoka County must secure the participation of an
416.4 academic research institution as a research partner and the project must receive approval
416.5 from the institution's institutional review board.

416.6 (c) The pilot project must monitor and evaluate the effects on treatment outcomes of
416.7 using the Pathfinder Companion and Pathfinder Bridge applications in order to determine
416.8 whether the addition of digital recovery support services alongside traditional methods of
416.9 recovery treatment improves treatment outcomes. The participating research partner shall
416.10 design and conduct the program evaluation.

416.11 (d) Anoka County and the participating research partner, in consultation with the North
416.12 Metro Mental Health Roundtable, shall report to the commissioner of human services and
416.13 the chairs and ranking minority members of the legislative committees with jurisdiction
416.14 over substance use disorder treatment by January 15, 2023, on the results of the pilot project.

416.15 **Sec. 21. FIRST EPISODE OF PSYCHOSIS GRANT PROGRAM; AUTHORIZED**
416.16 **USES OF GRANT FUNDS.**

416.17 (a) Grant funds awarded by the commissioner of human services pursuant to Minnesota
416.18 Statutes, section 245.4889, subdivision 1, paragraph (b), clause (15), must be used to:

416.19 (1) provide intensive treatment and support for adolescents and adults experiencing or
416.20 at risk of experiencing a first psychotic episode. Intensive treatment and support includes
416.21 medication management, psychoeducation for an individual and an individual's family, case
416.22 management, employment support, education support, cognitive behavioral approaches,
416.23 social skills training, peer support, crisis planning, and stress management. Projects must
416.24 use all available funding streams;

416.25 (2) conduct outreach and provide training and guidance to mental health and health care
416.26 professionals, including postsecondary health clinics, on early psychosis symptoms, screening
416.27 tools, and best practices; and

416.28 (3) ensure access for individuals to first psychotic episode services under this section,
416.29 including ensuring access to first psychotic episode services for individuals who live in
416.30 rural areas.

416.31 (b) Grant funds may also be used to pay for housing or travel expenses or to address
416.32 other barriers preventing individuals and their families from participating in first psychotic
416.33 episode services.

417.1 Sec. 22. **EMERGING MOOD DISORDER GRANT PROGRAM; AUTHORIZED**
417.2 **USES OF GRANT FUNDS.**

417.3 (a) Grant funds awarded by the commissioner of human services pursuant to Minnesota
417.4 Statutes, section 245.4889, subdivision 1, paragraph (b), clause (18), must be used to:

417.5 (1) provide intensive treatment and support to adolescents and young adults experiencing
417.6 or at risk of experiencing an emerging mood disorder. Intensive treatment and support
417.7 includes medication management, psychoeducation for the individual and the individual's
417.8 family, case management, employment support, education support, cognitive behavioral
417.9 approaches, social skills training, peer support, crisis planning, and stress management.

417.10 Grant recipients must use all available funding streams;

417.11 (2) conduct outreach and provide training and guidance to mental health and health care
417.12 professionals, including postsecondary health clinics, on early symptoms of mood disorders,
417.13 screening tools, and best practices; and

417.14 (3) ensure access for individuals to emerging mood disorder services under this section,
417.15 including ensuring access to services for individuals who live in rural areas.

417.16 (b) Grant funds may also be used by the grant recipient to evaluate the efficacy for
417.17 providing intensive services and supports to people with emerging mood disorders.

417.18 Sec. 23. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; MENTAL**
417.19 **HEALTH GRANT PROGRAMS STATUTE REVISION.**

417.20 The commissioner of human services, in coordination with the Office of Senate Counsel,
417.21 Research, and Fiscal Analysis, the Office of the House Research Department, and the revisor
417.22 of statutes, shall prepare legislation for the 2022 legislative session to enact as statutes the
417.23 grant programs authorized and funded under Minnesota Statutes, section 245.4661,
417.24 subdivision 9. The draft statutes shall at least include the eligibility criteria, target populations,
417.25 authorized uses of grant funds, and outcome measures for each grant. The commissioner
417.26 shall provide a courtesy copy of the proposed legislation to the chairs and ranking minority
417.27 members of the legislative committees with jurisdiction over mental health grants.

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

417.29 Sec. 24. **DIRECTION TO THE COMMISSIONER; SUBSTANCE USE DISORDER**
417.30 **TREATMENT PAPERWORK REDUCTION.**

417.31 (a) The commissioner of human services, in consultation with counties, tribes, managed
417.32 care organizations, substance use disorder treatment professional associations, and other

418.1 relevant stakeholders, shall develop, assess, and recommend systems improvements to
418.2 minimize regulatory paperwork and improve systems for substance use disorder programs
418.3 licensed under Minnesota Statutes, chapter 245A, and regulated under Minnesota Statutes,
418.4 chapters 245F and 245G, and Minnesota Rules, chapters 2960 and 9530. The commissioner
418.5 of human services shall make available any resources needed from other divisions within
418.6 the department to implement systems improvements.

418.7 (b) The commissioner of health shall make available needed information and resources
418.8 from the Division of Health Policy.

418.9 (c) The Office of MN.IT Services shall provide advance consultation and implementation
418.10 of the changes needed in data systems.

418.11 (d) The commissioner of human services shall contract with a vendor that has experience
418.12 with developing statewide system changes for multiple states at the payer and provider
418.13 levels. If the commissioner, after exercising reasonable diligence, is unable to secure a
418.14 vendor with the requisite qualifications, the commissioner may select the best qualified
418.15 vendor available. When developing recommendations, the commissioner shall consider
418.16 input from all stakeholders. The commissioner's recommendations shall maximize benefits
418.17 for clients and utility for providers, regulatory agencies, and payers.

418.18 (e) The commissioner of human services and the contracted vendor shall follow the
418.19 recommendations from the report issued in response to Laws 2019, First Special Session
418.20 chapter 9, article 6, section 76.

418.21 (f) By December 15, 2022, the commissioner of human services shall take steps to
418.22 implement paperwork reductions and systems improvements within the commissioner's
418.23 authority and submit to the chairs and ranking minority members of the legislative committees
418.24 with jurisdiction over health and human services a report that includes recommendations
418.25 for changes in statutes that would further enhance systems improvements to reduce
418.26 paperwork. The report shall include a summary of the approaches developed and assessed
418.27 by the commissioner of human services and stakeholders and the results of any assessments
418.28 conducted.

418.29 **Sec. 25. DIRECTION TO THE COMMISSIONER; SOBER HOUSING PROGRAM**
418.30 **RECOMMENDATIONS.**

418.31 (a) The commissioner of human services, in consultation with stakeholders, must develop
418.32 recommendations on:

418.33 (1) increasing access to sober housing programs;

419.1 (2) promoting person-centered practices and cultural responsiveness in sober housing
 419.2 programs;

419.3 (3) potential oversight of sober housing programs; and

419.4 (4) providing consumer protections for individuals in sober housing programs with
 419.5 substance use disorders and individuals with co-occurring mental illnesses.

419.6 (b) Stakeholders include but are not limited to the Minnesota Association of Sober
 419.7 Homes, the Minnesota Association of Resources for Recovery and Chemical Health,
 419.8 Minnesota Recovery Connection, NAMI Minnesota, and residents and former residents of
 419.9 sober housing programs based in Minnesota. Stakeholders must equitably represent
 419.10 geographic areas of the state, and must include individuals in recovery and providers
 419.11 representing Black, Indigenous, people of color, or immigrant communities.

419.12 (c) The commissioner must complete and submit a report on the recommendations in
 419.13 this section to the chairs and ranking minority members of the legislative committees with
 419.14 jurisdiction over health and human services policy and finance on or before September 1,
 419.15 2022.

419.16 Sec. 26. **DIRECTION TO COMMISSIONERS OF HEALTH AND HUMAN**
 419.17 **SERVICES; COMPULSIVE GAMBLING PROGRAMMING AND FUNDING.**

419.18 By September 1, 2022, the commissioner of human services shall consult with the
 419.19 commissioner of health and report to the chairs and ranking minority members of the
 419.20 legislative committees with jurisdiction over health and human services with a
 419.21 recommendation on whether the revenue appropriated to the commissioner of human services
 419.22 for a grant to the state affiliate recognized by the National Council on Problem Gambling
 419.23 under Minnesota Statutes, section 297E.02, subdivision 3, paragraph (c), is more properly
 419.24 appropriated to and managed by an agency other than the Department of Human Services.
 419.25 The commissioners shall also recommend whether the compulsive gambling treatment
 419.26 program in Minnesota Statutes, section 245.98, should continue to be managed by the
 419.27 Department of Human Services or be managed by another agency.

419.28 Sec. 27. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; SUD**
 419.29 **DEMONSTRATION PROJECT ENROLLMENT REPORT.**

419.30 Beginning with the November 2021 budget forecast and for each budget forecast
 419.31 thereafter, the commissioner of human services shall report to the chairs and ranking minority
 419.32 members of the legislative committees with jurisdiction over human services on the number

420.1 of institutions for mental disease providers enrolled in the demonstration project under
420.2 Minnesota Statutes, section 256B.0759, and the amount of the federal financial participation
420.3 for institutions for mental disease providers enrolled in the demonstration project and the
420.4 amount of the federal financial participation that exceeds the commissioner's projected
420.5 enrollment as of the November 2021 forecast. This report shall be provided for the duration
420.6 of the demonstration project.

420.7 **Sec. 28. DIRECTION TO THE COMMISSIONER; SUBSTANCE USE DISORDER**
420.8 **TREATMENT RATE RESTRUCTURE.**

420.9 (a) By January 1, 2022, the commissioner shall issue a request for proposal for
420.10 frameworks and modeling of substance use disorder rates. Rates must be predicated on a
420.11 uniform methodology that is transparent, culturally responsive, supports staffing needed to
420.12 treat a patient's assessed need, and promotes quality service delivery and patient choice.
420.13 The commissioner must consult with substance use disorder treatment programs across the
420.14 spectrum of services, substance use disorder treatment programs from across each region
420.15 of the state, and culturally responsive providers in the development of the request for proposal
420.16 process and for the duration of the contract.

420.17 (b) By January 15, 2023, the commissioner of human services shall submit a report to
420.18 the chairs and ranking minority members of the legislative committees with jurisdiction
420.19 over human services policy and finance on the results of the vendor's work. The report must
420.20 include legislative language necessary to implement a new substance use disorder treatment
420.21 rate methodology and a detailed fiscal analysis.

420.22 **Sec. 29. DIRECTION TO THE COMMISSIONER; SUBSTANCE USE DISORDER**
420.23 **TECHNICAL ASSISTANCE CENTERS.**

420.24 The commissioner shall establish one or more community-based technical assistance
420.25 centers for substance use disorder treatment providers that offer both virtual learning
420.26 environments and in-person opportunities. The technical assistance centers must provide
420.27 guidance to substance use disorder providers concerning the enrollment process for the
420.28 substance use disorder reform demonstration project under Minnesota Statutes, section
420.29 256B.0759, and provide advice concerning bringing the provider's treatment practices into
420.30 compliance with American Society of Addiction Medicine standards during the one-year
420.31 transition period. Technical assistance centers may also promote awareness of new and
420.32 evidence-based practices and services for the treatment of substance use disorders, and offer
420.33 education, training, resources, and information for the behavioral health care workforce.

421.1 The commissioner must award funding to technical assistance centers by March 1, 2022,
421.2 to initiate operations.

421.3 Sec. 30. **FEDERAL COMMUNITY MENTAL HEALTH SERVICES BLOCK**
421.4 **GRANT ALLOCATION; CHILDREN'S MENTAL HEALTH GRANTS FOR**
421.5 **EMERGING MOOD DISORDERS PROGRAMS.**

421.6 From the amount that Minnesota received under title II of the federal Consolidated
421.7 Appropriations Act, Public Law 116-260, for the community mental health services block
421.8 grant, the commissioner of human services shall allocate \$400,000 in fiscal year 2022,
421.9 \$400,000 in fiscal year 2023, \$400,000 in fiscal year 2024, and \$400,000 in fiscal year
421.10 2025, for children's mental health grants for emerging mood disorder programs under
421.11 Minnesota Statutes, section 245.4889, subdivision 1, paragraph (b), clause (18).

421.12 Sec. 31. **FEDERAL COMMUNITY MENTAL HEALTH SERVICES BLOCK**
421.13 **GRANT ALLOCATION; CHILDREN'S MENTAL HEALTH GRANTS FOR FIRST**
421.14 **EPISODE OF PSYCHOSIS PROGRAMS.**

421.15 (a) From the amount that Minnesota received under title II of the federal Consolidated
421.16 Appropriations Act, Public Law 116-260, for the community mental health services block
421.17 grant, the commissioner of human services shall allocate \$1,600,000 in fiscal year 2022,
421.18 \$1,500,000 in fiscal year 2023, and \$222,000 in fiscal year 2024, for children's mental health
421.19 grants for first episode of psychosis programs under Minnesota Statutes, section 245.4889,
421.20 subdivision 1, paragraph (b), clause (15).

421.21 (b) From the amount that Minnesota received under section 2701 of the federal American
421.22 Rescue Plan Act, Public Law 117-2, for the community mental health services block grant,
421.23 the commissioner of human services shall allocate \$1,278,000 in fiscal year 2024 and
421.24 \$1,500,000 in fiscal year 2025, for children's mental health grants for first episode of
421.25 psychosis programs under Minnesota Statutes, section 245.4889, subdivision 1, paragraph
421.26 (b), clause (15).

421.27 (c) From the amount that Minnesota received under section 2701 of the federal American
421.28 Rescue Plan Act, Public Law 117-2, for the community mental health services block grant,
421.29 the commissioner of human services shall allocate \$200,000 in fiscal year 2022 and \$200,000
421.30 in fiscal year 2023, for additional funding to four existing first episode of psychosis programs
421.31 that receive children's mental health grants funding under Minnesota Statutes, section
421.32 245.4889, subdivision 1, paragraph (b), clause (15).

422.1 (d) From the amount that Minnesota received under title II of the federal Consolidated
422.2 Appropriations Act, Public Law 116-260, for the community mental health services block
422.3 grant, the commissioner of human services shall allocate \$200,000 in fiscal year 2024 and
422.4 \$200,000 in fiscal year 2025, for additional funding to four existing first episode of psychosis
422.5 programs that receive children's mental health grants funding under Minnesota Statutes,
422.6 section 245.4889, subdivision 1, paragraph (b), clause (15).

422.7 **Sec. 32. FEDERAL COMMUNITY MENTAL HEALTH SERVICES BLOCK**
422.8 **GRANT ALLOCATION; ADULT MENTAL HEALTH INITIATIVE GRANTS.**

422.9 (a) From the amount that Minnesota received under title II of the federal Consolidated
422.10 Appropriations Act, Public Law 116-260, for the community mental health services block
422.11 grant, the commissioner of human services shall allocate \$2,350,000 in fiscal year 2022
422.12 and \$2,350,000 in fiscal year 2023, for adult mental health initiative grants under Minnesota
422.13 Statutes, section 245.4661, subdivision 1.

422.14 (b) From the amount that Minnesota received under section 2701 of the federal American
422.15 Rescue Plan Act, Public Law 117-2, the commissioner of human services shall allocate
422.16 \$2,350,000 in fiscal year 2024 and \$2,350,000 in fiscal year 2025, for the adult mental
422.17 health initiative grants under Minnesota Statutes, section 245.4661, subdivision 1.

422.18 **Sec. 33. FEDERAL COMMUNITY MENTAL HEALTH SERVICES BLOCK**
422.19 **GRANT ALLOCATION; SCHOOL-LINKED MENTAL HEALTH GRANTS.**

422.20 (a) From the amount that Minnesota received under title II of the federal Consolidated
422.21 Appropriations Act, Public Law 116-260, for the community mental health services block
422.22 grant, the commissioner of human services shall allocate \$2,500,000 in fiscal year 2022
422.23 and \$2,500,000 in fiscal year 2023, for school-linked mental health grants under Minnesota
422.24 Statutes, section 245.4901.

422.25 (b) From the amount that Minnesota received under section 2701 of the federal American
422.26 Rescue Plan Act, Public Law 117-2, for the community mental health services block grant,
422.27 the commissioner of human services shall allocate \$2,500,000 in fiscal year 2024 and
422.28 \$2,500,000 in fiscal year 2025, for school-linked mental health grants under Minnesota
422.29 Statutes, section 245.4901.

423.1 Sec. 34. **FEDERAL SUBSTANCE ABUSE PREVENTION AND TREATMENT**
423.2 **BLOCK GRANT ALLOCATION; SCHOOL-LINKED SUBSTANCE ABUSE**
423.3 **GRANTS.**

423.4 (a) From the amount that Minnesota received under title II of the federal Consolidated
423.5 Appropriations Act of 2020, Public Law 116-260, for the substance abuse prevention and
423.6 treatment block grant, the commissioner of human services shall allocate \$1,500,000 in
423.7 fiscal year 2022, \$1,500,000 in fiscal year 2023, and \$1,079,000 in fiscal year 2024, for
423.8 school-linked substance abuse grants under Minnesota Statutes, section 245.4901.

423.9 (b) From the amount that Minnesota received under section 2702 of the federal American
423.10 Rescue Plan Act, Public Law 117-2, for the substance abuse prevention and treatment block
423.11 grant, the commissioner shall allocate \$421,000 in fiscal year 2024 and \$1,500,000 in fiscal
423.12 year 2025, for school-linked substance abuse grants under Minnesota Statutes, section
423.13 245.4901.

423.14 Sec. 35. **FEDERAL SUBSTANCE ABUSE PREVENTION AND TREATMENT**
423.15 **BLOCK GRANT ALLOCATION; SUBSTANCE USE DISORDER TREATMENT**
423.16 **PATHFINDER COMPANION PILOT PROJECT.**

423.17 (a) From the amount that Minnesota received under title II of the federal Consolidated
423.18 Appropriations Act of 2020, Public Law 116-260, for the substance abuse prevention and
423.19 treatment block grant, the commissioner of human services shall allocate \$250,000 in fiscal
423.20 year 2022 for a grant to Anoka County to conduct a substance use disorder treatment
423.21 pathfinder companion pilot project. This is a onetime allocation and is available until January
423.22 15, 2023.

423.23 (b) Of this allocation, up to \$200,000 is for licensed use of the pathfinder companion
423.24 application for individuals participating in the pilot project and up to \$50,000 is for licensed
423.25 use of the pathfinder bridge application for providers participating in the pilot project.

423.26 (c) From the amount that Minnesota received under section 2702 of the federal American
423.27 Rescue Plan Act, Public Law 117-2, for the substance abuse prevention and treatment block
423.28 grant, the commissioner shall allocate \$300,000 in fiscal year 2022 for a grant to Anoka
423.29 County to conduct the substance use disorder treatment pathfinder companion pilot project.
423.30 This is a onetime allocation and is available until January 15, 2023.

424.1 **Sec. 36. FEDERAL SUBSTANCE ABUSE PREVENTION AND TREATMENT**
424.2 **BLOCK GRANT ALLOCATION; OPIOID EPIDEMIC RESPONSE GRANTS.**

424.3 (a) From the amount that Minnesota received under title II of the federal Consolidated
424.4 Appropriations Act of 2020, Public Law 116-260, for the substance abuse prevention and
424.5 treatment block grant, the commissioner of human services shall allocate \$3,500,000 in
424.6 fiscal year 2022 and \$3,500,000 in fiscal year 2023, for grants to be awarded according to
424.7 recommendations of the Opioid Epidemic Response Advisory Council under Minnesota
424.8 Statutes, section 256.042.

424.9 (b) From the amount that Minnesota received under Section 2702 of the federal American
424.10 Rescue Plan Act, Public Law 117-2, for the substance abuse prevention and treatment block
424.11 grant, the commissioner shall allocate \$3,500,000 in fiscal year 2024 and \$3,500,000 in
424.12 fiscal year 2025, for grants to be awarded according to recommendations of the Opioid
424.13 Epidemic Response Advisory Council under Minnesota Statutes, section 256.042.

424.14 (c) The commissioner shall include information on the grants awarded under this section
424.15 in the annual report under Minnesota Statutes, section 256.042, subdivision 5, paragraph
424.16 (a).

424.17 **Sec. 37. FEDERAL SUBSTANCE ABUSE PREVENTION AND TREATMENT**
424.18 **BLOCK GRANT ALLOCATION; RECOVERY COMMUNITY ORGANIZATION**
424.19 **INFRASTRUCTURE GRANTS.**

424.20 (a) From the amount that Minnesota received under title II of the federal Consolidated
424.21 Appropriations Act of 2020, Public Law 116-260, for the substance abuse prevention and
424.22 treatment block grant, the commissioner of human services shall allocate \$2,000,000 in
424.23 fiscal year 2022 and \$2,000,000 in fiscal year 2023, for grants to recovery community
424.24 organizations, as defined in Minnesota Statutes, section 254B.01, subdivision 8, to provide
424.25 community-based peer recovery support services that are not otherwise eligible for
424.26 reimbursement under Minnesota Statutes, section 254B.05.

424.27 (b) From the amount that Minnesota received under Section 2702 of the federal American
424.28 Rescue Plan Act, Public Law 117-2, for the substance abuse prevention and treatment block
424.29 grant for grants, the commissioner of human services shall allocate \$2,000,000 in fiscal
424.30 year 2024 and \$2,000,000 in fiscal year 2025, to recovery community organizations, as
424.31 defined in Minnesota Statutes, section 254B.01, subdivision 8, to provide community-based
424.32 peer recovery support services that are not otherwise eligible for reimbursement under
424.33 Minnesota Statutes, section 254B.05.

425.1 Sec. 38. **REVISOR INSTRUCTION.**

425.2 The revisor of statutes shall replace "EXCELLENCE IN MENTAL HEALTH
425.3 DEMONSTRATION PROJECT" with "CERTIFIED COMMUNITY BEHAVIORAL
425.4 HEALTH CLINIC SERVICES" in the section headnote for Minnesota Statutes, section
425.5 245.735.

425.6 Sec. 39. **REPEALER.**

425.7 Minnesota Statutes 2020, section 245.735, subdivisions 1, 2, and 4, are repealed.

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

425.9 **ARTICLE 14**

425.10 **DISABILITY SERVICES AND CONTINUING CARE FOR OLDER ADULTS**

425.11 Section 1. Minnesota Statutes 2020, section 144.0724, subdivision 4, is amended to read:

425.12 Subd. 4. **Resident assessment schedule.** (a) A facility must conduct and electronically
425.13 submit to the commissioner of health MDS assessments that conform with the assessment
425.14 schedule defined by Code of Federal Regulations, title 42, section 483.20, and published
425.15 by the United States Department of Health and Human Services, Centers for Medicare and
425.16 Medicaid Services, in the Long Term Care Assessment Instrument User's Manual, version
425.17 3.0, and subsequent updates when issued by the Centers for Medicare and Medicaid Services.
425.18 The commissioner of health may substitute successor manuals or question and answer
425.19 documents published by the United States Department of Health and Human Services,
425.20 Centers for Medicare and Medicaid Services, to replace or supplement the current version
425.21 of the manual or document.

425.22 (b) The assessments used to determine a case mix classification for reimbursement
425.23 include the following:

425.24 (1) a new admission assessment;

425.25 (2) an annual assessment which must have an assessment reference date (ARD) within
425.26 92 days of the previous assessment and the previous comprehensive assessment;

425.27 (3) a significant change in status assessment must be completed within 14 days of the
425.28 identification of a significant change, whether improvement or decline, and regardless of
425.29 the amount of time since the last significant change in status assessment;

425.30 (4) all quarterly assessments must have an assessment reference date (ARD) within 92
425.31 days of the ARD of the previous assessment;

426.1 (5) any significant correction to a prior comprehensive assessment, if the assessment
426.2 being corrected is the current one being used for RUG classification; and

426.3 (6) any significant correction to a prior quarterly assessment, if the assessment being
426.4 corrected is the current one being used for RUG classification.

426.5 (c) In addition to the assessments listed in paragraph (b), a significant change in status
426.6 assessment is required when:

426.7 (1) all speech, occupational, and physical therapies have ended. The assessment reference
426.8 date of this assessment must be set on day eight after all therapy services have ended; and

426.9 (2) isolation for an active infectious disease has ended. The assessment reference date
426.10 of this assessment must be set on day 15 after isolation has ended.

426.11 (d) In addition to the assessments listed in ~~paragraph~~ paragraphs (b) and (c), the
426.12 assessments used to determine nursing facility level of care include the following:

426.13 (1) preadmission screening completed under section 256.975, subdivisions 7a to 7c, by
426.14 the Senior LinkAge Line or other organization under contract with the Minnesota Board on
426.15 Aging; and

426.16 (2) a nursing facility level of care determination as provided for under section 256B.0911,
426.17 subdivision 4e, as part of a face-to-face long-term care consultation assessment completed
426.18 under section 256B.0911, by a county, tribe, or managed care organization under contract
426.19 with the Department of Human Services.

426.20 **EFFECTIVE DATE.** This section is effective for all assessments with an assessment
426.21 reference date of July 1, 2021, or later.

426.22 Sec. 2. Minnesota Statutes 2020, section 144A.073, subdivision 2, is amended to read:

426.23 Subd. 2. **Request for proposals.** At the authorization by the legislature of additional
426.24 medical assistance expenditures for exceptions to the moratorium on nursing homes, the
426.25 commissioner shall publish in the State Register a request for proposals for nursing home
426.26 and certified boarding care home projects for conversion, relocation, renovation, replacement,
426.27 upgrading, or addition. The public notice of this funding and the request for proposals must
426.28 specify how the approval criteria will be prioritized by the commissioner. The notice must
426.29 describe the information that must accompany a request and state that proposals must be
426.30 submitted to the commissioner within 150 days of the date of publication. The notice must
426.31 include the amount of the legislative appropriation available for the additional costs to the
426.32 medical assistance program of projects approved under this section. If money is appropriated,

427.1 the commissioner shall initiate the application and review process described in this section
427.2 at least once each biennium. A second application and review process must occur if remaining
427.3 funds are either greater than \$300,000 or more than 50 percent of the baseline appropriation
427.4 for the biennium. Authorized funds may be awarded in full in the first review process of
427.5 the biennium. Appropriated funds not encumbered within a biennium shall carry forward
427.6 ~~to the following biennium.~~ To be considered for approval, a proposal must include the
427.7 following information:

427.8 (1) whether the request is for renovation, replacement, upgrading, conversion, addition,
427.9 or relocation;

427.10 (2) a description of the problems the project is designed to address;

427.11 (3) a description of the proposed project;

427.12 (4) an analysis of projected costs of the nursing facility proposed project, including:

427.13 (i) initial construction and remodeling costs;

427.14 (ii) site preparation costs;

427.15 (iii) equipment and technology costs;

427.16 (iv) financing costs, the current estimated long-term financing costs of the proposal,
427.17 which is to include details of any proposed funding mechanism already arranged or being
427.18 considered, including estimates of the amount and sources of money, reserves if required,
427.19 annual payments schedule, interest rates, length of term, closing costs and fees, insurance
427.20 costs, any completed marketing study or underwriting review; and

427.21 (v) estimated operating costs during the first two years after completion of the project;

427.22 (5) for proposals involving replacement of all or part of a facility, the proposed location
427.23 of the replacement facility and an estimate of the cost of addressing the problem through
427.24 renovation;

427.25 (6) for proposals involving renovation, an estimate of the cost of addressing the problem
427.26 through replacement;

427.27 (7) the proposed timetable for commencing construction and completing the project;

427.28 (8) a statement of any licensure or certification issues, such as certification survey
427.29 deficiencies;

427.30 (9) the proposed relocation plan for current residents if beds are to be closed according
427.31 to section 144A.161; and

428.1 (10) other information required by permanent rule of the commissioner of health in
428.2 accordance with subdivisions 4 and 8.

428.3 Sec. 3. Minnesota Statutes 2020, section 144A.073, is amended by adding a subdivision
428.4 to read:

428.5 Subd. 17. **Moratorium exception funding.** (a) During the biennium beginning July 1,
428.6 2021, and during each biennium thereafter, the commissioner of health may approve
428.7 moratorium exception projects under this section for which the full biennial state share of
428.8 medical assistance costs does not exceed \$10,000,000, plus any carryover of previous
428.9 appropriations for this purpose.

428.10 (b) For the purposes of this subdivision, "biennium" has the meaning given in section
428.11 16A.011, subdivision 6.

428.12 Sec. 4. Minnesota Statutes 2020, section 245A.03, subdivision 7, is amended to read:

428.13 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license
428.14 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult
428.15 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter
428.16 for a physical location that will not be the primary residence of the license holder for the
428.17 entire period of licensure. If a license is issued during this moratorium, and the license
428.18 holder changes the license holder's primary residence away from the physical location of
428.19 the foster care license, the commissioner shall revoke the license according to section
428.20 245A.07. The commissioner shall not issue an initial license for a community residential
428.21 setting licensed under chapter 245D. When approving an exception under this paragraph,
428.22 the commissioner shall consider the resource need determination process in paragraph (h),
428.23 the availability of foster care licensed beds in the geographic area in which the licensee
428.24 seeks to operate, the results of a person's choices during their annual assessment and service
428.25 plan review, and the recommendation of the local county board. The determination by the
428.26 commissioner is final and not subject to appeal. Exceptions to the moratorium include:

428.27 (1) foster care settings that are required to be registered under chapter 144D;

428.28 (2) foster care licenses replacing foster care licenses in existence on May 15, 2009, or
428.29 community residential setting licenses replacing adult foster care licenses in existence on
428.30 December 31, 2013, and determined to be needed by the commissioner under paragraph
428.31 (b);

429.1 (3) new foster care licenses or community residential setting licenses determined to be
 429.2 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,
 429.3 or regional treatment center; restructuring of state-operated services that limits the capacity
 429.4 of state-operated facilities; or allowing movement to the community for people who no
 429.5 longer require the level of care provided in state-operated facilities as provided under section
 429.6 256B.092, subdivision 13, or 256B.49, subdivision 24;

429.7 (4) new foster care licenses or community residential setting licenses determined to be
 429.8 needed by the commissioner under paragraph (b) for persons requiring hospital level care;
 429.9 ~~or~~

429.10 (5) new foster care licenses or community residential setting licenses for people receiving
 429.11 services under chapter 245D and residing in an unlicensed setting before May 1, 2017, and
 429.12 for which a license is required. This exception does not apply to people living in their own
 429.13 home. For purposes of this clause, there is a presumption that a foster care or community
 429.14 residential setting license is required for services provided to three or more people in a
 429.15 dwelling unit when the setting is controlled by the provider. A license holder subject to this
 429.16 exception may rebut the presumption that a license is required by seeking a reconsideration
 429.17 of the commissioner's determination. The commissioner's disposition of a request for
 429.18 reconsideration is final and not subject to appeal under chapter 14. The exception is available
 429.19 until June 30, 2018. This exception is available when:

429.20 (i) the person's case manager provided the person with information about the choice of
 429.21 service, service provider, and location of service, including in the person's home, to help
 429.22 the person make an informed choice; and

429.23 (ii) the person's services provided in the licensed foster care or community residential
 429.24 setting are less than or equal to the cost of the person's services delivered in the unlicensed
 429.25 setting as determined by the lead agency; or

429.26 (6) new foster care licenses or community residential setting licenses for people receiving
 429.27 customized living or 24-hour customized living services under the brain injury or community
 429.28 access for disability inclusion waiver plans under section 256B.49 and residing in the
 429.29 customized living setting before July 1, 2022, for which a license is required. A customized
 429.30 living service provider subject to this exception may rebut the presumption that a license
 429.31 is required by seeking a reconsideration of the commissioner's determination. The
 429.32 commissioner's disposition of a request for reconsideration is final and not subject to appeal
 429.33 under chapter 14. The exception is available until June 30, 2023. This exception is available
 429.34 when:

430.1 (i) the person's customized living services are provided in a customized living service
430.2 setting serving four or fewer people under the brain injury or community access for disability
430.3 inclusion waiver plans under section 256B.49 in a single-family home operational on or
430.4 before June 30, 2021. Operational is defined in section 256B.49, subdivision 28;

430.5 (ii) the person's case manager provided the person with information about the choice of
430.6 service, service provider, and location of service, including in the person's home, to help
430.7 the person make an informed choice; and

430.8 (iii) the person's services provided in the licensed foster care or community residential
430.9 setting are less than or equal to the cost of the person's services delivered in the customized
430.10 living setting as determined by the lead agency.

430.11 (b) The commissioner shall determine the need for newly licensed foster care homes or
430.12 community residential settings as defined under this subdivision. As part of the determination,
430.13 the commissioner shall consider the availability of foster care capacity in the area in which
430.14 the licensee seeks to operate, and the recommendation of the local county board. The
430.15 determination by the commissioner must be final. A determination of need is not required
430.16 for a change in ownership at the same address.

430.17 (c) When an adult resident served by the program moves out of a foster home that is not
430.18 the primary residence of the license holder according to section 256B.49, subdivision 15,
430.19 paragraph (f), or the adult community residential setting, the county shall immediately
430.20 inform the Department of Human Services Licensing Division. The department may decrease
430.21 the statewide licensed capacity for adult foster care settings.

430.22 (d) Residential settings that would otherwise be subject to the decreased license capacity
430.23 established in paragraph (c) shall be exempt if the license holder's beds are occupied by
430.24 residents whose primary diagnosis is mental illness and the license holder is certified under
430.25 the requirements in subdivision 6a or section 245D.33.

430.26 (e) A resource need determination process, managed at the state level, using the available
430.27 reports required by section 144A.351, and other data and information shall be used to
430.28 determine where the reduced capacity determined under section 256B.493 will be
430.29 implemented. The commissioner shall consult with the stakeholders described in section
430.30 144A.351, and employ a variety of methods to improve the state's capacity to meet the
430.31 informed decisions of those people who want to move out of corporate foster care or
430.32 community residential settings, long-term service needs within budgetary limits, including
430.33 seeking proposals from service providers or lead agencies to change service type, capacity,
430.34 or location to improve services, increase the independence of residents, and better meet

431.1 needs identified by the long-term services and supports reports and statewide data and
431.2 information.

431.3 (f) At the time of application and reapplication for licensure, the applicant and the license
431.4 holder that are subject to the moratorium or an exclusion established in paragraph (a) are
431.5 required to inform the commissioner whether the physical location where the foster care
431.6 will be provided is or will be the primary residence of the license holder for the entire period
431.7 of licensure. If the primary residence of the applicant or license holder changes, the applicant
431.8 or license holder must notify the commissioner immediately. The commissioner shall print
431.9 on the foster care license certificate whether or not the physical location is the primary
431.10 residence of the license holder.

431.11 (g) License holders of foster care homes identified under paragraph (f) that are not the
431.12 primary residence of the license holder and that also provide services in the foster care home
431.13 that are covered by a federally approved home and community-based services waiver, as
431.14 authorized under chapter 256S or section 256B.092 or 256B.49, must inform the human
431.15 services licensing division that the license holder provides or intends to provide these
431.16 waiver-funded services.

431.17 (h) The commissioner may adjust capacity to address needs identified in section
431.18 144A.351. Under this authority, the commissioner may approve new licensed settings or
431.19 delicense existing settings. Delicensing of settings will be accomplished through a process
431.20 identified in section 256B.493. Annually, by August 1, the commissioner shall provide
431.21 information and data on capacity of licensed long-term services and supports, actions taken
431.22 under the subdivision to manage statewide long-term services and supports resources, and
431.23 any recommendations for change to the legislative committees with jurisdiction over the
431.24 health and human services budget.

431.25 (i) The commissioner must notify a license holder when its corporate foster care or
431.26 community residential setting licensed beds are reduced under this section. The notice of
431.27 reduction of licensed beds must be in writing and delivered to the license holder by certified
431.28 mail or personal service. The notice must state why the licensed beds are reduced and must
431.29 inform the license holder of its right to request reconsideration by the commissioner. The
431.30 license holder's request for reconsideration must be in writing. If mailed, the request for
431.31 reconsideration must be postmarked and sent to the commissioner within 20 calendar days
431.32 after the license holder's receipt of the notice of reduction of licensed beds. If a request for
431.33 reconsideration is made by personal service, it must be received by the commissioner within
431.34 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

432.1 (j) The commissioner shall not issue an initial license for children's residential treatment
 432.2 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter
 432.3 for a program that Centers for Medicare and Medicaid Services would consider an institution
 432.4 for mental diseases. Facilities that serve only private pay clients are exempt from the
 432.5 moratorium described in this paragraph. The commissioner has the authority to manage
 432.6 existing statewide capacity for children's residential treatment services subject to the
 432.7 moratorium under this paragraph and may issue an initial license for such facilities if the
 432.8 initial license would not increase the statewide capacity for children's residential treatment
 432.9 services subject to the moratorium under this paragraph.

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

432.11 Sec. 5. Minnesota Statutes 2020, section 256.477, is amended to read:

432.12 **256.477 SELF-ADVOCACY GRANTS.**

432.13 **Subdivision 1. The Rick Cardenas Statewide Self-Advocacy Network.** (a) The
 432.14 commissioner shall make available a grant for the purposes of establishing and maintaining
 432.15 ~~a~~ the Rick Cardenas Statewide Self-Advocacy Network for persons with intellectual and
 432.16 developmental disabilities. The Rick Cardenas Statewide Self-Advocacy Network shall:

432.17 (1) ensure that persons with intellectual and developmental disabilities are informed of
 432.18 their rights in employment, housing, transportation, voting, government policy, and other
 432.19 issues pertinent to the intellectual and developmental disability community;

432.20 (2) provide public education and awareness of the civil and human rights issues persons
 432.21 with intellectual and developmental disabilities face;

432.22 (3) provide funds, technical assistance, and other resources for self-advocacy groups
 432.23 across the state; ~~and~~

432.24 (4) organize systems of communications to facilitate an exchange of information between
 432.25 self-advocacy groups;

432.26 (5) train and support the activities of a statewide network of peer-to-peer mentors for
 432.27 persons with developmental disabilities focused on building awareness among people with
 432.28 developmental disabilities of service options; assisting people with developmental disabilities
 432.29 choose service options; and developing the advocacy skills of people with developmental
 432.30 disabilities necessary for them to move toward full inclusion in community life, including
 432.31 by developing and delivering a curriculum to support the peer-to-peer network;

433.1 (6) provide outreach activities, including statewide conferences and disability networking
 433.2 opportunities, focused on self-advocacy, informed choice, and community engagement
 433.3 skills; and

433.4 (7) provide an annual leadership program for persons with intellectual and developmental
 433.5 disabilities.

433.6 (b) An organization receiving a grant under paragraph (a) must be an organization
 433.7 governed by people with intellectual and developmental disabilities that administers a
 433.8 statewide network of disability groups in order to maintain and promote self-advocacy
 433.9 services and supports for persons with intellectual and developmental disabilities throughout
 433.10 the state.

433.11 (c) An organization receiving a grant under this subdivision may use a portion of grant
 433.12 revenue determined by the commissioner for administration and general operating costs.

433.13 Subd. 2. Subgrants for outreach to persons in institutional settings. The commissioner
 433.14 shall make available to an organization described under subdivision 1 a grant for subgrants
 433.15 to organizations in Minnesota to conduct outreach to persons working and living in
 433.16 institutional settings to provide education and information about community options. Subgrant
 433.17 funds must be used to deliver peer-led skill training sessions in six regions of the state to
 433.18 help persons with intellectual and developmental disabilities understand community service
 433.19 options related to:

433.20 (1) housing;

433.21 (2) employment;

433.22 (3) education;

433.23 (4) transportation;

433.24 (5) emerging service reform initiatives contained in the state's Olmstead plan; the
 433.25 Workforce Innovation and Opportunity Act, Public Law 113-128; and federal home and
 433.26 community-based services regulations; and

433.27 (6) connecting with individuals who can help persons with intellectual and developmental
 433.28 disabilities make an informed choice and plan for a transition in services.

433.29 **Sec. 6. [256.4772] MINNESOTA INCLUSION INITIATIVE GRANT.**

433.30 Subdivision 1. Grant program established. The commissioner of human services shall
 433.31 establish the Minnesota inclusion initiative grant program to encourage self-advocacy groups
 433.32 of persons with intellectual and developmental disabilities to develop and organize projects

434.1 that increase the inclusion of persons with intellectual and developmental disabilities in the
434.2 community, improve community integration outcomes, educate decision-makers and the
434.3 public about persons with intellectual and developmental disabilities, including the systemic
434.4 barriers that prevent them from being included in the community, and to advocate for changes
434.5 that increase access to formal and informal supports and services necessary for greater
434.6 inclusion of persons with intellectual and developmental disabilities in the community.

434.7 Subd. 2. **Administration.** The commissioner of human services, as authorized by section
434.8 256.01, subdivision 2, paragraph (a), clause (6), shall issue a request for proposals to contract
434.9 with a public or private entity to (1) serve as a fiscal host for the money appropriated for
434.10 the purposes described in this section, and (2) develop guidelines, criteria, and procedures
434.11 for awarding grants. The fiscal host shall establish an advisory committee consisting of
434.12 self-advocates, nonprofit advocacy organizations, and Department of Human Services staff
434.13 to review applications and award grants under this section.

434.14 Subd. 3. **Applications.** (a) Entities seeking grants under this section shall apply to the
434.15 advisory committee of the fiscal host under contract with the commissioner. The grant
434.16 applicant must include a description of the project that the applicant is proposing, the amount
434.17 of money that the applicant is seeking, and a proposed budget describing how the applicant
434.18 will spend the grant money.

434.19 (b) The advisory committee may award grants to applicants only for projects that meet
434.20 the requirements of subdivision 4.

434.21 Subd. 4. **Use of grant money.** Projects funded by grant money must have person-centered
434.22 goals, call attention to issues that limit inclusion of persons with intellectual and
434.23 developmental disabilities, address barriers to inclusion that persons with intellectual and
434.24 developmental disabilities face in their communities, or increase the inclusion of persons
434.25 with intellectual and developmental disabilities in their communities. Applicants may
434.26 propose strategies to increase inclusion of persons with intellectual and developmental
434.27 disabilities in their communities by:

434.28 (1) decreasing barriers to workforce participation experienced by persons with intellectual
434.29 and developmental disabilities;

434.30 (2) overcoming barriers to accessible and reliable transportation options for persons with
434.31 intellectual and developmental disabilities;

434.32 (3) identifying and addressing barriers to voting experienced by persons with intellectual
434.33 and developmental disabilities;

435.1 (4) advocating for increased accessible housing for persons with intellectual and
435.2 developmental disabilities;

435.3 (5) working with governmental agencies or businesses on accessibility issues under the
435.4 Americans with Disabilities Act;

435.5 (6) increasing collaboration between self-advocacy groups and other organizations to
435.6 effectively address systemic issues that impact persons with intellectual and developmental
435.7 disabilities;

435.8 (7) increasing capacity for inclusion in a community; or

435.9 (8) providing public education and awareness of the civil and human rights of persons
435.10 with intellectual and developmental disabilities.

435.11 Subd. 5. **Reports.** (a) Grant recipients shall provide the advisory committee with a report
435.12 about the activities funded by the grant program in a format and at a time specified by the
435.13 advisory committee. The advisory committee shall require grant recipients to include in the
435.14 grant recipient's report at least the information necessary for the advisory committee to meet
435.15 the advisory committee's obligation under paragraph (b).

435.16 (b) The advisory committee shall provide the commissioner with a report that describes
435.17 all of the activities and outcomes of projects funded by the grant program in a format and
435.18 at a time determined by the commissioner.

435.19 Sec. 7. **[256.4776] PARENT-TO-PARENT PEER SUPPORT.**

435.20 (a) The commissioner shall make a grant to an alliance member of Parent to Parent USA
435.21 to support the alliance member's parent-to-parent peer support program for families of
435.22 children with any type of disability or special health care needs. An eligible alliance member
435.23 must have an established parent-to-parent peer support program that is statewide and
435.24 represents diverse cultures and geographic locations, that conducts outreach and provides
435.25 individualized support to any parent or guardian of a child with a disability or special health
435.26 care need, including newly identified parents of such a child or parents experiencing
435.27 transitions or changes in their child's care, and that implements best practices for peer-to-peer
435.28 support, including providing support from trained parent staff and volunteer support parents
435.29 who have received Parent to Parent USA's specialized parent-to-parent peer support training.

435.30 (b) Grant recipients must use grant money for the purposes specified in paragraph (a).

436.1 (c) For purposes of this section, "special health care needs" means disabilities, chronic
436.2 illnesses or conditions, health-related educational or behavioral problems, or the risk of
436.3 developing disabilities, conditions, illnesses, or problems.

436.4 (d) Grant recipients must report to the commissioner of human services annually by
436.5 January 15 about the services and programs funded by this grant. The report must include
436.6 measurable outcomes from the previous year, including the number of families served by
436.7 the organization's parent-to-parent programs and the number of volunteer support parents
436.8 trained by the organization's parent-to-parent programs.

436.9 Sec. 8. Minnesota Statutes 2020, section 256B.0653, is amended by adding a subdivision
436.10 to read:

436.11 Subd. 8. **Payment rates for home health agency services.** The commissioner shall
436.12 annually adjust payments for home health agency services to reflect the change in the federal
436.13 Centers for Medicare and Medicaid Services Home Health Agency Market Basket. The
436.14 commissioner shall use the indices as forecasted for the midpoint of the prior rate year to
436.15 the midpoint of the current rate year.

436.16 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,
436.17 whichever occurs later, for services delivered on or after January 1, 2022. The commissioner
436.18 of human services shall notify the revisor of statutes when federal approval is obtained.

436.19 Sec. 9. Minnesota Statutes 2020, section 256B.0654, is amended by adding a subdivision
436.20 to read:

436.21 Subd. 5. **Payment rates for home care nursing services.** The commissioner shall
436.22 annually adjust payments for home care nursing services to reflect the change in the federal
436.23 Centers for Medicare and Medicaid Services Home Health Agency Market Basket. The
436.24 commissioner shall use the indices as forecasted for the midpoint of the prior rate year to
436.25 the midpoint of the current rate year.

436.26 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,
436.27 whichever occurs later, for services delivered on or after January 1, 2022. The commissioner
436.28 of human services shall notify the revisor of statutes when federal approval is obtained.

436.29 Sec. 10. Minnesota Statutes 2020, section 256B.0659, subdivision 11, is amended to read:

436.30 Subd. 11. **Personal care assistant; requirements.** (a) A personal care assistant must
436.31 meet the following requirements:

- 437.1 (1) be at least 18 years of age with the exception of persons who are 16 or 17 years of
437.2 age with these additional requirements:
- 437.3 (i) supervision by a qualified professional every 60 days; and
- 437.4 (ii) employment by only one personal care assistance provider agency responsible for
437.5 compliance with current labor laws;
- 437.6 (2) be employed by a personal care assistance provider agency;
- 437.7 (3) enroll with the department as a personal care assistant after clearing a background
437.8 study. Except as provided in subdivision 11a, before a personal care assistant provides
437.9 services, the personal care assistance provider agency must initiate a background study on
437.10 the personal care assistant under chapter 245C, and the personal care assistance provider
437.11 agency must have received a notice from the commissioner that the personal care assistant
437.12 is:
- 437.13 (i) not disqualified under section 245C.14; or
- 437.14 (ii) disqualified, but the personal care assistant has received a set aside of the
437.15 disqualification under section 245C.22;
- 437.16 (4) be able to effectively communicate with the recipient and personal care assistance
437.17 provider agency;
- 437.18 (5) be able to provide covered personal care assistance services according to the recipient's
437.19 personal care assistance care plan, respond appropriately to recipient needs, and report
437.20 changes in the recipient's condition to the supervising qualified professional, physician, or
437.21 advanced practice registered nurse;
- 437.22 (6) not be a consumer of personal care assistance services;
- 437.23 (7) maintain daily written records including, but not limited to, time sheets under
437.24 subdivision 12;
- 437.25 (8) effective January 1, 2010, complete standardized training as determined by the
437.26 commissioner before completing enrollment. The training must be available in languages
437.27 other than English and to those who need accommodations due to disabilities. Personal care
437.28 assistant training must include successful completion of the following training components:
437.29 basic first aid, vulnerable adult, child maltreatment, OSHA universal precautions, basic
437.30 roles and responsibilities of personal care assistants including information about assistance
437.31 with lifting and transfers for recipients, emergency preparedness, orientation to positive
437.32 behavioral practices, fraud issues, and completion of time sheets. Upon completion of the

438.1 training components, the personal care assistant must demonstrate the competency to provide
438.2 assistance to recipients;

438.3 (9) complete training and orientation on the needs of the recipient; and

438.4 (10) be limited to providing and being paid for up to 310 hours per month of personal
438.5 care assistance services regardless of the number of recipients being served or the number
438.6 of personal care assistance provider agencies enrolled with. The number of hours worked
438.7 per day shall not be disallowed by the department unless in violation of the law.

438.8 (b) A legal guardian may be a personal care assistant if the guardian is not being paid
438.9 for the guardian services and meets the criteria for personal care assistants in paragraph (a).

438.10 (c) Persons who do not qualify as a personal care assistant include parents, stepparents,
438.11 and legal guardians of minors; spouses; paid legal guardians of adults; family foster care
438.12 providers, except as otherwise allowed in section 256B.0625, subdivision 19a; and staff of
438.13 a residential setting.

438.14 (d) Personal care assistance services qualify for the enhanced rate described in subdivision
438.15 17a if the personal care assistant providing the services:

438.16 (1) provides covered services to a recipient who qualifies for ~~12~~ ten or more hours per
438.17 day of personal care assistance services; and

438.18 (2) satisfies the current requirements of Medicare for training and competency or
438.19 competency evaluation of home health aides or nursing assistants, as provided in the Code
438.20 of Federal Regulations, title 42, section 483.151 or 484.36, or alternative state-approved
438.21 training or competency requirements.

438.22 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,
438.23 whichever occurs later. The commissioner shall notify the revisor of statutes when federal
438.24 approval is obtained.

438.25 Sec. 11. Minnesota Statutes 2020, section 256B.0659, subdivision 17a, is amended to
438.26 read:

438.27 Subd. 17a. **Enhanced rate.** An enhanced rate of 107.5 percent of the rate paid for
438.28 personal care assistance services shall be paid for services provided to persons who qualify
438.29 for ~~12~~ ten or more hours of personal care assistance services per day when provided by a
438.30 personal care assistant who meets the requirements of subdivision 11, paragraph (d). The
438.31 enhanced rate for personal care assistance services includes, and is not in addition to, any
438.32 rate adjustments implemented by the commissioner on July 1, 2019, to comply with the

439.1 terms of a collective bargaining agreement between the state of Minnesota and an exclusive
439.2 representative of individual providers under section 179A.54, that provides for wage increases
439.3 for individual providers who serve participants assessed to need 12 or more hours of personal
439.4 care assistance services per day.

439.5 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,
439.6 whichever occurs later. The commissioner shall notify the revisor of statutes when federal
439.7 approval is obtained.

439.8 Sec. 12. Minnesota Statutes 2020, section 256B.0911, subdivision 3a, is amended to read:

439.9 Subd. 3a. **Assessment and support planning.** (a) Persons requesting assessment, services
439.10 planning, or other assistance intended to support community-based living, including persons
439.11 who need assessment in order to determine waiver or alternative care program eligibility,
439.12 must be visited by a long-term care consultation team within 20 calendar days after the date
439.13 on which an assessment was requested or recommended. Upon statewide implementation
439.14 of subdivisions 2b, 2c, and 5, this requirement also applies to an assessment of a person
439.15 requesting personal care assistance services. The commissioner shall provide at least a
439.16 90-day notice to lead agencies prior to the effective date of this requirement. Face-to-face
439.17 assessments must be conducted according to paragraphs (b) to (i).

439.18 (b) Upon implementation of subdivisions 2b, 2c, and 5, lead agencies shall use certified
439.19 assessors to conduct the assessment. For a person with complex health care needs, a public
439.20 health or registered nurse from the team must be consulted.

439.21 (c) The MnCHOICES assessment provided by the commissioner to lead agencies must
439.22 be used to complete a comprehensive, conversation-based, person-centered assessment.
439.23 The assessment must include the health, psychological, functional, environmental, and
439.24 social needs of the individual necessary to develop a person-centered community support
439.25 plan that meets the individual's needs and preferences.

439.26 (d) The assessment must be conducted by a certified assessor in a face-to-face
439.27 conversational interview with the person being assessed. The person's legal representative
439.28 must provide input during the assessment process and may do so remotely if requested. At
439.29 the request of the person, other individuals may participate in the assessment to provide
439.30 information on the needs, strengths, and preferences of the person necessary to develop a
439.31 community support plan that ensures the person's health and safety. Except for legal
439.32 representatives or family members invited by the person, persons participating in the
439.33 assessment may not be a provider of service or have any financial interest in the provision
439.34 of services. For persons who are to be assessed for elderly waiver customized living or adult

440.1 day services under chapter 256S, with the permission of the person being assessed or the
440.2 person's designated or legal representative, the client's current or proposed provider of
440.3 services may submit a copy of the provider's nursing assessment or written report outlining
440.4 its recommendations regarding the client's care needs. The person conducting the assessment
440.5 must notify the provider of the date by which this information is to be submitted. This
440.6 information shall be provided to the person conducting the assessment prior to the assessment.
440.7 For a person who is to be assessed for waiver services under section 256B.092 or 256B.49,
440.8 with the permission of the person being assessed or the person's designated legal
440.9 representative, the person's current provider of services may submit a written report outlining
440.10 recommendations regarding the person's care needs the person completed in consultation
440.11 with someone who is known to the person and has interaction with the person on a regular
440.12 basis. The provider must submit the report at least 60 days before the end of the person's
440.13 current service agreement. The certified assessor must consider the content of the submitted
440.14 report prior to finalizing the person's assessment or reassessment.

440.15 (e) The certified assessor and the individual responsible for developing the coordinated
440.16 service and support plan must complete the community support plan and the coordinated
440.17 service and support plan no more than 60 calendar days from the assessment visit. The
440.18 person or the person's legal representative must be provided with a written community
440.19 support plan within the timelines established by the commissioner, regardless of whether
440.20 the person is eligible for Minnesota health care programs.

440.21 (f) For a person being assessed for elderly waiver services under chapter 256S, a provider
440.22 who submitted information under paragraph (d) shall receive the final written community
440.23 support plan when available and the Residential Services Workbook.

440.24 (g) The written community support plan must include:

440.25 (1) a summary of assessed needs as defined in paragraphs (c) and (d);

440.26 (2) the individual's options and choices to meet identified needs, including:

440.27 (i) all available options for case management services and providers;

440.28 (ii) all available options for employment services, settings, and providers;

440.29 (iii) all available options for living arrangements;

440.30 (iv) all available options for self-directed services and supports, including self-directed
440.31 budget options; and

440.32 (v) service provided in a non-disability-specific setting;

441.1 (3) identification of health and safety risks and how those risks will be addressed,
441.2 including personal risk management strategies;

441.3 (4) referral information; and

441.4 (5) informal caregiver supports, if applicable.

441.5 For a person determined eligible for state plan home care under subdivision 1a, paragraph
441.6 (b), clause (1), the person or person's representative must also receive a copy of the home
441.7 care service plan developed by the certified assessor.

441.8 (h) A person may request assistance in identifying community supports without
441.9 participating in a complete assessment. Upon a request for assistance identifying community
441.10 support, the person must be transferred or referred to long-term care options counseling
441.11 services available under sections 256.975, subdivision 7, and 256.01, subdivision 24, for
441.12 telephone assistance and follow up.

441.13 (i) The person has the right to make the final decision:

441.14 (1) between institutional placement and community placement after the recommendations
441.15 have been provided, except as provided in section 256.975, subdivision 7a, paragraph (d);

441.16 (2) between community placement in a setting controlled by a provider and living
441.17 independently in a setting not controlled by a provider;

441.18 (3) between day services and employment services; and

441.19 (4) regarding available options for self-directed services and supports, including
441.20 self-directed funding options.

441.21 (j) The lead agency must give the person receiving long-term care consultation services
441.22 or the person's legal representative, materials, and forms supplied by the commissioner
441.23 containing the following information:

441.24 (1) written recommendations for community-based services and consumer-directed
441.25 options;

441.26 (2) documentation that the most cost-effective alternatives available were offered to the
441.27 individual. For purposes of this clause, "cost-effective" means community services and
441.28 living arrangements that cost the same as or less than institutional care. For an individual
441.29 found to meet eligibility criteria for home and community-based service programs under
441.30 chapter 256S or section 256B.49, "cost-effectiveness" has the meaning found in the federally
441.31 approved waiver plan for each program;

442.1 (3) the need for and purpose of preadmission screening conducted by long-term care
442.2 options counselors according to section 256.975, subdivisions 7a to 7c, if the person selects
442.3 nursing facility placement. If the individual selects nursing facility placement, the lead
442.4 agency shall forward information needed to complete the level of care determinations and
442.5 screening for developmental disability and mental illness collected during the assessment
442.6 to the long-term care options counselor using forms provided by the commissioner;

442.7 (4) the role of long-term care consultation assessment and support planning in eligibility
442.8 determination for waiver and alternative care programs, and state plan home care, case
442.9 management, and other services as defined in subdivision 1a, paragraphs (a), clause (6),
442.10 and (b);

442.11 (5) information about Minnesota health care programs;

442.12 (6) the person's freedom to accept or reject the recommendations of the team;

442.13 (7) the person's right to confidentiality under the Minnesota Government Data Practices
442.14 Act, chapter 13;

442.15 (8) the certified assessor's decision regarding the person's need for institutional level of
442.16 care as determined under criteria established in subdivision 4e and the certified assessor's
442.17 decision regarding eligibility for all services and programs as defined in subdivision 1a,
442.18 paragraphs (a), clause (6), and (b);

442.19 (9) the person's right to appeal the certified assessor's decision regarding eligibility for
442.20 all services and programs as defined in subdivision 1a, paragraphs (a), clauses (6), (7), and
442.21 (8), and (b), and incorporating the decision regarding the need for institutional level of care
442.22 or the lead agency's final decisions regarding public programs eligibility according to section
442.23 256.045, subdivision 3. The certified assessor must verbally communicate this appeal right
442.24 to the person and must visually point out where in the document the right to appeal is stated;
442.25 and

442.26 (10) documentation that available options for employment services, independent living,
442.27 and self-directed services and supports were described to the individual.

442.28 (k) Face-to-face assessment completed as part of an eligibility determination for multiple
442.29 programs for the alternative care, elderly waiver, developmental disabilities, community
442.30 access for disability inclusion, community alternative care, and brain injury waiver programs
442.31 under chapter 256S and sections 256B.0913, 256B.092, and 256B.49 is valid to establish
442.32 service eligibility for no more than 60 calendar days after the date of assessment.

443.1 (l) The effective eligibility start date for programs in paragraph (k) can never be prior
443.2 to the date of assessment. If an assessment was completed more than 60 days before the
443.3 effective waiver or alternative care program eligibility start date, assessment and support
443.4 plan information must be updated and documented in the department's Medicaid Management
443.5 Information System (MMIS). Notwithstanding retroactive medical assistance coverage of
443.6 state plan services, the effective date of eligibility for programs included in paragraph (k)
443.7 cannot be prior to the date the most recent updated assessment is completed.

443.8 (m) If an eligibility update is completed within 90 days of the previous face-to-face
443.9 assessment and documented in the department's Medicaid Management Information System
443.10 (MMIS), the effective date of eligibility for programs included in paragraph (k) is the date
443.11 of the previous face-to-face assessment when all other eligibility requirements are met.

443.12 (n) If a person who receives home and community-based waiver services under section
443.13 256B.0913, 256B.092, or 256B.49 or chapter 256S temporarily enters for 121 days or fewer
443.14 a hospital, institution of mental disease, nursing facility, intensive residential treatment
443.15 services program, transitional care unit, or inpatient substance use disorder treatment setting,
443.16 the person may return to the community with home and community-based waiver services
443.17 under the same waiver, without requiring an assessment or reassessment under this section,
443.18 unless the person's annual reassessment is otherwise due. Nothing in this paragraph shall
443.19 change annual long-term care consultation reassessment requirements, payment for
443.20 institutional or treatment services, medical assistance financial eligibility, or any other law.

443.21 ~~(n)~~ (o) At the time of reassessment, the certified assessor shall assess each person
443.22 receiving waiver residential supports and services currently residing in a community
443.23 residential setting, licensed adult foster care home that is either not the primary residence
443.24 of the license holder or in which the license holder is not the primary caregiver, family adult
443.25 foster care residence, customized living setting, or supervised living facility to determine
443.26 if that person would prefer to be served in a community-living setting as defined in section
443.27 256B.49, subdivision 23, in a setting not controlled by a provider, or to receive integrated
443.28 community supports as described in section 245D.03, subdivision 1, paragraph (c), clause
443.29 (8). The certified assessor shall offer the person, through a person-centered planning process,
443.30 the option to receive alternative housing and service options.

443.31 ~~(o)~~ (p) At the time of reassessment, the certified assessor shall assess each person
443.32 receiving waiver day services to determine if that person would prefer to receive employment
443.33 services as described in section 245D.03, subdivision 1, paragraph (c), clauses (5) to (7).
443.34 The certified assessor shall describe to the person through a person-centered planning process
443.35 the option to receive employment services.

444.1 ~~(p)~~ (q) At the time of reassessment, the certified assessor shall assess each person
 444.2 receiving non-self-directed waiver services to determine if that person would prefer an
 444.3 available service and setting option that would permit self-directed services and supports.
 444.4 The certified assessor shall describe to the person through a person-centered planning process
 444.5 the option to receive self-directed services and supports.

444.6 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
 444.7 shall notify the revisor of statutes when federal approval is obtained.

444.8 Sec. 13. Minnesota Statutes 2020, section 256B.0911, subdivision 6, is amended to read:

444.9 **Subd. 6. Payment for long-term care consultation services.** ~~(a) Until September 30,~~
 444.10 ~~2013, payment for long-term care consultation face-to-face assessment shall be made as~~
 444.11 ~~described in this subdivision.~~

444.12 ~~(b) The total payment for each county must be paid monthly by Certified nursing facilities~~
 444.13 ~~in the county. The monthly amount to be paid by each nursing facility for each fiscal year~~
 444.14 ~~must be determined by dividing the county's annual allocation for long-term care consultation~~
 444.15 ~~services by 12 to determine the monthly payment and allocating the monthly payment to~~
 444.16 ~~each nursing facility based on the number of licensed beds in the nursing facility. Payments~~
 444.17 ~~to counties in which there is no certified nursing facility must be made by increasing the~~
 444.18 ~~payment rate of the two facilities located nearest to the county seat.~~

444.19 ~~(c) The commissioner shall include the total annual payment determined under paragraph~~
 444.20 ~~(b) for each nursing facility reimbursed under section 256B.431 or 256B.434 or chapter~~
 444.21 ~~256R.~~

444.22 ~~(d) In the event of the layaway, delicensure and decertification, or removal from layaway~~
 444.23 ~~of 25 percent or more of the beds in a facility, the commissioner may adjust the per diem~~
 444.24 ~~payment amount in paragraph (c) and may adjust the monthly payment amount in paragraph~~
 444.25 ~~(b). The effective date of an adjustment made under this paragraph shall be on or after the~~
 444.26 ~~first day of the month following the effective date of the layaway, delicensure and~~
 444.27 ~~decertification, or removal from layaway.~~

444.28 ~~(e)~~ (a) Payments for long-term care consultation services are available to ~~the county or~~
 444.29 ~~counties and Tribal nations that are lead agencies~~ to cover staff salaries and expenses to
 444.30 provide the services described in subdivision 1a. The county or Tribal nation shall employ,
 444.31 or contract with other agencies to employ, ~~within the limits of available funding,~~ sufficient
 444.32 personnel to provide long-term care consultation services while meeting the state's long-term
 444.33 care outcomes and objectives as defined in subdivision 1. The county or Tribal nation shall

445.1 be accountable for meeting local objectives as approved by the commissioner in the biennial
 445.2 home and community-based services quality assurance plan on a form provided by the
 445.3 commissioner.

445.4 ~~(f) Notwithstanding section 256B.0641, overpayments attributable to payment of the~~
 445.5 ~~screening costs under the medical assistance program may not be recovered from a facility.~~

445.6 ~~(g) The commissioner of human services shall amend the Minnesota medical assistance~~
 445.7 ~~plan to include reimbursement for the local consultation teams.~~

445.8 ~~(h) Until the alternative payment methodology in paragraph (i) is implemented, the~~
 445.9 ~~county may bill, as case management services, assessments, support planning, and~~
 445.10 ~~follow-along provided to persons determined to be eligible for case management under~~
 445.11 ~~Minnesota health care programs.~~

445.12 (b) No individual or family member shall be charged for an initial assessment or initial
 445.13 support plan development provided under subdivision 3a or 3b.

445.14 ~~(+)~~ (c) The commissioner shall develop an alternative payment methodology, effective
 445.15 on October 1, 2013, for long-term care consultation services that includes the funding
 445.16 available under this subdivision, and for assessments authorized under sections 256B.092
 445.17 and 256B.0659. In developing the new payment methodology, the commissioner shall
 445.18 consider the maximization of other funding sources, including federal administrative
 445.19 reimbursement through federal financial participation funding, for all long-term care
 445.20 consultation activity. The alternative payment methodology shall include the use of the
 445.21 appropriate time studies and the state financing of nonfederal share as part of the state's
 445.22 medical assistance program. Between July 1, 2017, and June 30, 2019, the state shall pay
 445.23 84.3 percent of the nonfederal share as reimbursement to the counties. Beginning July 1,
 445.24 2019, the state shall pay 81.9 percent of the nonfederal share as reimbursement to the
 445.25 counties.

445.26 Sec. 14. Minnesota Statutes 2020, section 256B.0911, is amended by adding a subdivision
 445.27 to read:

445.28 Subd. 6b. Payment for long-term care consultation services; transition to tiered
 445.29 rates. (a) Notwithstanding subdivision 6, paragraph (c), beginning July 1, 2021, for each
 445.30 fiscal year through fiscal year 2025, the state shall pay to each county and Tribal nation as
 445.31 reimbursement for services provided under this section a percentage of the nonfederal share
 445.32 equal to the value of the county's or the Tribal nation's prorated share of the nonfederal

446.1 share paid to counties and Tribal nations as reimbursement for services provided under
446.2 subdivision 6, paragraph (c), during fiscal year 2019.

446.3 (b) Beginning October 1, 2022, each county or Tribal nation reimbursed under paragraph
446.4 (a) must submit to the commissioner by October 1 an annual report documenting the total
446.5 number of assessments performed under this section, the number of assessments by type of
446.6 assessment, amount of time spent on each assessment, amount of time spent preparing for
446.7 each assessment, amount of time spent finalizing a community support plan following each
446.8 assessment, and amount of time an assessor spent on other assessment-related activities for
446.9 each assessment. In its annual report, each county and Tribal nation must distinguish between
446.10 services provided to people who were eligible for medical assistance at the time the services
446.11 were provided and services provided to those who were not.

446.12 (c) This subdivision expires July 1, 2025.

446.13 Sec. 15. Minnesota Statutes 2020, section 256B.092, subdivision 1b, is amended to read:

446.14 Subd. 1b. **Coordinated service and support plan.** (a) Each recipient of home and
446.15 community-based waived services shall be provided a copy of the written person-centered
446.16 coordinated service and support plan that:

446.17 (1) is developed with and signed by the recipient within the timelines established by the
446.18 commissioner and section 256B.0911, subdivision 3a, paragraph (e);

446.19 (2) includes the person's need for service, including identification of service needs that
446.20 will be or that are met by the person's relatives, friends, and others, as well as community
446.21 services used by the general public;

446.22 (3) reasonably ensures the health and welfare of the recipient;

446.23 (4) identifies the person's preferences for services as stated by the person, the person's
446.24 legal guardian or conservator, or the parent if the person is a minor, including the person's
446.25 choices made on self-directed options, services and supports to achieve employment goals,
446.26 and living arrangements;

446.27 (5) provides for an informed choice, as defined in section 256B.77, subdivision 2,
446.28 paragraph (o), of service and support providers, and identifies all available options for case
446.29 management services and providers;

446.30 (6) identifies long-range and short-range goals for the person;

446.31 (7) identifies specific services and the amount and frequency of the services to be provided
446.32 to the person based on assessed needs, preferences, and available resources. The

447.1 person-centered coordinated service and support plan shall also specify other services the
447.2 person needs that are not available and indicate in a clear and accessible manner the total
447.3 monetary resources available to meet the assessed needs and preferences of the individual;

447.4 (8) identifies the need for an individual program plan to be developed by the provider
447.5 according to the respective state and federal licensing and certification standards, and
447.6 additional assessments to be completed or arranged by the provider after service initiation;

447.7 (9) identifies provider responsibilities to implement and make recommendations for
447.8 modification to the coordinated service and support plan;

447.9 (10) includes notice of the right to request a conciliation conference or a hearing under
447.10 section 256.045;

447.11 (11) is agreed upon and signed by the person, the person's legal guardian or conservator,
447.12 or the parent if the person is a minor, and the authorized county representative;

447.13 (12) is reviewed by a health professional if the person has overriding medical needs that
447.14 impact the delivery of services; and

447.15 (13) includes the authorized annual and monthly amounts for the services.

447.16 (b) In developing the person-centered coordinated service and support plan, the case
447.17 manager is encouraged to include the use of volunteers, religious organizations, social clubs,
447.18 and civic and service organizations to support the individual in the community. The lead
447.19 agency must be held harmless for damages or injuries sustained through the use of volunteers
447.20 and agencies under this paragraph, including workers' compensation liability.

447.21 (c) Approved, written, and signed changes to a consumer's services that meet the criteria
447.22 in this subdivision shall be an addendum to that consumer's individual service plan.

447.23 Sec. 16. Minnesota Statutes 2020, section 256B.097, is amended by adding a subdivision
447.24 to read:

447.25 Subd. 7. **Regional quality councils and systems improvement.** The commissioner of
447.26 human services shall maintain the regional quality councils initially established under
447.27 Minnesota Statutes 2020, section 256B.097, subdivision 4. The regional quality councils
447.28 shall:

447.29 (1) support efforts and initiatives that drive overall systems and social change to promote
447.30 inclusion of people who have disabilities in the state of Minnesota;

447.31 (2) improve person-centered outcomes in disability services; and

448.1 (3) identify or enhance quality of life indicators for people who have disabilities.

448.2 Sec. 17. Minnesota Statutes 2020, section 256B.097, is amended by adding a subdivision
448.3 to read:

448.4 Subd. 8. **Membership and staff.** (a) Regional quality councils shall be comprised of
448.5 key stakeholders including, but not limited to:

448.6 (1) individuals who have disabilities;

448.7 (2) family members of people who have disabilities;

448.8 (3) disability service providers;

448.9 (4) disability advocacy groups;

448.10 (5) lead agency staff; and

448.11 (6) staff of state agencies with jurisdiction over special education and disability services.

448.12 (b) Membership in a regional quality council must be representative of the communities
448.13 in which the council operates, with an emphasis on individuals with lived experience from
448.14 diverse racial and cultural backgrounds.

448.15 (c) Each regional quality council may hire staff to perform the duties assigned in
448.16 subdivision 9.

448.17 Sec. 18. Minnesota Statutes 2020, section 256B.097, is amended by adding a subdivision
448.18 to read:

448.19 Subd. 9. **Duties.** (a) Each regional quality council shall:

448.20 (1) identify issues and barriers that impede Minnesotans who have disabilities from
448.21 optimizing choice of home and community-based services;

448.22 (2) promote informed-decision making, autonomy, and self-direction;

448.23 (3) analyze and review quality outcomes and critical incident data, and immediately
448.24 report incidents of life safety concerns to the Department of Human Services Licensing
448.25 Division;

448.26 (4) inform a comprehensive system for effective incident reporting, investigation, analysis,
448.27 and follow-up;

449.1 (5) collaborate on projects and initiatives to advance priorities shared with state agencies,
449.2 lead agencies, educational institutions, advocacy organizations, community partners, and
449.3 other entities engaged in disability service improvements;

449.4 (6) establish partnerships and working relationships with individuals and groups in the
449.5 regions;

449.6 (7) identify and implement regional and statewide quality improvement projects;

449.7 (8) transform systems and drive social change in alignment with the disability rights and
449.8 disability justice movements identified by leaders who have disabilities;

449.9 (9) provide information and training programs for persons who have disabilities and
449.10 their families and legal representatives on formal and informal support options and quality
449.11 expectations;

449.12 (10) make recommendations to state agencies and other key decision-makers regarding
449.13 disability services and supports;

449.14 (11) submit every two years a report to legislative committees with jurisdiction over
449.15 disability services on the status, outcomes, improvement priorities, and activities in the
449.16 region;

449.17 (12) support people by advocating to resolve complaints between the counties, providers,
449.18 persons receiving services, and their families and legal representatives; and

449.19 (13) recruit, train, and assign duties to regional quality council teams, including council
449.20 members, interns, and volunteers, taking into account the skills necessary for the team
449.21 members to be successful in this work.

449.22 (b) Each regional quality council may engage in quality improvement initiatives related
449.23 to, but not limited to:

449.24 (1) the home and community-based services waiver programs for persons with
449.25 developmental disabilities under section 256B.092, subdivision 4, or section 256B.49,
449.26 including brain injuries and services for those persons who qualify for nursing facility level
449.27 of care or hospital facility level of care and any other services licensed under chapter 245D;

449.28 (2) home care services under section 256B.0651;

449.29 (3) family support grants under section 252.32;

449.30 (4) consumer support grants under section 256.476;

449.31 (5) semi-independent living services under section 252.275; and

450.1 (6) services provided through an intermediate care facility for persons with developmental
450.2 disabilities.

450.3 (c) Each regional quality council's work must be informed and directed by the needs
450.4 and desires of persons who have disabilities in the region in which the council operates.

450.5 Sec. 19. Minnesota Statutes 2020, section 256B.097, is amended by adding a subdivision
450.6 to read:

450.7 Subd. 10. **Compensation.** (a) A member of a regional quality council who does not
450.8 receive a salary or wages from an employer may be paid a per diem and reimbursed for
450.9 expenses related to the member's participation in efforts and initiatives described in
450.10 subdivision 9 in the same manner and in an amount not to exceed the amount authorized
450.11 by the commissioner's plan adopted under section 43A.18, subdivision 2.

450.12 (b) Regional quality councils may charge fees for their services.

450.13 Sec. 20. Minnesota Statutes 2020, section 256B.19, subdivision 1, is amended to read:

450.14 Subdivision 1. **Division of cost.** The state and county share of medical assistance costs
450.15 not paid by federal funds shall be as follows:

450.16 (1) beginning January 1, 1992, 50 percent state funds and 50 percent county funds for
450.17 the cost of placement of severely emotionally disturbed children in regional treatment
450.18 centers;

450.19 (2) beginning January 1, 2003, 80 percent state funds and 20 percent county funds for
450.20 the costs of nursing facility placements of persons with disabilities under the age of 65 that
450.21 have exceeded 90 days. This clause shall be subject to chapter 256G and shall not apply to
450.22 placements in facilities not certified to participate in medical assistance;

450.23 (3) beginning July 1, 2004, 90 percent state funds and ten percent county funds for the
450.24 costs of placements that have exceeded 90 days in intermediate care facilities for persons
450.25 with developmental disabilities that have seven or more beds. This provision includes
450.26 pass-through payments made under section 256B.5015; ~~and~~

450.27 (4) beginning July 1, 2004, when state funds are used to pay for a nursing facility
450.28 placement due to the facility's status as an institution for mental diseases (IMD), the county
450.29 shall pay 20 percent of the nonfederal share of costs that have exceeded 90 days. This clause
450.30 is subject to chapter 256G;

451.1 (5) for any individual who has not been continuously receiving services in an intermediate
451.2 care facility for persons with developmental disabilities since December 31, 2021, 90 percent
451.3 state funds and ten percent county funds for the costs of any placement of an individual 18
451.4 years of age or older and under 27 years of age exceeding 90 days in any intermediate care
451.5 facility for persons with developmental disabilities. This provision includes pass-through
451.6 payments made under section 256B.5015. This provision is not in addition to the division
451.7 of costs under clause (3). This provision continues to apply to an individual after the
451.8 individual reaches the age of 27 and until the individual transitions to a community setting;
451.9 and

451.10 (6) for any individual who has not been continuously receiving residential support
451.11 services since December 31, 2021, 90 percent state funds and ten percent county funds for
451.12 the costs of residential support services when authorized for an individual 18 years of age
451.13 or older and under 27 years of age. This provision continues to apply to an individual after
451.14 the individual reaches the age of 27 and until the individual no longer receives residential
451.15 support services. For the purposes of this clause, "residential support services" means the
451.16 following residential support services reimbursed under section 256B.4914: community
451.17 residential services, customized living services, and 24-hour customized living services.

451.18 For counties that participate in a Medicaid demonstration project under sections 256B.69
451.19 and 256B.71, the division of the nonfederal share of medical assistance expenses for
451.20 payments made to prepaid health plans or for payments made to health maintenance
451.21 organizations in the form of prepaid capitation payments, this division of medical assistance
451.22 expenses shall be 95 percent by the state and five percent by the county of financial
451.23 responsibility.

451.24 In counties where prepaid health plans are under contract to the commissioner to provide
451.25 services to medical assistance recipients, the cost of court ordered treatment ordered without
451.26 consulting the prepaid health plan that does not include diagnostic evaluation,
451.27 recommendation, and referral for treatment by the prepaid health plan is the responsibility
451.28 of the county of financial responsibility.

451.29 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
451.30 whichever is later. The commissioner of human services shall inform the revisor of statutes
451.31 when federal approval is obtained.

451.32 Sec. 21. Minnesota Statutes 2020, section 256B.49, subdivision 23, is amended to read:

451.33 Subd. 23. **Community-living settings.** (a) For the purposes of this chapter,
451.34 "community-living settings" means a single-family home or multifamily dwelling unit where

452.1 a service recipient or a service recipient's family owns or rents, and maintains control over
452.2 the individual unit as demonstrated by a lease agreement. Community-living settings does
452.3 not include a home or dwelling unit that the service provider owns, operates, or leases or
452.4 in which the service provider has a direct or indirect financial interest.

452.5 (b) To ensure a service recipient or the service recipient's family maintains control over
452.6 the home or dwelling unit, community-living settings are subject to the following
452.7 requirements:

452.8 (1) service recipients must not be required to receive services or share services;

452.9 (2) service recipients must not be required to have a disability or specific diagnosis to
452.10 live in the community-living setting;

452.11 (3) service recipients may hire service providers of their choice;

452.12 (4) service recipients may choose whether to share their household and with whom;

452.13 (5) the home or multifamily dwelling unit must include living, sleeping, bathing, and
452.14 cooking areas;

452.15 (6) service recipients must have lockable access and egress;

452.16 (7) service recipients must be free to receive visitors and leave the settings at times and
452.17 for durations of their own choosing;

452.18 (8) leases must comply with chapter 504B;

452.19 (9) landlords must not charge different rents to tenants who are receiving home and
452.20 community-based services; and

452.21 (10) access to the greater community must be easily facilitated based on the service
452.22 recipient's needs and preferences.

452.23 (c) Nothing in this section prohibits a service recipient from having another person or
452.24 entity not affiliated with the service provider cosign a lease. Nothing in this section prohibits
452.25 a service recipient, during any period in which a service provider has cosigned the service
452.26 recipient's lease, from modifying services with an existing cosigning service provider and,
452.27 subject to the approval of the landlord, maintaining a lease cosigned by the service provider.
452.28 Nothing in this section prohibits a service recipient, during any period in which a service
452.29 provider has cosigned the service recipient's lease, from terminating services with the
452.30 cosigning service provider, receiving services from a new service provider, and, subject to
452.31 the approval of the landlord, maintaining a lease cosigned by the new service provider.

453.1 (d) A lease cosigned by a service provider meets the requirements of paragraph (a) if
453.2 the service recipient and service provider develop and implement a transition plan which
453.3 must provide that, within two years of cosigning the initial lease, the service provider shall
453.4 transfer the lease to the service recipient and other cosigners, if any.

453.5 (e) In the event the landlord has not approved the transfer of the lease within two years
453.6 of the service provider cosigning the initial lease, the service provider must submit a
453.7 time-limited extension request to the commissioner of human services to continue the
453.8 cosigned lease arrangement. The extension request must include:

453.9 (1) the reason the landlord denied the transfer;

453.10 (2) the plan to overcome the denial to transfer the lease;

453.11 (3) the length of time needed to successfully transfer the lease, not to exceed an additional
453.12 two years;

453.13 (4) a description of how the transition plan was followed, what occurred that led to the
453.14 landlord denying the transfer, and what changes in circumstances or condition, if any, the
453.15 service recipient experienced; and

453.16 (5) a revised transition plan to transfer the cosigned lease between the service provider
453.17 and the service recipient to the service recipient.

453.18 The commissioner must approve an extension within sufficient time to ensure the continued
453.19 occupancy by the service recipient.

453.20 (f) In the event that a landlord has not approved a transfer of the lease within the timelines
453.21 of any approved time-limited extension request, a service provider must submit another
453.22 time-limited extension request to the commissioner of human services to continue a cosigned
453.23 lease arrangement. A time-limited extension request submitted under this paragraph must
453.24 include the same information required for an initial time-limited extension request under
453.25 paragraph (e). The commissioner must approve of an extension within sufficient time to
453.26 ensure continued occupancy by the service recipient.

453.27 Sec. 22. Minnesota Statutes 2020, section 256B.49, is amended by adding a subdivision
453.28 to read:

453.29 Subd. 28. Customized living moratorium for brain injury and community access
453.30 for disability inclusion waivers. (a) Notwithstanding section 245A.03, subdivision 2,
453.31 paragraph (a), clause (23), to prevent new development of customized living settings that
453.32 otherwise meet the residential program definition under section 245A.02, subdivision 14,

454.1 the commissioner shall not enroll new customized living settings serving four or fewer
454.2 people in a single-family home to deliver customized living services as defined under the
454.3 brain injury or community access for disability inclusion waiver plans under section 256B.49.

454.4 (b) The commissioner may approve an exception to paragraph (a) when an existing
454.5 customized living setting changes ownership at the same address.

454.6 (c) Customized living settings operational on or before June 30, 2021, are considered
454.7 existing customized living settings.

454.8 (d) For any new customized living settings serving four or fewer people in a single-family
454.9 home to deliver customized living services as defined in paragraph (a) and that was not
454.10 operational on or before June 30, 2021, the authorizing lead agency is financially responsible
454.11 for all home and community-based service payments in the setting.

454.12 (e) For purposes of this subdivision, "operational" means customized living services are
454.13 authorized and delivered to a person in the customized living setting.

454.14 **EFFECTIVE DATE.** This section is effective July 1, 2021. This section applies only
454.15 to customized living services as defined under the brain injury or community access for
454.16 disability inclusion waiver plans under Minnesota Statutes, section 256B.49.

454.17 Sec. 23. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision
454.18 to read:

454.19 Subd. 1a. **Definitions.** (a) For purposes of this section, the following terms have the
454.20 meanings given.

454.21 (b) "Informed choice" means a choice that adults who have disabilities and, with support
454.22 from their families or legal representatives, that children who have disabilities make regarding
454.23 services and supports that best meets the adult's or child's needs and preferences. Before
454.24 making an informed choice, an individual who has disabilities must be provided, in an
454.25 accessible format and manner that meets the individual's needs, the tools, information, and
454.26 opportunities the individual requests or requires to understand all of the individual's options.

454.27 (c) "HCBS" means home and community-based services covered under this chapter by
454.28 the medical assistance state plan, and the home and community-based waiver services
454.29 covered under sections 256B.092 and 256B.49.

455.1 Sec. 24. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision
455.2 to read:

455.3 Subd. 2a. **Informed choice policy.** It is the policy of this state that all adults who have
455.4 disabilities and, with support from their families or legal representatives, all children who
455.5 have disabilities:

455.6 (1) can make informed choices to select and utilize disability services and supports; and

455.7 (2) will be offered an informed decision-making process sufficient to make informed
455.8 choices.

455.9 Sec. 25. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision
455.10 to read:

455.11 Subd. 3a. **Informed decision making.** (a) The commissioner of human services and
455.12 lead agencies shall ensure that:

455.13 (1) disability services support the presumption that adults who have disabilities and,
455.14 with support from their families or legal representatives, children who have disabilities can
455.15 make informed choices;

455.16 (2) all adults who have disabilities and are accessing HCBS and all families of children
455.17 who have disabilities and are accessing HCBS are provided an informed decision-making
455.18 process satisfying the requirements of paragraph (b);

455.19 (3) all adults who have disabilities and are accessing HCBS and all families of children
455.20 who have disabilities and are accessing HCBS are provided the opportunity to revisit or
455.21 change any decision or choice at any time of the adult's or family's choosing; and

455.22 (4) services or supports necessary to accomplish each step of an informed
455.23 decision-making process or to make an informed choice to utilize disability services are
455.24 authorized and implemented within a reasonable time frame for individuals accessing HCBS.

455.25 (b) The commissioner of human services must develop and ensure compliance with an
455.26 informed decision-making standard that provides accessible, correct, and complete
455.27 information to help an individual accessing HCBS make an informed choice. This information
455.28 must be accessible and understandable to the person so that the person can demonstrate
455.29 understanding of the options. Any written information provided in the process must be
455.30 accessible and the process must be experiential whenever possible. The process must also
455.31 consider and offer to the person, in a person-centered manner, the following:

456.1 (1) reasonable accommodations as needed or requested by the person to fully participate
456.2 in the informed decision-making process and acquire the information necessary to make an
456.3 informed choice;

456.4 (2) discussion of the person's own preferences, abilities, goals, and objectives;

456.5 (3) identification of the person's cultural needs and access to culturally responsive services
456.6 and providers;

456.7 (4) information about the benefits of inclusive and individualized services and supports;

456.8 (5) presentation and discussion of all options with the person;

456.9 (6) documentation, in a manner prescribed by the commissioner, of each option discussed;

456.10 (7) exploration and development of new or other options;

456.11 (8) facilitation of opportunities to visit alternative locations or to engage in experiences
456.12 to understand how any service option might work for the person;

456.13 (9) opportunities to meet with other individuals with disabilities who live, work, and
456.14 receive services different from the person's own services;

456.15 (10) development of a transition plan, when needed or requested by the person, to
456.16 facilitate the choice to move from one service type or setting to another, and authorization
456.17 of the services and supports necessary to effectuate the plan;

456.18 (11) identification of any barriers to assisting or implementing the person's informed
456.19 choice and authorization of the services and supports necessary to overcome those barriers;
456.20 and

456.21 (12) ample time and timely opportunity to consider available options before the individual
456.22 makes a final choice or changes a choice.

456.23 (c) The commissioner shall ensure that individuals accessing HCBS have access to an
456.24 informed decision-making process at least annually by:

456.25 (1) updating informed choice protocols for HCBS to reflect the informed choice definition
456.26 in subdivision 1a, paragraph (b), and the informed decision-making process outlined in
456.27 paragraph (b);

456.28 (2) developing a survey designed for individuals accessing HCBS to assess their
456.29 experience with informed choice and the informed decision-making process, including how
456.30 frequently it is offered and how well it meets the standard in paragraph (b). The survey shall
456.31 be administered and results used to determine the quality and frequency of informed choice

457.1 and informed decision making consistent with this section. The commissioner shall utilize
457.2 survey results to increase the frequency and quality of informed decision making and
457.3 informed choice as experienced by individuals accessing HCBS;

457.4 (3) creating option for interested persons to file incident reports regarding an access to
457.5 and the quality of informed choice and informed decision making experienced by an
457.6 individual accessing HCBS, and implementing appropriate processes upon receipt of the
457.7 reports;

457.8 (4) updating informed choice, informed decision making, and other relevant training
457.9 tools for lead agency and provider staff to reflect the informed choice definition in subdivision
457.10 1a, paragraph (b), informed decision-making process outlined in paragraph (b), and other
457.11 requirements of this section; and

457.12 (5) mandating informed choice training for lead agency staff who support individuals
457.13 accessing HCBS.

457.14 Sec. 26. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision
457.15 to read:

457.16 Subd. 4a. **Informed choice in employment policy.** It is the policy of this state that
457.17 working-age individuals who have disabilities:

457.18 (1) can work and achieve competitive integrated employment with appropriate services
457.19 and supports, as needed;

457.20 (2) make informed choices about their postsecondary education, work, and career goals;
457.21 and

457.22 (3) will be offered the opportunity to make an informed choice, at least annually, to
457.23 pursue postsecondary education or to work and earn a competitive wage.

457.24 Sec. 27. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision
457.25 to read:

457.26 Subd. 5a. **Informed choice in employment implementation.** (a) The commissioner of
457.27 human services and lead agencies shall ensure that disability services align with the
457.28 employment first policy adopted by the Olmstead subcabinet on September 29, 2014, or
457.29 successor policies.

457.30 (b) The commissioner and lead agencies shall implement the provisions of subdivision
457.31 3a, paragraph (c), and take other appropriate actions to ensure that all working-age individuals

458.1 who have disabilities and are accessing HCBS are offered an informed decision-making
 458.2 process that will help them make an informed choice about postsecondary education offering
 458.3 meaningful credentials; and about working and earning, with appropriate services and
 458.4 supports, a competitive wage in work or a career that the individual chooses before being
 458.5 offered exclusively day services as defined in section 245D.03, subdivision 1, paragraph
 458.6 (c), clause (4), or successor provisions.

458.7 Sec. 28. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision
 458.8 to read:

458.9 Subd. 7. **Informed choice in community living policy.** It is the policy of this state that
 458.10 all adults who have disabilities:

458.11 (1) can live in the communities of the individual's choosing with appropriate services
 458.12 and supports as needed; and

458.13 (2) have the right, at least annually, to make an informed decision-making process that
 458.14 can help them make an informed choice to live outside of a provider-controlled setting.

458.15 Sec. 29. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision
 458.16 to read:

458.17 Subd. 8. **Informed choice in community living implementation.** (a) The commissioner
 458.18 of human services and lead agencies shall ensure that disability services support the
 458.19 presumption that all adults who have disabilities can and want to live in the communities
 458.20 of the individual's choosing with services and supports as needed.

458.21 (b) The commissioner and lead agencies shall implement the provisions of subdivision
 458.22 3a, paragraph (c), and take any appropriate action to ensure that all adults who have
 458.23 disabilities and are accessing HCBS are offered, after an informed decision-making process
 458.24 and during a person-centered planning process, the services and supports the individual
 458.25 needs to live as the individual chooses, including in a non-provider-controlled setting.
 458.26 Provider-controlled settings include customized living services provided in a single-family
 458.27 home or residential supports and services as defined in section 245D.03, subdivision 1,
 458.28 paragraph (c), clause (3), or successor provisions, unless the residential services and supports
 458.29 are provided in a family adult foster care residence under a shared living option as described
 458.30 in Laws 2013, chapter 108, article 7, section 62.

459.1 Sec. 30. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision
459.2 to read:

459.3 Subd. 9. **Informed choice in self-direction policy.** It is the policy of this state that adults
459.4 who have disabilities and families of children who have disabilities:

459.5 (1) can direct the adult's or child's needed services and supports; and

459.6 (2) have the right to make an informed choice to self-direct the adult's or child's services
459.7 and supports before being offered options that do not allow the adult or family to self-direct
459.8 the adult's or child's services and supports.

459.9 Sec. 31. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision
459.10 to read:

459.11 Subd. 10. **Informed choice in self-direction implementation.** (a) The commissioner
459.12 of human services and lead agencies shall ensure that disability services support the
459.13 presumption that adults who have disabilities and families of children who have disabilities
459.14 can direct all of the adult's or child's services and supports, including control over the funding
459.15 of the adult's or child's services and supports.

459.16 (b) The commissioner and lead agencies shall implement the provisions of subdivision
459.17 3a, paragraph (c), and take any other appropriate actions to ensure that at intervals described
459.18 in paragraph (c), adults who have disabilities and are accessing HCBS and families of
459.19 children who have disabilities and are accessing HCBS are offered, after an informed
459.20 decision-making process and during a person-centered planning process, the option to direct
459.21 the adult's or child's services and supports, including the option to have control over the
459.22 funding of the adult's or child's services and supports.

459.23 (c) The commissioner or lead agency shall offer adults who have disabilities and families
459.24 of children who have disabilities the options described in paragraph (b) at least annually
459.25 during regularly scheduled planning meetings or more frequently when:

459.26 (1) the adults who have disabilities or families of children who have disabilities requests
459.27 or suggests the options described in paragraph (b) or when the adult or family expresses
459.28 dissatisfaction with services and supports that do not allow for self-direction;

459.29 (2) the family or a legal representative of the individual with disabilities requests or
459.30 suggests the options described in paragraph (b);

459.31 (3) any member of the individual's service planning team or expanded service planning
459.32 team requests or suggests the options described in paragraph (b); or

460.1 (4) self-directed services and supports could enhance the individual's independence or
460.2 quality of life.

460.3 Sec. 32. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision
460.4 to read:

460.5 Subd. 11. **Informed choice in technology policy.** It is the policy of this state that all
460.6 adults who have disabilities and children who have disabilities:

460.7 (1) can use assistive technology, remote supports, or a combination of both to enhance
460.8 the adult's or child's independence and quality of life; and

460.9 (2) have the right, at least annually, to make an informed choice about the adult's or
460.10 child's use of assistive technology and remote supports.

460.11 Sec. 33. Minnesota Statutes 2020, section 256B.4905, is amended by adding a subdivision
460.12 to read:

460.13 Subd. 12. **Informed choice in technology implementation.** (a) The commissioner of
460.14 human services and lead agencies shall ensure that disability services support the presumption
460.15 that adults who have disabilities and children who have disabilities can use or benefit from
460.16 assistive technology, remote supports, or both.

460.17 (b) The commissioner and lead agencies shall implement the provisions of subdivision
460.18 3a, paragraph (c), and take any other appropriate actions to ensure that at intervals described
460.19 in paragraph (c), adults who have disabilities and are accessing HCBS and families of
460.20 children who have disabilities and are accessing HCBS are offered, after an informed
460.21 decision-making process and during a person-centered planning process, the opportunity
460.22 to choose assistive technology, remote support, or both, to ensure equitable access.

460.23 (c) The commissioner or lead agency shall offer adults who have disabilities and families
460.24 of children who have disabilities the options described in paragraph (b) at least annually
460.25 during a regularly scheduled planning meeting or more frequently when:

460.26 (1) the adult who has disabilities or the family of a child who has disabilities requests
460.27 or suggests the options described in paragraph (b) or when the adult or family expresses
460.28 dissatisfaction with in-person services and supports;

460.29 (2) the family or a legal representative of the individual with disabilities requests or
460.30 suggests the options described in paragraph (b);

461.1 (3) any member of the individual's service planning team or expanded service planning
461.2 team requests or suggests the options described in paragraph (b); or

461.3 (4) assistive technology, remote supports, or both could enhance the individual's
461.4 independence or quality of life.

461.5 (d) The availability of assistive technology, remote supports, or both, shall not preclude
461.6 an individual with disabilities from accessing in-person supports and services, nor shall it
461.7 result in a denial of in-person supports and services.

461.8 Sec. 34. Minnesota Statutes 2020, section 256B.4914, subdivision 2, is amended to read:

461.9 Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the
461.10 meanings given them, unless the context clearly indicates otherwise.

461.11 (b) "Commissioner" means the commissioner of human services.

461.12 (c) "Comparable occupations" means the occupations, excluding direct care staff, as
461.13 represented by the Bureau of Labor Statistics standard occupational classification codes
461.14 that have the same classification for:

461.15 (1) typical education needed for entry;

461.16 (2) work experience in a related occupation; and

461.17 (3) typical on-the-job training competency as the most predominant classification for
461.18 direct care staff.

461.19 (d) "Component value" means underlying factors that are part of the cost of providing
461.20 services that are built into the waiver rates methodology to calculate service rates.

461.21 (e) "Customized living tool" means a methodology for setting service rates that delineates
461.22 and documents the amount of each component service included in a recipient's customized
461.23 living service plan.

461.24 (f) "Direct care staff" means employees providing direct service to people receiving
461.25 services under this section. Direct care staff excludes executive, managerial, and
461.26 administrative staff.

461.27 (g) "Disability waiver rates system" means a statewide system that establishes rates that
461.28 are based on uniform processes and captures the individualized nature of waiver services
461.29 and recipient needs.

461.30 (h) "Individual staffing" means the time spent as a one-to-one interaction specific to an
461.31 individual recipient by staff to provide direct support and assistance with activities of daily

462.1 living, instrumental activities of daily living, and training to participants, and is based on
462.2 the requirements in each individual's coordinated service and support plan under section
462.3 245D.02, subdivision 4b; any coordinated service and support plan addendum under section
462.4 245D.02, subdivision 4c; and an assessment tool. Provider observation of an individual's
462.5 needs must also be considered.

462.6 (i) "Lead agency" means a county, partnership of counties, or tribal agency charged with
462.7 administering waived services under sections 256B.092 and 256B.49.

462.8 (j) "Median" means the amount that divides distribution into two equal groups, one-half
462.9 above the median and one-half below the median.

462.10 (k) "Payment or rate" means reimbursement to an eligible provider for services provided
462.11 to a qualified individual based on an approved service authorization.

462.12 (l) "Rates management system" means a web-based software application that uses a
462.13 framework and component values, as determined by the commissioner, to establish service
462.14 rates.

462.15 (m) "Recipient" means a person receiving home and community-based services funded
462.16 under any of the disability waivers.

462.17 (n) "Shared staffing" means time spent by employees, not defined under paragraph (f),
462.18 providing or available to provide more than one individual with direct support and assistance
462.19 with activities of daily living as defined under section 256B.0659, subdivision 1, paragraph
462.20 (b); instrumental activities of daily living as defined under section 256B.0659, subdivision
462.21 1, paragraph (i); ancillary activities needed to support individual services; and training to
462.22 participants, and is based on the requirements in each individual's coordinated service and
462.23 support plan under section 245D.02, subdivision 4b; any coordinated service and support
462.24 plan addendum under section 245D.02, subdivision 4c; an assessment tool; and provider
462.25 observation of an individual's service need. Total shared staffing hours are divided
462.26 proportionally by the number of individuals who receive the shared service provisions.

462.27 (o) "Staffing ratio" means the number of recipients a service provider employee supports
462.28 during a unit of service based on a uniform assessment tool, provider observation, case
462.29 history, and the recipient's services of choice, and not based on the staffing ratios under
462.30 section 245D.31.

462.31 (p) "Unit of service" means the following:

463.1 (1) for residential support services under subdivision 6, a unit of service is a day. Any
463.2 portion of any calendar day, within allowable Medicaid rules, where an individual spends
463.3 time in a residential setting is billable as a day;

463.4 (2) for day services under subdivision 7:

463.5 (i) for day training and habilitation services, a unit of service is either:

463.6 (A) a day unit of service is defined as six or more hours of time spent providing direct
463.7 services and transportation; or

463.8 (B) a partial day unit of service is defined as fewer than six hours of time spent providing
463.9 direct services and transportation; and

463.10 (C) for new day service recipients after January 1, 2014, 15 minute units of service must
463.11 be used for fewer than six hours of time spent providing direct services and transportation;

463.12 (ii) for adult day and structured day services, a unit of service is a day or 15 minutes. A
463.13 day unit of service is six or more hours of time spent providing direct services;

463.14 (iii) for day support services, a unit of service is 15 minutes; and

463.15 (iv) for prevocational services, a unit of service is a day or 15 minutes. A day unit of
463.16 service is six or more hours of time spent providing direct service;

463.17 (3) for unit-based services with programming under subdivision 8:

463.18 (i) for supported living services, a unit of service is a day or 15 minutes. When a day
463.19 rate is authorized, any portion of a calendar day where an individual receives services is
463.20 billable as a day; ~~and~~

463.21 (ii) for individualized home supports with training, a unit of service is a day or 15 minutes.
463.22 A day unit of service is six or more hours of time spent providing direct service; and

463.23 (iii) for all other services, a unit of service is 15 minutes; and

463.24 (4) for unit-based services without programming under subdivision 9, a unit of service
463.25 is 15 minutes.

463.26 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,
463.27 whichever is later. The commissioner of human services shall notify the revisor of statutes
463.28 when federal approval is obtained.

464.1 Sec. 35. Minnesota Statutes 2020, section 256B.4914, subdivision 5, is amended to read:

464.2 Subd. 5. **Base wage index and standard component values.** (a) The base wage index
464.3 is established to determine staffing costs associated with providing services to individuals
464.4 receiving home and community-based services. For purposes of developing and calculating
464.5 the proposed base wage, Minnesota-specific wages taken from job descriptions and standard
464.6 occupational classification (SOC) codes from the Bureau of Labor Statistics as defined in
464.7 the most recent edition of the Occupational Handbook must be used. The base wage index
464.8 must be calculated as follows:

464.9 (1) for residential direct care staff, the sum of:

464.10 (i) 15 percent of the subtotal of 50 percent of the median wage for personal and home
464.11 health aide (SOC code 39-9021); 30 percent of the median wage for nursing assistant (SOC
464.12 code 31-1014); and 20 percent of the median wage for social and human services aide (SOC
464.13 code 21-1093); and

464.14 (ii) 85 percent of the subtotal of 20 percent of the median wage for home health aide
464.15 (SOC code 31-1011); 20 percent of the median wage for personal and home health aide
464.16 (SOC code 39-9021); 20 percent of the median wage for nursing assistant (SOC code
464.17 31-1014); 20 percent of the median wage for psychiatric technician (SOC code 29-2053);
464.18 and 20 percent of the median wage for social and human services aide (SOC code 21-1093);

464.19 (2) for adult day services, 70 percent of the median wage for nursing assistant (SOC
464.20 code 31-1014); and 30 percent of the median wage for personal care aide (SOC code
464.21 39-9021);

464.22 (3) for day services, day support services, and prevocational services, 20 percent of the
464.23 median wage for nursing assistant (SOC code 31-1014); 20 percent of the median wage for
464.24 psychiatric technician (SOC code 29-2053); and 60 percent of the median wage for social
464.25 and human services aide (SOC code 21-1093);

464.26 (4) for residential asleep-overnight staff, the wage is the minimum wage in Minnesota
464.27 for large employers, except in a family foster care setting, the wage is 36 percent of the
464.28 minimum wage in Minnesota for large employers;

464.29 (5) for positive supports analyst staff, 100 percent of the median wage for mental health
464.30 counselors (SOC code 21-1014);

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

465.1 (7) for positive supports specialist staff, 100 percent of the median wage for psychiatric
465.2 technicians (SOC code 29-2053);

465.3 (8) for supportive living services staff, 20 percent of the median wage for nursing assistant
465.4 (SOC code 31-1014); 20 percent of the median wage for psychiatric technician (SOC code
465.5 29-2053); and 60 percent of the median wage for social and human services aide (SOC code
465.6 21-1093);

465.7 (9) for housing access coordination staff, 100 percent of the median wage for community
465.8 and social services specialist (SOC code 21-1099);

465.9 (10) for in-home family support and individualized home supports with family training
465.10 staff, 20 percent of the median wage for nursing aide (SOC code 31-1012); 30 percent of
465.11 the median wage for community social service specialist (SOC code 21-1099); 40 percent
465.12 of the median wage for social and human services aide (SOC code 21-1093); and ten percent
465.13 of the median wage for psychiatric technician (SOC code 29-2053);

465.14 (11) for individualized home supports with training services staff, 40 percent of the
465.15 median wage for community social service specialist (SOC code 21-1099); 50 percent of
465.16 the median wage for social and human services aide (SOC code 21-1093); and ten percent
465.17 of the median wage for psychiatric technician (SOC code 29-2053);

465.18 (12) for independent living skills staff, 40 percent of the median wage for community
465.19 social service specialist (SOC code 21-1099); 50 percent of the median wage for social and
465.20 human services aide (SOC code 21-1093); and ten percent of the median wage for psychiatric
465.21 technician (SOC code 29-2053);

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

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

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

466.1 (16) for individualized home support staff, 50 percent of the median wage for personal
466.2 and home care aide (SOC code 39-9021); and 50 percent of the median wage for nursing
466.3 assistant (SOC code 31-1014);

466.4 (17) for adult companion staff, 50 percent of the median wage for personal and home
466.5 care aide (SOC code 39-9021); and 50 percent of the median wage for nursing assistant
466.6 (SOC code 31-1014);

466.7 (18) for night supervision staff, 20 percent of the median wage for home health aide
466.8 (SOC code 31-1011); 20 percent of the median wage for personal and home health aide
466.9 (SOC code 39-9021); 20 percent of the median wage for nursing assistant (SOC code
466.10 31-1014); 20 percent of the median wage for psychiatric technician (SOC code 29-2053);
466.11 and 20 percent of the median wage for social and human services aide (SOC code 21-1093);

466.12 (19) for respite staff, 50 percent of the median wage for personal and home care aide
466.13 (SOC code 39-9021); and 50 percent of the median wage for nursing assistant (SOC code
466.14 31-1014);

466.15 (20) for personal support staff, 50 percent of the median wage for personal and home
466.16 care aide (SOC code 39-9021); and 50 percent of the median wage for nursing assistant
466.17 (SOC code 31-1014);

466.18 (21) for supervisory staff, 100 percent of the median wage for community and social
466.19 services specialist (SOC code 21-1099), with the exception of the supervisor of positive
466.20 supports professional, positive supports analyst, and positive supports specialists, which is
466.21 100 percent of the median wage for clinical counseling and school psychologist (SOC code
466.22 19-3031);

466.23 (22) for registered nurse staff, 100 percent of the median wage for registered nurses
466.24 (SOC code 29-1141); and

466.25 (23) for licensed practical nurse staff, 100 percent of the median wage for licensed
466.26 practical nurses (SOC code 29-2061).

466.27 (b) Component values for corporate foster care services, corporate supportive living
466.28 services daily, community residential services, and integrated community support services
466.29 are:

466.30 (1) competitive workforce factor: 4.7 percent;

466.31 (2) supervisory span of control ratio: 11 percent;

466.32 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

- 467.1 (4) employee-related cost ratio: 23.6 percent;
- 467.2 (5) general administrative support ratio: 13.25 percent;
- 467.3 (6) program-related expense ratio: 1.3 percent; and
- 467.4 (7) absence and utilization factor ratio: 3.9 percent.
- 467.5 (c) Component values for family foster care are:
- 467.6 (1) competitive workforce factor: 4.7 percent;
- 467.7 (2) supervisory span of control ratio: 11 percent;
- 467.8 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 467.9 (4) employee-related cost ratio: 23.6 percent;
- 467.10 (5) general administrative support ratio: 3.3 percent;
- 467.11 (6) program-related expense ratio: 1.3 percent; and
- 467.12 (7) absence factor: 1.7 percent.
- 467.13 (d) Component values for day training and habilitation, day support services, and
- 467.14 prevocational services are:
- 467.15 (1) competitive workforce factor: 4.7 percent;
- 467.16 (2) supervisory span of control ratio: 11 percent;
- 467.17 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 467.18 (4) employee-related cost ratio: 23.6 percent;
- 467.19 (5) program plan support ratio: 5.6 percent;
- 467.20 (6) client programming and support ratio: ten percent;
- 467.21 (7) general administrative support ratio: 13.25 percent;
- 467.22 (8) program-related expense ratio: 1.8 percent; and
- 467.23 (9) absence and utilization factor ratio: 9.4 percent.
- 467.24 (e) Component values for day support services and prevocational services delivered
- 467.25 remotely are:
- 467.26 (1) competitive workforce factor: 4.7 percent;
- 467.27 (2) supervisory span of control ratio: 11 percent;
- 467.28 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

- 468.1 (4) employee-related cost ratio: 23.6 percent;
- 468.2 (5) program plan support ratio: 5.6 percent;
- 468.3 (6) client programming and support ratio: 10.37 percent;
- 468.4 (7) general administrative support ratio: 13.25 percent;
- 468.5 (8) program-related expense ratio: 1.8 percent; and
- 468.6 (9) absence and utilization factor ratio: 9.4 percent.
- 468.7 (f) Component values for adult day services are:
- 468.8 (1) competitive workforce factor: 4.7 percent;
- 468.9 (2) supervisory span of control ratio: 11 percent;
- 468.10 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 468.11 (4) employee-related cost ratio: 23.6 percent;
- 468.12 (5) program plan support ratio: 5.6 percent;
- 468.13 (6) client programming and support ratio: 7.4 percent;
- 468.14 (7) general administrative support ratio: 13.25 percent;
- 468.15 (8) program-related expense ratio: 1.8 percent; and
- 468.16 (9) absence and utilization factor ratio: 9.4 percent.
- 468.17 ~~(f)~~ (g) Component values for unit-based services with programming are:
- 468.18 (1) competitive workforce factor: 4.7 percent;
- 468.19 (2) supervisory span of control ratio: 11 percent;
- 468.20 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 468.21 (4) employee-related cost ratio: 23.6 percent;
- 468.22 (5) program plan supports ratio: 15.5 percent;
- 468.23 (6) client programming and supports ratio: 4.7 percent;
- 468.24 (7) general administrative support ratio: 13.25 percent;
- 468.25 (8) program-related expense ratio: 6.1 percent; and
- 468.26 (9) absence and utilization factor ratio: 3.9 percent.

- 469.1 ~~(g)~~ (h) Component values for unit-based services with programming delivered remotely
- 469.2 are:
- 469.3 (1) competitive workforce factor: 4.7 percent;
- 469.4 (2) supervisory span of control ratio: 11 percent;
- 469.5 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 469.6 (4) employee-related cost ratio: 23.6 percent;
- 469.7 (5) program plan supports ratio: 15.5 percent;
- 469.8 (6) client programming and supports ratio: 4.7 percent;
- 469.9 (7) general administrative support ratio: 13.25 percent;
- 469.10 (8) program-related expense ratio: 6.1 percent; and
- 469.11 (9) absence and utilization factor ratio: 3.9 percent.
- 469.12 (i) Component values for unit-based services without programming except respite are:
- 469.13 (1) competitive workforce factor: 4.7 percent;
- 469.14 (2) supervisory span of control ratio: 11 percent;
- 469.15 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 469.16 (4) employee-related cost ratio: 23.6 percent;
- 469.17 (5) program plan support ratio: 7.0 percent;
- 469.18 (6) client programming and support ratio: 2.3 percent;
- 469.19 (7) general administrative support ratio: 13.25 percent;
- 469.20 (8) program-related expense ratio: 2.9 percent; and
- 469.21 (9) absence and utilization factor ratio: 3.9 percent.
- 469.22 (j) Component values for unit-based services without programming delivered remotely,
- 469.23 except respite, are:
- 469.24 (1) competitive workforce factor: 4.7 percent;
- 469.25 (2) supervisory span of control ratio: 11 percent;
- 469.26 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 469.27 (4) employee-related cost ratio: 23.6 percent;
- 469.28 (5) program plan support ratio: 7.0 percent;

470.1 (6) client programming and support ratio: 2.3 percent;

470.2 (7) general administrative support ratio: 13.25 percent;

470.3 (8) program-related expense ratio: 2.9 percent; and

470.4 (9) absence and utilization factor ratio: 3.9 percent.

470.5 ~~(h)~~ (k) Component values for unit-based services without programming for respite are:

470.6 (1) competitive workforce factor: 4.7 percent;

470.7 (2) supervisory span of control ratio: 11 percent;

470.8 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

470.9 (4) employee-related cost ratio: 23.6 percent;

470.10 (5) general administrative support ratio: 13.25 percent;

470.11 (6) program-related expense ratio: 2.9 percent; and

470.12 (7) absence and utilization factor ratio: 3.9 percent.

470.13 ~~(i)~~ (l) On July 1, 2022, and every two years thereafter, the commissioner shall update
470.14 the base wage index in paragraph (a) based on wage data by SOC from the Bureau of Labor
470.15 Statistics available 30 months and one day prior to the scheduled update. The commissioner
470.16 shall publish these updated values and load them into the rate management system.

470.17 ~~(j)~~ (m) Beginning February 1, 2021, and every two years thereafter, the commissioner
470.18 shall report to the chairs and ranking minority members of the legislative committees and
470.19 divisions with jurisdiction over health and human services policy and finance an analysis
470.20 of the competitive workforce factor. The report must include recommendations to update
470.21 the competitive workforce factor using:

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

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

470.26 (3) workforce data as required under subdivision 10a, paragraph (g).

470.27 The commissioner shall not recommend an increase or decrease of the competitive workforce
470.28 factor from the current value by more than two percentage points. If, after a biennial analysis
470.29 for the next report, the competitive workforce factor is less than or equal to zero, the
470.30 commissioner shall recommend a competitive workforce factor of zero.

471.1 ~~(k)~~ (n) On July 1, 2022, and every two years thereafter, the commissioner shall update
 471.2 the framework components in paragraph (d), clause (6); paragraph (e), clause (6); paragraph
 471.3 (f), clause (6); and paragraph (g), clause (6); paragraph (h), clause (6); paragraph (i), clause
 471.4 (6); paragraph (j), clause (6); subdivision 6, paragraphs (b), clauses (9) and (10), and (e),
 471.5 clause (10); and subdivision 7, clauses (11), (17), and (18), for changes in the Consumer
 471.6 Price Index. The commissioner shall adjust these values higher or lower by the percentage
 471.7 change in the CPI-U from the date of the previous update to the data available 30 months
 471.8 and one day prior to the scheduled update. The commissioner shall publish these updated
 471.9 values and load them into the rate management system.

471.10 ~~(h)~~ (o) Upon the implementation of the updates under paragraphs ~~(i)~~ and ~~(k)~~ (l) and (n),
 471.11 rate adjustments authorized under section 256B.439, subdivision 7; Laws 2013, chapter
 471.12 108, article 7, section 60; and Laws 2014, chapter 312, article 27, section 75, shall be
 471.13 removed from service rates calculated under this section.

471.14 ~~(m)~~ (p) Any rate adjustments applied to the service rates calculated under this section
 471.15 outside of the cost components and rate methodology specified in this section shall be
 471.16 removed from rate calculations upon implementation of the updates under paragraphs ~~(i)~~
 471.17 ~~and (k)~~ (l) and (n).

471.18 ~~(n)~~ (q) In this subdivision, if Bureau of Labor Statistics occupational codes or Consumer
 471.19 Price Index items are unavailable in the future, the commissioner shall recommend to the
 471.20 legislature codes or items to update and replace missing component values.

471.21 **EFFECTIVE DATE.** This section is effective January 1, 2022, six months after the
 471.22 end of the federal public health emergency, or upon federal approval, whichever is later.
 471.23 The commissioner of human services shall notify the revisor of statutes when the federal
 471.24 public health emergency ends and when federal approval is obtained.

471.25 Sec. 36. Minnesota Statutes 2020, section 256B.4914, subdivision 6, is amended to read:

471.26 Subd. 6. **Payments for residential support services.** (a) For purposes of this subdivision,
 471.27 residential support services includes 24-hour customized living services, community
 471.28 residential services, customized living services, family residential services, foster care
 471.29 services, integrated community supports, and supportive living services daily.

471.30 (b) Payments for community residential services, corporate foster care services, corporate
 471.31 supportive living services daily, family residential services, and family foster care services
 471.32 must be calculated as follows:

472.1 (1) determine the number of shared staffing and individual direct staff hours to meet a
472.2 recipient's needs provided on site or through monitoring technology;

472.3 (2) personnel hourly wage rate must be based on the 2009 Bureau of Labor Statistics
472.4 Minnesota-specific rates or rates derived by the commissioner as provided in subdivision
472.5 5;

472.6 (3) except for subdivision 5, paragraph (a), clauses (4) and (21) to (23), multiply the
472.7 result of clause (2) by the product of one plus the competitive workforce factor in subdivision
472.8 5, paragraph (b), clause (1);

472.9 (4) for a recipient requiring customization for deaf and hard-of-hearing language
472.10 accessibility under subdivision 12, add the customization rate provided in subdivision 12
472.11 to the result of clause (3);

472.12 (5) multiply the number of shared and individual direct staff hours provided on site or
472.13 through monitoring technology and nursing hours by the appropriate staff wages;

472.14 (6) multiply the number of shared and individual direct staff hours provided on site or
472.15 through monitoring technology and nursing hours by the product of the supervision span
472.16 of control ratio in subdivision 5, paragraph (b), clause (2), and the appropriate supervision
472.17 wage in subdivision 5, paragraph (a), clause (21);

472.18 (7) combine the results of clauses (5) and (6), excluding any shared and individual direct
472.19 staff hours provided through monitoring technology, and multiply the result by one plus
472.20 the employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (b),
472.21 clause (3). This is defined as the direct staffing cost;

472.22 (8) for employee-related expenses, multiply the direct staffing cost, excluding any shared
472.23 and individual direct staff hours provided through monitoring technology, by one plus the
472.24 employee-related cost ratio in subdivision 5, paragraph (b), clause (4);

472.25 (9) for client programming and supports, the commissioner shall add \$2,179; and

472.26 (10) for transportation, if provided, the commissioner shall add \$1,680, or \$3,000 if
472.27 customized for adapted transport, based on the resident with the highest assessed need.

472.28 (c) The total rate must be calculated using the following steps:

472.29 (1) subtotal paragraph (b), clauses (8) to (10), and the direct staffing cost of any shared
472.30 and individual direct staff hours provided through monitoring technology that was excluded
472.31 in clause (8);

473.1 (2) sum the standard general and administrative rate, the program-related expense ratio,
473.2 and the absence and utilization ratio;

473.3 (3) divide the result of clause (1) by one minus the result of clause (2). This is the total
473.4 payment amount; and

473.5 (4) adjust the result of clause (3) by a factor to be determined by the commissioner to
473.6 adjust for regional differences in the cost of providing services.

473.7 (d) The payment methodology for customized living and, 24-hour customized living,
473.8 ~~and residential-care~~ services must be the customized living tool. ~~Revisions to~~ The
473.9 commissioner shall revise the customized living tool must be made to reflect the services
473.10 and activities unique to disability-related recipient needs, adjust for regional differences in
473.11 the cost of providing services, and the rate adjustments described in section 256S.205.
473.12 Customized living and 24-hour customized living rates determined under this section shall
473.13 not include more than 24 hours of support in a daily unit. The commissioner shall establish
473.14 acuity-based input limits, based on case mix, for customized living and 24-hour customized
473.15 living rates determined under this section.

473.16 (e) Payments for integrated community support services must be calculated as follows:

473.17 (1) the base shared staffing ~~shall~~ must be eight hours divided by the number of people
473.18 receiving support in the integrated community support setting;

473.19 (2) the individual staffing hours ~~shall~~ must be the average number of direct support hours
473.20 provided directly to the service recipient;

473.21 (3) the personnel hourly wage rate must be based on the most recent Bureau of Labor
473.22 Statistics Minnesota-specific rates or rates derived by the commissioner as provided in
473.23 subdivision 5;

473.24 (4) except for subdivision 5, paragraph (a), clauses (4) and (21) to (23), multiply the
473.25 result of clause (3) by the product of one plus the competitive workforce factor in subdivision
473.26 5, paragraph (b), clause (1);

473.27 (5) for a recipient requiring customization for deaf and hard-of-hearing language
473.28 accessibility under subdivision 12, add the customization rate provided in subdivision 12
473.29 to the result of clause (4);

473.30 (6) multiply the number of shared and individual direct staff hours in clauses (1) and
473.31 (2) by the appropriate staff wages;

474.1 (7) multiply the number of shared and individual direct staff hours in clauses (1) and
474.2 (2) by the product of the supervisory span of control ratio in subdivision 5, paragraph (b),
474.3 clause (2), and the appropriate supervisory wage in subdivision 5, paragraph (a), clause
474.4 (21);

474.5 (8) combine the results of clauses (6) and (7) and multiply the result by one plus the
474.6 employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (b), clause
474.7 (3). This is defined as the direct staffing cost;

474.8 (9) for employee-related expenses, multiply the direct staffing cost by one plus the
474.9 employee-related cost ratio in subdivision 5, paragraph (b), clause (4); and

474.10 (10) for client programming and supports, the commissioner shall add \$2,260.21 divided
474.11 by 365.

474.12 (f) The total rate must be calculated as follows:

474.13 (1) add the results of paragraph (e), clauses (9) and (10);

474.14 (2) add the standard general and administrative rate, the program-related expense ratio,
474.15 and the absence and utilization factor ratio;

474.16 (3) divide the result of clause (1) by one minus the result of clause (2). This is the total
474.17 payment amount; and

474.18 (4) adjust the result of clause (3) by a factor to be determined by the commissioner to
474.19 adjust for regional differences in the cost of providing services.

474.20 ~~(g) The payment methodology for customized living and 24-hour customized living~~
474.21 ~~services must be the customized living tool. The commissioner shall revise the customized~~
474.22 ~~living tool to reflect the services and activities unique to disability-related recipient needs~~
474.23 ~~and adjust for regional differences in the cost of providing services.~~

474.24 ~~(h)~~(g) The number of days authorized for all individuals enrolling in residential services
474.25 must include every day that services start and end.

474.26 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,
474.27 whichever is later, except the fourth sentence of paragraph (d) is effective January 1, 2022.
474.28 The commissioner of human services shall notify the revisor of statutes when federal approval
474.29 is obtained.

475.1 Sec. 37. Minnesota Statutes 2020, section 256B.4914, subdivision 7, is amended to read:

475.2 Subd. 7. **Payments for day programs.** Payments for services with day programs
475.3 including adult day services, day treatment and habilitation, day support services,
475.4 prevocational services, and structured day services provided in person or remotely must be
475.5 calculated as follows:

475.6 (1) determine the number of units of service and staffing ratio to meet a recipient's needs:

475.7 (i) the staffing ratios for the units of service provided to a recipient in a typical week
475.8 must be averaged to determine an individual's staffing ratio; and

475.9 (ii) the commissioner, in consultation with service providers, shall develop a uniform
475.10 staffing ratio worksheet to be used to determine staffing ratios under this subdivision;

475.11 (2) personnel hourly wage rates must be based on the 2009 Bureau of Labor Statistics
475.12 Minnesota-specific rates or rates derived by the commissioner as provided in subdivision
475.13 5;

475.14 (3) except for subdivision 5, paragraph (a), clauses (4) and (21) to (23), multiply the
475.15 result of clause (2) by the product of one plus the competitive workforce factor in subdivision
475.16 5, paragraph (d), clause (1);

475.17 (4) for a recipient requiring customization for deaf and hard-of-hearing language
475.18 accessibility under subdivision 12, add the customization rate provided in subdivision 12
475.19 to the result of clause (3);

475.20 (5) multiply the number of day program direct staff hours and nursing hours by the
475.21 appropriate staff wage;

475.22 (6) multiply the number of day direct staff hours by the product of the supervision span
475.23 of control ratio in subdivision 5, paragraph (d), clause (2), for in-person services or
475.24 subdivision 5, paragraph (e), clause (2), for remote services, and the appropriate supervision
475.25 wage in subdivision 5, paragraph (a), clause (21);

475.26 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
475.27 employee vacation, sick, and training allowance ratio in subdivision 5, paragraph (d), clause
475.28 (3), for in-person services or subdivision 5, paragraph (e), clause (3), for remote services.
475.29 This is defined as the direct staffing rate;

475.30 (8) for program plan support, multiply the result of clause (7) by one plus the program
475.31 plan support ratio in subdivision 5, paragraph (d), clause (5), for in-person services or
475.32 subdivision 5, paragraph (e), clause (5), for remote services;

476.1 (9) for employee-related expenses, multiply the result of clause (8) by one plus the
476.2 employee-related cost ratio in subdivision 5, paragraph (d), clause (4), for in-person services
476.3 or subdivision 5, paragraph (e), clause (4), for remote services;

476.4 (10) for client programming and supports, multiply the result of clause (9) by one plus
476.5 the client programming and support ratio in subdivision 5, paragraph (d), clause (6), for
476.6 in-person services or subdivision 5, paragraph (e), clause (6), for remote services;

476.7 (11) for program facility costs, add ~~\$19.30~~ \$20.02 per week with consideration of staffing
476.8 ratios to meet individual needs;

476.9 (12) for adult day bath services, add \$7.01 per 15 minute unit;

476.10 (13) this is the subtotal rate;

476.11 (14) sum the standard general and administrative rate, the program-related expense ratio,
476.12 and the absence and utilization factor ratio;

476.13 (15) divide the result of clause (13) by one minus the result of clause (14). This is the
476.14 total payment amount;

476.15 (16) adjust the result of clause (15) by a factor to be determined by the commissioner
476.16 to adjust for regional differences in the cost of providing services;

476.17 (17) for transportation provided as part of day training and habilitation for an individual
476.18 who does not require a lift, add:

476.19 (i) \$10.50 for a trip between zero and ten miles for a nonshared ride in a vehicle without
476.20 a lift, \$8.83 for a shared ride in a vehicle without a lift, and \$9.25 for a shared ride in a
476.21 vehicle with a lift;

476.22 (ii) \$15.75 for a trip between 11 and 20 miles for a nonshared ride in a vehicle without
476.23 a lift, \$10.58 for a shared ride in a vehicle without a lift, and \$11.88 for a shared ride in a
476.24 vehicle with a lift;

476.25 (iii) \$25.75 for a trip between 21 and 50 miles for a nonshared ride in a vehicle without
476.26 a lift, \$13.92 for a shared ride in a vehicle without a lift, and \$16.88 for a shared ride in a
476.27 vehicle with a lift; or

476.28 (iv) \$33.50 for a trip of 51 miles or more for a nonshared ride in a vehicle without a lift,
476.29 \$16.50 for a shared ride in a vehicle without a lift, and \$20.75 for a shared ride in a vehicle
476.30 with a lift;

476.31 (18) for transportation provided as part of day training and habilitation for an individual
476.32 who does require a lift, add:

477.1 (i) \$19.05 for a trip between zero and ten miles for a nonshared ride in a vehicle with a
477.2 lift, and \$15.05 for a shared ride in a vehicle with a lift;

477.3 (ii) \$32.16 for a trip between 11 and 20 miles for a nonshared ride in a vehicle with a
477.4 lift, and \$28.16 for a shared ride in a vehicle with a lift;

477.5 (iii) \$58.76 for a trip between 21 and 50 miles for a nonshared ride in a vehicle with a
477.6 lift, and \$58.76 for a shared ride in a vehicle with a lift; or

477.7 (iv) \$80.93 for a trip of 51 miles or more for a nonshared ride in a vehicle with a lift,
477.8 and \$80.93 for a shared ride in a vehicle with a lift.

477.9 **EFFECTIVE DATE.** This section is effective January 1, 2022, six months after the
477.10 end of the federal public health emergency, or upon federal approval, whichever is later.
477.11 The commissioner of human services shall notify the revisor of statutes when the federal
477.12 public health emergency ends and when federal approval is obtained.

477.13 Sec. 38. Minnesota Statutes 2020, section 256B.4914, subdivision 8, is amended to read:

477.14 Subd. 8. **Payments for unit-based services with programming.** Payments for unit-based
477.15 services with programming, including employment exploration services, employment
477.16 development services, housing access coordination, individualized home supports with
477.17 family training, individualized home supports with training, in-home family support,
477.18 independent living skills training, and hourly supported living services provided to an
477.19 individual outside of any day or residential service plan provided in person or remotely
477.20 must be calculated as follows, unless the services are authorized separately under subdivision
477.21 6 or 7:

477.22 (1) determine the number of units of service to meet a recipient's needs;

477.23 (2) personnel hourly wage rate must be based on the 2009 Bureau of Labor Statistics
477.24 Minnesota-specific rates or rates derived by the commissioner as provided in subdivision
477.25 5;

477.26 (3) except for subdivision 5, paragraph (a), clauses (4) and (21) to (23), multiply the
477.27 result of clause (2) by the product of one plus the competitive workforce factor in subdivision
477.28 5, paragraph ~~(f)~~ (g), clause (1);

477.29 (4) for a recipient requiring customization for deaf and hard-of-hearing language
477.30 accessibility under subdivision 12, add the customization rate provided in subdivision 12
477.31 to the result of clause (3);

477.32 (5) multiply the number of direct staff hours by the appropriate staff wage;

478.1 (6) multiply the number of direct staff hours by the product of the supervision span of
478.2 control ratio in subdivision 5, paragraph ~~(f)~~ (g), clause (2), for in-person services or
478.3 subdivision 5, paragraph (h), clause (2), for remote services, and the appropriate supervision
478.4 wage in subdivision 5, paragraph (a), clause (21);

478.5 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
478.6 employee vacation, sick, and training allowance ratio in subdivision 5, paragraph ~~(f)~~ (g),
478.7 clause (3), for in-person services or subdivision 5, paragraph (h), clause (3), for remote
478.8 services. This is defined as the direct staffing rate;

478.9 (8) for program plan support, multiply the result of clause (7) by one plus the program
478.10 plan supports ratio in subdivision 5, paragraph ~~(f)~~ (g), clause (5), for in-person services or
478.11 subdivision 5, paragraph (h), clause (5), for remote services;

478.12 (9) for employee-related expenses, multiply the result of clause (8) by one plus the
478.13 employee-related cost ratio in subdivision 5, paragraph ~~(f)~~ (g), clause (4), for in-person
478.14 services or subdivision 5, paragraph (h), clause (4), for remote services;

478.15 (10) for client programming and supports, multiply the result of clause (9) by one plus
478.16 the client programming and supports ratio in subdivision 5, paragraph ~~(f)~~ (g), clause (6),
478.17 for in-person services or subdivision 5, paragraph (h), clause (6), for remote services;

478.18 (11) this is the subtotal rate;

478.19 (12) sum the standard general and administrative rate, the program-related expense ratio,
478.20 and the absence and utilization factor ratio;

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

478.23 (14) for employment exploration services provided in a shared manner, divide the total
478.24 payment amount in clause (13) by the number of service recipients, not to exceed five. For
478.25 employment support services provided in a shared manner, divide the total payment amount
478.26 in clause (13) by the number of service recipients, not to exceed six. For independent living
478.27 skills training, ~~individualized home supports with training,~~ and individualized home supports
478.28 with family training provided in a shared manner, divide the total payment amount in clause
478.29 (13) by the number of service recipients, not to exceed two. For individualized home supports
478.30 with training, provided in a shared manner, including for a day unit of individualized home
478.31 supports with training provided in a shared manner, divide the total payment amount in
478.32 clause (13) by the number of service recipients, not to exceed three; and

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

479.3 **EFFECTIVE DATE.** (a) Except for the amendment to clause (14), this section is
479.4 effective January 1, 2022, six months after the end of the federal public health emergency,
479.5 or upon federal approval, whichever is later. The commissioner of human services shall
479.6 notify the revisor of statutes when the federal public health emergency ends and when
479.7 federal approval is obtained.

479.8 (b) The amendment to clause (14) is effective January 1, 2022, or upon federal approval,
479.9 whichever is later. The commissioner of human services shall notify the revisor of statutes
479.10 when federal approval is obtained.

479.11 Sec. 39. Minnesota Statutes 2020, section 256B.4914, subdivision 9, is amended to read:

479.12 **Subd. 9. Payments for unit-based services without programming.** Payments for
479.13 unit-based services without programming, including individualized home supports, night
479.14 supervision, personal support, respite, and companion care provided to an individual outside
479.15 of any day or residential service plan provided in person or remotely must be calculated as
479.16 follows unless the services are authorized separately under subdivision 6 or 7:

479.17 (1) for all services except respite, determine the number of units of service to meet a
479.18 recipient's needs;

479.19 (2) personnel hourly wage rates must be based on the 2009 Bureau of Labor Statistics
479.20 Minnesota-specific rate or rates derived by the commissioner as provided in subdivision 5;

479.21 (3) except for subdivision 5, paragraph (a), clauses (4) and (21) to (23), multiply the
479.22 result of clause (2) by the product of one plus the competitive workforce factor in subdivision
479.23 5, paragraph ~~(g)~~ (i), clause (1);

479.24 (4) for a recipient requiring customization for deaf and hard-of-hearing language
479.25 accessibility under subdivision 12, add the customization rate provided in subdivision 12
479.26 to the result of clause (3);

479.27 (5) multiply the number of direct staff hours by the appropriate staff wage;

479.28 (6) multiply the number of direct staff hours by the product of the supervision span of
479.29 control ratio in subdivision 5, paragraph ~~(g)~~ (i), clause (2), for in-person services or
479.30 subdivision 5, paragraph (j), clause (2), for remote services, and the appropriate supervision
479.31 wage in subdivision 5, paragraph (a), clause (21);

480.1 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
480.2 employee vacation, sick, and training allowance ratio in subdivision 5, paragraph ~~(g)~~ (i),
480.3 clause (3), for in-person services or subdivision 5, paragraph (j), clause (3), for remote
480.4 services. This is defined as the direct staffing rate;

480.5 (8) for program plan support, multiply the result of clause (7) by one plus the program
480.6 plan support ratio in subdivision 5, paragraph ~~(g)~~ (i), clause (5), for in-person services or
480.7 subdivision 5, paragraph (j), clause (5), for remote services;

480.8 (9) for employee-related expenses, multiply the result of clause (8) by one plus the
480.9 employee-related cost ratio in subdivision 5, paragraph ~~(g)~~ (i), clause (4), for in-person
480.10 services or subdivision 5, paragraph (j), clause (4), for remote services;

480.11 (10) for client programming and supports, multiply the result of clause (9) by one plus
480.12 the client programming and support ratio in subdivision 5, paragraph ~~(g)~~ (i), clause (6), for
480.13 in-person services or subdivision 5, paragraph (j), clause (6), for remote services;

480.14 (11) this is the subtotal rate;

480.15 (12) sum the standard general and administrative rate, the program-related expense ratio,
480.16 and the absence and utilization factor ratio;

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

480.19 (14) for respite services, determine the number of day units of service to meet an
480.20 individual's needs;

480.21 (15) personnel hourly wage rates must be based on the 2009 Bureau of Labor Statistics
480.22 Minnesota-specific rate or rates derived by the commissioner as provided in subdivision 5;

480.23 (16) except for subdivision 5, paragraph (a), clauses (4) and (21) to (23), multiply the
480.24 result of clause (15) by the product of one plus the competitive workforce factor in
480.25 subdivision 5, paragraph ~~(h)~~ (k), clause (1);

480.26 (17) for a recipient requiring deaf and hard-of-hearing customization under subdivision
480.27 12, add the customization rate provided in subdivision 12 to the result of clause (16);

480.28 (18) multiply the number of direct staff hours by the appropriate staff wage;

480.29 (19) multiply the number of direct staff hours by the product of the supervisory span of
480.30 control ratio in subdivision 5, paragraph ~~(h)~~ (k), clause (2), and the appropriate supervision
480.31 wage in subdivision 5, paragraph (a), clause (21);

481.1 (20) combine the results of clauses (18) and (19), and multiply the result by one plus
481.2 the employee vacation, sick, and training allowance ratio in subdivision 5, paragraph ~~(h)~~
481.3 (k), clause (3). This is defined as the direct staffing rate;

481.4 (21) for employee-related expenses, multiply the result of clause (20) by one plus the
481.5 employee-related cost ratio in subdivision 5, paragraph ~~(h)~~ (k), clause (4);

481.6 (22) this is the subtotal rate;

481.7 (23) sum the standard general and administrative rate, the program-related expense ratio,
481.8 and the absence and utilization factor ratio;

481.9 (24) divide the result of clause (22) by one minus the result of clause (23). This is the
481.10 total payment amount;

481.11 (25) for individualized home supports provided in a shared manner, divide the total
481.12 payment amount in clause (13) by the number of service recipients, not to exceed two;

481.13 (26) for respite care services provided in a shared manner, divide the total payment
481.14 amount in clause (24) by the number of service recipients, not to exceed three; and

481.15 (27) adjust the result of clauses (13), (25), and (26) by a factor to be determined by the
481.16 commissioner to adjust for regional differences in the cost of providing services.

481.17 **EFFECTIVE DATE.** This section is effective January 1, 2022, six months after the
481.18 end of the federal public health emergency, or upon federal approval, whichever is later.
481.19 The commissioner of human services shall notify the revisor of statutes when the federal
481.20 public health emergency ends and when federal approval is obtained.

481.21 Sec. 40. Minnesota Statutes 2020, section 256B.5012, is amended by adding a subdivision
481.22 to read:

481.23 **Subd. 18. ICF/DD rate increases effective July 1, 2021.** (a) For the rate period beginning
481.24 July 1, 2021, the commissioner must increase operating payments for each facility reimbursed
481.25 under this section equal to five percent of the operating payment rates in effect on June 30,
481.26 2021.

481.27 (b) For each facility, the commissioner must apply the rate increase based on occupied
481.28 beds, using the percentage specified in this subdivision multiplied by the total payment rate,
481.29 including the variable rate but excluding the property-related payment rate in effect on June
481.30 30, 2021. The total rate increase must include the adjustment provided in section 256B.501,
481.31 subdivision 12.

482.1 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,
 482.2 whichever is later. The commissioner of human services shall inform the revisor of statutes
 482.3 when federal approval is obtained.

482.4 Sec. 41. Minnesota Statutes 2020, section 256B.5013, subdivision 1, is amended to read:

482.5 Subdivision 1. **Variable rate adjustments.** (a) ~~For rate years beginning on or after~~
 482.6 ~~October 1, 2000,~~ When there is a documented increase in the needs of a current ICF/DD
 482.7 recipient, the county of financial responsibility may recommend a variable rate to enable
 482.8 the facility to meet the individual's increased needs. Variable rate adjustments made under
 482.9 this subdivision replace payments for persons with special needs for crisis intervention
 482.10 services under section 256B.501, subdivision 8a. ~~Effective July 1, 2003, facilities with a~~
 482.11 ~~base rate above the 50th percentile of the statewide average reimbursement rate for a Class~~
 482.12 ~~A facility or Class B facility, whichever matches the facility licensure, are not eligible for~~
 482.13 ~~a variable rate adjustment. Variable rate adjustments may not exceed a 12-month period,~~
 482.14 ~~except when approved for purposes established in paragraph (b), clause (1).~~ Once approved,
 482.15 variable rate adjustments must continue to remain in place unless there is an identified
 482.16 change in need. A review of needed resources must be done at the time of the individual's
 482.17 annual support plan meeting. Any change in need identified must result in submission of a
 482.18 request to adjust the resources for the individual. Variable rate adjustments approved solely
 482.19 on the basis of changes on a developmental disabilities screening document will end June
 482.20 30, 2002.

482.21 (b) The county of financial responsibility must act on a variable rate request within 30
 482.22 days and notify the initiator of the request of the county's recommendation in writing.

482.23 ~~(b)~~ (c) A variable rate may be recommended by the county of financial responsibility
 482.24 for increased needs in the following situations:

482.25 (1) a need for resources due to an individual's full or partial retirement from participation
 482.26 in a day training and habilitation service when the individual: (i) has reached the age of 65
 482.27 or has a change in health condition that makes it difficult for the person to participate in
 482.28 day training and habilitation services over an extended period of time because it is medically
 482.29 contraindicated; and (ii) has expressed a desire for change through the developmental
 482.30 disability screening process under section 256B.092;

482.31 (2) a need for additional resources for intensive short-term programming which that is
 482.32 necessary prior to an individual's discharge to a less restrictive, more integrated setting;

483.1 (3) a demonstrated medical need that significantly impacts the type or amount of services
 483.2 needed by the individual; ~~or~~

483.3 (4) a demonstrated behavioral or cognitive need that significantly impacts the type or
 483.4 amount of services needed by the individual; or

483.5 ~~(e) The county of financial responsibility must justify the purpose, the projected length
 483.6 of time, and the additional funding needed for the facility to meet the needs of the individual.~~

483.7 ~~(d) The facility shall provide an annual report to the county case manager on the use of
 483.8 the variable rate funds and the status of the individual on whose behalf the funds were
 483.9 approved. The county case manager will forward the facility's report with a recommendation
 483.10 to the commissioner to approve or disapprove a continuation of the variable rate.~~

483.11 ~~(e) Funds made available through the variable rate process that are not used by the facility
 483.12 to meet the needs of the individual for whom they were approved shall be returned to the
 483.13 state.~~

483.14 (5) a demonstrated increased need for staff assistance, changes in the type of staff
 483.15 credentials needed, or a need for expert consultation based on assessments conducted prior
 483.16 to the annual support plan meeting.

483.17 (d) Variable rate requests must include the following information:

483.18 (1) the service needs change;

483.19 (2) the variable rate requested and the difference from the current rate;

483.20 (3) a basis for the underlying costs used for the variable rate and any accompanying
 483.21 documentation; and

483.22 (4) documentation of the expected outcomes to be achieved and the frequency of progress
 483.23 monitoring associated with the rate increase.

483.24 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,
 483.25 whichever is later. The commissioner of human services shall inform the revisor of statutes
 483.26 when federal approval is obtained.

483.27 Sec. 42. Minnesota Statutes 2020, section 256B.5013, subdivision 6, is amended to read:

483.28 Subd. 6. **Commissioner's responsibilities.** The commissioner shall:

483.29 (1) make a determination to approve, deny, or modify a request for a variable rate
 483.30 adjustment within 30 days of the receipt of the completed application;

484.1 (2) notify the ICF/DD facility and county case manager of the ~~duration and conditions~~
 484.2 ~~of variable rate adjustment approvals~~ determination; and

484.3 (3) modify MMIS II service agreements to reimburse ICF/DD facilities for approved
 484.4 variable rates.

484.5 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,
 484.6 whichever is later. The commissioner of human services shall inform the revisor of statutes
 484.7 when federal approval is obtained.

484.8 Sec. 43. Minnesota Statutes 2020, section 256B.5015, subdivision 2, is amended to read:

484.9 Subd. 2. **Services during the day.** (a) Services during the day, as defined in section
 484.10 256B.501, but excluding day training and habilitation services, shall be paid as a pass-through
 484.11 payment ~~no later than January 1, 2004~~. The commissioner shall establish rates for these
 484.12 services, other than day training and habilitation services, at ~~levels that do not exceed 75~~
 484.13 100 percent of a recipient's day training and habilitation service costs prior to the service
 484.14 change.

484.15 (b) An individual qualifies for services during the day under paragraph (a) if, through
 484.16 consultation with the individual and the individual's support team or interdisciplinary team:

484.17 (1) it has been determined that the individual's needs can best be met through partial or
 484.18 full retirement from:

484.19 (i) participation in a day training and habilitation service; or

484.20 (ii) the use of services during the day in the individual's home environment; and

484.21 (2) an individualized plan has been developed with designated outcomes that:

484.22 (i) address the support needs and desires contained in the person-centered plan or
 484.23 individual support plan; and

484.24 (ii) include goals that focus on community integration as appropriate for the individual.

484.25 (c) When establishing a rate for these services, the commissioner shall also consider an
 484.26 individual recipient's needs as identified in the ~~individualized service~~ individual support
 484.27 plan and the person's need for active treatment as defined under federal regulations. The
 484.28 pass-through payments for services during the day shall be paid separately by the
 484.29 commissioner and shall not be included in the computation of the ICF/DD facility total
 484.30 payment rate.

485.1 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,
485.2 whichever is later. The commissioner of human services shall inform the revisor of statutes
485.3 when federal approval is obtained.

485.4 Sec. 44. Minnesota Statutes 2020, section 256B.85, subdivision 7a, is amended to read:

485.5 Subd. 7a. **Enhanced rate.** An enhanced rate of 107.5 percent of the rate paid for CFSS
485.6 must be paid for services provided to persons who qualify for ~~12~~ ten or more hours of CFSS
485.7 per day when provided by a support worker who meets the requirements of subdivision 16,
485.8 paragraph (e). The enhanced rate for CFSS includes, and is not in addition to, any rate
485.9 adjustments implemented by the commissioner on July 1, 2019, to comply with the terms
485.10 of a collective bargaining agreement between the state of Minnesota and an exclusive
485.11 representative of individual providers under section 179A.54 that provides for wage increases
485.12 for individual providers who serve participants assessed to need 12 or more hours of CFSS
485.13 per day.

485.14 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,
485.15 whichever occurs later. The commissioner shall notify the revisor of statutes when federal
485.16 approval is obtained.

485.17 Sec. 45. Minnesota Statutes 2020, section 256B.85, subdivision 16, is amended to read:

485.18 Subd. 16. **Support workers requirements.** (a) Support workers shall:

485.19 (1) enroll with the department as a support worker after a background study under chapter
485.20 245C has been completed and the support worker has received a notice from the
485.21 commissioner that the support worker:

485.22 (i) is not disqualified under section 245C.14; or

485.23 (ii) is disqualified, but has received a set-aside of the disqualification under section
485.24 245C.22;

485.25 (2) have the ability to effectively communicate with the participant or the participant's
485.26 representative;

485.27 (3) have the skills and ability to provide the services and supports according to the
485.28 participant's CFSS service delivery plan and respond appropriately to the participant's needs;

485.29 (4) complete the basic standardized CFSS training as determined by the commissioner
485.30 before completing enrollment. The training must be available in languages other than English
485.31 and to those who need accommodations due to disabilities. CFSS support worker training

486.1 must include successful completion of the following training components: basic first aid,
486.2 vulnerable adult, child maltreatment, OSHA universal precautions, basic roles and
486.3 responsibilities of support workers including information about basic body mechanics,
486.4 emergency preparedness, orientation to positive behavioral practices, orientation to
486.5 responding to a mental health crisis, fraud issues, time cards and documentation, and an
486.6 overview of person-centered planning and self-direction. Upon completion of the training
486.7 components, the support worker must pass the certification test to provide assistance to
486.8 participants;

486.9 (5) complete employer-directed training and orientation on the participant's individual
486.10 needs;

486.11 (6) maintain the privacy and confidentiality of the participant; and

486.12 (7) not independently determine the medication dose or time for medications for the
486.13 participant.

486.14 (b) The commissioner may deny or terminate a support worker's provider enrollment
486.15 and provider number if the support worker:

486.16 (1) does not meet the requirements in paragraph (a);

486.17 (2) fails to provide the authorized services required by the employer;

486.18 (3) has been intoxicated by alcohol or drugs while providing authorized services to the
486.19 participant or while in the participant's home;

486.20 (4) has manufactured or distributed drugs while providing authorized services to the
486.21 participant or while in the participant's home; or

486.22 (5) has been excluded as a provider by the commissioner of human services, or by the
486.23 United States Department of Health and Human Services, Office of Inspector General, from
486.24 participation in Medicaid, Medicare, or any other federal health care program.

486.25 (c) A support worker may appeal in writing to the commissioner to contest the decision
486.26 to terminate the support worker's provider enrollment and provider number.

486.27 (d) A support worker must not provide or be paid for more than 310 hours of CFSS per
486.28 month, regardless of the number of participants the support worker serves or the number
486.29 of agency-providers or participant employers by which the support worker is employed.
486.30 The department shall not disallow the number of hours per day a support worker works
486.31 unless it violates other law.

486.32 (e) CFSS qualify for an enhanced rate if the support worker providing the services:

487.1 (1) provides services, within the scope of CFSS described in subdivision 7, to a participant
487.2 who qualifies for ~~12~~ ten or more hours per day of CFSS; and

487.3 (2) satisfies the current requirements of Medicare for training and competency or
487.4 competency evaluation of home health aides or nursing assistants, as provided in the Code
487.5 of Federal Regulations, title 42, section 483.151 or 484.36, or alternative state-approved
487.6 training or competency requirements.

487.7 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,
487.8 whichever occurs later. The commissioner shall notify the revisor of statutes when federal
487.9 approval is obtained.

487.10 Sec. 46. Minnesota Statutes 2020, section 256B.85, is amended by adding a subdivision
487.11 to read:

487.12 **Subd. 27. Personal care assistance and community first services and supports**
487.13 **provider agency; required reporting and analysis of cost data.** (a) The commissioner
487.14 must evaluate on an ongoing basis whether the rates paid for personal care assistance and
487.15 community first services and supports appropriately address the costs to provide these
487.16 services. The commissioner must make recommendations to adjust the rates paid as indicated
487.17 by the evaluation. As determined by the commissioner, in consultation with stakeholders,
487.18 agencies enrolled to provide personal care assistance and community first services and
487.19 supports with rates determined under this section must submit requested cost data to the
487.20 commissioner. Requested cost data may include but is not limited to:

487.21 (1) worker wage costs;

487.22 (2) benefits paid;

487.23 (3) supervisor wage costs;

487.24 (4) executive wage costs;

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

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

487.27 (7) administrative costs paid;

487.28 (8) program costs paid;

487.29 (9) transportation costs paid;

487.30 (10) vacancy rates; and

488.1 (11) other data relating to costs necessary to provide services requested by the
488.2 commissioner.

488.3 (b) At least once in any three-year period, a provider must submit cost data for a fiscal
488.4 year that ended not more than 18 months prior to the submission date. The commissioner
488.5 shall give each provider notice 90 days prior to the submission due date. If a provider fails
488.6 to submit the required reporting data, the commissioner shall provide notice to the provider
488.7 30 days after the required submission date, and a second notice to a provider who fails to
488.8 submit the required data 60 days after the required submission date. The commissioner shall
488.9 temporarily suspend payments to a provider if the provider fails to submit cost data within
488.10 90 days after the required submission date. The commissioner shall make withheld payments
488.11 to the provider once the commissioner receives cost data from the provider.

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

488.14 (d) The commissioner, in consultation with stakeholders, shall develop and implement
488.15 a process for providing training and technical assistance necessary to support provider
488.16 submission of cost documentation required under paragraph (a). The commissioner shall
488.17 provide dedicated support for providers who meet one of the following criteria:

- 488.18 (1) the provider employs fewer than ten staff to provide the services under this section;
488.19 (2) the provider's first language is not English; or
488.20 (3) the provider serves a population that includes greater than or equal to 50 percent
488.21 black people, Indigenous people, or people of color.

488.22 Sec. 47. Minnesota Statutes 2020, section 256B.85, is amended by adding a subdivision
488.23 to read:

488.24 Subd. 28. **Payment rates evaluation.** (a) The commissioner shall assess data collected
488.25 under subdivision 27 and shall publish evaluation findings in a report to the legislature on
488.26 August 1, 2024, and once every two years thereafter. Evaluation findings shall include:

- 488.27 (1) the costs that providers incur while providing services under this section;
488.28 (2) comparisons between those costs and the costs incurred by providers of comparable
488.29 services and employers in industries competing in the same labor market;
488.30 (3) changes in wages, benefits provided, hours worked, and retention over time; and
488.31 (4) recommendations for the rate methodologies paid based on the evaluation findings.

489.1 (b) The commissioner shall only release cost data in an aggregate form and shall not
489.2 release cost data from individual providers except as permitted by current law.

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

489.4 Sec. 48. Minnesota Statutes 2020, section 256I.04, subdivision 3, is amended to read:

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

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

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

489.17 (3) notwithstanding the provisions of subdivision 2a, for up to 226 supportive housing
489.18 units in Anoka, Dakota, Hennepin, or Ramsey County for homeless adults with a mental
489.19 illness, a history of substance abuse, or human immunodeficiency virus or acquired
489.20 immunodeficiency syndrome. For purposes of this section, "homeless adult" means a person
489.21 who is living on the street or in a shelter or discharged from a regional treatment center,
489.22 community hospital, or residential treatment program and has no appropriate housing
489.23 available and lacks the resources and support necessary to access appropriate housing. At
489.24 least 70 percent of the supportive housing units must serve homeless adults with mental
489.25 illness, substance abuse problems, or human immunodeficiency virus or acquired
489.26 immunodeficiency syndrome who are about to be or, within the previous six months, have
489.27 been discharged from a regional treatment center, or a state-contracted psychiatric bed in
489.28 a community hospital, or a residential mental health or chemical dependency treatment
489.29 program. If a person meets the requirements of subdivision 1, paragraph (a), and receives
489.30 a federal or state housing subsidy, the housing support rate for that person is limited to the
489.31 supplementary rate under section 256I.05, subdivision 1a, and is determined by subtracting
489.32 the amount of the person's countable income that exceeds the MSA equivalent rate from
489.33 the housing support supplementary service rate. A resident in a demonstration project site
489.34 who no longer participates in the demonstration program shall retain eligibility for a housing

490.1 support payment in an amount determined under section 256I.06, subdivision 8, using the
490.2 MSA equivalent rate. Service funding under section 256I.05, subdivision 1a, will end June
490.3 30, 1997, if federal matching funds are available and the services can be provided through
490.4 a managed care entity. If federal matching funds are not available, then service funding will
490.5 continue under section 256I.05, subdivision 1a;

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

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

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

490.17 (7) for a housing support provider that operates two ten-bed facilities, one located in
490.18 Hennepin County and one located in Ramsey County, that provide community support and
490.19 24-hour-a-day supervision to serve the mental health needs of individuals who have
490.20 chronically lived unsheltered; ~~and~~

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

490.25 (9) for an additional 42 beds, resulting in a total of 54 beds, for a recovery community
490.26 organization and housing support provider that currently operates a 38-bed facility in Olmsted
490.27 County serving individuals diagnosed with substance use disorder, originally licensed and
490.28 registered by the Department of Health under section 157.17 in 2019, and will operate a
490.29 new 14-bed facility in Olmsted County serving individuals diagnosed with substance use
490.30 disorder; and

490.31 (10) for 46 beds for a recovery community organization and housing support provider
490.32 that as of March 1, 2021, operates three facilities in Blue Earth County licensed and registered
490.33 by the Department of Health under section 157.17, serving individuals diagnosed with
490.34 substance use disorder.

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

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

491.10 Sec. 49. Minnesota Statutes 2020, section 256I.05, subdivision 1a, is amended to read:

491.11 Subd. 1a. **Supplementary service rates.** (a) Subject to the provisions of section 256I.04,
491.12 subdivision 3, the ~~county~~ agency may negotiate a payment not to exceed \$426.37 for other
491.13 services necessary to provide room and board if the residence is licensed by or registered
491.14 by the Department of Health, or licensed by the Department of Human Services to provide
491.15 services in addition to room and board, and if the provider of services is not also concurrently
491.16 receiving funding for services for a recipient under a home and community-based waiver
491.17 under title XIX of the federal Social Security Act; or funding from the medical assistance
491.18 program under section 256B.0659, for personal care services for residents in the setting; or
491.19 residing in a setting which receives funding under section 245.73. If funding is available
491.20 for other necessary services through a home and community-based waiver, or personal care
491.21 services under section 256B.0659, then the housing support rate is limited to the rate set in
491.22 subdivision 1. Unless otherwise provided in law, in no case may the supplementary service
491.23 rate exceed \$426.37. The registration and licensure requirement does not apply to
491.24 establishments which are exempt from state licensure because they are located on Indian
491.25 reservations and for which the tribe has prescribed health and safety requirements. Service
491.26 payments under this section may be prohibited under rules to prevent the supplanting of
491.27 federal funds with state funds. The commissioner shall pursue the feasibility of obtaining
491.28 the approval of the Secretary of Health and Human Services to provide home and
491.29 community-based waiver services under title XIX of the federal Social Security Act for
491.30 residents who are not eligible for an existing home and community-based waiver due to a
491.31 primary diagnosis of mental illness or chemical dependency and shall apply for a waiver if
491.32 it is determined to be cost-effective.

491.33 (b) The commissioner is authorized to make cost-neutral transfers from the housing
491.34 support fund for beds under this section to other funding programs administered by the

492.1 department after consultation with the ~~county or counties~~ agency in which the affected beds
 492.2 are located. The commissioner may also make cost-neutral transfers from the housing support
 492.3 fund to ~~county human service~~ agencies for beds permanently removed from the housing
 492.4 support census under a plan submitted by the ~~county~~ agency and approved by the
 492.5 commissioner. The commissioner shall report the amount of any transfers under this provision
 492.6 annually to the legislature.

492.7 (c) Counties Agencies must not negotiate supplementary service rates with providers of
 492.8 housing support that are licensed as board and lodging with special services and that do not
 492.9 encourage a policy of sobriety on their premises and make referrals to available community
 492.10 services for volunteer and employment opportunities for residents.

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

492.12 Sec. 50. Minnesota Statutes 2020, section 256I.05, subdivision 1c, is amended to read:

492.13 Subd. 1c. **Rate increases.** An agency may not increase the rates negotiated for housing
 492.14 support above those in effect on June 30, 1993, except as provided in paragraphs (a) to (f).

492.15 (a) An agency may increase the rates for room and board to the MSA equivalent rate
 492.16 for those settings whose current rate is below the MSA equivalent rate.

492.17 (b) An agency may increase the rates for residents in adult foster care whose difficulty
 492.18 of care has increased. The total housing support rate for these residents must not exceed the
 492.19 maximum rate specified in subdivisions 1 and 1a. Agencies must not include nor increase
 492.20 difficulty of care rates for adults in foster care whose difficulty of care is eligible for funding
 492.21 by home and community-based waiver programs under title XIX of the Social Security Act.

492.22 (c) An agency must increase the room and board rates ~~will be increased~~ each year when
 492.23 the MSA equivalent rate is adjusted for SSI cost-of-living increases by the amount of the
 492.24 annual SSI increase, less the amount of the increase in the medical assistance personal needs
 492.25 allowance under section 256B.35.

492.26 (d) ~~When housing support pays for an individual's room and board, or other costs~~
 492.27 ~~necessary to provide room and board, the rate payable to the residence must continue for~~
 492.28 ~~up to 18 calendar days per incident that the person is temporarily absent from the residence,~~
 492.29 ~~not to exceed 60 days in a calendar year, if the absence or absences are reported in advance~~
 492.30 ~~to the county agency's social service staff. Advance reporting is not required for emergency~~
 492.31 ~~absences due to crisis, illness, or injury.~~

492.32 (e) For An agency may increase the rates for residents in facilities meeting substantial
 492.33 change criteria within the prior year. Substantial change criteria ~~exists~~ exist if the

493.1 establishment experiences a 25 percent increase or decrease in the total number of its beds,
493.2 if the net cost of capital additions or improvements is in excess of 15 percent of the current
493.3 market value of the residence, or if the residence physically moves, or changes its licensure,
493.4 and incurs a resulting increase in operation and property costs.

493.5 ~~(f)~~ (e) Until June 30, 1994, an agency may increase by up to five percent the total rate
493.6 paid for recipients of assistance under sections 256D.01 to 256D.21 or 256D.33 to 256D.54
493.7 who reside in residences that are licensed by the commissioner of health as a boarding care
493.8 home, but are not certified for the purposes of the medical assistance program. However,
493.9 an increase under this clause must not exceed an amount equivalent to 65 percent of the
493.10 1991 medical assistance reimbursement rate for nursing home resident class A, in the
493.11 geographic grouping in which the facility is located, as established under Minnesota Rules,
493.12 parts 9549.0051 to 9549.0058.

493.13 (f) Notwithstanding the provisions of subdivision 1, an agency may increase the monthly
493.14 room and board rates by \$100 per month for residents in settings under section 256I.04,
493.15 subdivision 2a, paragraph (b), clause (2). Participants in the Minnesota supportive housing
493.16 demonstration program under section 256I.04, subdivision 3, paragraph (a), clause (3), may
493.17 not receive the increase under this paragraph.

493.18 **EFFECTIVE DATE.** This section is effective July 1, 2022, except the striking of
493.19 paragraph (d) is effective July 1, 2021.

493.20 Sec. 51. Minnesota Statutes 2020, section 256I.05, subdivision 1q, is amended to read:

493.21 Subd. 1q. **Supplemental rate; Olmsted County.** (a) Notwithstanding the provisions of
493.22 subdivisions 1a and 1c, beginning July 1, 2017, a county agency shall negotiate a
493.23 supplementary rate in addition to the rate specified in subdivision 1, not to exceed \$750 per
493.24 month, including any legislatively authorized inflationary adjustments, for a housing support
493.25 provider located in Olmsted County that operates long-term residential facilities with a total
493.26 of 104 beds that serve chemically dependent men and women and provide 24-hour-a-day
493.27 supervision and other support services.

493.28 (b) Notwithstanding the provisions of subdivisions 1a and 1c, beginning July 1, 2021,
493.29 a county agency shall negotiate a supplemental service rate for 54 total beds in addition to
493.30 the rate specified in subdivision 1, not to exceed the maximum rate allowed under subdivision
493.31 1a, including any legislatively authorized inflationary adjustments, for a recovery community
493.32 organization and housing support provider located in Olmsted County serving individuals
493.33 diagnosed with substance use disorder, originally licensed and registered by the Department
493.34 of Health under section 157.17 in 2019.

494.1 Sec. 52. Minnesota Statutes 2020, section 256I.05, is amended by adding a subdivision
494.2 to read:

494.3 Subd. 1s. **Supplemental rate; Douglas County.** Notwithstanding subdivisions 1a and
494.4 1c, beginning July 1, 2021, a county agency shall negotiate a supplemental rate for up to
494.5 20 beds in addition to the rate specified in subdivision 1, not to exceed the maximum rate
494.6 allowed under subdivision 1a, including any legislatively authorized inflationary adjustments,
494.7 for a housing support provider located in Douglas County that operates two facilities and
494.8 provides room and board and supplementary services to adult males recovering from
494.9 substance use disorder, mental illness, or housing instability.

494.10 Sec. 53. Minnesota Statutes 2020, section 256I.05, is amended by adding a subdivision
494.11 to read:

494.12 Subd. 1t. **Supplementary services rate; Winona County.** Notwithstanding the
494.13 provisions of subdivisions 1a and 1c, beginning July 1, 2021, a county agency shall negotiate
494.14 a supplementary services rate in addition to the monthly room and board rate specified in
494.15 subdivision 1, not to exceed \$750 per month, including any legislatively authorized
494.16 inflationary adjustments, for a housing support provider located in Winona County that
494.17 operates a permanent supportive housing facility with 20 one-bedroom apartments for adults
494.18 with long-term homeless and long-term mental health needs.

494.19 Sec. 54. Minnesota Statutes 2020, section 256I.05, is amended by adding a subdivision
494.20 to read:

494.21 Subd. 1u. **Supplemental rate; Blue Earth County.** Notwithstanding the provisions of
494.22 subdivisions 1a and 1c, beginning July 1, 2021, a county agency shall negotiate a
494.23 supplemental service rate for 46 beds in addition to the rate specified in subdivision 1, not
494.24 to exceed the maximum rate allowed under subdivision 1a, including any legislatively
494.25 authorized inflationary adjustments, for a recovery community organization and housing
494.26 support provider that as of March 1, 2021, operates three facilities in Blue Earth County
494.27 licensed and registered by the Department of Health under section 157.17, serving individuals
494.28 diagnosed with substance use disorder.

494.29 Sec. 55. Minnesota Statutes 2020, section 256I.05, is amended by adding a subdivision
494.30 to read:

494.31 Subd. 1v. **Supplementary services rate; Steele County.** Notwithstanding the provisions
494.32 of subdivisions 1a and 1c, beginning July 1, 2021, a county agency shall negotiate a

495.1 supplementary services rate in addition to the monthly room and board rate specified in
495.2 subdivision 1, not to exceed \$750 per month, including any legislatively authorized
495.3 inflationary adjustments, for a housing support provider located in Steele County that
495.4 operates a permanent supportive housing facility with 16 units for adults with long-term
495.5 homeless and long-term mental health needs.

495.6 Sec. 56. Minnesota Statutes 2020, section 256I.05, is amended by adding a subdivision
495.7 to read:

495.8 Subd. 2a. **Absent days.** (a) When a person receiving housing support is temporarily
495.9 absent and the absence is reported in advance to the agency's social service staff, the agency
495.10 must continue to pay on behalf of the person the applicable rate for housing support. Advance
495.11 reporting is not required for absences due to crisis, illness, or injury. The limit on payments
495.12 for absence days under this paragraph is 18 calendar days per incident, not to exceed 60
495.13 days in a calendar year.

495.14 (b) An agency must continue to pay an additional 74 days per incident, not to exceed a
495.15 total of 92 days in a calendar year, for a person who is temporarily absent due to admission
495.16 at a residential behavioral health facility, inpatient hospital, or nursing facility.

495.17 (c) If a person is temporarily absent due to admission at a residential behavioral health
495.18 facility, inpatient hospital, or nursing facility for a period of time exceeding the limits
495.19 described in paragraph (b), the agency may request in a format prescribed by the
495.20 commissioner an absence day limit exception to continue housing support payments until
495.21 the person is discharged.

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

495.23 Sec. 57. Minnesota Statutes 2020, section 256I.05, subdivision 11, is amended to read:

495.24 Subd. 11. **Transfer of emergency shelter funds.** (a) The commissioner shall make a
495.25 cost-neutral transfer of funding from the housing support fund to ~~county human service~~
495.26 ~~agencies~~ the agency for emergency shelter beds removed from the housing support census
495.27 under a biennial plan submitted by the ~~county~~ agency and approved by the commissioner.
495.28 The plan must describe: (1) anticipated and actual outcomes for persons experiencing
495.29 homelessness in emergency shelters; (2) improved efficiencies in administration; (3)
495.30 requirements for individual eligibility; and (4) plans for quality assurance monitoring and
495.31 quality assurance outcomes. The commissioner shall review the ~~county~~ agency plan to
495.32 monitor implementation and outcomes at least biennially, and more frequently if the
495.33 commissioner deems necessary.

496.1 (b) The funding under paragraph (a) may be used for the provision of room and board
 496.2 or supplemental services according to section 256I.03, subdivisions 2 and 8. Providers must
 496.3 meet the requirements of section 256I.04, subdivisions 2a to 2f. Funding must be allocated
 496.4 annually, and the room and board portion of the allocation shall be adjusted according to
 496.5 the percentage change in the housing support room and board rate. The room and board
 496.6 portion of the allocation shall be determined at the time of transfer. The commissioner or
 496.7 ~~county~~ agency may return beds to the housing support fund with 180 days' notice, including
 496.8 financial reconciliation.

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

496.10 Sec. 58. Minnesota Statutes 2020, section 256I.06, subdivision 8, is amended to read:

496.11 Subd. 8. **Amount of housing support payment.** (a) The amount of a room and board
 496.12 payment to be made on behalf of an eligible individual is determined by subtracting the
 496.13 individual's countable income under section 256I.04, subdivision 1, for a whole calendar
 496.14 month from the room and board rate for that same month. The housing support payment is
 496.15 determined by multiplying the housing support rate times the period of time the individual
 496.16 was a resident or temporarily absent under section 256I.05, subdivision 1, ~~paragraph (d)~~
 496.17 2a.

496.18 (b) For an individual with earned income under paragraph (a), prospective budgeting
 496.19 must be used to determine the amount of the individual's payment for the following six-month
 496.20 period. An increase in income shall not affect an individual's eligibility or payment amount
 496.21 until the month following the reporting month. A decrease in income shall be effective the
 496.22 first day of the month after the month in which the decrease is reported.

496.23 (c) For an individual who receives housing support payments under section 256I.04,
 496.24 subdivision 1, paragraph (c), the amount of the housing support payment is determined by
 496.25 multiplying the housing support rate times the period of time the individual was a resident.

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

496.27 Sec. 59. Minnesota Statutes 2020, section 256S.203, is amended to read:

496.28 **256S.203 CUSTOMIZED LIVING SERVICES; MANAGED CARE RATES.**

496.29 Subdivision 1. **Capitation payments.** The commissioner ~~shall~~ must adjust the elderly
 496.30 waiver capitation payment rates for managed care organizations paid to reflect the monthly
 496.31 service rate limits for customized living services and 24-hour customized living services

497.1 established under section 256S.202 and the rate adjustments for disproportionate share
 497.2 facilities under section 256S.205.

497.3 Subd. 2. **Reimbursement rates.** Medical assistance rates paid to customized living
 497.4 providers by managed care organizations under this chapter ~~shall~~ must not exceed the
 497.5 monthly service rate limits and component rates as determined by the commissioner under
 497.6 sections 256S.15 and 256S.20 to 256S.202, plus any rate adjustment under section 256S.205.

497.7 Sec. 60. **[256S.205] CUSTOMIZED LIVING SERVICES; DISPROPORTIONATE**
 497.8 **SHARE RATE ADJUSTMENTS.**

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

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

497.13 (c) "Assisted living facility" or "facility" means an assisted living facility licensed under
 497.14 chapter 144G.

497.15 (d) "Disproportionate share facility" means an assisted living facility designated by the
 497.16 commissioner under subdivision 4.

497.17 Subd. 2. **Rate adjustment application.** An assisted living facility may apply to the
 497.18 commissioner for designation as a disproportionate share facility. Applications must be
 497.19 submitted annually between October 1 and October 31. The applying facility must apply
 497.20 in a manner determined by the commissioner. The applying facility must document as a
 497.21 percentage the census of elderly waiver participants residing in the facility on October 1 of
 497.22 the application year.

497.23 Subd. 3. **Rate adjustment eligibility criteria.** Only facilities with a census of at least
 497.24 80 percent elderly waiver participants on October 1 of the application year are eligible for
 497.25 designation as a disproportionate share facility.

497.26 Subd. 4. **Designation as a disproportionate share facility.** By November 15 of each
 497.27 application year, the commissioner must designate as a disproportionate share facility a
 497.28 facility that complies with the application requirements of subdivision 2 and meets the
 497.29 eligibility criteria of subdivision 3.

497.30 Subd. 5. **Rate adjustment; rate floor.** (a) Notwithstanding the 24-hour customized
 497.31 living monthly service rate limits under section 256S.202, subdivision 2, and the component
 497.32 service rates established under section 256S.201, subdivision 4, the commissioner must

498.1 establish a rate floor equal to \$119 per resident per day for 24-hour customized living
498.2 services provided in a designated disproportionate share facility for the purpose of ensuring
498.3 the minimal level of staffing required to meet the health and safety need of elderly waiver
498.4 participants.

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

498.7 (c) The commissioner shall not implement the rate floor under this section if the
498.8 customized living rates established under sections 256S.21 to 256S.215 will be implemented
498.9 at 100 percent on January 1 of the year following an application year.

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

498.12 **EFFECTIVE DATE.** This section is effective October 1, 2021, or upon federal approval,
498.13 whichever is later, and applies to services provided on or after January 1, 2022, or on or
498.14 after the date upon which federal approval is obtained, whichever is later. The commissioner
498.15 of human services shall notify the revisor of statutes when federal approval is obtained.

498.16 Sec. 61. Laws 2019, First Special Session chapter 9, article 5, section 86, subdivision 1,
498.17 as amended by Laws 2020, First Special Session chapter 2, article 3, section 2, subdivision
498.18 1, is amended to read:

498.19 Subdivision 1. **Intent.** It is the intent of the legislature to reform the medical assistance
498.20 waiver programs for people with disabilities to simplify administration of the programs.
498.21 Disability waiver reconfiguration must incentivize inclusive, person-centered, individualized
498.22 supports and services; enhance each person's self-determination and personal authority over
498.23 the person's service choice; align benefits across waivers; ensure equity across programs
498.24 and populations; assess and address racial and geographical disparities and institutional bias
498.25 in services and programs; promote long-term sustainability of waiver services; and maintain
498.26 service stability and continuity of care while prioritizing, promoting, and creating incentives
498.27 for independent, integrated, and individualized supports and services chosen by each person
498.28 through an informed decision-making process and person-centered planning.

498.29 Sec. 62. **PARENTING WITH A DISABILITY; PILOT PROJECT.**

498.30 Subdivision 1. **Purpose.** The commissioner of human services shall establish a pilot
498.31 project to provide grants to personal care assistance provider agencies to provide assistance
498.32 with child rearing tasks to a parent who is eligible for personal care assistance services

499.1 under Minnesota Statutes, section 256B.0659, or for services and supports provided through
499.2 community first services and supports under Minnesota Statutes, section 256B.85. The
499.3 purpose of this pilot project is to study the benefits of supportive parenting while assisting
499.4 parents with a disability in child rearing tasks and preventing removal of a child from a
499.5 parent because the parent has a disability.

499.6 Subd. 2. **Definitions.** (a) For the purposes of this section, in addition to the definitions
499.7 in Minnesota Statutes, section 256B.0659, subdivision 1, applying to the personal care
499.8 assistance program and the definitions in Minnesota Statutes, section 256B.85, subdivision
499.9 2, applying to community first services and supports, the following terms have the meanings
499.10 given them in this subdivision.

499.11 (b) "Adaptive parenting equipment" means a piece of equipment that increases, extends,
499.12 or improves the parenting capabilities of a parent with a disability.

499.13 (c) "Child" means a person under 12 years of age.

499.14 (d) "Child rearing task" means a task that assists a parent with a disability to care for a
499.15 child. Child rearing task includes, but is not limited to: lifting and carrying a child, organizing
499.16 supplies for a child, preparing meals for a child, washing clothing and bedding for a child,
499.17 bathing a child, childproofing the home that the parent and child live in, and assisting with
499.18 transporting a child.

499.19 (e) "Commissioner" means the commissioner of human services.

499.20 (f) "Parent" means a child's biological, foster, or adoptive parent or legal guardian who
499.21 is legally obligated to care for and support the child.

499.22 (g) "Person with a disability" means an individual who has a physical, mental, or
499.23 psychological impairment or dysfunction that limits independent functioning in a family,
499.24 community, or employment.

499.25 (h) "Personal care assistant" or "PCA" also means support worker.

499.26 (i) "Personal care assistance services" also means the services and supports provided by
499.27 community first services and supports.

499.28 (j) "Supportive parenting assistant" or "SPA" means an individual providing supportive
499.29 parenting services who is also a personal care assistant.

499.30 (k) "Supportive parenting service" means a state-funded service that (1) helps a parent
499.31 with a disability compensate for aspects of the parent's disability that affect the parent's
499.32 ability to care for the child, and (2) enables the parent to complete parental responsibilities,

500.1 including child rearing tasks. Supportive parenting service does not include disciplining the
500.2 parent's child.

500.3 Subd. 3. **Grants.** (a) The commissioner shall develop a competitive application process
500.4 for up to three two-year state-funded grants to personal care assistance provider agencies
500.5 to provide supportive parenting services described in subdivision 4 and to purchase adaptive
500.6 parenting equipment described in subdivision 5. A grant applicant must be a personal care
500.7 assistance provider agency.

500.8 (b) Grant applications must describe how the applicant would recruit families to
500.9 participate in the pilot project and how the applicant would select families to receive
500.10 supportive parenting services while giving preference to families in which both parents are
500.11 receiving personal care assistance services.

500.12 (c) Grantees must agree to provide supportive parenting to each selected family for at
500.13 least one year.

500.14 Subd. 4. **Supportive parenting services.** (a) If a parent is eligible for and receiving
500.15 personal care assistance services, the parent is eligible to receive supportive parenting
500.16 services funded by a grant under this section. A parent must use one supportive parenting
500.17 assistant at a time, regardless of the parent's number of children. Supportive parenting
500.18 services provided under this section are services for the parent and not the child.

500.19 (b) An SPA providing supportive parenting services under this section must not perform
500.20 personal care assistance services while scheduled to provide supportive parenting services.
500.21 A PCA providing personal care assistance services must not perform supportive parenting
500.22 services while scheduled to provide personal care assistance services. A PCA providing
500.23 personal care assistance services and an SPA providing supportive parenting services may
500.24 be scheduled to support the parent at the same time. The same individual may provide
500.25 personal care assistance services and supportive parenting assistance to a parent as long as
500.26 the requirements of this paragraph are met. Supportive parenting services under this section
500.27 do not count toward a PCA's 310 hours per-month limit on providing personal care assistance
500.28 services under Minnesota Statutes, section 256B.0659, subdivision 11, paragraph (a), clause
500.29 (10).

500.30 (c) Supportive parenting services under this section must not replace personal care
500.31 assistance services.

500.32 (d) A parent's supportive parenting services shall be limited to 40 hours per month.

501.1 Subd. 5. Adaptive parenting equipment. A grantee may purchase adaptive parenting
501.2 equipment at the request of a parent receiving supportive parenting services under subdivision
501.3 4. A grantee must not purchase adaptive parenting equipment covered by medical assistance.
501.4 A grantee must purchase the least costly item to meet the parent's need.

501.5 Sec. 63. DIRECTION TO THE COMMISSIONER; STUDY OF SUPPORTIVE
501.6 PARENTING SERVICES.

501.7 The commissioner shall study the feasibility of providing supportive parenting services
501.8 to parents with disabilities and disabling conditions as a covered medical assistance service
501.9 and submit a report to the chairs and ranking minority members of the legislative committees
501.10 with jurisdiction over health and human services by February 15, 2023. The report must
501.11 contain at a minimum:

501.12 (1) the total number of parents that were provided services through the pilot project;

501.13 (2) the total cost of developing and providing the services provided under the pilot
501.14 project;

501.15 (3) recommendations on expansion or continuation of the pilot project;

501.16 (4) recommendations on seeking federal approval of supportive parenting services as a
501.17 covered service under medical assistance; and

501.18 (5) draft legislative language.

501.19 Sec. 64. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; PLAN
501.20 FOR ADDRESSING EFFECTS ON COMMUNITY OF CERTAIN
501.21 STATE-OPERATED SERVICES.

501.22 The commissioner of human services, in consultation with stakeholders, shall develop
501.23 and submit to the chairs and ranking minority members of the house of representatives and
501.24 senate committees with jurisdiction over health and human services by January 31, 2022,
501.25 a plan to ameliorate the effects of repeated incidents, as defined in Minnesota Statutes,
501.26 section 245D.02, subdivision 11, occurring at Minnesota state-operated community services
501.27 programs that affect the community in which the program is located and the neighbors of
501.28 the service site of the program.

502.1 Sec. 65. **DIRECTION TO THE COMMISSIONER; INITIAL PACE**
502.2 **IMPLEMENTATION FUNDING.**

502.3 The commissioner of human services must work with stakeholders to develop
502.4 recommendations for financing mechanisms to complete the actuarial work and cover the
502.5 administrative costs of a program of all-inclusive care for the elderly (PACE). The
502.6 commissioner must recommend a financing mechanism that could begin July 1, 2023. The
502.7 commissioner shall inform the chairs and ranking minority members of the legislative
502.8 committees with jurisdiction over health care funding by December 15, 2022, on the
502.9 commissioner's progress toward developing a recommended financing mechanism.

502.10 Sec. 66. **DIRECTION TO COMMISSIONERS; CUSTOMIZED LIVING REPORT.**

502.11 (a) By January 15, 2022, the commissioner of human services shall submit a report to
502.12 the chairs and ranking minority members of the legislative committees with jurisdiction
502.13 over human services policy and finance. The report must include the commissioner's:

502.14 (1) assessment of the prevalence of customized living services provided under Minnesota
502.15 Statutes, section 256B.49, supplanting the provision of residential services and supports
502.16 licensed under Minnesota Statutes, chapter 245D, and provided in settings licensed under
502.17 Minnesota Statutes, chapter 245A;

502.18 (2) recommendations regarding the continuation of the moratorium on home and
502.19 community-based services customized living settings under Minnesota Statutes, section
502.20 256B.49, subdivision 28;

502.21 (3) other policy recommendations to ensure that customized living services are being
502.22 provided in a manner consistent with the policy objectives of the foster care licensing
502.23 moratorium under Minnesota Statutes, section 245A.03, subdivision 7; and

502.24 (4) recommendations for needed statutory changes to implement the transition from
502.25 existing four-person or fewer customized living settings to corporate adult foster care or
502.26 community residential settings.

502.27 (b) The commissioner of health shall provide the commissioner of human services with
502.28 the required data to complete the report in paragraph (a) and implement the moratorium on
502.29 home and community-based services customized living settings under Minnesota Statutes,
502.30 section 256B.49, subdivision 28. The data must include, at a minimum, each registered
502.31 housing with services establishment under Minnesota Statutes, chapter 144D, enrolled as
502.32 a customized living setting to deliver customized living services as defined under the brain

503.1 injury or community access for disability inclusion waiver plans under Minnesota Statutes,
503.2 section 256B.49.

503.3 **Sec. 67. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
503.4 **DIRECT CARE SERVICES DURING SHORT-TERM ACUTE HOSPITAL VISITS.**

503.5 The commissioner of human services, in consultation with stakeholders, shall develop
503.6 a new covered service under Minnesota Statutes, chapter 256B, or develop modifications
503.7 to existing covered services, that permits receipt of direct care services in an acute care
503.8 hospital in a manner consistent with the requirements of United States Code, title 42, section
503.9 1396a(h). By August 31, 2022, the commissioner must provide to the chairs and ranking
503.10 minority members of the house of representatives and senate committees and divisions with
503.11 jurisdiction over direct care services any draft legislation as may be necessary to implement
503.12 the new or modified covered service.

503.13 **Sec. 68. DIRECTION TO THE COMMISSIONER; LONG-TERM CARE**
503.14 **CONSULTATION SERVICE RATES.**

503.15 By January 15, 2025, the commissioner of human services shall develop a proposal with
503.16 legislative language for capitated rates for each type of assessment or activity provided
503.17 under Minnesota Statutes, section 256B.0911, as determined by the commissioner. The
503.18 commissioner shall provide the proposal and legislative language to the chairs and ranking
503.19 minority members of the legislative committees and divisions with jurisdiction over human
503.20 services policy and finance by January 15, 2025.

503.21 **Sec. 69. HOUSING SUPPORT SUPPLEMENTAL SERVICE RATE REDUCTION**
503.22 **DELAY.**

503.23 The rate reduction described in Minnesota Statutes, section 256B.051, subdivision 7,
503.24 does not apply until October 1, 2021, for individuals who receive supplemental services
503.25 from providers that made a good faith effort to become a Medicaid provider by submitting
503.26 an application by June 1, 2021.

503.27 **Sec. 70. PERSONAL CARE ASSISTANCE COMPENSATION FOR SERVICES**
503.28 **PROVIDED BY A PARENT OR SPOUSE.**

503.29 (a) Notwithstanding Minnesota Statutes, section 256B.0659, subdivisions 3, paragraph
503.30 (a), clause (1); 11, paragraph (c); and 19, paragraph (b), clause (3), a parent, stepparent, or
503.31 legal guardian of a minor who is a personal care assistance recipient or a spouse of a personal

504.1 care assistance recipient may provide and be paid for providing personal care assistance
504.2 services.

504.3 (b) This section expires upon full implementation and phase-in of the community first
504.4 services and supports program under Minnesota Statutes, section 256B.85.

504.5 **EFFECTIVE DATE.** This section is effective the day following final enactment, or
504.6 upon federal approval, whichever is later. The commissioner of human services shall notify
504.7 the revisor of statutes when federal approval is obtained.

504.8 Sec. 71. **DIRECTIONS TO THE COMMISSIONER OF HUMAN SERVICES;**
504.9 **WAIVER GROWTH LIMITS.**

504.10 Subdivision 1. **Community access for disability inclusion waiver growth**
504.11 **limit.** Between July 1, 2021, and June 30, 2025, the commissioner shall allocate to county
504.12 and Tribal agencies money for home and community-based waiver programs under Minnesota
504.13 Statutes, section 256B.49, to ensure a reduction in forecasted state spending that is equivalent
504.14 to limiting the caseload growth of the community access for disability inclusion waiver to
504.15 zero allocations per year. Limits do not apply to conversions from nursing facilities. Counties
504.16 and Tribal agencies shall manage the annual allocations made by the commissioner to ensure
504.17 that persons for whom services are temporarily discontinued for no more than 90 days are
504.18 reenrolled. If a county or Tribal agency fails to meet the authorization and spending
504.19 requirements under Minnesota Statutes, section 256B.49, subdivision 27, the commissioner
504.20 may determine a corrective action plan is unnecessary if the failure to meet the requirements
504.21 is due to managing the annual allocation for the purposes of allowing people to reenroll
504.22 after their services are temporarily discontinued.

504.23 Subd. 2. **Developmental disabilities waiver growth limit.** Between July 1, 2021, and
504.24 June 30, 2025, the commissioner shall allocate to county and Tribal agencies money for
504.25 home and community-based waiver programs under Minnesota Statutes, section 256B.092,
504.26 to ensure a reduction in forecasted state spending that is equivalent to limiting the caseload
504.27 growth of the developmental disabilities waiver to zero allocations per year. Limits do not
504.28 apply to conversions from intermediate care facilities for persons with developmental
504.29 disabilities. Counties and Tribal agencies shall manage the annual allocations made by the
504.30 commissioner to ensure that persons for whom services are temporarily discontinued for
504.31 no more than 90 days are reenrolled.

505.1 **Sec. 72. RETAINER PAYMENTS FOR HOME AND COMMUNITY-BASED**
505.2 **SERVICE PROVIDERS.**

505.3 **Subdivision 1. Retainer payments.** (a) The commissioner of human services shall make
505.4 quarterly retainer payments to eligible recipients by July 1, 2021; September 30, 2021;
505.5 December 31, 2021; March 31, 2022; and June 30, 2022. The value of the first quarterly
505.6 payment to each eligible recipient shall be equal to a percentage to be determined by the
505.7 commissioner under subdivision 9 applied to the eligible recipient's total home and
505.8 community-based service revenue from medical assistance as of May 31, 2021. The value
505.9 of each subsequent quarterly payment shall be equal to a percentage to be determined by
505.10 the commissioner under subdivision 9 applied to the eligible recipient's total home and
505.11 community-based service revenue from medical assistance based on new data for service
505.12 claims paid as of the first day of the month in which the retainer payment will be made.

505.13 (b) The commissioner shall implement retainer payments and the process of making
505.14 retainer payments under this subdivision without compliance with time-consuming procedures
505.15 and formalities prescribed in law, such as the following statutes and related policies:
505.16 Minnesota Statutes, sections 16A.15, subdivision 3; 16B.97; 16B.98, subdivisions 5 and 7;
505.17 and 16B.98, subdivision 8, the express audit clause requirement.

505.18 (c) The commissioner's determination of the retainer amount determined under this
505.19 subdivision is final and is not subject to appeal. This paragraph does not apply to recoupment
505.20 by the commissioner under subdivision 8.

505.21 **Subd. 2. Definitions.** For purposes of this section, the following terms have the meanings
505.22 given:

505.23 (1) "direct care professional" means any individual who while providing an eligible
505.24 service has direct contact with the person receiving the eligible service. Direct care
505.25 professional excludes executive, managerial, and administrative staff;

505.26 (2) "eligible recipient" means an enrolled provider of eligible services, including the
505.27 Direct Care and Treatment Division at the Department of Human Services, that meets the
505.28 attestation and agreement requirements in subdivisions 5 and 6;

505.29 (3) "eligible service" means a home and community-based service as defined in section
505.30 9817(a)(2)(B) of the federal American Rescue Plan Act, Public Law 117-2, except:

505.31 (i) community first services and supports;

505.32 (ii) extended community first services and supports;

505.33 (iii) personal care assistance services;

506.1 (iv) extended personal care assistance service;

506.2 (v) consumer-directed community supports;

506.3 (vi) consumer support grants;

506.4 (vii) home health agency services; and

506.5 (viii) home care nursing services;

506.6 (4) "recipient" means an enrolled provider of an eligible service that receives a retainer

506.7 payment under this section; and

506.8 (5) "total home and community-based service revenue from medical assistance" includes

506.9 both fee-for-service revenue and revenue from managed care organizations attributable to

506.10 the provision of eligible services from April 1, 2021, to March 31, 2022. The commissioner

506.11 shall determine each eligible provider's total home and community-based service revenue

506.12 from medical assistance based on data for service claims paid as of the date specified in

506.13 subdivision 9.

506.14 Subd. 3. **Allowable uses of funds.** (a) Recipients must use retainer payments to

506.15 implement one or more of the following activities to enhance, expand, or strengthen home

506.16 and community-based services:

506.17 (1) temporarily increase wages, salaries, and benefits for direct care professionals and

506.18 any corresponding increase in the employer's share of FICA taxes, Medicare taxes, state

506.19 and federal unemployment taxes, and workers' compensation premiums;

506.20 (2) provide hazard pay, overtime pay, and shift differential pay for direct care

506.21 professionals;

506.22 (3) pay for paid sick leave, paid family leave, and paid medical leave due to COVID-19

506.23 for direct care professionals;

506.24 (4) pay for training for direct care professionals that is specific to the COVID-19 public

506.25 health emergency;

506.26 (5) recruit new direct care professionals;

506.27 (6) pay for American sign language and other languages interpreters to assist in providing

506.28 eligible services or to inform the general public about COVID-19;

506.29 (7) purchase emergency supplies and equipment to enhance access to eligible services

506.30 and to protect the health and well-being of direct care professionals;

507.1 (8) support family care providers of eligible individuals with needed supplies and
507.2 equipment, which may include items not typically covered under the Medicaid program,
507.3 such as personal protective equipment and pay; and

507.4 (9) pay for assistive technologies, staffing, and other costs incurred during the COVID-19
507.5 public health emergency period to mitigate isolation and ensure an individual's
507.6 person-centered service plan continues to be fully implemented.

507.7 (b) Recipients must:

507.8 (1) use at least 50 percent of the additional revenue received in the form of retainer
507.9 payments for the purposes described in paragraph (a), clauses (1) to (3); and

507.10 (2) use any remainder of the additional revenue received in the form of retainer payments
507.11 for the purposes described in paragraph (a), clauses (4) to (9).

507.12 Subd. 4. **Retainer payment requests.** Eligible recipients must request retainer payments
507.13 under this section no later than June 1, 2022. The commissioner shall develop an expedited
507.14 request process that includes a form allowing providers to meet the requirements of
507.15 subdivisions 5 and 6 in as timely a manner as possible. The commissioner shall allow the
507.16 use of electronic submission of request forms and accept electronic signatures.

507.17 Subd. 5. **Attestation.** (a) As a condition of obtaining funds under this section, an eligible
507.18 recipient must attest to the following on the retainer payment request form:

507.19 (1) the intent to provide eligible services through March 31, 2022; and

507.20 (2) that the recipient will use the retainer payments only for purposes permitted under
507.21 this section.

507.22 (b) By accepting a retainer payment under this section, the recipient attests to the
507.23 conditions specified in this subdivision.

507.24 Subd. 6. **Agreement.** (a) As a condition of receiving retainer payments under this section,
507.25 an eligible recipient must agree to the following on the retainer payment request form:

507.26 (1) to cooperate with the commissioner of human services to deliver services according
507.27 to the program and service waivers and modifications issued under the commissioner's
507.28 authority;

507.29 (2) to acknowledge that retention grants may be subject to a special recoupment under
507.30 this section if a state audit performed under this section determines that the provider used
507.31 retainer payments for purposes not authorized under this section; and

508.1 (3) to acknowledge that a recipient must comply with the distribution requirements
508.2 described in subdivision 7.

508.3 (b) By accepting a retainer payment under this section, the recipient agrees to the
508.4 conditions specified in this subdivision.

508.5 Subd. 7. **Distribution plans.** (a) A recipient must prepare and, upon request, submit to
508.6 the commissioner, a distribution plan that specifies the anticipated amount and proposed
508.7 uses of the additional revenue the recipient will receive under this section.

508.8 (b) Within 60 days of receipt of the recipient's first retainer payment, the recipient must
508.9 post the distribution plan and leave it posted for a period of at least six weeks in an area of
508.10 the recipient's operation to which all direct care professionals have access. The provider
508.11 must post with the distribution plan instructions on how to contact the commissioner of
508.12 human services if direct care professionals do not believe they have received the wage
508.13 increase or benefits required under subdivision 3 specified in the distribution plan. The
508.14 instructions must include a mailing address, e-mail address, and telephone number that the
508.15 direct care professional may use to contact the commissioner or the commissioner's
508.16 representative.

508.17 Subd. 8. **Recoupment.** (a) The commissioner may perform an audit under this section
508.18 up to six years after any retainer payment is made to ensure the funds are utilized solely for
508.19 the purposes authorized under this section.

508.20 (b) If the commissioner determines that a provider used retainer payments for purposes
508.21 not authorized under this section, the commissioner shall treat any amount used for a purpose
508.22 not authorized under this section as an overpayment. The commissioner shall recover any
508.23 overpayment.

508.24 Subd. 9. **Calculation of retainer payments.** (a) The commissioner shall determine a
508.25 percentage to apply to each recipient's total home and community-based service revenue
508.26 from medical assistance to calculate the value of each quarterly retainer payment.

508.27 (b) The commissioner shall make an estimate of the total projected expenditures for
508.28 eligible services between April 1, 2021, and March 31, 2022, determine a percentage to be
508.29 applied to the total projected home and community-based service revenue from medical
508.30 assistance for all providers of eligible services sufficient to expend the total appropriation
508.31 for retainer payments, and apply this percentage to each recipient's total home and
508.32 community-based service revenue from medical assistance on the following schedule:

509.1 (1) no earlier than July 1, 2021, make a retainer payment by applying the percentage to
509.2 each recipient's total home and community-based service revenue from medical assistance
509.3 based on service claims paid as of May 31, 2021;

509.4 (2) no later than September 30, 2021, make a retainer payment by applying the percentage
509.5 to each recipient's total home and community-based service revenue from medical assistance
509.6 based on new service claims paid as of September 1, 2021, that were not included in the
509.7 calculation of a prior retainer payment;

509.8 (3) no later than December 31, 2021, make a retainer payment by applying the percentage
509.9 to each recipient's total home and community-based service revenue from medical assistance
509.10 based on new service claims paid as of December 1, 2021, that were not included in the
509.11 calculation of a prior retainer payment; and

509.12 (4) no later than March 31, 2022, make a retainer payment by applying the percentage
509.13 to each recipient's total home and community-based service revenue from medical assistance
509.14 based on new service claims paid as of March 1, 2022, that were not included in the
509.15 calculation of a prior retainer payment.

509.16 (c) The commissioner may redetermine the percentage to be applied to each recipient's
509.17 total home and community-based services revenue from medical assistance.

509.18 (d) By June 30, 2022, the commissioner shall redetermine a percentage to be applied to
509.19 the total home and community-based service revenue from medical assistance based on
509.20 new service claims paid as of June 1, 2021, that were not included in the calculation of a
509.21 prior retainer payment. The redetermined percentage must be sufficient to expend the total
509.22 appropriation for retainer payments. No later than June 30, 2022, the commissioner shall
509.23 make a final retainer payment by applying the redetermined percentage to each recipient's
509.24 total home and community-based service revenue from medical assistance based on new
509.25 service claims paid as of June 1, 2021, that were not included in the calculation of a prior
509.26 retainer payment.

509.27 **Sec. 73. DIRECTION TO THE COMMISSIONER; PERSONAL CARE**
509.28 **ASSISTANCE SERVICE RATE INCREASES.**

509.29 Effective July 1, 2021, The commissioner of human services shall increase the
509.30 reimbursement rates, individual budgets, grants, and allocations for community first services
509.31 and supports under Minnesota Statutes, section 256B.85; personal care assistance services
509.32 under Minnesota Statutes, section 256B.0659; extended personal care assistance service as
509.33 defined in Minnesota Statutes, section 256B.0605, subdivision 1, paragraph (g); and extended

510.1 community first services and supports as defined in Minnesota Statutes, section 256B.85,
510.2 subdivision 2, paragraph (1); and for budgets of individuals utilizing consumer-directed
510.3 community supports or participating in the consumer support grant program. The
510.4 commissioner shall determine the amount of the rate increase to ensure that the state share
510.5 of the increase does not exceed the amount appropriated in each fiscal year for this purpose
510.6 in this act.

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

510.8 Sec. 74. **DIRECTION TO THE COMMISSIONER; HOME CARE SERVICE RATE**
510.9 **INCREASE.**

510.10 Effective July 1, 2021, The commissioner of human services shall increase service rates
510.11 for home health agency services under Minnesota Statutes, section 256B.0653, and for home
510.12 care nursing services under Minnesota Statutes, section 256B.0654. The commissioner shall
510.13 determine the amount of the rate increase to ensure that the state share of the increase does
510.14 not exceed the amount appropriated in this act in each fiscal year for this purpose.

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

510.16 Sec. 75. **DIRECTION TO THE COMMISSIONER; ELDERLY WAIVER RATE**
510.17 **INCREASE.**

510.18 The commissioner of human services shall modify the ratio of the blended rate described
510.19 under Minnesota Statutes, section 256S.2101, to increase statewide service rates and
510.20 component service rates. The commissioner shall also adjust service rate limits, monthly
510.21 service rate limits, and monthly case mix budget caps to accommodate the increased service
510.22 rates and component service rates established under this section. The commissioner shall
510.23 modify the blended rates to ensure that the state share of the service rate increase does not
510.24 exceed the amount appropriated in each fiscal year for this purpose in this act.

510.25 Sec. 76. **REVISOR INSTRUCTION.**

510.26 (a) The revisor of statutes, in consultation with the Office of Senate Counsel, Research
510.27 and Fiscal Analysis, the Office of the House Research Department, and the commissioner
510.28 of human services, shall prepare legislation for the 2022 legislative session to recodify
510.29 Minnesota Statutes, sections 256.975, subdivisions 7 to 7d, and 256B.0911.

510.30 (b) The revisor of statutes, in consultation with the Office of Senate Counsel, Research
510.31 and Fiscal Analysis, the Office of the House Research Department, and the commissioner
510.32 of human services, shall to the greatest extent practicable renumber as subdivisions the

511.1 paragraphs of Minnesota Statutes, section 256B.4914, prior to the publication of the 2021
 511.2 Supplement of Minnesota Statutes, and shall without changing the meaning or effect of
 511.3 these provisions minimize the use of internal cross-references, including by drafting new
 511.4 technical definitions as substitutes for necessary cross-references or by other means
 511.5 acceptable to the commissioner of human services.

511.6 (c) The revisor of statutes shall change the headnote for Minnesota Statutes, section
 511.7 256B.097, to read "REGIONAL AND SYSTEMS IMPROVEMENT FOR MINNESOTANS
 511.8 WHO HAVE DISABILITIES."

511.9 **Sec. 77. REPEALER.**

511.10 (a) Minnesota Statutes 2020, section 256B.4905, subdivisions 1, 2, 3, 4, 5, and 6, are
 511.11 repealed.

511.12 (b) Minnesota Statutes 2020, section 256B.097, subdivisions 1, 2, 3, 4, 5, and 6, are
 511.13 repealed.

511.14 (c) Laws 2019, First Special Session chapter 9, article 5, section 90, is repealed.

511.15

ARTICLE 15

511.16

COMMUNITY SUPPORTS POLICY

511.17 Section 1. Minnesota Statutes 2020, section 245.4874, subdivision 1, is amended to read:

511.18 Subdivision 1. **Duties of county board.** (a) The county board must:

511.19 (1) develop a system of affordable and locally available children's mental health services
 511.20 according to sections 245.487 to 245.4889;

511.21 (2) consider the assessment of unmet needs in the county as reported by the local
 511.22 children's mental health advisory council under section 245.4875, subdivision 5, paragraph
 511.23 (b), clause (3). The county shall provide, upon request of the local children's mental health
 511.24 advisory council, readily available data to assist in the determination of unmet needs;

511.25 (3) assure that parents and providers in the county receive information about how to
 511.26 gain access to services provided according to sections 245.487 to 245.4889;

511.27 (4) coordinate the delivery of children's mental health services with services provided
 511.28 by social services, education, corrections, health, and vocational agencies to improve the
 511.29 availability of mental health services to children and the cost-effectiveness of their delivery;

512.1 (5) assure that mental health services delivered according to sections 245.487 to 245.4889
512.2 are delivered expeditiously and are appropriate to the child's diagnostic assessment and
512.3 individual treatment plan;

512.4 (6) provide for case management services to each child with severe emotional disturbance
512.5 according to sections 245.486; 245.4871, subdivisions 3 and 4; and 245.4881, subdivisions
512.6 1, 3, and 5;

512.7 (7) provide for screening of each child under section 245.4885 upon admission to a
512.8 residential treatment facility, acute care hospital inpatient treatment, or informal admission
512.9 to a regional treatment center;

512.10 (8) prudently administer grants and purchase-of-service contracts that the county board
512.11 determines are necessary to fulfill its responsibilities under sections 245.487 to 245.4889;

512.12 (9) assure that mental health professionals, mental health practitioners, and case managers
512.13 employed by or under contract to the county to provide mental health services are qualified
512.14 under section 245.4871;

512.15 (10) assure that children's mental health services are coordinated with adult mental health
512.16 services specified in sections 245.461 to 245.486 so that a continuum of mental health
512.17 services is available to serve persons with mental illness, regardless of the person's age;

512.18 (11) assure that culturally competent mental health consultants are used as necessary to
512.19 assist the county board in assessing and providing appropriate treatment for children of
512.20 cultural or racial minority heritage; and

512.21 (12) consistent with section 245.486, arrange for or provide a children's mental health
512.22 screening for:

512.23 (i) a child receiving child protective services;

512.24 (ii) a child in out-of-home placement;

512.25 (iii) a child for whom parental rights have been terminated;

512.26 (iv) a child found to be delinquent; or

512.27 (v) a child found to have committed a juvenile petty offense for the third or subsequent
512.28 time.

512.29 A children's mental health screening is not required when a screening or diagnostic
512.30 assessment has been performed within the previous 180 days, or the child is currently under
512.31 the care of a mental health professional.

513.1 (b) When a child is receiving protective services or is in out-of-home placement, the
 513.2 court or county agency must notify a parent or guardian whose parental rights have not been
 513.3 terminated of the potential mental health screening and the option to prevent the screening
 513.4 by notifying the court or county agency in writing.

513.5 (c) When a child is found to be delinquent or a child is found to have committed a
 513.6 juvenile petty offense for the third or subsequent time, the court or county agency must
 513.7 obtain written informed consent from the parent or legal guardian before a screening is
 513.8 conducted unless the court, notwithstanding the parent's failure to consent, determines that
 513.9 the screening is in the child's best interest.

513.10 (d) The screening shall be conducted with a screening instrument approved by the
 513.11 commissioner of human services according to criteria that are updated and issued annually
 513.12 to ensure that approved screening instruments are valid and useful for child welfare and
 513.13 juvenile justice populations. Screenings shall be conducted by a mental health practitioner
 513.14 as defined in section 245.4871, subdivision 26, or a probation officer or local social services
 513.15 agency staff person who is trained in the use of the screening instrument. Training in the
 513.16 use of the instrument shall include:

- 513.17 (1) training in the administration of the instrument;
- 513.18 (2) the interpretation of its validity given the child's current circumstances;
- 513.19 (3) the state and federal data practices laws and confidentiality standards;
- 513.20 (4) the parental consent requirement; and
- 513.21 (5) providing respect for families and cultural values.

513.22 If the screen indicates a need for assessment, the child's family, or if the family lacks
 513.23 mental health insurance, the local social services agency, in consultation with the child's
 513.24 family, shall have conducted a diagnostic assessment, including a functional assessment.
 513.25 The administration of the screening shall safeguard the privacy of children receiving the
 513.26 screening and their families and shall comply with the Minnesota Government Data Practices
 513.27 Act, chapter 13, and the federal Health Insurance Portability and Accountability Act of
 513.28 1996, Public Law 104-191. Screening results ~~shall be considered private data and the~~
 513.29 ~~commissioner shall not collect individual screening results~~ are classified as private data on
 513.30 individuals, as defined by section 13.02, subdivision 12. The county board or Tribal nation
 513.31 may provide the commissioner with access to the screening results for the purposes of
 513.32 program evaluation and improvement.

514.1 (e) When the county board refers clients to providers of children's therapeutic services
 514.2 and supports under section 256B.0943, the county board must clearly identify the desired
 514.3 services components not covered under section 256B.0943 and identify the reimbursement
 514.4 source for those requested services, the method of payment, and the payment rate to the
 514.5 provider.

514.6 Sec. 2. Minnesota Statutes 2020, section 245.697, subdivision 1, is amended to read:

514.7 Subdivision 1. **Creation.** (a) A State Advisory Council on Mental Health is created. The
 514.8 council must have members appointed by the governor in accordance with federal
 514.9 requirements. In making the appointments, the governor shall consider appropriate
 514.10 representation of communities of color. The council must be composed of:

514.11 (1) the assistant commissioner of ~~mental health~~ for the Department of Human Services
 514.12 who oversees behavioral health policy;

514.13 (2) a representative of the Department of Human Services responsible for the medical
 514.14 assistance program;

514.15 (3) a representative of the Department of Health;

514.16 ~~(3)~~ (4) one member of each of the following professions:

514.17 (i) psychiatry;

514.18 (ii) psychology;

514.19 (iii) social work;

514.20 (iv) nursing;

514.21 (v) marriage and family therapy; and

514.22 (vi) professional clinical counseling;

514.23 ~~(4)~~ (5) one representative from each of the following advocacy groups: Mental Health
 514.24 Association of Minnesota, NAMI-MN, ~~Mental Health Consumer/Survivor Network of~~
 514.25 ~~Minnesota~~, and Minnesota Disability Law Center, American Indian Mental Health Advisory
 514.26 Council, and a consumer-run mental health advocacy group;

514.27 ~~(5)~~ (6) providers of mental health services;

514.28 ~~(6)~~ (7) consumers of mental health services;

514.29 ~~(7)~~ (8) family members of persons with mental illnesses;

514.30 ~~(8)~~ (9) legislators;

515.1 ~~(9)~~ (10) social service agency directors;

515.2 ~~(10)~~ (11) county commissioners; and

515.3 ~~(11)~~ (12) other members reflecting a broad range of community interests, including
 515.4 family physicians, or members as the United States Secretary of Health and Human Services
 515.5 may prescribe by regulation or as may be selected by the governor.

515.6 (b) The council shall select a chair. Terms, compensation, and removal of members and
 515.7 filling of vacancies are governed by section 15.059. Notwithstanding provisions of section
 515.8 15.059, the council and its subcommittee on children's mental health do not expire. The
 515.9 commissioner of human services shall provide staff support and supplies to the council.

515.10 Sec. 3. Minnesota Statutes 2020, section 252.43, is amended to read:

515.11 **252.43 COMMISSIONER'S DUTIES.**

515.12 (a) The commissioner shall supervise lead agencies' provision of day services to adults
 515.13 with disabilities. The commissioner shall:

515.14 (1) determine the need for day ~~services~~ programs under ~~section~~ sections 256B.4914 and
 515.15 252.41 to 252.46;

515.16 (2) establish payment rates as provided under section 256B.4914;

515.17 (3) adopt rules for the administration and provision of day services under sections
 515.18 245A.01 to 245A.16₂; 252.28, subdivision 2₂; or 252.41 to 252.46₂; or Minnesota Rules,
 515.19 parts 9525.1200 to 9525.1330;

515.20 (4) enter into interagency agreements necessary to ensure effective coordination and
 515.21 provision of day services;

515.22 (5) monitor and evaluate the costs and effectiveness of day services; and

515.23 (6) provide information and technical help to lead agencies and vendors in their
 515.24 administration and provision of day services.

515.25 (b) A determination of need in paragraph (a), clause (1), shall not be required for a
 515.26 change in day service provider name or ownership.

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

515.28 Sec. 4. Minnesota Statutes 2020, section 252A.01, subdivision 1, is amended to read:

515.29 Subdivision 1. **Policy.** (a) It is the policy of the state of Minnesota to provide a
 515.30 coordinated approach to the supervision, protection, and habilitation of its adult citizens

516.1 with a developmental disability. In furtherance of this policy, sections 252A.01 to 252A.21
516.2 are enacted to authorize the commissioner of human services to:

516.3 (1) supervise those adult citizens with a developmental disability who are unable to fully
516.4 provide for their own needs and for whom no qualified person is willing and able to seek
516.5 guardianship ~~or conservatorship~~ under sections 524.5-101 to 524.5-502; and

516.6 (2) protect adults with a developmental disability from violation of their human and civil
516.7 rights by ~~assuring~~ ensuring that they receive the full range of needed social, financial,
516.8 residential, and habilitative services to which they are lawfully entitled.

516.9 (b) Public guardianship ~~or conservatorship~~ is the most restrictive form of guardianship
516.10 ~~or conservatorship~~ and should be imposed only when ~~no other acceptable alternative is~~
516.11 available less restrictive alternatives have been attempted and determined to be insufficient
516.12 to meet the person's needs. Less restrictive alternatives include but are not limited to
516.13 supported decision making, community or residential services, or appointment of a health
516.14 care agent.

516.15 Sec. 5. Minnesota Statutes 2020, section 252A.02, subdivision 2, is amended to read:

516.16 Subd. 2. **Person with a developmental disability.** "Person with a developmental
516.17 disability" refers to any person age 18 or older who:

516.18 (1) has been diagnosed as having significantly subaverage intellectual functioning existing
516.19 concurrently with demonstrated deficits in adaptive behavior such as to require supervision
516.20 and protection for the person's welfare or the public welfare. a developmental disability;

516.21 (2) is impaired to the extent of lacking sufficient understanding or capacity to make
516.22 personal decisions; and

516.23 (3) is unable to meet personal needs for medical care, nutrition, clothing, shelter, or
516.24 safety, even with appropriate technological and supported decision-making assistance.

516.25 Sec. 6. Minnesota Statutes 2020, section 252A.02, subdivision 9, is amended to read:

516.26 Subd. 9. **Ward Person subject to public guardianship.** ~~"Ward"~~ "Person subject to
516.27 public guardianship" means a person with a developmental disability for whom the court
516.28 has appointed a public guardian.

516.29 Sec. 7. Minnesota Statutes 2020, section 252A.02, subdivision 11, is amended to read:

516.30 Subd. 11. **Interested person.** "Interested person" means an interested responsible adult,
516.31 ~~including, but not limited to, a public official, guardian, spouse, parent, adult sibling, legal~~

- 517.1 ~~counsel, adult child, or next of kin of a person alleged to have a developmental disability;~~
 517.2 including but not limited to:
- 517.3 (1) the person subject to guardianship, protected person, or respondent;
 517.4 (2) a nominated guardian or conservator;
 517.5 (3) a legal representative;
 517.6 (4) the spouse; parent, including stepparent; adult children, including adult stepchildren
 517.7 of a living spouse; and siblings. If no such persons are living or can be located, the next of
 517.8 kin of the person subject to public guardianship or the respondent is an interested person;
 517.9 (5) a representative of a state ombudsman's office or a federal protection and advocacy
 517.10 program that has notified the commissioner or lead agency that it has a matter regarding
 517.11 the protected person subject to guardianship, person subject to conservatorship, or respondent;
 517.12 and
- 517.13 (6) a health care agent or proxy appointed pursuant to a health care directive as defined
 517.14 in section 145C.01, subdivision 5a; a living will under chapter 145B; or other similar
 517.15 documentation executed in another state and enforceable under the laws of this state.
- 517.16 Sec. 8. Minnesota Statutes 2020, section 252A.02, subdivision 12, is amended to read:
- 517.17 Subd. 12. **Comprehensive evaluation.** (a) "Comprehensive evaluation" shall consist
 517.18 consists of:
- 517.19 (1) a medical report on the health status and physical condition of the proposed ~~ward,~~
 517.20 person subject to public guardianship prepared under the direction of a licensed physician
 517.21 or advanced practice registered nurse;
- 517.22 (2) a report on the ~~proposed ward's~~ intellectual capacity and functional abilities, ~~specifying~~
 517.23 of the proposed person subject to public guardianship that specifies the tests and other data
 517.24 used in reaching its conclusions; and is prepared by a psychologist who is qualified in the
 517.25 diagnosis of developmental disability; and
- 517.26 (3) a report from the case manager that includes:
- 517.27 (i) the most current assessment of ~~individual service~~ coordinated service and support
 517.28 needs as described in rules of the commissioner;
- 517.29 (ii) the most current individual service plan under section 256B.092, subdivision 1b;
 517.30 and

518.1 (iii) a description of contacts with and responses of near relatives of the proposed ~~ward~~
 518.2 person subject to public guardianship notifying ~~them~~ the near relatives that a nomination
 518.3 for public guardianship has been made and advising ~~them~~ the near relatives that they may
 518.4 seek private guardianship.

518.5 (b) Each report under paragraph (a), clause (3), shall contain recommendations as to the
 518.6 amount of assistance and supervision required by the proposed ~~ward~~ person subject to public
 518.7 guardianship to function as independently as possible in society. To be considered part of
 518.8 the comprehensive evaluation, the reports must be completed no more than one year before
 518.9 filing the petition under section 252A.05.

518.10 Sec. 9. Minnesota Statutes 2020, section 252A.02, is amended by adding a subdivision to
 518.11 read:

518.12 Subd. 16. **Protected person.** "Protected person" means a person for whom a guardian
 518.13 or conservator has been appointed or other protective order has been sought. A protected
 518.14 person may be a minor.

518.15 Sec. 10. Minnesota Statutes 2020, section 252A.02, is amended by adding a subdivision
 518.16 to read:

518.17 Subd. 17. **Respondent.** "Respondent" means an individual for whom the appointment
 518.18 of a guardian or conservator or other protective order is sought.

518.19 Sec. 11. Minnesota Statutes 2020, section 252A.02, is amended by adding a subdivision
 518.20 to read:

518.21 Subd. 18. **Supported decision making.** "Supported decision making" means assistance
 518.22 to understand the nature and consequences of personal and financial decisions from one or
 518.23 more persons of the individual's choosing to enable the individual to make the personal and
 518.24 financial decisions and, when consistent with the individual's wishes, to communicate a
 518.25 decision once made.

518.26 Sec. 12. Minnesota Statutes 2020, section 252A.03, subdivision 3, is amended to read:

518.27 Subd. 3. **Standard for acceptance.** The commissioner shall accept the nomination if:
 518.28 ~~the comprehensive evaluation concludes that:~~

518.29 ~~(1) the person alleged to have developmental disability is, in fact, developmentally~~
 518.30 ~~disabled;~~ (1) the person's assessment confirms that they are a person with a developmental
 518.31 disability under section 252A.02, subdivision 2;

519.1 (2) the person is in need of the supervision and protection of a ~~conservator or~~ guardian;
519.2 ~~and~~

519.3 (3) no qualified person is willing to assume guardianship ~~or conservatorship~~ under
519.4 sections 524.5-101 to 524.5-502; and

519.5 (4) the person subject to public guardianship was included in the process prior to the
519.6 submission of the nomination.

519.7 Sec. 13. Minnesota Statutes 2020, section 252A.03, subdivision 4, is amended to read:

519.8 Subd. 4. **Alternatives.** (a) Public guardianship ~~or conservatorship~~ may be imposed only
519.9 when:

519.10 (1) the person subject to guardianship is impaired to the extent of lacking sufficient
519.11 understanding or capacity to make personal decisions;

519.12 (2) the person subject to guardianship is unable to meet personal needs for medical care,
519.13 nutrition, clothing, shelter, or safety, even with appropriate technological and supported
519.14 decision-making assistance; and

519.15 (3) no acceptable, less restrictive form of guardianship ~~or conservatorship~~ is available.

519.16 (b) The commissioner shall seek parents, near relatives, and other interested persons to
519.17 assume guardianship for persons with developmental disabilities who are currently under
519.18 public guardianship. If a person seeks to become a guardian ~~or conservator~~, costs to the
519.19 person may be reimbursed under section 524.5-502. The commissioner must provide technical
519.20 assistance to parents, near relatives, and interested persons seeking to become guardians ~~or~~
519.21 ~~conservators~~.

519.22 Sec. 14. Minnesota Statutes 2020, section 252A.04, subdivision 1, is amended to read:

519.23 Subdivision 1. **Local agency.** Upon receipt of a written nomination, the commissioner
519.24 shall promptly order the local agency of the county in which the proposed ~~ward~~ person
519.25 subject to public guardianship resides to coordinate or arrange for a comprehensive evaluation
519.26 of the proposed ~~ward~~ person subject to public guardianship.

519.27 Sec. 15. Minnesota Statutes 2020, section 252A.04, subdivision 2, is amended to read:

519.28 Subd. 2. **Medication; treatment.** A proposed ~~ward~~ person subject to public guardianship
519.29 who, at the time the comprehensive evaluation is to be performed, has been under medical
519.30 care shall not be so under the influence or so suffer the effects of drugs, medication, or other
519.31 treatment as to be hampered in the testing or evaluation process. When in the opinion of

520.1 the licensed physician or advanced practice registered nurse attending the proposed ~~ward~~
 520.2 person subject to public guardianship, the discontinuance of medication or other treatment
 520.3 is not in the ~~proposed ward's~~ best interest of the proposed person subject to public
 520.4 guardianship, the physician or advanced practice registered nurse shall record a list of all
 520.5 drugs, medication, or other treatment ~~which~~ that the proposed ward person subject to public
 520.6 guardianship received 48 hours immediately prior to any examination, test, or interview
 520.7 conducted in preparation for the comprehensive evaluation.

520.8 Sec. 16. Minnesota Statutes 2020, section 252A.04, subdivision 4, is amended to read:

520.9 Subd. 4. **File.** The comprehensive evaluation shall be kept on file at the Department of
 520.10 Human Services and shall be open to the inspection of the proposed ~~ward~~ person subject to
 520.11 public guardianship and ~~such~~ other persons ~~as may be given permission~~ permitted by the
 520.12 commissioner.

520.13 Sec. 17. Minnesota Statutes 2020, section 252A.05, is amended to read:

520.14 **252A.05 COMMISSIONER'S PETITION FOR APPOINTMENT AS PUBLIC**
 520.15 **GUARDIAN ~~OR PUBLIC CONSERVATOR.~~**

520.16 In every case in which the commissioner agrees to accept a nomination, the local agency,
 520.17 within 20 working days of receipt of the commissioner's acceptance, shall petition on behalf
 520.18 of the commissioner in the county or court of the county of residence of the person with a
 520.19 developmental disability for appointment to act as ~~public conservator or~~ public guardian of
 520.20 the person with a developmental disability.

520.21 Sec. 18. Minnesota Statutes 2020, section 252A.06, subdivision 1, is amended to read:

520.22 Subdivision 1. **Who may file.** ~~The commissioner, the local agency, a person with a~~
 520.23 ~~developmental disability or any parent, spouse or relative of a person with a developmental~~
 520.24 ~~disability may file~~ A verified petition alleging that the appointment of a ~~public conservator~~
 520.25 ~~or~~ public guardian is required may be filed by: the commissioner; the local agency; a person
 520.26 with a developmental disability; or a parent, stepparent, spouse, or relative of a person with
 520.27 a developmental disability.

520.28 Sec. 19. Minnesota Statutes 2020, section 252A.06, subdivision 2, is amended to read:

520.29 Subd. 2. **Contents.** The petition shall set forth:

521.1 (1) the name and address of the petitioner; and, in the case of a petition brought by a
 521.2 person other than the commissioner, whether the petitioner is a parent, spouse, or relative
 521.3 ~~of the proposed ward~~ of the proposed person subject to guardianship;

521.4 (2) whether the commissioner has accepted a nomination to act as ~~public conservator~~
 521.5 ~~or~~ public guardian;

521.6 (3) the name, address, and date of birth of the proposed ~~ward~~ person subject to public
 521.7 guardianship;

521.8 (4) the names and addresses of the nearest relatives and spouse, if any, of the proposed
 521.9 ~~ward~~ person subject to public guardianship;

521.10 (5) the probable value and general character of the ~~proposed ward's~~ real and personal
 521.11 property of the proposed person subject to public guardianship and the probable amount of
 521.12 the proposed ward's debts of the proposed person subject to public guardianship; and

521.13 (6) the facts supporting the establishment of public ~~conservatorship~~ or guardianship,
 521.14 including that no family member or other qualified individual is willing to assume
 521.15 guardianship ~~or conservatorship~~ responsibilities under sections 524.5-101 to 524.5-502;
 521.16 and.

521.17 ~~(7) if conservatorship is requested, the powers the petitioner believes are necessary to~~
 521.18 ~~protect and supervise the proposed conservatee.~~

521.19 Sec. 20. Minnesota Statutes 2020, section 252A.07, subdivision 1, is amended to read:

521.20 Subdivision 1. **With petition.** When a petition is brought by the commissioner or local
 521.21 agency, a copy of the comprehensive evaluation shall be filed with the petition. If a petition
 521.22 is brought by a person other than the commissioner or local agency and a comprehensive
 521.23 evaluation has been prepared within a year of the filing of the petition, the local agency
 521.24 shall ~~forward~~ send a copy of the comprehensive evaluation to the court upon notice of the
 521.25 filing of the petition. If a comprehensive evaluation has not been prepared within a year of
 521.26 the filing of the petition, the local agency, upon notice of the filing of the petition, shall
 521.27 arrange for a comprehensive evaluation to be prepared and ~~forwarded~~ provided to the court
 521.28 within 90 days.

521.29 Sec. 21. Minnesota Statutes 2020, section 252A.07, subdivision 2, is amended to read:

521.30 Subd. 2. **Copies.** A copy of the comprehensive evaluation shall be made available by
 521.31 the court to the proposed ~~ward~~ person subject to public guardianship, the proposed ward's

522.1 counsel of the proposed person subject to public guardianship, the county attorney, the
522.2 attorney general, and the petitioner.

522.3 Sec. 22. Minnesota Statutes 2020, section 252A.07, subdivision 3, is amended to read:

522.4 Subd. 3. **Evaluation required; exception.** (a) No action for the appointment of a public
522.5 guardian may proceed to hearing unless a comprehensive evaluation has been first filed
522.6 with the court; ~~provided, however, that an action may proceed and a guardian appointed.~~

522.7 (b) Paragraph (a) does not apply if the director of the local agency responsible for
522.8 conducting the comprehensive evaluation has filed an affidavit that the proposed ~~ward~~
522.9 person subject to public guardianship refused to participate in the comprehensive evaluation
522.10 and the court finds on the basis of clear and convincing evidence that the proposed ~~ward~~
522.11 person subject to public guardianship is developmentally disabled and in need of the
522.12 supervision and protection of a guardian.

522.13 Sec. 23. Minnesota Statutes 2020, section 252A.081, subdivision 2, is amended to read:

522.14 Subd. 2. **Service of notice.** Service of notice on the ~~ward~~ person subject to public
522.15 guardianship or proposed ~~ward~~ person subject to public guardianship must be made by a
522.16 nonuniformed person or nonuniformed visitor. To the extent possible, the ~~process server or~~
522.17 ~~visitor~~ person or visitor serving the notice shall explain the document's meaning to the
522.18 proposed ~~ward~~ person subject to public guardianship. In addition to the persons required to
522.19 be served under sections 524.5-113, 524.5-205, and 524.5-304, the mailed notice of the
522.20 hearing must be served on the commissioner, the local agency, and the county attorney.

522.21 Sec. 24. Minnesota Statutes 2020, section 252A.081, subdivision 3, is amended to read:

522.22 Subd. 3. **Attorney.** In place of the notice of attorney provisions in sections 524.5-205
522.23 and 524.5-304, the notice must state that the court will appoint an attorney for the proposed
522.24 ~~ward~~ person subject to public guardianship unless an attorney is provided by other persons.

522.25 Sec. 25. Minnesota Statutes 2020, section 252A.081, subdivision 5, is amended to read:

522.26 Subd. 5. **Defective notice of service.** A defect in the service of notice or process, other
522.27 than personal service upon the proposed ~~ward or conservatee~~ person subject to public
522.28 guardianship or service upon the commissioner and local agency within the time allowed
522.29 and the form prescribed in this section and sections 524.5-113, 524.5-205, and 524.5-304,
522.30 does not invalidate any public guardianship ~~or conservatorship~~ proceedings.

523.1 Sec. 26. Minnesota Statutes 2020, section 252A.09, subdivision 1, is amended to read:

523.2 Subdivision 1. **Attorney appointment.** Upon the filing of the petition, the court shall
523.3 appoint an attorney for the proposed ~~ward~~ person subject to public guardianship, unless
523.4 such counsel is provided by others.

523.5 Sec. 27. Minnesota Statutes 2020, section 252A.09, subdivision 2, is amended to read:

523.6 Subd. 2. **Representation.** Counsel shall visit with and, to the extent possible, consult
523.7 with the proposed ~~ward~~ person subject to public guardianship prior to the hearing and shall
523.8 be given adequate time to prepare ~~therefor~~ for the hearing. Counsel shall be given the full
523.9 right of subpoena and shall be supplied with a copy of all documents filed with or issued
523.10 by the court.

523.11 Sec. 28. Minnesota Statutes 2020, section 252A.101, subdivision 2, is amended to read:

523.12 Subd. 2. **Waiver of presence.** The proposed ~~ward~~ person subject to public guardianship
523.13 may waive the right to be present at the hearing only if the proposed ~~ward~~ person subject
523.14 to public guardianship has met with counsel and specifically waived the right to appear.

523.15 Sec. 29. Minnesota Statutes 2020, section 252A.101, subdivision 3, is amended to read:

523.16 Subd. 3. **Medical care.** If, at the time of the hearing, the proposed ~~ward~~ person subject
523.17 to public guardianship has been under medical care, the ~~ward~~ person subject to public
523.18 guardianship has the same rights regarding limitation on the use of drugs, medication, or
523.19 other treatment before the hearing that are available under section 252A.04, subdivision 2.

523.20 Sec. 30. Minnesota Statutes 2020, section 252A.101, subdivision 5, is amended to read:

523.21 Subd. 5. **Findings.** (a) In all cases the court shall make specific written findings of fact,
523.22 conclusions of law, and direct entry of an appropriate judgment or order. The court shall
523.23 order the appointment of the commissioner as guardian ~~or conservator~~ if it finds that:

523.24 (1) the proposed ~~ward or conservatee~~ person subject to public guardianship is a person
523.25 with a developmental disability as defined in section 252A.02, subdivision 2;

523.26 (2) the proposed ~~ward or conservatee~~ person subject to public guardianship is incapable
523.27 of exercising specific legal rights, which must be enumerated in ~~its~~ the court's findings;

523.28 (3) the proposed ~~ward or conservatee~~ person subject to public guardianship is in need
523.29 of the supervision and protection of a public guardian ~~or conservator~~; and

524.1 (4) no appropriate alternatives to public guardianship ~~or public conservatorship~~ exist
 524.2 that are less restrictive of the person's civil rights and liberties, such as appointing a private
 524.3 guardian, ~~or conservator~~ supported decision maker, or health care agent; or arranging
 524.4 residential or community services under sections 524.5-101 to 524.5-502.

524.5 (b) The court shall grant the specific powers that are necessary for the commissioner to
 524.6 act as public guardian ~~or conservator~~ on behalf of the ~~ward or conservatee~~ person subject
 524.7 to public guardianship.

524.8 Sec. 31. Minnesota Statutes 2020, section 252A.101, subdivision 6, is amended to read:

524.9 Subd. 6. **Notice of order; appeal.** A copy of the order shall be served by mail upon the
 524.10 ~~ward or conservatee~~ person subject to public guardianship and the ~~ward's~~ counsel of the
 524.11 person subject to public guardianship. The order must be accompanied by a notice that
 524.12 advises the ~~ward or conservatee~~ person subject to public guardianship of the right to appeal
 524.13 the guardianship ~~or conservatorship~~ appointment within 30 days.

524.14 Sec. 32. Minnesota Statutes 2020, section 252A.101, subdivision 7, is amended to read:

524.15 Subd. 7. **Letters of guardianship.** (a) Letters of guardianship ~~or conservatorship~~ must
 524.16 be issued by the court and contain:

524.17 (1) the name, address, and telephone number of the ~~ward or conservatee~~ person subject
 524.18 to public guardianship; and

524.19 (2) the powers to be exercised on behalf of the ~~ward or conservatee~~ person subject to
 524.20 public guardianship.

524.21 (b) The letters under paragraph (a) must be served by mail upon the ~~ward or conservatee~~
 524.22 person subject to public guardianship, the ~~ward's~~ counsel of the person subject to public
 524.23 guardianship, the commissioner, and the local agency.

524.24 Sec. 33. Minnesota Statutes 2020, section 252A.101, subdivision 8, is amended to read:

524.25 Subd. 8. **Dismissal.** If upon the completion of the hearing and consideration of the record,
 524.26 the court finds that the proposed ~~ward~~ person subject to public guardianship is not
 524.27 developmentally disabled or is developmentally disabled but not in need of the supervision
 524.28 and protection of a ~~conservator or public guardian~~, ~~it~~ the court shall dismiss the application
 524.29 and shall notify the proposed ~~ward~~ person subject to public guardianship, the ~~ward's~~ counsel
 524.30 of the person subject to public guardianship, and the petitioner of the court's findings.

525.1 Sec. 34. Minnesota Statutes 2020, section 252A.111, subdivision 2, is amended to read:

525.2 Subd. 2. **Additional powers.** In addition to the powers contained in sections 524.5-207
525.3 and 524.5-313, the powers of a public guardian that the court may grant include:

525.4 (1) the power to permit or withhold permission for the ~~ward~~ person subject to public
525.5 guardianship to marry;

525.6 (2) the power to begin legal action or defend against legal action in the name of the ~~ward~~
525.7 person subject to public guardianship; and

525.8 (3) the power to consent to the adoption of the ~~ward~~ person subject to public guardianship
525.9 as provided in section 259.24.

525.10 Sec. 35. Minnesota Statutes 2020, section 252A.111, subdivision 4, is amended to read:

525.11 Subd. 4. **Appointment of conservator.** If the ~~ward~~ person subject to public guardianship
525.12 has a personal estate beyond that which is necessary for the ~~ward's~~ personal and immediate
525.13 needs of the person subject to public guardianship, the commissioner shall determine whether
525.14 a conservator should be appointed. The commissioner shall consult with the parents, spouse,
525.15 or nearest relative of the ~~ward~~ person subject to public guardianship. The commissioner
525.16 may petition the court for the appointment of a private conservator of the ~~ward~~ person
525.17 subject to public guardianship. The commissioner cannot act as conservator for public ~~wards~~
525.18 persons subject to public guardianship or public protected persons.

525.19 Sec. 36. Minnesota Statutes 2020, section 252A.111, subdivision 6, is amended to read:

525.20 Subd. 6. **Special duties.** In exercising powers and duties under this chapter, the
525.21 commissioner shall:

525.22 (1) maintain close contact with the ~~ward~~ person subject to public guardianship, visiting
525.23 at least twice a year;

525.24 (2) protect and exercise the legal rights of the ~~ward~~ person subject to public guardianship;

525.25 (3) take actions and make decisions on behalf of the ~~ward~~ person subject to public
525.26 guardianship that encourage and allow the maximum level of independent functioning in a
525.27 manner least restrictive of the ~~ward's~~ personal freedom of the person subject to public
525.28 guardianship consistent with the need for supervision and protection; and

525.29 (4) permit and encourage maximum self-reliance on the part of the ~~ward~~ person subject
525.30 to public guardianship and permit and encourage input by the nearest relative of the ~~ward~~

526.1 person subject to public guardianship in planning and decision making on behalf of the
 526.2 ~~ward~~ person subject to public guardianship.

526.3 Sec. 37. Minnesota Statutes 2020, section 252A.12, is amended to read:

526.4 **252A.12 APPOINTMENT OF ~~CONSERVATOR~~ PUBLIC GUARDIAN NOT A**
 526.5 **FINDING OF INCOMPETENCY.**

526.6 An appointment of the commissioner as ~~conservator~~ public guardian shall not constitute
 526.7 a judicial finding that the person with a developmental disability is legally incompetent
 526.8 except for the restrictions ~~which~~ that the conservatorship public guardianship places on the
 526.9 ~~conservatee~~ person subject to public guardianship. The appointment of a ~~conservator~~ public
 526.10 guardian shall not deprive the ~~conservatee~~ person subject to public guardianship of the right
 526.11 to vote.

526.12 Sec. 38. Minnesota Statutes 2020, section 252A.16, is amended to read:

526.13 **252A.16 ANNUAL REVIEW.**

526.14 Subdivision 1. **Review required.** The commissioner shall require an annual review of
 526.15 the physical, mental, and social adjustment and progress of every ~~ward and conservatee~~
 526.16 person subject to public guardianship. A copy of this review shall be kept on file at the
 526.17 Department of Human Services and may be inspected by the ~~ward or conservatee~~ person
 526.18 subject to public guardianship, the ~~ward's or conservatee's~~ parents, spouse, or relatives of
 526.19 the person subject to public guardianship, and other persons who receive the permission of
 526.20 the commissioner. The review shall contain information required under Minnesota Rules,
 526.21 part 9525.3065, subpart 1.

526.22 Subd. 2. **Assessment of need for continued guardianship.** The commissioner shall
 526.23 annually review the legal status of each ~~ward~~ person subject to public guardianship in light
 526.24 of the progress indicated in the annual review. If the commissioner determines the ~~ward~~
 526.25 person subject to public guardianship is no longer in need of public guardianship ~~or~~
 526.26 ~~conservatorship~~ or is capable of functioning under a less restrictive ~~conservatorship~~
 526.27 guardianship, the commissioner or local agency shall petition the court pursuant to section
 526.28 252A.19 to restore the ~~ward~~ person subject to public guardianship to capacity or for a
 526.29 modification of the court's previous order.

527.1 Sec. 39. Minnesota Statutes 2020, section 252A.17, is amended to read:

527.2 **252A.17 EFFECT OF SUCCESSION IN OFFICE.**

527.3 The appointment by the court of the commissioner of human services as public
 527.4 ~~conservator~~ or guardian shall be by the title of the commissioner's office. The authority of
 527.5 the commissioner as public ~~conservator~~ or guardian shall cease upon the termination of the
 527.6 commissioner's term of office and shall vest in a successor or successors in office without
 527.7 further court proceedings.

527.8 Sec. 40. Minnesota Statutes 2020, section 252A.19, subdivision 2, is amended to read:

527.9 Subd. 2. **Petition.** The commissioner, ~~ward~~ person subject to public guardianship, or
 527.10 any interested person may petition the appointing court or the court to which venue has
 527.11 been transferred ~~for an order to~~:

527.12 (1) for an order to remove the guardianship ~~or to~~;

527.13 (2) for an order to limit or expand the powers of the guardianship ~~or to~~;

527.14 (3) for an order to appoint a guardian ~~or conservator~~ under sections 524.5-101 to
 527.15 524.5-502 ~~or to~~;

527.16 (4) for an order to restore the ~~ward~~ person subject to public guardianship or protected
 527.17 person to full legal capacity ~~or to~~;

527.18 (5) to review de novo any decision made by the public guardian ~~or public conservator~~
 527.19 for or on behalf of a ~~ward~~ person subject to public guardianship or protected person; or

527.20 (6) for any other order as the court may deem just and equitable.

527.21 Sec. 41. Minnesota Statutes 2020, section 252A.19, subdivision 4, is amended to read:

527.22 Subd. 4. **Comprehensive evaluation.** The commissioner shall, at the court's request,
 527.23 arrange for the preparation of a comprehensive evaluation of the ~~ward~~ person subject to
 527.24 public guardianship or protected person.

527.25 Sec. 42. Minnesota Statutes 2020, section 252A.19, subdivision 5, is amended to read:

527.26 Subd. 5. **Court order.** Upon proof of the allegations of the petition the court shall enter
 527.27 an order removing the guardianship or limiting or expanding the powers of the guardianship
 527.28 or restoring the ~~ward~~ person subject to public guardianship or protected person to full legal
 527.29 capacity or may enter such other order as the court may deem just and equitable.

528.1 Sec. 43. Minnesota Statutes 2020, section 252A.19, subdivision 7, is amended to read:

528.2 Subd. 7. **Attorney general's role; commissioner's role.** The attorney general may
528.3 appear and represent the commissioner in such proceedings. The commissioner shall support
528.4 or oppose the petition if the commissioner deems such action necessary for the protection
528.5 and supervision of the ~~ward~~ person subject to public guardianship or protected person.

528.6 Sec. 44. Minnesota Statutes 2020, section 252A.19, subdivision 8, is amended to read:

528.7 Subd. 8. ~~Court-appointed~~ **Court-appointed counsel.** In all such proceedings, the
528.8 protected person or ~~ward~~ person subject to public guardianship shall be afforded an
528.9 opportunity to be represented by counsel, and if neither the protected person or ~~ward~~ person
528.10 subject to public guardianship nor others provide counsel the court shall appoint counsel to
528.11 represent the protected person or ~~ward~~ person subject to public guardianship.

528.12 Sec. 45. Minnesota Statutes 2020, section 252A.20, is amended to read:

528.13 **252A.20 COSTS OF HEARINGS.**

528.14 Subdivision 1. **Witness and attorney fees.** In each proceeding under sections 252A.01
528.15 to 252A.21, the court shall allow and order paid to each witness subpoenaed the fees and
528.16 mileage prescribed by law; to each physician, advanced practice registered nurse,
528.17 psychologist, or social worker who assists in the preparation of the comprehensive evaluation
528.18 and who is not ~~in the employ of~~ employed by the local agency or the state Department of
528.19 Human Services, a reasonable sum for services and for travel; and to the ~~ward's~~ counsel of
528.20 the person subject to public guardianship, when appointed by the court, a reasonable sum
528.21 for travel and for each day or portion of a day actually employed in court or actually
528.22 consumed in preparing for the hearing. Upon order the county auditor shall issue a warrant
528.23 on the county treasurer for payment of the amount allowed.

528.24 Subd. 2. **Expenses.** When the settlement of the ~~ward~~ person subject to public guardianship
528.25 is found to be in another county, the court shall transmit to the county auditor a statement
528.26 of the expenses incurred pursuant to subdivision 1. The auditor shall transmit the statement
528.27 to the auditor of the county of the ~~ward's~~ settlement of the person subject to public
528.28 guardianship and this claim shall be paid as other claims against that county. If the auditor
528.29 to whom this claim is transmitted denies the claim, the auditor shall transmit it, together
528.30 with the objections thereto, to the commissioner, who shall determine the question of
528.31 settlement and certify findings to each auditor. If the claim is not paid within 30 days after
528.32 such certification, an action may be maintained thereon in the district court of the claimant
528.33 county.

529.1 Subd. 3. **Change of venue; cost of proceedings.** Whenever venue of a proceeding has
529.2 been transferred under sections 252A.01 to 252A.21, the costs of such proceedings shall be
529.3 reimbursed to the county of the ~~ward's settlement~~ of the person subject to public guardianship
529.4 by the state.

529.5 Sec. 46. Minnesota Statutes 2020, section 252A.21, subdivision 2, is amended to read:

529.6 Subd. 2. **Rules.** The commissioner shall adopt rules to implement this chapter. The rules
529.7 must include standards for performance of guardianship ~~or conservatorship~~ duties including,
529.8 but not limited to: twice a year visits with the ~~ward~~ person subject to public guardianship;
529.9 a requirement that the duties of guardianship ~~or conservatorship~~ and case management not
529.10 be performed by the same person; specific standards for action on "do not resuscitate" orders
529.11 as recommended by a physician, an advanced practice registered nurse, or a physician
529.12 assistant; sterilization requests; and the use of psychotropic medication and aversive
529.13 procedures.

529.14 Sec. 47. Minnesota Statutes 2020, section 252A.21, subdivision 4, is amended to read:

529.15 Subd. 4. **Private guardianships and conservatorships.** Nothing in sections 252A.01
529.16 to 252A.21 shall impair the right of individuals to establish private guardianships ~~or~~
529.17 ~~conservatorships~~ in accordance with applicable law.

529.18 Sec. 48. Minnesota Statutes 2020, section 254B.03, subdivision 2, is amended to read:

529.19 Subd. 2. **Chemical dependency fund payment.** (a) Payment from the chemical
529.20 dependency fund is limited to payments for services other than detoxification licensed under
529.21 Minnesota Rules, parts 9530.6510 to 9530.6590, ~~that, if located outside of federally~~
529.22 ~~recognized tribal lands, would be required to be licensed by the commissioner as a chemical~~
529.23 ~~dependency treatment or rehabilitation program under sections 245A.01 to 245A.16, services~~
529.24 identified in section 254B.05, and services other than detoxification provided in another
529.25 state that would be required to be licensed as a chemical dependency program if the program
529.26 were in the state. Out of state vendors must also provide the commissioner with assurances
529.27 that the program complies substantially with state licensing requirements and possesses all
529.28 licenses and certifications required by the host state to provide chemical dependency
529.29 treatment. Vendors receiving payments from the chemical dependency fund must not require
529.30 co-payment from a recipient of benefits for services provided under this subdivision. The
529.31 vendor is prohibited from using the client's public benefits to offset the cost of services paid
529.32 under this section. The vendor shall not require the client to use public benefits for room
529.33 or board costs. This includes but is not limited to cash assistance benefits under chapters

530.1 119B, 256D, and 256J, or SNAP benefits. Retention of SNAP benefits is a right of a client
530.2 receiving services through the consolidated chemical dependency treatment fund or through
530.3 state contracted managed care entities. Payment from the chemical dependency fund shall
530.4 be made for necessary room and board costs provided by vendors meeting the criteria under
530.5 section 254B.05, subdivision 1a, or in a community hospital licensed by the commissioner
530.6 of health according to sections 144.50 to 144.56 to a client who is:

530.7 (1) determined to meet the criteria for placement in a residential chemical dependency
530.8 treatment program according to rules adopted under section 254A.03, subdivision 3; and

530.9 (2) concurrently receiving a chemical dependency treatment service in a program licensed
530.10 by the commissioner and reimbursed by the chemical dependency fund.

530.11 (b) A county may, from its own resources, provide chemical dependency services for
530.12 which state payments are not made. A county may elect to use the same invoice procedures
530.13 and obtain the same state payment services as are used for chemical dependency services
530.14 for which state payments are made under this section if county payments are made to the
530.15 state in advance of state payments to vendors. When a county uses the state system for
530.16 payment, the commissioner shall make monthly billings to the county using the most recent
530.17 available information to determine the anticipated services for which payments will be made
530.18 in the coming month. Adjustment of any overestimate or underestimate based on actual
530.19 expenditures shall be made by the state agency by adjusting the estimate for any succeeding
530.20 month.

530.21 (c) The commissioner shall coordinate chemical dependency services and determine
530.22 whether there is a need for any proposed expansion of chemical dependency treatment
530.23 services. The commissioner shall deny vendor certification to any provider that has not
530.24 received prior approval from the commissioner for the creation of new programs or the
530.25 expansion of existing program capacity. The commissioner shall consider the provider's
530.26 capacity to obtain clients from outside the state based on plans, agreements, and previous
530.27 utilization history, when determining the need for new treatment services.

530.28 Sec. 49. Minnesota Statutes 2020, section 256B.051, subdivision 1, is amended to read:

530.29 Subdivision 1. **Purpose.** Housing ~~support~~ stabilization services are established to provide
530.30 housing ~~support~~ stabilization services to an individual with a disability that limits the
530.31 individual's ability to obtain or maintain stable housing. The services support an individual's
530.32 transition to housing in the community and increase long-term stability in housing, to avoid
530.33 future periods of being at risk of homelessness or institutionalization.

531.1 Sec. 50. Minnesota Statutes 2020, section 256B.051, subdivision 3, is amended to read:

531.2 Subd. 3. **Eligibility.** An individual with a disability is eligible for housing ~~support~~
531.3 stabilization services if the individual:

531.4 (1) is 18 years of age or older;

531.5 (2) is enrolled in medical assistance;

531.6 (3) has an assessment of functional need that determines a need for services due to
531.7 limitations caused by the individual's disability;

531.8 (4) resides in or plans to transition to a community-based setting as defined in Code of
531.9 Federal Regulations, title 42, section 441.301 (c); and

531.10 (5) has housing instability evidenced by:

531.11 (i) being homeless or at-risk of homelessness;

531.12 (ii) being in the process of transitioning from, or having transitioned in the past six
531.13 months from, an institution or licensed or registered setting;

531.14 (iii) being eligible for waiver services under chapter 256S or section 256B.092 or
531.15 256B.49; or

531.16 (iv) having been identified by a long-term care consultation under section 256B.0911
531.17 as at risk of institutionalization.

531.18 Sec. 51. Minnesota Statutes 2020, section 256B.051, subdivision 5, is amended to read:

531.19 Subd. 5. **Housing ~~support~~ stabilization services.** (a) Housing ~~support~~ stabilization
531.20 services include housing transition services and housing and tenancy sustaining services.

531.21 (b) Housing transition services are defined as:

531.22 (1) tenant screening and housing assessment;

531.23 (2) assistance with the housing search and application process;

531.24 (3) identifying resources to cover onetime moving expenses;

531.25 (4) ensuring a new living arrangement is safe and ready for move-in;

531.26 (5) assisting in arranging for and supporting details of a move; and

531.27 (6) developing a housing support crisis plan.

531.28 (c) Housing and tenancy sustaining services include:

532.1 (1) prevention and early identification of behaviors that may jeopardize continued stable
532.2 housing;

532.3 (2) education and training on roles, rights, and responsibilities of the tenant and the
532.4 property manager;

532.5 (3) coaching to develop and maintain key relationships with property managers and
532.6 neighbors;

532.7 (4) advocacy and referral to community resources to prevent eviction when housing is
532.8 at risk;

532.9 (5) assistance with housing recertification process;

532.10 (6) coordination with the tenant to regularly review, update, and modify the housing
532.11 support and crisis plan; and

532.12 (7) continuing training on being a good tenant, lease compliance, and household
532.13 management.

532.14 (d) A housing ~~support~~ stabilization service may include person-centered planning for
532.15 people who are not eligible to receive person-centered planning through any other service,
532.16 if the person-centered planning is provided by a consultation service provider that is under
532.17 contract with the department and enrolled as a Minnesota health care program.

532.18 Sec. 52. Minnesota Statutes 2020, section 256B.051, subdivision 6, is amended to read:

532.19 Subd. 6. **Provider qualifications and duties.** A provider eligible for reimbursement
532.20 under this section shall:

532.21 (1) enroll as a medical assistance Minnesota health care program provider and meet all
532.22 applicable provider standards and requirements;

532.23 (2) demonstrate compliance with federal and state laws and policies for housing ~~support~~
532.24 stabilization services as determined by the commissioner;

532.25 (3) comply with background study requirements under chapter 245C and maintain
532.26 documentation of background study requests and results; ~~and~~

532.27 (4) directly provide housing ~~support~~ stabilization services and not use a subcontractor
532.28 or reporting agent; and

532.29 (5) complete annual vulnerable adult training.

533.1 Sec. 53. Minnesota Statutes 2020, section 256B.051, subdivision 7, is amended to read:

533.2 Subd. 7. **Housing support supplemental service rates.** Supplemental service rates for
533.3 individuals in settings according to sections 144D.025, 256I.04, subdivision 3, paragraph
533.4 (a), clause (3), and 256I.05, subdivision 1g, shall be reduced by one-half over a two-year
533.5 period. This reduction only applies to supplemental service rates for individuals eligible for
533.6 housing ~~support~~ stabilization services under this section.

533.7 Sec. 54. Minnesota Statutes 2020, section 256B.051, is amended by adding a subdivision
533.8 to read:

533.9 Subd. 8. **Documentation requirements.** (a) Documentation may be collected and
533.10 maintained electronically or in paper form by providers and must be produced upon request
533.11 by the commissioner.

533.12 (b) Documentation of a delivered service must be in English and must be legible according
533.13 to the standard of a reasonable person.

533.14 (c) If the service is reimbursed at an hourly or specified minute-based rate, each
533.15 documentation of the provision of a service, unless otherwise specified, must include:

533.16 (1) the date the documentation occurred;

533.17 (2) the day, month, and year the service was provided;

533.18 (3) the start and stop times with a.m. and p.m. designations, except for person-centered
533.19 planning services described under subdivision 5, paragraph (d);

533.20 (4) the service name or description of the service provided; and

533.21 (5) the name, signature, and title, if any, of the provider of service. If the service is
533.22 provided by multiple staff members, the provider may designate a staff member responsible
533.23 for verifying services and completing the documentation required by this paragraph.

533.24 Sec. 55. Minnesota Statutes 2020, section 256B.0947, subdivision 6, is amended to read:

533.25 Subd. 6. **Service standards.** The standards in this subdivision apply to intensive
533.26 nonresidential rehabilitative mental health services.

533.27 (a) The treatment team must use team treatment, not an individual treatment model.

533.28 (b) Services must be available at times that meet client needs.

533.29 (c) Services must be age-appropriate and meet the specific needs of the client.

534.1 (d) The initial functional assessment must be completed within ten days of intake and
534.2 updated at least every six months or prior to discharge from the service, whichever comes
534.3 first.

534.4 (e) The treatment team must complete an individual treatment plan for each client and
534.5 the individual treatment plan must:

534.6 (1) be based on the information in the client's diagnostic assessment and baselines;

534.7 (2) identify goals and objectives of treatment, a treatment strategy, a schedule for
534.8 accomplishing treatment goals and objectives, and the individuals responsible for providing
534.9 treatment services and supports;

534.10 (3) be developed after completion of the client's diagnostic assessment by a mental health
534.11 professional or clinical trainee and before the provision of children's therapeutic services
534.12 and supports;

534.13 (4) be developed through a child-centered, family-driven, culturally appropriate planning
534.14 process, including allowing parents and guardians to observe or participate in individual
534.15 and family treatment services, assessments, and treatment planning;

534.16 (5) be reviewed at least once every six months and revised to document treatment progress
534.17 on each treatment objective and next goals or, if progress is not documented, to document
534.18 changes in treatment;

534.19 (6) be signed by the clinical supervisor and by the client or by the client's parent or other
534.20 person authorized by statute to consent to mental health services for the client. A client's
534.21 parent may approve the client's individual treatment plan by secure electronic signature or
534.22 by documented oral approval that is later verified by written signature;

534.23 (7) be completed in consultation with the client's current therapist and key providers and
534.24 provide for ongoing consultation with the client's current therapist to ensure therapeutic
534.25 continuity and to facilitate the client's return to the community. For clients under the age of
534.26 18, the treatment team must consult with parents and guardians in developing the treatment
534.27 plan;

534.28 (8) if a need for substance use disorder treatment is indicated by validated assessment:

534.29 (i) identify goals, objectives, and strategies of substance use disorder treatment; develop
534.30 a schedule for accomplishing treatment goals and objectives; and identify the individuals
534.31 responsible for providing treatment services and supports;

534.32 (ii) be reviewed at least once every 90 days and revised, if necessary;

535.1 (9) be signed by the clinical supervisor and by the client and, if the client is a minor, by
535.2 the client's parent or other person authorized by statute to consent to mental health treatment
535.3 and substance use disorder treatment for the client; and

535.4 (10) provide for the client's transition out of intensive nonresidential rehabilitative mental
535.5 health services by defining the team's actions to assist the client and subsequent providers
535.6 in the transition to less intensive or "stepped down" services.

535.7 (f) The treatment team shall actively and assertively engage the client's family members
535.8 and significant others by establishing communication and collaboration with the family and
535.9 significant others and educating the family and significant others about the client's mental
535.10 illness, symptom management, and the family's role in treatment, unless the team knows or
535.11 has reason to suspect that the client has suffered or faces a threat of suffering any physical
535.12 or mental injury, abuse, or neglect from a family member or significant other.

535.13 (g) For a client age 18 or older, the treatment team may disclose to a family member,
535.14 other relative, or a close personal friend of the client, or other person identified by the client,
535.15 the protected health information directly relevant to such person's involvement with the
535.16 client's care, as provided in Code of Federal Regulations, title 45, part 164.502(b). If the
535.17 client is present, the treatment team shall obtain the client's agreement, provide the client
535.18 with an opportunity to object, or reasonably infer from the circumstances, based on the
535.19 exercise of professional judgment, that the client does not object. If the client is not present
535.20 or is unable, by incapacity or emergency circumstances, to agree or object, the treatment
535.21 team may, in the exercise of professional judgment, determine whether the disclosure is in
535.22 the best interests of the client and, if so, disclose only the protected health information that
535.23 is directly relevant to the family member's, relative's, friend's, or client-identified person's
535.24 involvement with the client's health care. The client may orally agree or object to the
535.25 disclosure and may prohibit or restrict disclosure to specific individuals.

535.26 (h) The treatment team shall provide interventions to promote positive interpersonal
535.27 relationships.

535.28 Sec. 56. Minnesota Statutes 2020, section 256B.4912, subdivision 13, is amended to read:

535.29 Subd. 13. **Waiver transportation documentation and billing requirements.** (a) A
535.30 waiver transportation service must be a waiver transportation service that: (1) is not covered
535.31 by medical transportation under the Medicaid state plan; and (2) is not included as a
535.32 component of another waiver service.

536.1 (b) In addition to the documentation requirements in subdivision 12, a waiver
536.2 transportation service provider must maintain:

536.3 (1) odometer and other records pursuant to section 256B.0625, subdivision 17b, paragraph
536.4 (b), clause (3), sufficient to distinguish an individual trip with a specific vehicle and driver
536.5 for a waiver transportation service that is billed directly by the mile. A common carrier as
536.6 defined by Minnesota Rules, part 9505.0315, subpart 1, item B, or a publicly operated transit
536.7 system provider are exempt from this clause; and

536.8 (2) documentation demonstrating that a vehicle and a driver meet the ~~standards determined~~
536.9 ~~by the Department of Human Services on vehicle and driver qualifications in section~~
536.10 ~~256B.0625, subdivision 17, paragraph (e)~~ transportation waiver service provider standards
536.11 and qualifications according to the federally approved waiver plan.

536.12 Sec. 57. Minnesota Statutes 2020, section 256B.69, subdivision 5a, is amended to read:

536.13 Subd. 5a. **Managed care contracts.** (a) Managed care contracts under this section and
536.14 section 256L.12 shall be entered into or renewed on a calendar year basis. The commissioner
536.15 may issue separate contracts with requirements specific to services to medical assistance
536.16 recipients age 65 and older.

536.17 (b) A prepaid health plan providing covered health services for eligible persons pursuant
536.18 to chapters 256B and 256L is responsible for complying with the terms of its contract with
536.19 the commissioner. Requirements applicable to managed care programs under chapters 256B
536.20 and 256L established after the effective date of a contract with the commissioner take effect
536.21 when the contract is next issued or renewed.

536.22 (c) The commissioner shall withhold five percent of managed care plan payments under
536.23 this section and county-based purchasing plan payments under section 256B.692 for the
536.24 prepaid medical assistance program pending completion of performance targets. Each
536.25 performance target must be quantifiable, objective, measurable, and reasonably attainable,
536.26 except in the case of a performance target based on a federal or state law or rule. Criteria
536.27 for assessment of each performance target must be outlined in writing prior to the contract
536.28 effective date. Clinical or utilization performance targets and their related criteria must
536.29 consider evidence-based research and reasonable interventions when available or applicable
536.30 to the populations served, and must be developed with input from external clinical experts
536.31 and stakeholders, including managed care plans, county-based purchasing plans, and
536.32 providers. The managed care or county-based purchasing plan must demonstrate, to the
536.33 commissioner's satisfaction, that the data submitted regarding attainment of the performance
536.34 target is accurate. The commissioner shall periodically change the administrative measures

537.1 used as performance targets in order to improve plan performance across a broader range
537.2 of administrative services. The performance targets must include measurement of plan
537.3 efforts to contain spending on health care services and administrative activities. The
537.4 commissioner may adopt plan-specific performance targets that take into account factors
537.5 affecting only one plan, including characteristics of the plan's enrollee population. The
537.6 withheld funds must be returned no sooner than July of the following year if performance
537.7 targets in the contract are achieved. The commissioner may exclude special demonstration
537.8 projects under subdivision 23.

537.9 (d) The commissioner shall require that managed care plans use the assessment and
537.10 authorization processes, forms, timelines, standards, documentation, and data reporting
537.11 requirements, protocols, billing processes, and policies consistent with medical assistance
537.12 fee-for-service or the Department of Human Services contract requirements for all personal
537.13 care assistance services under section 256B.0659 and community first services and supports
537.14 under section 256B.85.

537.15 (e) Effective for services rendered on or after January 1, 2012, the commissioner shall
537.16 include as part of the performance targets described in paragraph (c) a reduction in the health
537.17 plan's emergency department utilization rate for medical assistance and MinnesotaCare
537.18 enrollees, as determined by the commissioner. For 2012, the reduction shall be based on
537.19 the health plan's utilization in 2009. To earn the return of the withhold each subsequent
537.20 year, the managed care plan or county-based purchasing plan must achieve a qualifying
537.21 reduction of no less than ten percent of the plan's emergency department utilization rate for
537.22 medical assistance and MinnesotaCare enrollees, excluding enrollees in programs described
537.23 in subdivisions 23 and 28, compared to the previous measurement year until the final
537.24 performance target is reached. When measuring performance, the commissioner must
537.25 consider the difference in health risk in a managed care or county-based purchasing plan's
537.26 membership in the baseline year compared to the measurement year, and work with the
537.27 managed care or county-based purchasing plan to account for differences that they agree
537.28 are significant.

537.29 The withheld funds must be returned no sooner than July 1 and no later than July 31 of
537.30 the following calendar year if the managed care plan or county-based purchasing plan
537.31 demonstrates to the satisfaction of the commissioner that a reduction in the utilization rate
537.32 was achieved. The commissioner shall structure the withhold so that the commissioner
537.33 returns a portion of the withheld funds in amounts commensurate with achieved reductions
537.34 in utilization less than the targeted amount.

538.1 The withhold described in this paragraph shall continue for each consecutive contract
538.2 period until the plan's emergency room utilization rate for state health care program enrollees
538.3 is reduced by 25 percent of the plan's emergency room utilization rate for medical assistance
538.4 and MinnesotaCare enrollees for calendar year 2009. Hospitals shall cooperate with the
538.5 health plans in meeting this performance target and shall accept payment withholds that
538.6 may be returned to the hospitals if the performance target is achieved.

538.7 (f) Effective for services rendered on or after January 1, 2012, the commissioner shall
538.8 include as part of the performance targets described in paragraph (c) a reduction in the plan's
538.9 hospitalization admission rate for medical assistance and MinnesotaCare enrollees, as
538.10 determined by the commissioner. To earn the return of the withhold each year, the managed
538.11 care plan or county-based purchasing plan must achieve a qualifying reduction of no less
538.12 than five percent of the plan's hospital admission rate for medical assistance and
538.13 MinnesotaCare enrollees, excluding enrollees in programs described in subdivisions 23 and
538.14 28, compared to the previous calendar year until the final performance target is reached.
538.15 When measuring performance, the commissioner must consider the difference in health risk
538.16 in a managed care or county-based purchasing plan's membership in the baseline year
538.17 compared to the measurement year, and work with the managed care or county-based
538.18 purchasing plan to account for differences that they agree are significant.

538.19 The withheld funds must be returned no sooner than July 1 and no later than July 31 of
538.20 the following calendar year if the managed care plan or county-based purchasing plan
538.21 demonstrates to the satisfaction of the commissioner that this reduction in the hospitalization
538.22 rate was achieved. The commissioner shall structure the withhold so that the commissioner
538.23 returns a portion of the withheld funds in amounts commensurate with achieved reductions
538.24 in utilization less than the targeted amount.

538.25 The withhold described in this paragraph shall continue until there is a 25 percent
538.26 reduction in the hospital admission rate compared to the hospital admission rates in calendar
538.27 year 2011, as determined by the commissioner. The hospital admissions in this performance
538.28 target do not include the admissions applicable to the subsequent hospital admission
538.29 performance target under paragraph (g). Hospitals shall cooperate with the plans in meeting
538.30 this performance target and shall accept payment withholds that may be returned to the
538.31 hospitals if the performance target is achieved.

538.32 (g) Effective for services rendered on or after January 1, 2012, the commissioner shall
538.33 include as part of the performance targets described in paragraph (c) a reduction in the plan's
538.34 hospitalization admission rates for subsequent hospitalizations within 30 days of a previous
538.35 hospitalization of a patient regardless of the reason, for medical assistance and MinnesotaCare

539.1 enrollees, as determined by the commissioner. To earn the return of the withhold each year,
539.2 the managed care plan or county-based purchasing plan must achieve a qualifying reduction
539.3 of the subsequent hospitalization rate for medical assistance and MinnesotaCare enrollees,
539.4 excluding enrollees in programs described in subdivisions 23 and 28, of no less than five
539.5 percent compared to the previous calendar year until the final performance target is reached.

539.6 The withheld funds must be returned no sooner than July 1 and no later than July 31 of
539.7 the following calendar year if the managed care plan or county-based purchasing plan
539.8 demonstrates to the satisfaction of the commissioner that a qualifying reduction in the
539.9 subsequent hospitalization rate was achieved. The commissioner shall structure the withhold
539.10 so that the commissioner returns a portion of the withheld funds in amounts commensurate
539.11 with achieved reductions in utilization less than the targeted amount.

539.12 The withhold described in this paragraph must continue for each consecutive contract
539.13 period until the plan's subsequent hospitalization rate for medical assistance and
539.14 MinnesotaCare enrollees, excluding enrollees in programs described in subdivisions 23 and
539.15 28, is reduced by 25 percent of the plan's subsequent hospitalization rate for calendar year
539.16 2011. Hospitals shall cooperate with the plans in meeting this performance target and shall
539.17 accept payment withholds that must be returned to the hospitals if the performance target
539.18 is achieved.

539.19 (h) Effective for services rendered on or after January 1, 2013, through December 31,
539.20 2013, the commissioner shall withhold 4.5 percent of managed care plan payments under
539.21 this section and county-based purchasing plan payments under section 256B.692 for the
539.22 prepaid medical assistance program. The withheld funds must be returned no sooner than
539.23 July 1 and no later than July 31 of the following year. The commissioner may exclude
539.24 special demonstration projects under subdivision 23.

539.25 (i) Effective for services rendered on or after January 1, 2014, the commissioner shall
539.26 withhold three percent of managed care plan payments under this section and county-based
539.27 purchasing plan payments under section 256B.692 for the prepaid medical assistance
539.28 program. The withheld funds must be returned no sooner than July 1 and no later than July
539.29 31 of the following year. The commissioner may exclude special demonstration projects
539.30 under subdivision 23.

539.31 (j) A managed care plan or a county-based purchasing plan under section 256B.692 may
539.32 include as admitted assets under section 62D.044 any amount withheld under this section
539.33 that is reasonably expected to be returned.

540.1 (k) Contracts between the commissioner and a prepaid health plan are exempt from the
540.2 set-aside and preference provisions of section 16C.16, subdivisions 6, paragraph (a), and
540.3 7.

540.4 (l) The return of the withhold under paragraphs (h) and (i) is not subject to the
540.5 requirements of paragraph (c).

540.6 (m) Managed care plans and county-based purchasing plans shall maintain current and
540.7 fully executed agreements for all subcontractors, including bargaining groups, for
540.8 administrative services that are expensed to the state's public health care programs.
540.9 Subcontractor agreements determined to be material, as defined by the commissioner after
540.10 taking into account state contracting and relevant statutory requirements, must be in the
540.11 form of a written instrument or electronic document containing the elements of offer,
540.12 acceptance, consideration, payment terms, scope, duration of the contract, and how the
540.13 subcontractor services relate to state public health care programs. Upon request, the
540.14 commissioner shall have access to all subcontractor documentation under this paragraph.
540.15 Nothing in this paragraph shall allow release of information that is nonpublic data pursuant
540.16 to section 13.02.

540.17 Sec. 58. Minnesota Statutes 2020, section 256B.85, subdivision 1, is amended to read:

540.18 Subdivision 1. **Basis and scope.** (a) Upon federal approval, the commissioner shall
540.19 establish a state plan option for the provision of home and community-based personal
540.20 assistance service and supports called "community first services and supports (CFSS)."

540.21 (b) CFSS is a participant-controlled method of selecting and providing services and
540.22 supports that allows the participant maximum control of the services and supports.
540.23 Participants may choose the degree to which they direct and manage their supports by
540.24 choosing to have a significant and meaningful role in the management of services and
540.25 supports including by directly employing support workers with the necessary supports to
540.26 perform that function.

540.27 (c) CFSS is available statewide to eligible people to assist with accomplishing activities
540.28 of daily living (ADLs), instrumental activities of daily living (IADLs), and health-related
540.29 procedures and tasks through hands-on assistance to accomplish the task or constant
540.30 supervision and cueing to accomplish the task; and to assist with acquiring, maintaining,
540.31 and enhancing the skills necessary to accomplish ADLs, IADLs, and health-related
540.32 procedures and tasks. CFSS allows payment for the participant for certain supports and
540.33 goods such as environmental modifications and technology that are intended to replace or
540.34 decrease the need for human assistance.

541.1 (d) Upon federal approval, CFSS will replace the personal care assistance program under
541.2 sections 256.476, 256B.0625, subdivisions 19a and 19c, and 256B.0659.

541.3 (e) For the purposes of this section, notwithstanding the provisions of section 144A.43,
541.4 subdivision 3, supports purchased under CFSS are not considered home care services.

541.5 Sec. 59. Minnesota Statutes 2020, section 256B.85, subdivision 2, is amended to read:

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

541.8 (b) "Activities of daily living" or "ADLs" means ~~eating, toileting, grooming, dressing,~~
541.9 ~~bathing, mobility, positioning, and transferring.:~~

541.10 (1) dressing, including assistance with choosing, applying, and changing clothing and
541.11 applying special appliances, wraps, or clothing;

541.12 (2) grooming, including assistance with basic hair care, oral care, shaving, applying
541.13 cosmetics and deodorant, and care of eyeglasses and hearing aids. Grooming includes nail
541.14 care, except for recipients who are diabetic or have poor circulation;

541.15 (3) bathing, including assistance with basic personal hygiene and skin care;

541.16 (4) eating, including assistance with hand washing and applying orthotics required for
541.17 eating, transfers, or feeding;

541.18 (5) transfers, including assistance with transferring the participant from one seating or
541.19 reclining area to another;

541.20 (6) mobility, including assistance with ambulation and use of a wheelchair. Mobility
541.21 does not include providing transportation for a participant;

541.22 (7) positioning, including assistance with positioning or turning a participant for necessary
541.23 care and comfort; and

541.24 (8) toileting, including assistance with bowel or bladder elimination and care, transfers,
541.25 mobility, positioning, feminine hygiene, use of toileting equipment or supplies, cleansing
541.26 the perineal area, inspection of the skin, and adjusting clothing.

541.27 (c) "Agency-provider model" means a method of CFSS under which a qualified agency
541.28 provides services and supports through the agency's own employees and policies. The agency
541.29 must allow the participant to have a significant role in the selection and dismissal of support
541.30 workers of their choice for the delivery of their specific services and supports.

542.1 (d) "Behavior" means a description of a need for services and supports used to determine
542.2 the home care rating and additional service units. The presence of Level I behavior is used
542.3 to determine the home care rating.

542.4 (e) "Budget model" means a service delivery method of CFSS that allows the use of a
542.5 service budget and assistance from a financial management services (FMS) provider for a
542.6 participant to directly employ support workers and purchase supports and goods.

542.7 (f) "Complex health-related needs" means an intervention listed in clauses (1) to (8) that
542.8 has been ordered by a physician, advanced practice registered nurse, or physician's assistant
542.9 and is specified in a community support plan, including:

542.10 (1) tube feedings requiring:

542.11 (i) a gastrojejunostomy tube; or

542.12 (ii) continuous tube feeding lasting longer than 12 hours per day;

542.13 (2) wounds described as:

542.14 (i) stage III or stage IV;

542.15 (ii) multiple wounds;

542.16 (iii) requiring sterile or clean dressing changes or a wound vac; or

542.17 (iv) open lesions such as burns, fistulas, tube sites, or ostomy sites that require specialized
542.18 care;

542.19 (3) parenteral therapy described as:

542.20 (i) IV therapy more than two times per week lasting longer than four hours for each
542.21 treatment; or

542.22 (ii) total parenteral nutrition (TPN) daily;

542.23 (4) respiratory interventions, including:

542.24 (i) oxygen required more than eight hours per day;

542.25 (ii) respiratory vest more than one time per day;

542.26 (iii) bronchial drainage treatments more than two times per day;

542.27 (iv) sterile or clean suctioning more than six times per day;

542.28 (v) dependence on another to apply respiratory ventilation augmentation devices such
542.29 as BiPAP and CPAP; and

- 543.1 (vi) ventilator dependence under section 256B.0651;
- 543.2 (5) insertion and maintenance of catheter, including:
- 543.3 (i) sterile catheter changes more than one time per month;
- 543.4 (ii) clean intermittent catheterization, and including self-catheterization more than six
- 543.5 times per day; or
- 543.6 (iii) bladder irrigations;
- 543.7 (6) bowel program more than two times per week requiring more than 30 minutes to
- 543.8 perform each time;
- 543.9 (7) neurological intervention, including:
- 543.10 (i) seizures more than two times per week and requiring significant physical assistance
- 543.11 to maintain safety; or
- 543.12 (ii) swallowing disorders diagnosed by a physician, advanced practice registered nurse,
- 543.13 or physician's assistant and requiring specialized assistance from another on a daily basis;
- 543.14 and
- 543.15 (8) other congenital or acquired diseases creating a need for significantly increased direct
- 543.16 hands-on assistance and interventions in six to eight activities of daily living.
- 543.17 (g) "Community first services and supports" or "CFSS" means the assistance and supports
- 543.18 program under this section needed for accomplishing activities of daily living, instrumental
- 543.19 activities of daily living, and health-related tasks through hands-on assistance to accomplish
- 543.20 the task or constant supervision and cueing to accomplish the task, or the purchase of goods
- 543.21 as defined in subdivision 7, clause (3), that replace the need for human assistance.
- 543.22 (h) "Community first services and supports service delivery plan" or "CFSS service
- 543.23 delivery plan" means a written document detailing the services and supports chosen by the
- 543.24 participant to meet assessed needs that are within the approved CFSS service authorization,
- 543.25 as determined in subdivision 8. Services and supports are based on the coordinated service
- 543.26 and support plan identified in ~~section~~ sections 256B.092, subdivision 1b, and 256S.10.
- 543.27 (i) "Consultation services" means a Minnesota health care program enrolled provider
- 543.28 organization that provides assistance to the participant in making informed choices about
- 543.29 CFSS services in general and self-directed tasks in particular, and in developing a
- 543.30 person-centered CFSS service delivery plan to achieve quality service outcomes.
- 543.31 (j) "Critical activities of daily living" means transferring, mobility, eating, and toileting.

544.1 (k) "Dependency" in activities of daily living means a person requires hands-on assistance
544.2 or constant supervision and cueing to accomplish one or more of the activities of daily living
544.3 every day or on the days during the week that the activity is performed; however, a child
544.4 ~~may~~ must not be found to be dependent in an activity of daily living if, because of the child's
544.5 age, an adult would either perform the activity for the child or assist the child with the
544.6 activity and the assistance needed is the assistance appropriate for a typical child of the
544.7 same age.

544.8 (l) "Extended CFSS" means CFSS services and supports provided under CFSS that are
544.9 included in the CFSS service delivery plan through one of the home and community-based
544.10 services waivers and as approved and authorized under chapter 256S and sections 256B.092,
544.11 subdivision 5, and 256B.49, which exceed the amount, duration, and frequency of the state
544.12 plan CFSS services for participants. Extended CFSS excludes the purchase of goods.

544.13 (m) "Financial management services provider" or "FMS provider" means a qualified
544.14 organization required for participants using the budget model under subdivision 13 that is
544.15 an enrolled provider with the department to provide vendor fiscal/employer agent financial
544.16 management services (FMS).

544.17 (n) "Health-related procedures and tasks" means procedures and tasks related to the
544.18 specific assessed health needs of a participant that can be taught or assigned by a
544.19 state-licensed health care or mental health professional and performed by a support worker.

544.20 (o) "Instrumental activities of daily living" means activities related to living independently
544.21 in the community, including but not limited to: meal planning, preparation, and cooking;
544.22 shopping for food, clothing, or other essential items; laundry; housecleaning; assistance
544.23 with medications; managing finances; communicating needs and preferences during activities;
544.24 arranging supports; and assistance with traveling around and participating in the community.

544.25 (p) "Lead agency" has the meaning given in section 256B.0911, subdivision 1a, paragraph
544.26 (e).

544.27 (q) "Legal representative" means parent of a minor, a court-appointed guardian, or
544.28 another representative with legal authority to make decisions about services and supports
544.29 for the participant. Other representatives with legal authority to make decisions include but
544.30 are not limited to a health care agent or an attorney-in-fact authorized through a health care
544.31 directive or power of attorney.

544.32 (r) "Level I behavior" means physical aggression toward ~~towards~~ self or others or
544.33 destruction of property that requires the immediate response of another person.

545.1 (s) "Medication assistance" means providing verbal or visual reminders to take regularly
545.2 scheduled medication, and includes any of the following supports listed in clauses (1) to
545.3 (3) and other types of assistance, except that a support worker ~~may~~ must not determine
545.4 medication dose or time for medication or inject medications into veins, muscles, or skin:

545.5 (1) under the direction of the participant or the participant's representative, bringing
545.6 medications to the participant including medications given through a nebulizer, opening a
545.7 container of previously set-up medications, emptying the container into the participant's
545.8 hand, opening and giving the medication in the original container to the participant, or
545.9 bringing to the participant liquids or food to accompany the medication;

545.10 (2) organizing medications as directed by the participant or the participant's representative;
545.11 and

545.12 (3) providing verbal or visual reminders to perform regularly scheduled medications.

545.13 (t) "Participant" means a person who is eligible for CFSS.

545.14 (u) "Participant's representative" means a parent, family member, advocate, or other
545.15 adult authorized by the participant or participant's legal representative, if any, to serve as a
545.16 representative in connection with the provision of CFSS. ~~This authorization must be in
545.17 writing or by another method that clearly indicates the participant's free choice and may be
545.18 withdrawn at any time. The participant's representative must have no financial interest in
545.19 the provision of any services included in the participant's CFSS service delivery plan and
545.20 must be capable of providing the support necessary to assist the participant in the use of
545.21 CFSS. If through the assessment process described in subdivision 5 a participant is
545.22 determined to be in need of a participant's representative, one must be selected. If the
545.23 participant is unable to assist in the selection of a participant's representative, the legal
545.24 representative shall appoint one. Two persons may be designated as a participant's
545.25 representative for reasons such as divided households and court-ordered custodies. Duties
545.26 of a participant's representatives may include:~~

545.27 ~~(1) being available while services are provided in a method agreed upon by the participant
545.28 or the participant's legal representative and documented in the participant's CFSS service
545.29 delivery plan;~~

545.30 ~~(2) monitoring CFSS services to ensure the participant's CFSS service delivery plan is
545.31 being followed; and~~

545.32 ~~(3) reviewing and signing CFSS time sheets after services are provided to provide
545.33 verification of the CFSS services.~~

546.1 (v) "Person-centered planning process" means a process that is directed by the participant
546.2 to plan for CFSS services and supports.

546.3 (w) "Service budget" means the authorized dollar amount used for the budget model or
546.4 for the purchase of goods.

546.5 (x) "Shared services" means the provision of CFSS services by the same CFSS support
546.6 worker to two or three participants who voluntarily enter into ~~an~~ a written agreement to
546.7 receive services at the same time ~~and~~, in the same setting ~~by, and through~~ the same ~~employer~~
546.8 agency-provider or FMS provider.

546.9 (y) "Support worker" means a qualified and trained employee of the agency-provider
546.10 as required by subdivision 11b or of the participant employer under the budget model as
546.11 required by subdivision 14 who has direct contact with the participant and provides services
546.12 as specified within the participant's CFSS service delivery plan.

546.13 (z) "Unit" means the increment of service based on hours or minutes identified in the
546.14 service agreement.

546.15 (aa) "Vendor fiscal employer agent" means an agency that provides financial management
546.16 services.

546.17 (bb) "Wages and benefits" means the hourly wages and salaries, the employer's share
546.18 of FICA taxes, Medicare taxes, state and federal unemployment taxes, workers' compensation,
546.19 mileage reimbursement, health and dental insurance, life insurance, disability insurance,
546.20 long-term care insurance, uniform allowance, contributions to employee retirement accounts,
546.21 or other forms of employee compensation and benefits.

546.22 (cc) "Worker training and development" means services provided according to subdivision
546.23 18a for developing workers' skills as required by the participant's individual CFSS service
546.24 delivery plan that are arranged for or provided by the agency-provider or purchased by the
546.25 participant employer. These services include training, education, direct observation and
546.26 supervision, and evaluation and coaching of job skills and tasks, including supervision of
546.27 health-related tasks or behavioral supports.

546.28 Sec. 60. Minnesota Statutes 2020, section 256B.85, subdivision 3, is amended to read:

546.29 Subd. 3. **Eligibility.** (a) CFSS is available to a person who ~~meets one of the following:~~

546.30 ~~(1) is an enrollee of medical assistance as determined under section 256B.055, 256B.056,~~
546.31 ~~or 256B.057, subdivisions 5 and 9;~~

547.1 (1) is determined eligible for medical assistance under this chapter, excluding those
547.2 under section 256B.057, subdivisions 3, 3a, 3b, and 4;

547.3 (2) is a participant in the alternative care program under section 256B.0913;

547.4 (3) is a waiver participant as defined under chapter 256S or section 256B.092, 256B.093,
547.5 or 256B.49; or

547.6 (4) has medical services identified in a person's individualized education program and
547.7 is eligible for services as determined in section 256B.0625, subdivision 26.

547.8 (b) In addition to meeting the eligibility criteria in paragraph (a), a person must also
547.9 meet all of the following:

547.10 (1) require assistance and be determined dependent in one activity of daily living or
547.11 Level I behavior based on assessment under section 256B.0911; and

547.12 (2) is not a participant under a family support grant under section 252.32.

547.13 (c) A pregnant woman eligible for medical assistance under section 256B.055, subdivision
547.14 6, is eligible for CFSS without federal financial participation if the woman: (1) is eligible
547.15 for CFSS under paragraphs (a) and (b); and (2) does not meet institutional level of care, as
547.16 determined under section 256B.0911.

547.17 Sec. 61. Minnesota Statutes 2020, section 256B.85, subdivision 4, is amended to read:

547.18 Subd. 4. **Eligibility for other services.** Selection of CFSS by a participant must not
547.19 restrict access to other medically necessary care and services furnished under the state plan
547.20 benefit or other services available through the alternative care program.

547.21 Sec. 62. Minnesota Statutes 2020, section 256B.85, subdivision 5, is amended to read:

547.22 Subd. 5. **Assessment requirements.** (a) The assessment of functional need must:

547.23 (1) be conducted by a certified assessor according to the criteria established in section
547.24 256B.0911, subdivision 3a;

547.25 (2) be conducted face-to-face, initially and at least annually thereafter, or when there is
547.26 a significant change in the participant's condition or a change in the need for services and
547.27 supports, or at the request of the participant when the participant experiences a change in
547.28 condition or needs a change in the services or supports; and

547.29 (3) be completed using the format established by the commissioner.

548.1 (b) The results of the assessment and any recommendations and authorizations for CFSS
 548.2 must be determined and communicated in writing by the lead agency's ~~certified~~ assessor as
 548.3 defined in section 256B.0911 to the participant ~~and the agency-provider or FMS provider~~
 548.4 ~~chosen by the participant~~ or the participant's representative and chosen CFSS providers
 548.5 within ~~40 calendar~~ ten business days and must include the participant's right to appeal the
 548.6 assessment under section 256.045, subdivision 3.

548.7 (c) The lead agency assessor may authorize a temporary authorization for CFSS services
 548.8 to be provided under the agency-provider model. The lead agency assessor may authorize
 548.9 a temporary authorization for CFSS services to be provided under the agency-provider
 548.10 model without using the assessment process described in this subdivision. Authorization
 548.11 for a temporary level of CFSS services under the agency-provider model is limited to the
 548.12 time specified by the commissioner, but shall not exceed 45 days. The level of services
 548.13 authorized under this paragraph shall have no bearing on a future authorization. ~~Participants~~
 548.14 ~~approved for a temporary authorization shall access the consultation service~~ For CFSS
 548.15 services needed beyond the 45-day temporary authorization, the lead agency must conduct
 548.16 an assessment as described in this subdivision and participants must use consultation services
 548.17 to complete their orientation and selection of a service model.

548.18 Sec. 63. Minnesota Statutes 2020, section 256B.85, subdivision 6, is amended to read:

548.19 Subd. 6. **Community first services and supports service delivery plan.** (a) The CFSS
 548.20 service delivery plan must be developed and evaluated through a person-centered planning
 548.21 process by the participant, or the participant's representative or legal representative who
 548.22 may be assisted by a consultation services provider. The CFSS service delivery plan must
 548.23 reflect the services and supports that are important to the participant and for the participant
 548.24 to meet the needs assessed by the certified assessor and identified in the coordinated service
 548.25 and support plan identified in ~~section~~ sections 256B.092, subdivision 1b, and 256S.10. The
 548.26 CFSS service delivery plan must be reviewed by the participant, the consultation services
 548.27 provider, and the agency-provider or FMS provider prior to starting services and at least
 548.28 annually upon reassessment, or when there is a significant change in the participant's
 548.29 condition, or a change in the need for services and supports.

548.30 (b) The commissioner shall establish the format and criteria for the CFSS service delivery
 548.31 plan.

548.32 (c) The CFSS service delivery plan must be person-centered and:

548.33 (1) specify the consultation services provider, agency-provider, or FMS provider selected
 548.34 by the participant;

- 549.1 (2) reflect the setting in which the participant resides that is chosen by the participant;
- 549.2 (3) reflect the participant's strengths and preferences;
- 549.3 (4) include the methods and supports used to address the needs as identified through an
- 549.4 assessment of functional needs;
- 549.5 (5) include the participant's identified goals and desired outcomes;
- 549.6 (6) reflect the services and supports, paid and unpaid, that will assist the participant to
- 549.7 achieve identified goals, including the costs of the services and supports, and the providers
- 549.8 of those services and supports, including natural supports;
- 549.9 (7) identify the amount and frequency of face-to-face supports and amount and frequency
- 549.10 of remote supports and technology that will be used;
- 549.11 (8) identify risk factors and measures in place to minimize them, including individualized
- 549.12 backup plans;
- 549.13 (9) be understandable to the participant and the individuals providing support;
- 549.14 (10) identify the individual or entity responsible for monitoring the plan;
- 549.15 (11) be finalized and agreed to in writing by the participant and signed by ~~all~~ individuals
- 549.16 and providers responsible for its implementation;
- 549.17 (12) be distributed to the participant and other people involved in the plan;
- 549.18 (13) prevent the provision of unnecessary or inappropriate care;
- 549.19 (14) include a detailed budget for expenditures for budget model participants or
- 549.20 participants under the agency-provider model if purchasing goods; and
- 549.21 (15) include a plan for worker training and development provided according to
- 549.22 subdivision 18a detailing what service components will be used, when the service components
- 549.23 will be used, how they will be provided, and how these service components relate to the
- 549.24 participant's individual needs and CFSS support worker services.
- 549.25 (d) The CFSS service delivery plan must describe the units or dollar amount available
- 549.26 to the participant. The total units of agency-provider services or the service budget amount
- 549.27 for the budget model include both annual totals and a monthly average amount that cover
- 549.28 the number of months of the service agreement. The amount used each month may vary,
- 549.29 but additional funds must not be provided above the annual service authorization amount,
- 549.30 determined according to subdivision 8, unless a change in condition is assessed and

550.1 authorized by the certified assessor and documented in the coordinated service and support
550.2 plan and CFSS service delivery plan.

550.3 (e) In assisting with the development or modification of the CFSS service delivery plan
550.4 during the authorization time period, the consultation services provider shall:

550.5 (1) consult with the FMS provider on the spending budget when applicable; and

550.6 (2) consult with the participant or participant's representative, agency-provider, and case
550.7 manager ~~or~~ or care coordinator.

550.8 (f) The CFSS service delivery plan must be approved by the consultation services provider
550.9 for participants without a case manager or care coordinator who is responsible for authorizing
550.10 services. A case manager or care coordinator must approve the plan for a waiver or alternative
550.11 care program participant.

550.12 Sec. 64. Minnesota Statutes 2020, section 256B.85, subdivision 7, is amended to read:

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

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

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

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

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

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

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

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

551.1 (6) services provided by a consultation services provider as defined under subdivision
551.2 17, that is under contract with the department and enrolled as a Minnesota health care
551.3 program provider;

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

551.6 (8) CFSS services provided by a support worker who is a parent, stepparent, or legal
551.7 guardian of a participant under age 18, or who is the participant's spouse. These support
551.8 workers shall not:

551.9 (i) provide any medical assistance home and community-based services in excess of 40
551.10 hours per seven-day period regardless of the number of parents providing services,
551.11 combination of parents and spouses providing services, or number of children who receive
551.12 medical assistance services; and

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

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

551.16 Sec. 65. Minnesota Statutes 2020, section 256B.85, subdivision 8, is amended to read:

551.17 Subd. 8. **Determination of CFSS service authorization amount.** (a) All community
551.18 first services and supports must be authorized by the commissioner or the commissioner's
551.19 designee before services begin. The authorization for CFSS must be completed as soon as
551.20 possible following an assessment but no later than 40 calendar days from the date of the
551.21 assessment.

551.22 (b) The amount of CFSS authorized must be based on the participant's home care rating
551.23 described in paragraphs (d) and (e) and any additional service units for which the participant
551.24 qualifies as described in paragraph (f).

551.25 (c) The home care rating shall be determined by the commissioner or the commissioner's
551.26 designee based on information submitted to the commissioner identifying the following for
551.27 a participant:

551.28 (1) the total number of dependencies of activities of daily living;

551.29 (2) the presence of complex health-related needs; and

551.30 (3) the presence of Level I behavior.

552.1 (d) The methodology to determine the total service units for CFSS for each home care
552.2 rating is based on the median paid units per day for each home care rating from fiscal year
552.3 2007 data for the PCA program.

552.4 (e) Each home care rating is designated by the letters P through Z and EN and has the
552.5 following base number of service units assigned:

552.6 (1) P home care rating requires Level I behavior or one to three dependencies in ADLs
552.7 and qualifies the person for five service units;

552.8 (2) Q home care rating requires Level I behavior and one to three dependencies in ADLs
552.9 and qualifies the person for six service units;

552.10 (3) R home care rating requires a complex health-related need and one to three
552.11 dependencies in ADLs and qualifies the person for seven service units;

552.12 (4) S home care rating requires four to six dependencies in ADLs and qualifies the person
552.13 for ten service units;

552.14 (5) T home care rating requires four to six dependencies in ADLs and Level I behavior
552.15 and qualifies the person for 11 service units;

552.16 (6) U home care rating requires four to six dependencies in ADLs and a complex
552.17 health-related need and qualifies the person for 14 service units;

552.18 (7) V home care rating requires seven to eight dependencies in ADLs and qualifies the
552.19 person for 17 service units;

552.20 (8) W home care rating requires seven to eight dependencies in ADLs and Level I
552.21 behavior and qualifies the person for 20 service units;

552.22 (9) Z home care rating requires seven to eight dependencies in ADLs and a complex
552.23 health-related need and qualifies the person for 30 service units; and

552.24 (10) EN home care rating includes ventilator dependency as defined in section 256B.0651,
552.25 subdivision 1, paragraph (g). A person who meets the definition of ventilator-dependent
552.26 and the EN home care rating and utilize a combination of CFSS and home care nursing
552.27 services is limited to a total of 96 service units per day for those services in combination.
552.28 Additional units may be authorized when a person's assessment indicates a need for two
552.29 staff to perform activities. Additional time is limited to 16 service units per day.

552.30 (f) Additional service units are provided through the assessment and identification of
552.31 the following:

553.1 (1) 30 additional minutes per day for a dependency in each critical activity of daily
553.2 living;

553.3 (2) 30 additional minutes per day for each complex health-related need; and

553.4 (3) 30 additional minutes per day ~~when the~~ for each behavior under this clause that
553.5 requires assistance at least four times per week for one or more of the following behaviors:

553.6 (i) level I behavior that requires the immediate response of another person;

553.7 (ii) increased vulnerability due to cognitive deficits or socially inappropriate behavior;

553.8 or

553.9 (iii) increased need for assistance for participants who are verbally aggressive or resistive
553.10 to care so that the time needed to perform activities of daily living is increased.

553.11 (g) The service budget for budget model participants shall be based on:

553.12 (1) assessed units as determined by the home care rating; and

553.13 (2) an adjustment needed for administrative expenses.

553.14 Sec. 66. Minnesota Statutes 2020, section 256B.85, is amended by adding a subdivision
553.15 to read:

553.16 Subd. 8a. **Authorization; exceptions.** All CFSS services must be authorized by the
553.17 commissioner or the commissioner's designee as described in subdivision 8 except when:

553.18 (1) the lead agency temporarily authorizes services in the agency-provider model as
553.19 described in subdivision 5, paragraph (c);

553.20 (2) CFSS services in the agency-provider model were required to treat an emergency
553.21 medical condition that if not immediately treated could cause a participant serious physical
553.22 or mental disability, continuation of severe pain, or death. The CFSS agency provider must
553.23 request retroactive authorization from the lead agency no later than five working days after
553.24 providing the initial emergency service. The CFSS agency provider must be able to
553.25 substantiate the emergency through documentation such as reports, notes, and admission
553.26 or discharge histories. A lead agency must follow the authorization process in subdivision
553.27 5 after the lead agency receives the request for authorization from the agency provider;

553.28 (3) the lead agency authorizes a temporary increase to the amount of services authorized
553.29 in the agency or budget model to accommodate the participant's temporary higher need for
553.30 services. Authorization for a temporary level of CFSS services is limited to the time specified

554.1 by the commissioner, but shall not exceed 45 days. The level of services authorized under
554.2 this clause shall have no bearing on a future authorization;

554.3 (4) a participant's medical assistance eligibility has lapsed, is then retroactively reinstated,
554.4 and an authorization for CFSS services is completed based on the date of a current
554.5 assessment, eligibility, and request for authorization;

554.6 (5) a third-party payer for CFSS services has denied or adjusted a payment. Authorization
554.7 requests must be submitted by the provider within 20 working days of the notice of denial
554.8 or adjustment. A copy of the notice must be included with the request;

554.9 (6) the commissioner has determined that a lead agency or state human services agency
554.10 has made an error; or

554.11 (7) a participant enrolled in managed care experiences a temporary disenrollment from
554.12 a health plan, in which case the commissioner shall accept the current health plan
554.13 authorization for CFSS services for up to 60 days. The request must be received within the
554.14 first 30 days of the disenrollment. If the recipient's reenrollment in managed care is after
554.15 the 60 days and before 90 days, the provider shall request an additional 30-day extension
554.16 of the current health plan authorization, for a total limit of 90 days from the time of
554.17 disenrollment.

554.18 Sec. 67. Minnesota Statutes 2020, section 256B.85, subdivision 9, is amended to read:

554.19 Subd. 9. **Noncovered services.** (a) Services or supports that are not eligible for payment
554.20 under this section include those that:

554.21 (1) are not authorized by the certified assessor or included in the CFSS service delivery
554.22 plan;

554.23 (2) are provided prior to the authorization of services and the approval of the CFSS
554.24 service delivery plan;

554.25 (3) are duplicative of other paid services in the CFSS service delivery plan;

554.26 (4) supplant natural unpaid supports that appropriately meet a need in the CFSS service
554.27 delivery plan, are provided voluntarily to the participant, and are selected by the participant
554.28 in lieu of other services and supports;

554.29 (5) are not effective means to meet the participant's needs; and

554.30 (6) are available through other funding sources, including, but not limited to, funding
554.31 through title IV-E of the Social Security Act.

- 555.1 (b) Additional services, goods, or supports that are not covered include:
- 555.2 (1) those that are not for the direct benefit of the participant, except that services for
555.3 caregivers such as training to improve the ability to provide CFSS are considered to directly
555.4 benefit the participant if chosen by the participant and approved in the support plan;
- 555.5 (2) any fees incurred by the participant, such as Minnesota health care programs fees
555.6 and co-pays, legal fees, or costs related to advocate agencies;
- 555.7 (3) insurance, except for insurance costs related to employee coverage;
- 555.8 (4) room and board costs for the participant;
- 555.9 (5) services, supports, or goods that are not related to the assessed needs;
- 555.10 (6) special education and related services provided under the Individuals with Disabilities
555.11 Education Act and vocational rehabilitation services provided under the Rehabilitation Act
555.12 of 1973;
- 555.13 (7) assistive technology devices and assistive technology services other than those for
555.14 back-up systems or mechanisms to ensure continuity of service and supports listed in
555.15 subdivision 7;
- 555.16 (8) medical supplies and equipment covered under medical assistance;
- 555.17 (9) environmental modifications, except as specified in subdivision 7;
- 555.18 (10) expenses for travel, lodging, or meals related to training the participant or the
555.19 participant's representative or legal representative;
- 555.20 (11) experimental treatments;
- 555.21 (12) any service or good covered by other state plan services, including prescription and
555.22 over-the-counter medications, compounds, and solutions and related fees, including premiums
555.23 and co-payments;
- 555.24 (13) membership dues or costs, except when the service is necessary and appropriate to
555.25 treat a health condition or to improve or maintain the adult participant's health condition.
555.26 The condition must be identified in the participant's CFSS service delivery plan and
555.27 monitored by a Minnesota health care program enrolled physician, advanced practice
555.28 registered nurse, or physician's assistant;
- 555.29 (14) vacation expenses other than the cost of direct services;
- 555.30 (15) vehicle maintenance or modifications not related to the disability, health condition,
555.31 or physical need;

- 556.1 (16) tickets and related costs to attend sporting or other recreational or entertainment
556.2 events;
- 556.3 (17) services provided and billed by a provider who is not an enrolled CFSS provider;
- 556.4 (18) CFSS provided by a participant's representative or paid legal guardian;
- 556.5 (19) services that are used solely as a child care or babysitting service;
- 556.6 (20) services that are the responsibility or in the daily rate of a residential or program
556.7 license holder under the terms of a service agreement and administrative rules;
- 556.8 (21) sterile procedures;
- 556.9 (22) giving of injections into veins, muscles, or skin;
- 556.10 (23) homemaker services that are not an integral part of the assessed CFSS service;
- 556.11 (24) home maintenance or chore services;
- 556.12 (25) home care services, including hospice services if elected by the participant, covered
556.13 by Medicare or any other insurance held by the participant;
- 556.14 (26) services to other members of the participant's household;
- 556.15 (27) services not specified as covered under medical assistance as CFSS;
- 556.16 (28) application of restraints or implementation of deprivation procedures;
- 556.17 (29) assessments by CFSS provider organizations or by independently enrolled registered
556.18 nurses;
- 556.19 (30) services provided in lieu of legally required staffing in a residential or child care
556.20 setting; ~~and~~
- 556.21 (31) services provided by ~~the residential or program~~ a foster care license holder ~~in a~~
556.22 ~~residence for more than four participants. except when the home of the person receiving~~
556.23 services is the licensed foster care provider's primary residence;
- 556.24 (32) services that are the responsibility of the foster care provider under the terms of the
556.25 foster care placement agreement, assessment under sections 256N.24 and 260C.4411, and
556.26 administrative rules under sections 256N.24 and 260C.4411;
- 556.27 (33) services in a setting that has a licensed capacity greater than six, unless all conditions
556.28 for a variance under section 245A.04, subdivision 9a, are satisfied for a sibling, as defined
556.29 in section 260C.007, subdivision 32;

557.1 (34) services from a provider who owns or otherwise controls the living arrangement,
557.2 except when the provider of services is related by blood, marriage, or adoption or when the
557.3 provider is a licensed foster care provider who is not prohibited from providing services
557.4 under clauses (31) to (33);

557.5 (35) instrumental activities of daily living for children younger than 18 years of age,
557.6 except when immediate attention is needed for health or hygiene reasons integral to an
557.7 assessed need for assistance with activities of daily living, health-related procedures, and
557.8 tasks or behaviors; or

557.9 (36) services provided to a resident of a nursing facility, hospital, intermediate care
557.10 facility, or health care facility licensed by the commissioner of health.

557.11 Sec. 68. Minnesota Statutes 2020, section 256B.85, subdivision 10, is amended to read:

557.12 Subd. 10. **Agency-provider and FMS provider qualifications and duties.** (a)

557.13 Agency-providers identified in subdivision 11 and FMS providers identified in subdivision
557.14 13a shall:

557.15 (1) enroll as a medical assistance Minnesota health care programs provider and meet all
557.16 applicable provider standards and requirements including completion of required provider
557.17 training as determined by the commissioner;

557.18 (2) demonstrate compliance with federal and state laws and policies for CFSS as
557.19 determined by the commissioner;

557.20 (3) comply with background study requirements under chapter 245C and maintain
557.21 documentation of background study requests and results;

557.22 (4) verify and maintain records of all services and expenditures by the participant,
557.23 including hours worked by support workers;

557.24 (5) not engage in any agency-initiated direct contact or marketing in person, by telephone,
557.25 or other electronic means to potential participants, guardians, family members, or participants'
557.26 representatives;

557.27 (6) directly provide services and not use a subcontractor or reporting agent;

557.28 (7) meet the financial requirements established by the commissioner for financial
557.29 solvency;

557.30 (8) have never had a lead agency contract or provider agreement discontinued due to
557.31 fraud, or have never had an owner, board member, or manager fail a state or FBI-based

558.1 criminal background check while enrolled or seeking enrollment as a Minnesota health care
558.2 programs provider; and

558.3 (9) have an office located in Minnesota.

558.4 (b) In conducting general duties, agency-providers and FMS providers shall:

558.5 (1) pay support workers based upon actual hours of services provided;

558.6 (2) pay for worker training and development services based upon actual hours of services
558.7 provided or the unit cost of the training session purchased;

558.8 (3) withhold and pay all applicable federal and state payroll taxes;

558.9 (4) make arrangements and pay unemployment insurance, taxes, workers' compensation,
558.10 liability insurance, and other benefits, if any;

558.11 (5) enter into a written agreement with the participant, participant's representative, or
558.12 legal representative that assigns roles and responsibilities to be performed before services,
558.13 supports, or goods are provided and that meets the requirements of subdivisions 20a, 20b,
558.14 and 20c for agency-providers;

558.15 (6) report maltreatment as required under section 626.557 and chapter 260E;

558.16 (7) comply with the labor market reporting requirements described in section 256B.4912,
558.17 subdivision 1a;

558.18 (8) comply with any data requests from the department consistent with the Minnesota
558.19 Government Data Practices Act under chapter 13; ~~and~~

558.20 (9) maintain documentation for the requirements under subdivision 16, paragraph (e),
558.21 clause (2), to qualify for an enhanced rate under this section; and

558.22 (10) request reassessments 60 days before the end of the current authorization for CFSS
558.23 on forms provided by the commissioner.

558.24 Sec. 69. Minnesota Statutes 2020, section 256B.85, subdivision 11, is amended to read:

558.25 Subd. 11. **Agency-provider model.** (a) The agency-provider model includes services
558.26 provided by support workers and staff providing worker training and development services
558.27 who are employed by an agency-provider that meets the criteria established by the
558.28 commissioner, including required training.

558.29 (b) The agency-provider shall allow the participant to have a significant role in the
558.30 selection and dismissal of the support workers for the delivery of the services and supports

559.1 specified in the participant's CFSS service delivery plan. The agency must make a reasonable
559.2 effort to fulfill the participant's request for the participant's preferred support worker.

559.3 (c) A participant may use authorized units of CFSS services as needed within a service
559.4 agreement that is not greater than 12 months. Using authorized units in a flexible manner
559.5 in either the agency-provider model or the budget model does not increase the total amount
559.6 of services and supports authorized for a participant or included in the participant's CFSS
559.7 service delivery plan.

559.8 (d) A participant may share CFSS services. Two or three CFSS participants may share
559.9 services at the same time provided by the same support worker.

559.10 (e) The agency-provider must use a minimum of 72.5 percent of the revenue generated
559.11 by the medical assistance payment for CFSS for support worker wages and benefits, except
559.12 all of the revenue generated by a medical assistance rate increase due to a collective
559.13 bargaining agreement under section 179A.54 must be used for support worker wages and
559.14 benefits. The agency-provider must document how this requirement is being met. The
559.15 revenue generated by the worker training and development services and the reasonable costs
559.16 associated with the worker training and development services must not be used in making
559.17 this calculation.

559.18 (f) The agency-provider model must be used by ~~individuals~~ participants who are restricted
559.19 by the Minnesota restricted recipient program under Minnesota Rules, parts 9505.2160 to
559.20 9505.2245.

559.21 (g) Participants purchasing goods under this model, along with support worker services,
559.22 must:

559.23 (1) specify the goods in the CFSS service delivery plan and detailed budget for
559.24 expenditures that must be approved by the consultation services provider, case manager, or
559.25 care coordinator; and

559.26 (2) use the FMS provider for the billing and payment of such goods.

559.27 Sec. 70. Minnesota Statutes 2020, section 256B.85, subdivision 11b, is amended to read:

559.28 Subd. 11b. **Agency-provider model; support worker competency.** (a) The
559.29 agency-provider must ensure that support workers are competent to meet the participant's
559.30 assessed needs, goals, and additional requirements as written in the CFSS service delivery
559.31 plan. ~~Within 30 days of any support worker beginning to provide services for a participant,~~
559.32 The agency-provider must evaluate the competency of the support worker through direct

560.1 observation of the support worker's performance of the job functions in a setting where the
560.2 participant is using CFSS: within 30 days of:

560.3 (1) any support worker beginning to provide services for a participant; or

560.4 (2) any support worker beginning to provide shared services.

560.5 (b) The agency-provider must verify and maintain evidence of support worker
560.6 competency, including documentation of the support worker's:

560.7 (1) education and experience relevant to the job responsibilities assigned to the support
560.8 worker and the needs of the participant;

560.9 (2) relevant training received from sources other than the agency-provider;

560.10 (3) orientation and instruction to implement services and supports to participant needs
560.11 and preferences as identified in the CFSS service delivery plan; ~~and~~

560.12 (4) orientation and instruction delivered by an individual competent to perform, teach,
560.13 or assign the health-related tasks for tracheostomy suctioning and services to participants
560.14 on ventilator support, including equipment operation and maintenance; and

560.15 ~~(4)~~ (5) periodic performance reviews completed by the agency-provider at least annually,
560.16 including any evaluations required under subdivision 11a, paragraph (a). If a support worker
560.17 is a minor, all evaluations of worker competency must be completed in person and in a
560.18 setting where the participant is using CFSS.

560.19 (c) The agency-provider must develop a worker training and development plan with the
560.20 participant to ensure support worker competency. The worker training and development
560.21 plan must be updated when:

560.22 (1) the support worker begins providing services;

560.23 (2) the support worker begins providing shared services;

560.24 ~~(2)~~ (3) there is any change in condition or a modification to the CFSS service delivery
560.25 plan; or

560.26 ~~(3)~~ (4) a performance review indicates that additional training is needed.

560.27 Sec. 71. Minnesota Statutes 2020, section 256B.85, subdivision 12, is amended to read:

560.28 Subd. 12. **Requirements for enrollment of CFSS agency-providers.** (a) All CFSS
560.29 agency-providers must provide, at the time of enrollment, reenrollment, and revalidation
560.30 as a CFSS agency-provider in a format determined by the commissioner, information and
560.31 documentation that includes; but is not limited to; the following:

561.1 (1) the CFSS agency-provider's current contact information including address, telephone
561.2 number, and e-mail address;

561.3 (2) proof of surety bond coverage. Upon new enrollment, or if the agency-provider's
561.4 Medicaid revenue in the previous calendar year is less than or equal to \$300,000, the
561.5 agency-provider must purchase a surety bond of \$50,000. If the agency-provider's Medicaid
561.6 revenue in the previous calendar year is greater than \$300,000, the agency-provider must
561.7 purchase a surety bond of \$100,000. The surety bond must be in a form approved by the
561.8 commissioner, must be renewed annually, and must allow for recovery of costs and fees in
561.9 pursuing a claim on the bond;

561.10 (3) proof of fidelity bond coverage in the amount of \$20,000 per provider location;

561.11 (4) proof of workers' compensation insurance coverage;

561.12 (5) proof of liability insurance;

561.13 (6) a ~~description~~ copy of the CFSS agency-provider's ~~organization~~ organizational chart
561.14 identifying the names and roles of all owners, managing employees, staff, board of directors,
561.15 and ~~the~~ additional documentation reporting any affiliations of the directors and owners to
561.16 other service providers;

561.17 (7) ~~a copy of~~ proof that the CFSS ~~agency-provider's~~ agency-provider has written policies
561.18 and procedures including: hiring of employees; training requirements; service delivery; and
561.19 employee and consumer safety, including the process for notification and resolution of
561.20 participant grievances, incident response, identification and prevention of communicable
561.21 diseases, and employee misconduct;

561.22 (8) ~~copies of all other forms~~ proof that the CFSS agency-provider ~~uses in the course of~~
561.23 ~~daily business including, but not limited to~~ has all of the following forms and documents:

561.24 (i) a copy of the CFSS agency-provider's time sheet; and

561.25 (ii) a copy of the participant's individual CFSS service delivery plan;

561.26 (9) a list of all training and classes that the CFSS agency-provider requires of its staff
561.27 providing CFSS services;

561.28 (10) documentation that the CFSS agency-provider and staff have successfully completed
561.29 all the training required by this section;

561.30 (11) documentation of the agency-provider's marketing practices;

561.31 (12) disclosure of ownership, leasing, or management of all residential properties that
561.32 are used or could be used for providing home care services;

562.1 (13) documentation that the agency-provider will use at least the following percentages
562.2 of revenue generated from the medical assistance rate paid for CFSS services for CFSS
562.3 support worker wages and benefits: 72.5 percent of revenue from CFSS providers, except
562.4 100 percent of the revenue generated by a medical assistance rate increase due to a collective
562.5 bargaining agreement under section 179A.54 must be used for support worker wages and
562.6 benefits. The revenue generated by the worker training and development services and the
562.7 reasonable costs associated with the worker training and development services shall not be
562.8 used in making this calculation; and

562.9 (14) documentation that the agency-provider does not burden participants' free exercise
562.10 of their right to choose service providers by requiring CFSS support workers to sign an
562.11 agreement not to work with any particular CFSS participant or for another CFSS
562.12 agency-provider after leaving the agency and that the agency is not taking action on any
562.13 such agreements or requirements regardless of the date signed.

562.14 (b) CFSS agency-providers shall provide to the commissioner the information specified
562.15 in paragraph (a).

562.16 (c) All CFSS agency-providers shall require all employees in management and
562.17 supervisory positions and owners of the agency who are active in the day-to-day management
562.18 and operations of the agency to complete mandatory training as determined by the
562.19 commissioner. Employees in management and supervisory positions and owners who are
562.20 active in the day-to-day operations of an agency who have completed the required training
562.21 as an employee with a CFSS agency-provider do not need to repeat the required training if
562.22 they are hired by another agency, if and they have completed the training within the past
562.23 three years. CFSS agency-provider billing staff shall complete training about CFSS program
562.24 financial management. Any new owners or employees in management and supervisory
562.25 positions involved in the day-to-day operations are required to complete mandatory training
562.26 as a requisite of working for the agency.

562.27 ~~(d) The commissioner shall send annual review notifications to agency-providers 30~~
562.28 ~~days prior to renewal. The notification must:~~

562.29 ~~(1) list the materials and information the agency-provider is required to submit;~~

562.30 ~~(2) provide instructions on submitting information to the commissioner; and~~

562.31 ~~(3) provide a due date by which the commissioner must receive the requested information.~~

563.1 ~~Agency providers shall submit all required documentation for annual review within 30 days~~
 563.2 ~~of notification from the commissioner. If an agency provider fails to submit all the required~~
 563.3 ~~documentation, the commissioner may take action under subdivision 23a.~~

563.4 (d) Agency providers shall submit all required documentation in this section within 30
 563.5 days of notification from the commissioner. If an agency provider fails to submit all the
 563.6 required documentation, the commissioner may take action under subdivision 23a.

563.7 Sec. 72. Minnesota Statutes 2020, section 256B.85, subdivision 12b, is amended to read:

563.8 Subd. 12b. **CFSS agency-provider requirements; notice regarding termination of**
 563.9 **services.** (a) An agency-provider must provide written notice when it intends to terminate
 563.10 services with a participant at least ~~ten~~ 30 calendar days before the proposed service
 563.11 termination is to become effective, except in cases where:

563.12 (1) the participant engages in conduct that significantly alters the terms of the CFSS
 563.13 service delivery plan with the agency-provider;

563.14 (2) the participant or other persons at the setting where services are being provided
 563.15 engage in conduct that creates an imminent risk of harm to the support worker or other
 563.16 agency-provider staff; or

563.17 (3) an emergency or a significant change in the participant's condition occurs within a
 563.18 24-hour period that results in the participant's service needs exceeding the participant's
 563.19 identified needs in the current CFSS service delivery plan so that the agency-provider cannot
 563.20 safely meet the participant's needs.

563.21 (b) When a participant initiates a request to terminate CFSS services with the
 563.22 agency-provider, the agency-provider must give the participant a written ~~acknowledgement~~
 563.23 acknowledgment of the participant's service termination request that includes the date the
 563.24 request was received by the agency-provider and the requested date of termination.

563.25 (c) The agency-provider must participate in a coordinated transfer of the participant to
 563.26 a new agency-provider to ensure continuity of care.

563.27 Sec. 73. Minnesota Statutes 2020, section 256B.85, subdivision 13, is amended to read:

563.28 Subd. 13. **Budget model.** (a) Under the budget model participants exercise responsibility
 563.29 and control over the services and supports described and budgeted within the CFSS service
 563.30 delivery plan. Participants must use services specified in subdivision 13a provided by an
 563.31 FMS provider. Under this model, participants may use their approved service budget
 563.32 allocation to:

564.1 (1) directly employ support workers, and pay wages, federal and state payroll taxes, and
 564.2 premiums for workers' compensation, liability, and health insurance coverage; and

564.3 (2) obtain supports and goods as defined in subdivision 7.

564.4 (b) Participants who are unable to fulfill any of the functions listed in paragraph (a) may
 564.5 authorize a legal representative or participant's representative to do so on their behalf.

564.6 (c) If two or more participants using the budget model live in the same household and
 564.7 have the same support worker, the participants must use the same FMS provider.

564.8 (d) If the FMS provider advises that there is a joint employer in the budget model, all
 564.9 participants associated with that joint employer must use the same FMS provider.

564.10 ~~(e)~~ (e) The commissioner shall disenroll or exclude participants from the budget model
 564.11 and transfer them to the agency-provider model under, but not limited to, the following
 564.12 circumstances:

564.13 (1) when a participant has been restricted by the Minnesota restricted recipient program,
 564.14 in which case the participant may be excluded for a specified time period under Minnesota
 564.15 Rules, parts 9505.2160 to 9505.2245;

564.16 (2) when a participant exits the budget model during the participant's service plan year.
 564.17 Upon transfer, the participant shall not access the budget model for the remainder of that
 564.18 service plan year; or

564.19 (3) when the department determines that the participant or participant's representative
 564.20 or legal representative is unable to fulfill the responsibilities under the budget model, as
 564.21 specified in subdivision 14.

564.22 ~~(d)~~ (f) A participant may appeal in writing to the department under section 256.045,
 564.23 subdivision 3, to contest the department's decision under paragraph ~~(e)~~ (e), clause (3), to
 564.24 disenroll or exclude the participant from the budget model.

564.25 Sec. 74. Minnesota Statutes 2020, section 256B.85, subdivision 13a, is amended to read:

564.26 Subd. 13a. **Financial management services.** (a) Services provided by an FMS provider
 564.27 include but are not limited to: filing and payment of federal and state payroll taxes on behalf
 564.28 of the participant; initiating and complying with background study requirements under
 564.29 chapter 245C and maintaining documentation of background study requests and results;
 564.30 billing for approved CFSS services with authorized funds; monitoring expenditures;
 564.31 accounting for and disbursing CFSS funds; providing assistance in obtaining and filing for
 564.32 liability, workers' compensation, and unemployment coverage; and providing participant

565.1 instruction and technical assistance to the participant in fulfilling employer-related
565.2 requirements in accordance with section 3504 of the Internal Revenue Code and related
565.3 regulations and interpretations, including Code of Federal Regulations, title 26, section
565.4 31.3504-1.

565.5 (b) Agency-provider services shall not be provided by the FMS provider.

565.6 (c) The FMS provider shall provide service functions as determined by the commissioner
565.7 for budget model participants that include but are not limited to:

565.8 (1) assistance with the development of the detailed budget for expenditures portion of
565.9 the CFSS service delivery plan as requested by the consultation services provider or
565.10 participant;

565.11 (2) data recording and reporting of participant spending;

565.12 (3) other duties established by the department, including with respect to providing
565.13 assistance to the participant, participant's representative, or legal representative in performing
565.14 employer responsibilities regarding support workers. The support worker shall not be
565.15 considered the employee of the FMS provider; and

565.16 (4) billing, payment, and accounting of approved expenditures for goods.

565.17 (d) The FMS provider shall obtain an assurance statement from the participant employer
565.18 agreeing to follow state and federal regulations and CFSS policies regarding employment
565.19 of support workers.

565.20 (e) The FMS provider shall:

565.21 (1) not limit or restrict the participant's choice of service or support providers or service
565.22 delivery models consistent with any applicable state and federal requirements;

565.23 (2) provide the participant, consultation services provider, and case manager or care
565.24 coordinator, if applicable, with a monthly written summary of the spending for services and
565.25 supports that were billed against the spending budget;

565.26 (3) be knowledgeable of state and federal employment regulations, including those under
565.27 the Fair Labor Standards Act of 1938, and comply with the requirements under section 3504
565.28 of the Internal Revenue Code and related regulations and interpretations, including Code
565.29 of Federal Regulations, title 26, section 31.3504-1, regarding agency employer tax liability
565.30 for vendor fiscal/employer agent, and any requirements necessary to process employer and
565.31 employee deductions, provide appropriate and timely submission of employer tax liabilities,
565.32 and maintain documentation to support medical assistance claims;

566.1 (4) have current and adequate liability insurance and bonding and sufficient cash flow
 566.2 as determined by the commissioner and have on staff or under contract a certified public
 566.3 accountant or an individual with a baccalaureate degree in accounting;

566.4 (5) assume fiscal accountability for state funds designated for the program and be held
 566.5 liable for any overpayments or violations of applicable statutes or rules, including but not
 566.6 limited to the Minnesota False Claims Act, chapter 15C; ~~and~~

566.7 (6) maintain documentation of receipts, invoices, and bills to track all services and
 566.8 supports expenditures for any goods purchased and maintain time records of support workers.
 566.9 The documentation and time records must be maintained for a minimum of five years from
 566.10 the claim date and be available for audit or review upon request by the commissioner. Claims
 566.11 submitted by the FMS provider to the commissioner for payment must correspond with
 566.12 services, amounts, and time periods as authorized in the participant's service budget and
 566.13 service plan and must contain specific identifying information as determined by the
 566.14 commissioner; and

566.15 (7) provide written notice to the participant or the participant's representative at least 30
 566.16 calendar days before a proposed service termination becomes effective.

566.17 (f) The commissioner ~~of human services~~ shall:

566.18 (1) establish rates and payment methodology for the FMS provider;

566.19 (2) identify a process to ensure quality and performance standards for the FMS provider
 566.20 and ensure statewide access to FMS providers; and

566.21 (3) establish a uniform protocol for delivering and administering CFSS services to be
 566.22 used by eligible FMS providers.

566.23 Sec. 75. Minnesota Statutes 2020, section 256B.85, is amended by adding a subdivision
 566.24 to read:

566.25 Subd. 14a. **Participant's representative responsibilities.** (a) If a participant is unable
 566.26 to direct the participant's own care, the participant must use a participant's representative
 566.27 to receive CFSS services. A participant's representative is required if:

566.28 (1) the person is under 18 years of age;

566.29 (2) the person has a court-appointed guardian; or

566.30 (3) an assessment according to section 256B.0659, subdivision 3a, determines that the
 566.31 participant is in need of a participant's representative.

- 567.1 (b) A participant's representative must:
- 567.2 (1) be at least 18 years of age;
- 567.3 (2) actively participate in planning and directing CFSS services;
- 567.4 (3) have sufficient knowledge of the participant's circumstances to use CFSS services
- 567.5 consistent with the participant's health and safety needs identified in the participant's service
- 567.6 delivery plan;
- 567.7 (4) not have a financial interest in the provision of any services included in the
- 567.8 participant's CFSS service delivery plan; and
- 567.9 (5) be capable of providing the support necessary to assist the participant in the use of
- 567.10 CFSS services.
- 567.11 (c) A participant's representative must not be the:
- 567.12 (1) support worker;
- 567.13 (2) worker training and development service provider;
- 567.14 (3) agency-provider staff, unless related to the participant by blood, marriage, or adoption;
- 567.15 (4) consultation service provider, unless related to the participant by blood, marriage,
- 567.16 or adoption;
- 567.17 (5) FMS staff, unless related to the participant by blood, marriage, or adoption;
- 567.18 (6) FMS owner or manager; or
- 567.19 (7) lead agency staff acting as part of employment.
- 567.20 (d) A licensed family foster parent who lives with the participant may be the participant's
- 567.21 representative if the family foster parent meets the other participant's representative
- 567.22 requirements.
- 567.23 (e) There may be two persons designated as the participant's representative, including
- 567.24 instances of divided households and court-ordered custodies. Each person named as the
- 567.25 participant's representative must meet the program criteria and responsibilities.
- 567.26 (f) The participant or the participant's legal representative shall appoint a participant's
- 567.27 representative. The participant's representative must be identified at the time of assessment
- 567.28 and listed on the participant's service agreement and CFSS service delivery plan.

568.1 (g) A participant's representative must enter into a written agreement with an
568.2 agency-provider or FMS on a form determined by the commissioner and maintained in the
568.3 participant's file, to:

568.4 (1) be available while care is provided using a method agreed upon by the participant
568.5 or the participant's legal representative and documented in the participant's service delivery
568.6 plan;

568.7 (2) monitor CFSS services to ensure the participant's service delivery plan is followed;

568.8 (3) review and sign support worker time sheets after services are provided to verify the
568.9 provision of services;

568.10 (4) review and sign vendor paperwork to verify receipt of goods; and

568.11 (5) in the budget model, review and sign documentation to verify worker training and
568.12 development expenditures.

568.13 (h) A participant's representative may delegate responsibility to another adult who is not
568.14 the support worker during a temporary absence of at least 24 hours but not more than six
568.15 months. To delegate responsibility, the participant's representative must:

568.16 (1) ensure that the delegate serving as the participant's representative satisfies the
568.17 requirements of the participant's representative;

568.18 (2) ensure that the delegate performs the functions of the participant's representative;

568.19 (3) communicate to the CFSS agency-provider or FMS provider about the need for a
568.20 delegate by updating the written agreement to include the name of the delegate and the
568.21 delegate's contact information; and

568.22 (4) ensure that the delegate protects the participant's privacy according to federal and
568.23 state data privacy laws.

568.24 (i) The designation of a participant's representative remains in place until:

568.25 (1) the participant revokes the designation;

568.26 (2) the participant's representative withdraws the designation or becomes unable to fulfill
568.27 the duties;

568.28 (3) the legal authority to act as a participant's representative changes; or

568.29 (4) the participant's representative is disqualified.

568.30 (j) A lead agency may disqualify a participant's representative who engages in conduct
568.31 that creates an imminent risk of harm to the participant, the support workers, or other staff.

569.1 A participant's representative who fails to provide support required by the participant must
569.2 be referred to the common entry point.

569.3 Sec. 76. Minnesota Statutes 2020, section 256B.85, subdivision 15, is amended to read:

569.4 Subd. 15. **Documentation of support services provided; time sheets.** (a) CFSS services
569.5 provided to a participant by a support worker employed by either an agency-provider or the
569.6 participant employer must be documented daily by each support worker, on a time sheet.
569.7 Time sheets may be created, submitted, and maintained electronically. Time sheets must
569.8 be submitted by the support worker at least once per month to the:

569.9 (1) agency-provider when the participant is using the agency-provider model. The
569.10 agency-provider must maintain a record of the time sheet and provide a copy of the time
569.11 sheet to the participant; or

569.12 (2) participant and the participant's FMS provider when the participant is using the
569.13 budget model. The participant and the FMS provider must maintain a record of the time
569.14 sheet.

569.15 (b) The documentation on the time sheet must correspond to the participant's assessed
569.16 needs within the scope of CFSS covered services. The accuracy of the time sheets must be
569.17 verified by the:

569.18 (1) agency-provider when the participant is using the agency-provider model; or

569.19 (2) participant employer and the participant's FMS provider when the participant is using
569.20 the budget model.

569.21 (c) The time sheet must document the time the support worker provides services to the
569.22 participant. The following elements must be included in the time sheet:

569.23 (1) the support worker's full name and individual provider number;

569.24 (2) the agency-provider's name and telephone numbers, when responsible for the CFSS
569.25 service delivery plan;

569.26 (3) the participant's full name;

569.27 (4) the dates within the pay period established by the agency-provider or FMS provider,
569.28 including month, day, and year, and arrival and departure times with a.m. or p.m. notations
569.29 for days worked within the established pay period;

569.30 (5) the covered services provided to the participant on each date of service;

570.1 (6) ~~a~~ the signature line for of the participant or the participant's representative and a
 570.2 statement that the participant's or participant's representative's signature is verification of
 570.3 the time sheet's accuracy;

570.4 (7) the ~~personal~~ signature of the support worker;

570.5 (8) any shared care provided, if applicable;

570.6 (9) a statement that it is a federal crime to provide false information on CFSS billings
 570.7 for medical assistance payments; and

570.8 (10) dates and location of participant stays in a hospital, care facility, or incarceration
 570.9 occurring within the established pay period.

570.10 Sec. 77. Minnesota Statutes 2020, section 256B.85, subdivision 17a, is amended to read:

570.11 Subd. 17a. **Consultation services provider qualifications and**
 570.12 **requirements.** Consultation services providers must meet the following qualifications and
 570.13 requirements:

570.14 (1) meet the requirements under subdivision 10, paragraph (a), excluding clauses (4)
 570.15 and (5);

570.16 (2) are under contract with the department;

570.17 (3) are not the FMS provider, the lead agency, or the CFSS or home and community-based
 570.18 services waiver vendor or agency-provider to the participant;

570.19 (4) meet the service standards as established by the commissioner;

570.20 (5) have proof of surety bond coverage. Upon new enrollment, or if the consultation
 570.21 service provider's Medicaid revenue in the previous calendar year is less than or equal to
 570.22 \$300,000, the consultation service provider must purchase a surety bond of \$50,000. If the
 570.23 agency-provider's Medicaid revenue in the previous calendar year is greater than \$300,000,
 570.24 the consultation service provider must purchase a surety bond of \$100,000. The surety bond
 570.25 must be in a form approved by the commissioner, must be renewed annually, and must
 570.26 allow for recovery of costs and fees in pursuing a claim on the bond;

570.27 ~~(5)~~ (6) employ lead professional staff with a minimum of ~~three~~ two years of experience
 570.28 in providing services such as support planning, support broker, case management or care
 570.29 coordination, or consultation services and consumer education to participants using a
 570.30 self-directed program using FMS under medical assistance;

570.31 (7) report maltreatment as required under chapter 260E and section 626.557;

- 571.1 ~~(6)~~ (8) comply with medical assistance provider requirements;
- 571.2 ~~(7)~~ (9) understand the CFSS program and its policies;
- 571.3 ~~(8)~~ (10) are knowledgeable about self-directed principles and the application of the
- 571.4 person-centered planning process;
- 571.5 ~~(9)~~ (11) have general knowledge of the FMS provider duties and the vendor
- 571.6 fiscal/employer agent model, including all applicable federal, state, and local laws and
- 571.7 regulations regarding tax, labor, employment, and liability and workers' compensation
- 571.8 coverage for household workers; and
- 571.9 ~~(10)~~ (12) have all employees, including lead professional staff, staff in management and
- 571.10 supervisory positions, and owners of the agency who are active in the day-to-day management
- 571.11 and operations of the agency, complete training as specified in the contract with the
- 571.12 department.
- 571.13 Sec. 78. Minnesota Statutes 2020, section 256B.85, subdivision 18a, is amended to read:
- 571.14 Subd. 18a. **Worker training and development services.** (a) The commissioner shall
- 571.15 develop the scope of tasks and functions, service standards, and service limits for worker
- 571.16 training and development services.
- 571.17 (b) Worker training and development costs are in addition to the participant's assessed
- 571.18 service units or service budget. Services provided according to this subdivision must:
- 571.19 (1) help support workers obtain and expand the skills and knowledge necessary to ensure
- 571.20 competency in providing quality services as needed and defined in the participant's CFSS
- 571.21 service delivery plan and as required under subdivisions 11b and 14;
- 571.22 (2) be provided or arranged for by the agency-provider under subdivision 11, or purchased
- 571.23 by the participant employer under the budget model as identified in subdivision 13; ~~and~~
- 571.24 (3) be delivered by an individual competent to perform, teach, or assign the tasks,
- 571.25 including health-related tasks, identified in the plan through education, training, and work
- 571.26 experience relevant to the person's assessed needs; and
- 571.27 ~~(3)~~ (4) be described in the participant's CFSS service delivery plan and documented in
- 571.28 the participant's file.
- 571.29 (c) Services covered under worker training and development shall include:

572.1 (1) support worker training on the participant's individual assessed needs and condition,
 572.2 provided individually or in a group setting by a skilled and knowledgeable trainer beyond
 572.3 any training the participant or participant's representative provides;

572.4 (2) tuition for professional classes and workshops for the participant's support workers
 572.5 that relate to the participant's assessed needs and condition;

572.6 (3) direct observation, monitoring, coaching, and documentation of support worker job
 572.7 skills and tasks, beyond any training the participant or participant's representative provides,
 572.8 including supervision of health-related tasks or behavioral supports that is conducted by an
 572.9 appropriate professional based on the participant's assessed needs. These services must be
 572.10 provided at the start of services or the start of a new support worker except as provided in
 572.11 paragraph (d) and must be specified in the participant's CFSS service delivery plan; and

572.12 (4) the activities to evaluate CFSS services and ensure support worker competency
 572.13 described in subdivisions 11a and 11b.

572.14 (d) The services in paragraph (c), clause (3), are not required to be provided for a new
 572.15 support worker providing services for a participant due to staffing failures, unless the support
 572.16 worker is expected to provide ongoing backup staffing coverage.

572.17 (e) Worker training and development services shall not include:

572.18 (1) general agency training, worker orientation, or training on CFSS self-directed models;

572.19 (2) payment for preparation or development time for the trainer or presenter;

572.20 (3) payment of the support worker's salary or compensation during the training;

572.21 (4) training or supervision provided by the participant, the participant's support worker,
 572.22 or the participant's informal supports, including the participant's representative; or

572.23 (5) services in excess of ~~96 units~~ the limit set by the commissioner per annual service
 572.24 agreement, unless approved by the department.

572.25 Sec. 79. Minnesota Statutes 2020, section 256B.85, subdivision 20b, is amended to read:

572.26 Subd. 20b. **Service-related rights under an agency-provider.** A participant receiving
 572.27 CFSS from an agency-provider has service-related rights to:

572.28 (1) participate in and approve the initial development and ongoing modification and
 572.29 evaluation of CFSS services provided to the participant;

572.30 (2) refuse or terminate services and be informed of the consequences of refusing or
 572.31 terminating services;

573.1 (3) before services are initiated, be told the limits to the services available from the
 573.2 agency-provider, including the agency-provider's knowledge, skill, and ability to meet the
 573.3 participant's needs identified in the CFSS service delivery plan;

573.4 (4) a coordinated transfer of services when there will be a change in the agency-provider;

573.5 (5) before services are initiated, be told what the agency-provider charges for the services;

573.6 (6) before services are initiated, be told to what extent payment may be expected from
 573.7 health insurance, public programs, or other sources, if known; and what charges the
 573.8 participant may be responsible for paying;

573.9 (7) receive services from an individual who is competent and trained, who has
 573.10 professional certification or licensure, as required, and who meets additional qualifications
 573.11 identified in the participant's CFSS service delivery plan;

573.12 (8) have the participant's preferences for support workers identified and documented,
 573.13 and have those preferences met when possible; and

573.14 (9) before services are initiated, be told the choices that are available from the
 573.15 agency-provider for meeting the participant's assessed needs identified in the CFSS service
 573.16 delivery plan, including but not limited to which support worker staff will be providing
 573.17 services ~~and~~₂ the proposed frequency and schedule of visits, and any agreements for shared
 573.18 services.

573.19 Sec. 80. Minnesota Statutes 2020, section 256B.85, subdivision 23, is amended to read:

573.20 Subd. 23. **Commissioner's access.** (a) When the commissioner is investigating a possible
 573.21 overpayment of Medicaid funds, the commissioner must be given immediate access without
 573.22 prior notice to the agency-provider, consultation services provider, or FMS provider's office
 573.23 during regular business hours and to documentation and records related to services provided
 573.24 and submission of claims for services provided. ~~Denying the commissioner access to records~~
 573.25 ~~is cause for immediate suspension of payment and terminating~~ If the agency-provider's
 573.26 enrollment or agency-provider, FMS provider's enrollment provider, or consultation services
 573.27 provider denies the commissioner access to records, the provider's payment may be
 573.28 immediately suspended or the provider's enrollment may be terminated according to section
 573.29 ~~256B.064 or terminating the consultation services provider contract.~~

573.30 (b) The commissioner has the authority to request proof of compliance with laws, rules,
 573.31 and policies from agency-providers, consultation services providers, FMS providers, and
 573.32 participants.

574.1 (c) When relevant to an investigation conducted by the commissioner, the commissioner
574.2 must be given access to the business office, documents, and records of the agency-provider,
574.3 consultation services provider, or FMS provider, including records maintained in electronic
574.4 format; participants served by the program; and staff during regular business hours. The
574.5 commissioner must be given access without prior notice and as often as the commissioner
574.6 considers necessary if the commissioner is investigating an alleged violation of applicable
574.7 laws or rules. The commissioner may request and shall receive assistance from lead agencies
574.8 and other state, county, and municipal agencies and departments. The commissioner's access
574.9 includes being allowed to photocopy, photograph, and make audio and video recordings at
574.10 the commissioner's expense.

574.11 Sec. 81. Minnesota Statutes 2020, section 256B.85, subdivision 23a, is amended to read:

574.12 Subd. 23a. **Sanctions; information for participants upon termination of services.** (a)
574.13 The commissioner may withhold payment from the provider or suspend or terminate the
574.14 provider enrollment number if the provider fails to comply fully with applicable laws or
574.15 rules. The provider has the right to appeal the decision of the commissioner under section
574.16 256B.064.

574.17 (b) Notwithstanding subdivision 13, paragraph (c), if a participant employer fails to
574.18 comply fully with applicable laws or rules, the commissioner may disenroll the participant
574.19 from the budget model. A participant may appeal in writing to the department under section
574.20 256.045, subdivision 3, to contest the department's decision to disenroll the participant from
574.21 the budget model.

574.22 (c) Agency-providers of CFSS services or FMS providers must provide each participant
574.23 with a copy of participant protections in subdivision 20c at least 30 days prior to terminating
574.24 services to a participant, if the termination results from sanctions under this subdivision or
574.25 section 256B.064, such as a payment withhold or a suspension or termination of the provider
574.26 enrollment number. If a CFSS agency-provider ~~or~~, FMS provider, or consultation services
574.27 provider determines it is unable to continue providing services to a participant because of
574.28 an action under this subdivision or section 256B.064, the agency-provider ~~or~~, FMS provider,
574.29 or consultation services provider must notify the participant, the participant's representative,
574.30 and the commissioner 30 days prior to terminating services to the participant, and must
574.31 assist the commissioner and lead agency in supporting the participant in transitioning to
574.32 another CFSS agency-provider ~~or~~, FMS provider, or consultation services provider of the
574.33 participant's choice.

575.1 (d) In the event the commissioner withholds payment from a CFSS agency-provider ~~or~~,
 575.2 FMS provider, or consultation services provider, or suspends or terminates a provider
 575.3 enrollment number of a CFSS agency-provider ~~or~~, FMS provider, or consultation services
 575.4 provider under this subdivision or section 256B.064, the commissioner may inform the
 575.5 Office of Ombudsman for Long-Term Care and the lead agencies for all participants with
 575.6 active service agreements with the agency-provider ~~or~~, FMS provider, or consultation
 575.7 services provider. At the commissioner's request, the lead agencies must contact participants
 575.8 to ensure that the participants are continuing to receive needed care, and that the participants
 575.9 have been given free choice of agency-provider ~~or~~, FMS provider, or consultation services
 575.10 provider if they transfer to another CFSS agency-provider ~~or~~, FMS provider, or consultation
 575.11 services provider. In addition, the commissioner or the commissioner's delegate may directly
 575.12 notify participants who receive care from the agency-provider ~~or~~, FMS provider, or
 575.13 consultation services provider that payments have been or will be withheld or that the
 575.14 provider's participation in medical assistance has been or will be suspended or terminated,
 575.15 if the commissioner determines that the notification is necessary to protect the welfare of
 575.16 the participants.

575.17 Sec. 82. Minnesota Statutes 2020, section 256L.03, subdivision 1, is amended to read:

575.18 Subdivision 1. **Covered health services.** (a) "Covered health services" means the health
 575.19 services reimbursed under chapter 256B, with the exception of special education services,
 575.20 home care nursing services, adult dental care services other than services covered under
 575.21 section 256B.0625, subdivision 9, orthodontic services, nonemergency medical transportation
 575.22 services, personal care assistance and case management services, community first services
 575.23 and supports under Minnesota Statutes, section 256B.85, behavioral health home services
 575.24 under section 256B.0757, housing stabilization services under section 256B.051, and nursing
 575.25 home or intermediate care facilities services.

575.26 (b) No public funds shall be used for coverage of abortion under MinnesotaCare except
 575.27 where the life of the female would be endangered or substantial and irreversible impairment
 575.28 of a major bodily function would result if the fetus were carried to term; or where the
 575.29 pregnancy is the result of rape or incest.

575.30 (c) Covered health services shall be expanded as provided in this section.

575.31 (d) For the purposes of covered health services under this section, "child" means an
 575.32 individual younger than 19 years of age.

576.1 Sec. 83. **REVISOR INSTRUCTION.**

576.2 (a) In Minnesota Statutes, sections 245A.191, paragraph (a); 245G.02, subdivision 3;
576.3 246.18, subdivision 2; 246.23, subdivision 2; 246.64, subdivision 3; 254A.03, subdivision
576.4 3; 254A.19, subdivision 4; 254B.03, subdivision 2; 254B.04, subdivision 1; 254B.05,
576.5 subdivisions 1a and 4; 254B.051; 254B.06, subdivision 1; 254B.12, subdivisions 1 and 2;
576.6 254B.13, subdivisions 2a and 5; 254B.14, subdivision 5; 256L.03, subdivision 2; and 295.53,
576.7 subdivision 1, the revisor of statutes must change the term "consolidated chemical
576.8 dependency treatment fund" or similar terms to "behavioral health fund." The revisor may
576.9 make grammatical changes related to the term change.

576.10 (b) In Minnesota Statutes, sections 245C.03, subdivision 13, and 256B.051, the revisor
576.11 of statutes must change the term "housing support services" or similar terms to "housing
576.12 stabilization services." The revisor may make grammatical changes related to the term
576.13 change.

576.14 (c) In Minnesota Statutes, section 245C.03, subdivision 10, the revisor of statutes must
576.15 change the term "group residential housing" to "housing support." The revisor may make
576.16 grammatical changes related to the term change.

576.17 Sec. 84. **REPEALER.**

576.18 (a) Minnesota Statutes 2020, section 252.28, subdivisions 1 and 5, are repealed.

576.19 (b) Minnesota Statutes 2020, sections 252A.02, subdivisions 8 and 10; and 252A.21,
576.20 subdivision 3, are repealed.

576.21 **EFFECTIVE DATE.** Paragraph (a) is effective the day following final enactment.
576.22 Paragraph (b) is effective August 1, 2021.

576.23 **ARTICLE 16**576.24 **MENTAL HEALTH UNIFORM SERVICE STANDARDS**576.25 Section 1. **[245I.01] PURPOSE AND CITATION.**

576.26 Subdivision 1. **Citation.** This chapter may be cited as the "Mental Health Uniform
576.27 Service Standards Act."

576.28 Subd. 2. **Purpose.** In accordance with sections 245.461 and 245.487, the purpose of this
576.29 chapter is to create a system of mental health care that is unified, accountable, and
576.30 comprehensive, and to promote the recovery and resiliency of Minnesotans who have mental
576.31 illnesses. The state's public policy is to support Minnesotans' access to quality outpatient

577.1 and residential mental health services. Further, the state's public policy is to protect the
577.2 health and safety, rights, and well-being of Minnesotans receiving mental health services.

577.3 **Sec. 2. [245I.011] APPLICABILITY.**

577.4 **Subdivision 1. License requirements.** A license holder under this chapter must comply
577.5 with the requirements in chapters 245A, 245C, and 260E; section 626.557; and Minnesota
577.6 Rules, chapter 9544.

577.7 **Subd. 2. Variances.** (a) The commissioner may grant a variance to an applicant, license
577.8 holder, or certification holder as long as the variance does not affect the staff qualifications
577.9 or the health or safety of any person in a licensed or certified program and the applicant,
577.10 license holder, or certification holder meets the following conditions:

577.11 (1) an applicant, license holder, or certification holder must request the variance on a
577.12 form approved by the commissioner and in a manner prescribed by the commissioner;

577.13 (2) the request for a variance must include the:

577.14 (i) reasons that the applicant, license holder, or certification holder cannot comply with
577.15 a requirement as stated in the law; and

577.16 (ii) alternative equivalent measures that the applicant, license holder, or certification
577.17 holder will follow to comply with the intent of the law; and

577.18 (3) the request for a variance must state the period of time when the variance is requested.

577.19 (b) The commissioner may grant a permanent variance when the conditions under which
577.20 the applicant, license holder, or certification holder requested the variance do not affect the
577.21 health or safety of any person whom the licensed or certified program serves, and when the
577.22 conditions of the variance do not compromise the qualifications of staff who provide services
577.23 to clients. A permanent variance expires when the conditions that warranted the variance
577.24 change in any way. Any applicant, license holder, or certification holder must inform the
577.25 commissioner of any changes to the conditions that warranted the permanent variance. If
577.26 an applicant, license holder, or certification holder fails to advise the commissioner of
577.27 changes to the conditions that warranted the variance, the commissioner must revoke the
577.28 permanent variance and may impose other sanctions under sections 245A.06 and 245A.07.

577.29 (c) The commissioner's decision to grant or deny a variance request is final and not
577.30 subject to appeal under the provisions of chapter 14.

578.1 Subd. 3. **Certification required.** (a) An individual, organization, or government entity
578.2 that is exempt from licensure under section 245A.03, subdivision 2, paragraph (a), clause
578.3 (19), and chooses to be identified as a certified mental health clinic must:

578.4 (1) be a mental health clinic that is certified under section 245I.20;

578.5 (2) comply with all of the responsibilities assigned to a license holder by this chapter
578.6 except subdivision 1; and

578.7 (3) comply with all of the responsibilities assigned to a certification holder by chapter
578.8 245A.

578.9 (b) An individual, organization, or government entity described by this subdivision must
578.10 obtain a criminal background study of each staff person or volunteer who provides direct
578.11 contact services to clients.

578.12 Subd. 4. **License required.** An individual, organization, or government entity providing
578.13 intensive residential treatment services or residential crisis stabilization to adults must be
578.14 licensed under section 245I.23. An entity with an adult foster care license providing
578.15 residential crisis stabilization is exempt from licensure under section 245I.23.

578.16 Subd. 5. **Programs certified under chapter 256B.** (a) An individual, organization, or
578.17 government entity certified under the following sections must comply with all of the
578.18 responsibilities assigned to a license holder under this chapter except subdivision 1:

578.19 (1) an assertive community treatment provider under section 256B.0622, subdivision
578.20 3a;

578.21 (2) an adult rehabilitative mental health services provider under section 256B.0623;

578.22 (3) a mobile crisis team under section 256B.0624;

578.23 (4) a children's therapeutic services and supports provider under section 256B.0943;

578.24 (5) an intensive treatment in foster care provider under section 256B.0946; and

578.25 (6) an intensive nonresidential rehabilitative mental health services provider under section
578.26 256B.0947.

578.27 (b) An individual, organization, or government entity certified under the sections listed
578.28 in paragraph (a), clauses (1) to (6), must obtain a criminal background study of each staff
578.29 person and volunteer providing direct contact services to a client.

579.1 Sec. 3. **[245I.02] DEFINITIONS.**

579.2 **Subdivision 1. Scope.** For purposes of this chapter, the terms in this section have the
579.3 meanings given.

579.4 **Subd. 2. Approval.** "Approval" means the documented review of, opportunity to request
579.5 changes to, and agreement with a treatment document. An individual may demonstrate
579.6 approval with a written signature, secure electronic signature, or documented oral approval.

579.7 **Subd. 3. Behavioral sciences or related fields.** "Behavioral sciences or related fields"
579.8 means an education from an accredited college or university in social work, psychology,
579.9 sociology, community counseling, family social science, child development, child
579.10 psychology, community mental health, addiction counseling, counseling and guidance,
579.11 special education, nursing, and other similar fields approved by the commissioner.

579.12 **Subd. 4. Business day.** "Business day" means a weekday on which government offices
579.13 are open for business. Business day does not include state or federal holidays, Saturdays,
579.14 or Sundays.

579.15 **Subd. 5. Case manager.** "Case manager" means a client's case manager according to
579.16 section 256B.0596; 256B.0621; 256B.0625, subdivision 20; 256B.092, subdivision 1a;
579.17 256B.0924; 256B.093, subdivision 3a; 256B.094; or 256B.49.

579.18 **Subd. 6. Certified rehabilitation specialist.** "Certified rehabilitation specialist" means
579.19 a staff person who meets the qualifications of section 245I.04, subdivision 8.

579.20 **Subd. 7. Child.** "Child" means a client under the age of 18.

579.21 **Subd. 8. Client.** "Client" means a person who is seeking or receiving services regulated
579.22 by this chapter. For the purpose of a client's consent to services, client includes a parent,
579.23 guardian, or other individual legally authorized to consent on behalf of a client to services.

579.24 **Subd. 9. Clinical trainee.** "Clinical trainee" means a staff person who is qualified
579.25 according to section 245I.04, subdivision 6.

579.26 **Subd. 10. Commissioner.** "Commissioner" means the commissioner of human services
579.27 or the commissioner's designee.

579.28 **Subd. 11. Co-occurring substance use disorder treatment.** "Co-occurring substance
579.29 use disorder treatment" means the treatment of a person who has a co-occurring mental
579.30 illness and substance use disorder. Co-occurring substance use disorder treatment is
579.31 characterized by stage-wise comprehensive treatment, treatment goal setting, and flexibility
579.32 for clients at each stage of treatment. Co-occurring substance use disorder treatment includes

580.1 assessing and tracking each client's stage of change readiness and treatment using a treatment
580.2 approach based on a client's stage of change, such as motivational interviewing when working
580.3 with a client at an earlier stage of change readiness and a cognitive behavioral approach
580.4 and relapse prevention to work with a client at a later stage of change; and facilitating a
580.5 client's access to community supports.

580.6 Subd. 12. **Crisis plan.** "Crisis plan" means a plan to prevent and de-escalate a client's
580.7 future crisis situation, with the goal of preventing future crises for the client and the client's
580.8 family and other natural supports. Crisis plan includes a crisis plan developed according to
580.9 section 245.4871, subdivision 9a.

580.10 Subd. 13. **Critical incident.** "Critical incident" means an occurrence involving a client
580.11 that requires a license holder to respond in a manner that is not part of the license holder's
580.12 ordinary daily routine. Critical incident includes a client's suicide, attempted suicide, or
580.13 homicide; a client's death; an injury to a client or other person that is life-threatening or
580.14 requires medical treatment; a fire that requires a fire department's response; alleged
580.15 maltreatment of a client; an assault of a client; an assault by a client; or other situation that
580.16 requires a response by law enforcement, the fire department, an ambulance, or another
580.17 emergency response provider.

580.18 Subd. 14. **Diagnostic assessment.** "Diagnostic assessment" means the evaluation and
580.19 report of a client's potential diagnoses that a mental health professional or clinical trainee
580.20 completes under section 245I.10, subdivisions 4 to 6.

580.21 Subd. 15. **Direct contact.** "Direct contact" has the meaning given in section 245C.02,
580.22 subdivision 11.

580.23 Subd. 16. **Family and other natural supports.** "Family and other natural supports"
580.24 means the people whom a client identifies as having a high degree of importance to the
580.25 client. Family and other natural supports also means people that the client identifies as being
580.26 important to the client's mental health treatment, regardless of whether the person is related
580.27 to the client or lives in the same household as the client.

580.28 Subd. 17. **Functional assessment.** "Functional assessment" means the assessment of a
580.29 client's current level of functioning relative to functioning that is appropriate for someone
580.30 the client's age. For a client five years of age or younger, a functional assessment is the
580.31 Early Childhood Service Intensity Instrument (ESCII). For a client six to 17 years of age,
580.32 a functional assessment is the Child and Adolescent Service Intensity Instrument (CASII).
580.33 For a client 18 years of age or older, a functional assessment is the functional assessment
580.34 described in section 245I.10, subdivision 9.

581.1 Subd. 18. **Individual abuse prevention plan.** "Individual abuse prevention plan" means
581.2 a plan according to section 245A.65, subdivision 2, paragraph (b), and section 626.557,
581.3 subdivision 14.

581.4 Subd. 19. **Level of care assessment.** "Level of care assessment" means the level of care
581.5 decision support tool appropriate to the client's age. For a client five years of age or younger,
581.6 a level of care assessment is the Early Childhood Service Intensity Instrument (ESCII). For
581.7 a client six to 17 years of age, a level of care assessment is the Child and Adolescent Service
581.8 Intensity Instrument (CASII). For a client 18 years of age or older, a level of care assessment
581.9 is the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS).

581.10 Subd. 20. **License.** "License" has the meaning given in section 245A.02, subdivision 8.

581.11 Subd. 21. **License holder.** "License holder" has the meaning given in section 245A.02,
581.12 subdivision 9.

581.13 Subd. 22. **Licensed prescriber.** "Licensed prescriber" means an individual who is
581.14 authorized to prescribe legend drugs under section 151.37.

581.15 Subd. 23. **Mental health behavioral aide.** "Mental health behavioral aide" means a
581.16 staff person who is qualified under section 245I.04, subdivision 16.

581.17 Subd. 24. **Mental health certified family peer specialist.** "Mental health certified
581.18 family peer specialist" means a staff person who is qualified under section 245I.04,
581.19 subdivision 12.

581.20 Subd. 25. **Mental health certified peer specialist.** "Mental health certified peer
581.21 specialist" means a staff person who is qualified under section 245I.04, subdivision 10.

581.22 Subd. 26. **Mental health practitioner.** "Mental health practitioner" means a staff person
581.23 who is qualified under section 245I.04, subdivision 4.

581.24 Subd. 27. **Mental health professional.** "Mental health professional" means a staff person
581.25 who is qualified under section 245I.04, subdivision 2.

581.26 Subd. 28. **Mental health rehabilitation worker.** "Mental health rehabilitation worker"
581.27 means a staff person who is qualified under section 245I.04, subdivision 14.

581.28 Subd. 29. **Mental illness.** "Mental illness" means any of the conditions included in the
581.29 most recent editions of the DC: 0-5 Diagnostic Classification of Mental Health and
581.30 Development Disorders of Infancy and Early Childhood published by Zero to Three or the
581.31 Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric
581.32 Association.

582.1 Subd. 30. **Organization.** "Organization" has the meaning given in section 245A.02,
582.2 subdivision 10c.

582.3 Subd. 31. **Personnel file.** "Personnel file" means a set of records under section 245I.07,
582.4 paragraph (a). Personnel files excludes information related to a person's employment that
582.5 is not included in section 245I.07.

582.6 Subd. 32. **Registered nurse.** "Registered nurse" means a staff person who is qualified
582.7 under section 148.171, subdivision 20.

582.8 Subd. 33. **Rehabilitative mental health services.** "Rehabilitative mental health services"
582.9 means mental health services provided to an adult client that enable the client to develop
582.10 and achieve psychiatric stability, social competencies, personal and emotional adjustment,
582.11 independent living skills, family roles, and community skills when symptoms of mental
582.12 illness has impaired any of the client's abilities in these areas.

582.13 Subd. 34. **Residential program.** "Residential program" has the meaning given in section
582.14 245A.02, subdivision 14.

582.15 Subd. 35. **Signature.** "Signature" means a written signature or an electronic signature
582.16 defined in section 325L.02, paragraph (h).

582.17 Subd. 36. **Staff person.** "Staff person" means an individual who works under a license
582.18 holder's direction or under a contract with a license holder. Staff person includes an intern,
582.19 consultant, contractor, individual who works part-time, and an individual who does not
582.20 provide direct contact services to clients. Staff person includes a volunteer who provides
582.21 treatment services to a client or a volunteer whom the license holder regards as a staff person
582.22 for the purpose of meeting staffing or service delivery requirements. A staff person must
582.23 be 18 years of age or older.

582.24 Subd. 37. **Strengths.** "Strengths" means a person's inner characteristics, virtues, external
582.25 relationships, activities, and connections to resources that contribute to a client's resilience
582.26 and core competencies. A person can build on strengths to support recovery.

582.27 Subd. 38. **Trauma.** "Trauma" means an event, series of events, or set of circumstances
582.28 that is experienced by an individual as physically or emotionally harmful or life-threatening
582.29 that has lasting adverse effects on the individual's functioning and mental, physical, social,
582.30 emotional, or spiritual well-being. Trauma includes group traumatic experiences. Group
582.31 traumatic experiences are emotional or psychological harm that a group experiences. Group
582.32 traumatic experiences can be transmitted across generations within a community and are

583.1 often associated with racial and ethnic population groups who suffer major intergenerational
583.2 losses.

583.3 Subd. 39. **Treatment plan.** "Treatment plan" means services that a license holder
583.4 formulates to respond to a client's needs and goals. A treatment plan includes individual
583.5 treatment plans under section 245I.10, subdivisions 7 and 8; initial treatment plans under
583.6 section 245I.23, subdivision 7; and crisis treatment plans under sections 245I.23, subdivision
583.7 8, and 256B.0624, subdivision 11.

583.8 Subd. 40. **Treatment supervision.** "Treatment supervision" means a mental health
583.9 professional's or certified rehabilitation specialist's oversight, direction, and evaluation of
583.10 a staff person providing services to a client according to section 245I.06.

583.11 Subd. 41. **Volunteer.** "Volunteer" means an individual who, under the direction of the
583.12 license holder, provides services to or facilitates an activity for a client without compensation.

583.13 Sec. 4. **[245I.03] REQUIRED POLICIES AND PROCEDURES.**

583.14 Subdivision 1. **Generally.** A license holder must establish, enforce, and maintain policies
583.15 and procedures to comply with the requirements of this chapter and chapters 245A, 245C,
583.16 and 260E; sections 626.557 and 626.5572; and Minnesota Rules, chapter 9544. The license
583.17 holder must make all policies and procedures available in writing to each staff person. The
583.18 license holder must complete and document a review of policies and procedures every two
583.19 years and update policies and procedures as necessary. Each policy and procedure must
583.20 identify the date that it was initiated and the dates of all revisions. The license holder must
583.21 clearly communicate any policy and procedural change to each staff person and provide
583.22 necessary training to each staff person to implement any policy and procedural change.

583.23 Subd. 2. **Health and safety.** A license holder must have policies and procedures to
583.24 ensure the health and safety of each staff person and client during the provision of services,
583.25 including policies and procedures for services based in community settings.

583.26 Subd. 3. **Client rights.** A license holder must have policies and procedures to ensure
583.27 that each staff person complies with the client rights and protections requirements in section
583.28 245I.12.

583.29 Subd. 4. **Behavioral emergencies.** (a) A license holder must have procedures that each
583.30 staff person follows when responding to a client who exhibits behavior that threatens the
583.31 immediate safety of the client or others. A license holder's behavioral emergency procedures
583.32 must incorporate person-centered planning and trauma-informed care.

583.33 (b) A license holder's behavioral emergency procedures must include:

- 584.1 (1) a plan designed to prevent the client from inflicting self-harm and harming others;
- 584.2 (2) contact information for emergency resources that a staff person must use when the
- 584.3 license holder's behavioral emergency procedures are unsuccessful in controlling a client's
- 584.4 behavior;
- 584.5 (3) the types of behavioral emergency procedures that a staff person may use;
- 584.6 (4) the specific circumstances under which the program may use behavioral emergency
- 584.7 procedures; and
- 584.8 (5) the staff persons whom the license holder authorizes to implement behavioral
- 584.9 emergency procedures.
- 584.10 (c) The license holder's behavioral emergency procedures must not include secluding
- 584.11 or restraining a client except as allowed under section 245.8261.
- 584.12 (d) Staff persons must not use behavioral emergency procedures to enforce program
- 584.13 rules or for the convenience of staff persons. Behavioral emergency procedures must not
- 584.14 be part of any client's treatment plan. A staff person may not use behavioral emergency
- 584.15 procedures except in response to a client's current behavior that threatens the immediate
- 584.16 safety of the client or others.
- 584.17 Subd. 5. **Health services and medications.** If a license holder is licensed as a residential
- 584.18 program, stores or administers client medications, or observes clients self-administer
- 584.19 medications, the license holder must ensure that a staff person who is a registered nurse or
- 584.20 licensed prescriber reviews and approves of the license holder's policies and procedures to
- 584.21 comply with the health services and medications requirements in section 245I.11, the training
- 584.22 requirements in section 245I.05, subdivision 6, and the documentation requirements in
- 584.23 section 245I.08, subdivision 5.
- 584.24 Subd. 6. **Reporting maltreatment.** A license holder must have policies and procedures
- 584.25 for reporting a staff person's suspected maltreatment, abuse, or neglect of a client according
- 584.26 to chapter 260E and section 626.557.
- 584.27 Subd. 7. **Critical incidents.** If a license holder is licensed as a residential program, the
- 584.28 license holder must have policies and procedures for reporting and maintaining records of
- 584.29 critical incidents according to section 245I.13.
- 584.30 Subd. 8. **Personnel.** A license holder must have personnel policies and procedures that:
- 584.31 (1) include a chart or description of the organizational structure of the program that
- 584.32 indicates positions and lines of authority;

585.1 (2) ensure that it will not adversely affect a staff person's retention, promotion, job
585.2 assignment, or pay when a staff person communicates in good faith with the Department
585.3 of Human Services, the Office of Ombudsman for Mental Health and Developmental
585.4 Disabilities, the Department of Health, a health-related licensing board, a law enforcement
585.5 agency, or a local agency investigating a complaint regarding a client's rights, health, or
585.6 safety;

585.7 (3) prohibit a staff person from having sexual contact with a client in violation of chapter
585.8 604, sections 609.344 or 609.345;

585.9 (4) prohibit a staff person from neglecting, abusing, or mistreating a client as described
585.10 in chapter 260E and sections 626.557 and 626.5572;

585.11 (5) include the drug and alcohol policy described in section 245A.04, subdivision 1,
585.12 paragraph (c);

585.13 (6) describe the process for disciplinary action, suspension, or dismissal of a staff person
585.14 for violating a policy provision described in clauses (3) to (5);

585.15 (7) describe the license holder's response to a staff person who violates other program
585.16 policies or who has a behavioral problem that interferes with providing treatment services
585.17 to clients; and

585.18 (8) describe each staff person's position that includes the staff person's responsibilities,
585.19 authority to execute the responsibilities, and qualifications for the position.

585.20 Subd. 9. **Volunteers.** A license holder must have policies and procedures for using
585.21 volunteers, including when a license holder must submit a background study of a volunteer,
585.22 and the specific tasks that a volunteer may perform.

585.23 Subd. 10. **Data privacy.** (a) A license holder must have policies and procedures that
585.24 comply with all applicable state and federal law. A license holder's use of electronic record
585.25 keeping or electronic signatures does not alter a license holder's obligations to comply with
585.26 applicable state and federal law.

585.27 (b) A license holder must have policies and procedures for a staff person to promptly
585.28 document a client's revocation of consent to disclose the client's health record. The license
585.29 holder must verify that the license holder has permission to disclose a client's health record
585.30 before releasing any client data.

586.1 Sec. 5. **[245I.04] PROVIDER QUALIFICATIONS AND SCOPE OF PRACTICE.**

586.2 Subdivision 1. **Tribal providers.** For purposes of this section, a Tribal entity may
586.3 credential an individual according to section 256B.02, subdivision 7, paragraphs (b) and
586.4 (c).

586.5 Subd. 2. **Mental health professional qualifications.** The following individuals may
586.6 provide services to a client as a mental health professional:

586.7 (1) a registered nurse who is licensed under sections 148.171 to 148.285 and is certified
586.8 as a: (i) clinical nurse specialist in child or adolescent, family, or adult psychiatric and
586.9 mental health nursing by a national certification organization; or (ii) nurse practitioner in
586.10 adult or family psychiatric and mental health nursing by a national nurse certification
586.11 organization;

586.12 (2) a licensed independent clinical social worker as defined in section 148E.050,
586.13 subdivision 5;

586.14 (3) a psychologist licensed by the Board of Psychology under sections 148.88 to 148.98;

586.15 (4) a physician licensed under chapter 147 if the physician is: (i) certified by the American
586.16 Board of Psychiatry and Neurology; (ii) certified by the American Osteopathic Board of
586.17 Neurology and Psychiatry; or (iii) eligible for board certification in psychiatry;

586.18 (5) a marriage and family therapist licensed under sections 148B.29 to 148B.392; or

586.19 (6) a licensed professional clinical counselor licensed under section 148B.5301.

586.20 Subd. 3. **Mental health professional scope of practice.** A mental health professional
586.21 must maintain a valid license with the mental health professional's governing health-related
586.22 licensing board and must only provide services to a client within the scope of practice
586.23 determined by the applicable health-related licensing board.

586.24 Subd. 4. **Mental health practitioner qualifications.** (a) An individual who is qualified
586.25 in at least one of the ways described in paragraph (b) to (d) may serve as a mental health
586.26 practitioner.

586.27 (b) An individual is qualified as a mental health practitioner through relevant coursework
586.28 if the individual completes at least 30 semester hours or 45 quarter hours in behavioral
586.29 sciences or related fields and:

586.30 (1) has at least 2,000 hours of experience providing services to individuals with:

586.31 (i) a mental illness or a substance use disorder; or

587.1 (ii) a traumatic brain injury or a developmental disability, and completes the additional
587.2 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct
587.3 contact services to a client;

587.4 (2) is fluent in the non-English language of the ethnic group to which at least 50 percent
587.5 of the individual's clients belong, and completes the additional training described in section
587.6 245I.05, subdivision 3, paragraph (c), before providing direct contact services to a client;

587.7 (3) is working in a day treatment program under section 256B.0671, subdivision 3, or
587.8 256B.0943; or

587.9 (4) has completed a practicum or internship that (i) required direct interaction with adult
587.10 clients or child clients, and (ii) was focused on behavioral sciences or related fields.

587.11 (c) An individual is qualified as a mental health practitioner through work experience
587.12 if the individual:

587.13 (1) has at least 4,000 hours of experience in the delivery of services to individuals with:

587.14 (i) a mental illness or a substance use disorder; or

587.15 (ii) a traumatic brain injury or a developmental disability, and completes the additional
587.16 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct
587.17 contact services to clients; or

587.18 (2) receives treatment supervision at least once per week until meeting the requirement
587.19 in clause (1) of 4,000 hours of experience and has at least 2,000 hours of experience providing
587.20 services to individuals with:

587.21 (i) a mental illness or a substance use disorder; or

587.22 (ii) a traumatic brain injury or a developmental disability, and completes the additional
587.23 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct
587.24 contact services to clients.

587.25 (d) An individual is qualified as a mental health practitioner if the individual has a
587.26 master's or other graduate degree in behavioral sciences or related fields.

587.27 Subd. 5. **Mental health practitioner scope of practice.** (a) A mental health practitioner
587.28 under the treatment supervision of a mental health professional or certified rehabilitation
587.29 specialist may provide an adult client with client education, rehabilitative mental health
587.30 services, functional assessments, level of care assessments, and treatment plans. A mental
587.31 health practitioner under the treatment supervision of a mental health professional may

588.1 provide skill-building services to a child client and complete treatment plans for a child
588.2 client.

588.3 (b) A mental health practitioner must not provide treatment supervision to other staff
588.4 persons. A mental health practitioner may provide direction to mental health rehabilitation
588.5 workers and mental health behavioral aides.

588.6 (c) A mental health practitioner who provides services to clients according to section
588.7 256B.0624 or 256B.0944 may perform crisis assessments and interventions for a client.

588.8 Subd. 6. **Clinical trainee qualifications.** (a) A clinical trainee is a staff person who: (1)
588.9 is enrolled in an accredited graduate program of study to prepare the staff person for
588.10 independent licensure as a mental health professional and who is participating in a practicum
588.11 or internship with the license holder through the individual's graduate program; or (2) has
588.12 completed an accredited graduate program of study to prepare the staff person for independent
588.13 licensure as a mental health professional and who is in compliance with the requirements
588.14 of the applicable health-related licensing board, including requirements for supervised
588.15 practice.

588.16 (b) A clinical trainee is responsible for notifying and applying to a health-related licensing
588.17 board to ensure that the trainee meets the requirements of the health-related licensing board.
588.18 As permitted by a health-related licensing board, treatment supervision under this chapter
588.19 may be integrated into a plan to meet the supervisory requirements of the health-related
588.20 licensing board but does not supersede those requirements.

588.21 Subd. 7. **Clinical trainee scope of practice.** (a) A clinical trainee under the treatment
588.22 supervision of a mental health professional may provide a client with psychotherapy, client
588.23 education, rehabilitative mental health services, diagnostic assessments, functional
588.24 assessments, level of care assessments, and treatment plans.

588.25 (b) A clinical trainee must not provide treatment supervision to other staff persons. A
588.26 clinical trainee may provide direction to mental health behavioral aides and mental health
588.27 rehabilitation workers.

588.28 (c) A psychological clinical trainee under the treatment supervision of a psychologist
588.29 may perform psychological testing of clients.

588.30 (d) A clinical trainee must not provide services to clients that violate any practice act of
588.31 a health-related licensing board, including failure to obtain licensure if licensure is required.

588.32 Subd. 8. **Certified rehabilitation specialist qualifications.** A certified rehabilitation
588.33 specialist must have:

589.1 (1) a master's degree from an accredited college or university in behavioral sciences or
589.2 related fields;

589.3 (2) at least 4,000 hours of post-master's supervised experience providing mental health
589.4 services to clients; and

589.5 (3) a valid national certification as a certified rehabilitation counselor or certified
589.6 psychosocial rehabilitation practitioner.

589.7 Subd. 9. **Certified rehabilitation specialist scope of practice.** (a) A certified
589.8 rehabilitation specialist may provide an adult client with client education, rehabilitative
589.9 mental health services, functional assessments, level of care assessments, and treatment
589.10 plans.

589.11 (b) A certified rehabilitation specialist may provide treatment supervision to a mental
589.12 health certified peer specialist, mental health practitioner, and mental health rehabilitation
589.13 worker.

589.14 Subd. 10. **Mental health certified peer specialist qualifications.** A mental health
589.15 certified peer specialist must:

589.16 (1) have been diagnosed with a mental illness;

589.17 (2) be a current or former mental health services client; and

589.18 (3) have a valid certification as a mental health certified peer specialist under section
589.19 256B.0615.

589.20 Subd. 11. **Mental health certified peer specialist scope of practice.** A mental health
589.21 certified peer specialist under the treatment supervision of a mental health professional or
589.22 certified rehabilitation specialist must:

589.23 (1) provide individualized peer support to each client;

589.24 (2) promote a client's recovery goals, self-sufficiency, self-advocacy, and development
589.25 of natural supports; and

589.26 (3) support a client's maintenance of skills that the client has learned from other services.

589.27 Subd. 12. **Mental health certified family peer specialist qualifications.** A mental
589.28 health certified family peer specialist must:

589.29 (1) have raised or be currently raising a child with a mental illness;

589.30 (2) have experience navigating the children's mental health system; and

590.1 (3) have a valid certification as a mental health certified family peer specialist under
590.2 section 256B.0616.

590.3 Subd. 13. **Mental health certified family peer specialist scope of practice.** A mental
590.4 health certified family peer specialist under the treatment supervision of a mental health
590.5 professional must provide services to increase the child's ability to function in the child's
590.6 home, school, and community. The mental health certified family peer specialist must:

590.7 (1) provide family peer support to build on a client's family's strengths and help the
590.8 family achieve desired outcomes;

590.9 (2) provide nonadversarial advocacy to a child client and the child's family that
590.10 encourages partnership and promotes the child's positive change and growth;

590.11 (3) support families in advocating for culturally appropriate services for a child in each
590.12 treatment setting;

590.13 (4) promote resiliency, self-advocacy, and development of natural supports;

590.14 (5) support maintenance of skills learned from other services;

590.15 (6) establish and lead parent support groups;

590.16 (7) assist parents in developing coping and problem-solving skills; and

590.17 (8) educate parents about mental illnesses and community resources, including resources
590.18 that connect parents with similar experiences to one another.

590.19 Subd. 14. **Mental health rehabilitation worker qualifications.** (a) A mental health
590.20 rehabilitation worker must:

590.21 (1) have a high school diploma or equivalent; and

590.22 (2) meet one of the following qualification requirements:

590.23 (i) be fluent in the non-English language or competent in the culture of the ethnic group
590.24 to which at least 20 percent of the mental health rehabilitation worker's clients belong;

590.25 (ii) have an associate of arts degree;

590.26 (iii) have two years of full-time postsecondary education or a total of 15 semester hours
590.27 or 23 quarter hours in behavioral sciences or related fields;

590.28 (iv) be a registered nurse;

590.29 (v) have, within the previous ten years, three years of personal life experience with
590.30 mental illness;

591.1 (vi) have, within the previous ten years, three years of life experience as a primary
591.2 caregiver to an adult with a mental illness, traumatic brain injury, substance use disorder,
591.3 or developmental disability; or

591.4 (vii) have, within the previous ten years, 2,000 hours of work experience providing
591.5 health and human services to individuals.

591.6 (b) A mental health rehabilitation worker who is scheduled as an overnight staff person
591.7 and works alone is exempt from the additional qualification requirements in paragraph (a),
591.8 clause (2).

591.9 Subd. 15. **Mental health rehabilitation worker scope of practice.** A mental health
591.10 rehabilitation worker under the treatment supervision of a mental health professional or
591.11 certified rehabilitation specialist may provide rehabilitative mental health services to an
591.12 adult client according to the client's treatment plan.

591.13 Subd. 16. **Mental health behavioral aide qualifications.** (a) A level 1 mental health
591.14 behavioral aide must have: (1) a high school diploma or equivalent; or (2) two years of
591.15 experience as a primary caregiver to a child with mental illness within the previous ten
591.16 years.

591.17 (b) A level 2 mental health behavioral aide must: (1) have an associate or bachelor's
591.18 degree; or (2) be certified by a program under section 256B.0943, subdivision 8a.

591.19 Subd. 17. **Mental health behavioral aide scope of practice.** While under the treatment
591.20 supervision of a mental health professional, a mental health behavioral aide may practice
591.21 psychosocial skills with a child client according to the child's treatment plan and individual
591.22 behavior plan that a mental health professional, clinical trainee, or mental health practitioner
591.23 has previously taught to the child.

591.24 Sec. 6. **[245I.05] TRAINING REQUIRED.**

591.25 Subdivision 1. **Training plan.** A license holder must develop a training plan to ensure
591.26 that staff persons receive ongoing training according to this section. The training plan must
591.27 include:

591.28 (1) a formal process to evaluate the training needs of each staff person. An annual
591.29 performance evaluation of a staff person satisfies this requirement;

591.30 (2) a description of how the license holder conducts ongoing training of each staff person,
591.31 including whether ongoing training is based on a staff person's hire date or a specified annual
591.32 cycle determined by the program;

592.1 (3) a description of how the license holder verifies and documents each staff person's
592.2 previous training experience. A license holder may consider a staff person to have met a
592.3 training requirement in subdivision 3, paragraph (d) or (e), if the staff person has received
592.4 equivalent postsecondary education in the previous four years or training experience in the
592.5 previous two years; and

592.6 (4) a description of how the license holder determines when a staff person needs
592.7 additional training, including when the license holder will provide additional training.

592.8 Subd. 2. **Documentation of training.** (a) The license holder must provide training to
592.9 each staff person according to the training plan and must document that the license holder
592.10 provided the training to each staff person. The license holder must document the following
592.11 information for each staff person's training:

592.12 (1) the topics of the training;

592.13 (2) the name of the trainee;

592.14 (3) the name and credentials of the trainer;

592.15 (4) the license holder's method of evaluating the trainee's competency upon completion
592.16 of training;

592.17 (5) the date of the training; and

592.18 (6) the length of training in hours and minutes.

592.19 (b) Documentation of a staff person's continuing education credit accepted by the
592.20 governing health-related licensing board is sufficient to document training for purposes of
592.21 this subdivision.

592.22 Subd. 3. **Initial training.** (a) A staff person must receive training about:

592.23 (1) vulnerable adult maltreatment under section 245A.65, subdivision 3; and

592.24 (2) the maltreatment of minor reporting requirements and definitions in chapter 260E
592.25 within 72 hours of first providing direct contact services to a client.

592.26 (b) Before providing direct contact services to a client, a staff person must receive training
592.27 about:

592.28 (1) client rights and protections under section 245I.12;

592.29 (2) the Minnesota Health Records Act, including client confidentiality, family engagement
592.30 under section 144.294, and client privacy;

- 593.1 (3) emergency procedures that the staff person must follow when responding to a fire,
593.2 inclement weather, a report of a missing person, and a behavioral or medical emergency;
- 593.3 (4) specific activities and job functions for which the staff person is responsible, including
593.4 the license holder's program policies and procedures applicable to the staff person's position;
- 593.5 (5) professional boundaries that the staff person must maintain; and
- 593.6 (6) specific needs of each client to whom the staff person will be providing direct contact
593.7 services, including each client's developmental status, cognitive functioning, physical and
593.8 mental abilities.
- 593.9 (c) Before providing direct contact services to a client, a mental health rehabilitation
593.10 worker, mental health behavioral aide, or mental health practitioner qualified under section
593.11 245I.04, subdivision 4, must receive 30 hours of training about:
- 593.12 (1) mental illnesses;
- 593.13 (2) client recovery and resiliency;
- 593.14 (3) mental health de-escalation techniques;
- 593.15 (4) co-occurring mental illness and substance use disorders; and
- 593.16 (5) psychotropic medications and medication side effects.
- 593.17 (d) Within 90 days of first providing direct contact services to an adult client, a clinical
593.18 trainee, mental health practitioner, mental health certified peer specialist, or mental health
593.19 rehabilitation worker must receive training about:
- 593.20 (1) trauma-informed care and secondary trauma;
- 593.21 (2) person-centered individual treatment plans, including seeking partnerships with
593.22 family and other natural supports;
- 593.23 (3) co-occurring substance use disorders; and
- 593.24 (4) culturally responsive treatment practices.
- 593.25 (e) Within 90 days of first providing direct contact services to a child client, a clinical
593.26 trainee, mental health practitioner, mental health certified family peer specialist, mental
593.27 health certified peer specialist, or mental health behavioral aide must receive training about
593.28 the topics in clauses (1) to (5). This training must address the developmental characteristics
593.29 of each child served by the license holder and address the needs of each child in the context
593.30 of the child's family, support system, and culture. Training topics must include:

594.1 (1) trauma-informed care and secondary trauma, including adverse childhood experiences
594.2 (ACEs);

594.3 (2) family-centered treatment plan development, including seeking partnership with a
594.4 child client's family and other natural supports;

594.5 (3) mental illness and co-occurring substance use disorders in family systems;

594.6 (4) culturally responsive treatment practices; and

594.7 (5) child development, including cognitive functioning, and physical and mental abilities.

594.8 (f) For a mental health behavioral aide, the training under paragraph (e) must include
594.9 parent team training using a curriculum approved by the commissioner.

594.10 Subd. 4. **Ongoing training.** (a) A license holder must ensure that staff persons who
594.11 provide direct contact services to clients receive annual training about the topics in
594.12 subdivision 3, paragraphs (a) and (b), clauses (1) to (3).

594.13 (b) A license holder must ensure that each staff person who is qualified under section
594.14 245I.04 who is not a mental health professional receives 30 hours of training every two
594.15 years. The training topics must be based on the program's needs and the staff person's areas
594.16 of competency.

594.17 Subd. 5. **Additional training for medication administration.** (a) Prior to administering
594.18 medications to a client under delegated authority or observing a client self-administer
594.19 medications, a staff person who is not a licensed prescriber, registered nurse, or licensed
594.20 practical nurse qualified under section 148.171, subdivision 8, must receive training about
594.21 psychotropic medications, side effects, and medication management.

594.22 (b) Prior to administering medications to a client under delegated authority, a staff person
594.23 must successfully complete a:

594.24 (1) medication administration training program for unlicensed personnel through an
594.25 accredited Minnesota postsecondary educational institution with completion of the course
594.26 documented in writing and placed in the staff person's personnel file; or

594.27 (2) formalized training program taught by a registered nurse or licensed prescriber that
594.28 is offered by the license holder. A staff person's successful completion of the formalized
594.29 training program must include direct observation of the staff person to determine the staff
594.30 person's areas of competency.

595.1 Sec. 7. **[245I.06] TREATMENT SUPERVISION.**

595.2 Subdivision 1. **Generally.** (a) A license holder must ensure that a mental health
595.3 professional or certified rehabilitation specialist provides treatment supervision to each staff
595.4 person who provides services to a client and who is not a mental health professional or
595.5 certified rehabilitation specialist. When providing treatment supervision, a treatment
595.6 supervisor must follow a staff person's written treatment supervision plan.

595.7 (b) Treatment supervision must focus on each client's treatment needs and the ability of
595.8 the staff person under treatment supervision to provide services to each client, including
595.9 the following topics related to the staff person's current caseload:

595.10 (1) a review and evaluation of the interventions that the staff person delivers to each
595.11 client;

595.12 (2) instruction on alternative strategies if a client is not achieving treatment goals;

595.13 (3) a review and evaluation of each client's assessments, treatment plans, and progress
595.14 notes for accuracy and appropriateness;

595.15 (4) instruction on the cultural norms or values of the clients and communities that the
595.16 license holder serves and the impact that a client's culture has on providing treatment;

595.17 (5) evaluation of and feedback regarding a direct service staff person's areas of
595.18 competency; and

595.19 (6) coaching, teaching, and practicing skills with a staff person.

595.20 (c) A treatment supervisor must provide treatment supervision to a staff person using
595.21 methods that allow for immediate feedback, including in-person, telephone, and interactive
595.22 video supervision.

595.23 (d) A treatment supervisor's responsibility for a staff person receiving treatment
595.24 supervision is limited to the services provided by the associated license holder. If a staff
595.25 person receiving treatment supervision is employed by multiple license holders, each license
595.26 holder is responsible for providing treatment supervision related to the treatment of the
595.27 license holder's clients.

595.28 Subd. 2. **Treatment supervision planning.** (a) A treatment supervisor and the staff
595.29 person supervised by the treatment supervisor must develop a written treatment supervision
595.30 plan. The license holder must ensure that a new staff person's treatment supervision plan is
595.31 completed and implemented by a treatment supervisor and the new staff person within 30

596.1 days of the new staff person's first day of employment. The license holder must review and
596.2 update each staff person's treatment supervision plan annually.

596.3 (b) Each staff person's treatment supervision plan must include:

596.4 (1) the name and qualifications of the staff person receiving treatment supervision;

596.5 (2) the names and licensures of the treatment supervisors who are supervising the staff
596.6 person;

596.7 (3) how frequently the treatment supervisors must provide treatment supervision to the
596.8 staff person; and

596.9 (4) the staff person's authorized scope of practice, including a description of the client
596.10 population that the staff person serves, and a description of the treatment methods and
596.11 modalities that the staff person may use to provide services to clients.

596.12 Subd. 3. Treatment supervision and direct observation of mental health

596.13 rehabilitation workers and mental health behavioral aides. (a) A mental health behavioral
596.14 aide or a mental health rehabilitation worker must receive direct observation from a mental
596.15 health professional, clinical trainee, certified rehabilitation specialist, or mental health
596.16 practitioner while the mental health behavioral aide or mental health rehabilitation worker
596.17 provides treatment services to clients, no less than twice per month for the first six months
596.18 of employment and once per month thereafter. The staff person performing the direct
596.19 observation must approve of the progress note for the observed treatment service.

596.20 (b) For a mental health rehabilitation worker qualified under section 245I.04, subdivision
596.21 14, paragraph (a), clause (2), item (i), treatment supervision in the first 2,000 hours of work
596.22 must at a minimum consist of:

596.23 (1) monthly individual supervision; and

596.24 (2) direct observation twice per month.

596.25 Sec. 8. [245I.07] PERSONNEL FILES.

596.26 (a) For each staff person, a license holder must maintain a personnel file that includes:

596.27 (1) verification of the staff person's qualifications required for the position including
596.28 training, education, practicum or internship agreement, licensure, and any other required
596.29 qualifications;

596.30 (2) documentation related to the staff person's background study;

596.31 (3) the hiring date of the staff person;

597.1 (4) a description of the staff person's job responsibilities with the license holder;

597.2 (5) the date that the staff person's specific duties and responsibilities became effective,
 597.3 including the date that the staff person began having direct contact with clients;

597.4 (6) documentation of the staff person's training as required by section 245I.05, subdivision
 597.5 2;

597.6 (7) a verification copy of license renewals that the staff person completed during the
 597.7 staff person's employment;

597.8 (8) annual job performance evaluations; and

597.9 (9) if applicable, the staff person's alleged and substantiated violations of the license
 597.10 holder's policies under section 245I.03, subdivision 8, clauses (3) to (7), and the license
 597.11 holder's response.

597.12 (b) The license holder must ensure that all personnel files are readily accessible for the
 597.13 commissioner's review. The license holder is not required to keep personnel files in a single
 597.14 location.

597.15 Sec. 9. **[245I.08] DOCUMENTATION STANDARDS.**

597.16 Subdivision 1. **Generally.** A license holder must ensure that all documentation required
 597.17 by this chapter complies with this section.

597.18 Subd. 2. **Documentation standards.** A license holder must ensure that all documentation
 597.19 required by this chapter:

597.20 (1) is legible;

597.21 (2) identifies the applicable client and staff person on each page; and

597.22 (3) is signed and dated by the staff persons who provided services to the client or
 597.23 completed the documentation, including the staff persons' credentials.

597.24 Subd. 3. **Documenting approval.** A license holder must ensure that all diagnostic
 597.25 assessments, functional assessments, level of care assessments, and treatment plans completed
 597.26 by a clinical trainee or mental health practitioner contain documentation of approval by a
 597.27 treatment supervisor within five business days of initial completion by the staff person under
 597.28 treatment supervision.

597.29 Subd. 4. **Progress notes.** A license holder must use a progress note to document each
 597.30 occurrence of a mental health service that a staff person provides to a client. A progress
 597.31 note must include the following:

- 598.1 (1) the type of service;
- 598.2 (2) the date of service;
- 598.3 (3) the start and stop time of the service unless the license holder is licensed as a
598.4 residential program;
- 598.5 (4) the location of the service;
- 598.6 (5) the scope of the service, including: (i) the targeted goal and objective; (ii) the
598.7 intervention that the staff person provided to the client and the methods that the staff person
598.8 used; (iii) the client's response to the intervention; (iv) the staff person's plan to take future
598.9 actions, including changes in treatment that the staff person will implement if the intervention
598.10 was ineffective; and (v) the service modality;
- 598.11 (6) the signature, printed name, and credentials of the staff person who provided the
598.12 service to the client;
- 598.13 (7) the mental health provider travel documentation required by section 256B.0625, if
598.14 applicable; and
- 598.15 (8) significant observations by the staff person, if applicable, including: (i) the client's
598.16 current risk factors; (ii) emergency interventions by staff persons; (iii) consultations with
598.17 or referrals to other professionals, family, or significant others; and (iv) changes in the
598.18 client's mental or physical symptoms.
- 598.19 Subd. 5. **Medication administration record.** If a license holder administers or observes
598.20 a client self-administer medications, the license holder must maintain a medication
598.21 administration record for each client that contains the following, as applicable:
- 598.22 (1) the client's date of birth;
- 598.23 (2) the client's allergies;
- 598.24 (3) all medication orders for the client, including client-specific orders for
598.25 over-the-counter medications and approved condition-specific protocols;
- 598.26 (4) the name of each ordered medication, date of each medication's expiration, each
598.27 medication's dosage frequency, method of administration, and time;
- 598.28 (5) the licensed prescriber's name and telephone number;
- 598.29 (6) the date of initiation;
- 598.30 (7) the signature, printed name, and credentials of the staff person who administered the
598.31 medication or observed the client self-administer the medication; and

599.1 (8) the reason that the license holder did not administer the client's prescribed medication
599.2 or observe the client self-administer the client's prescribed medication.

599.3 Sec. 10. **[245L.09] CLIENT FILES.**

599.4 Subdivision 1. **Generally.** (a) A license holder must maintain a file for each client that
599.5 contains the client's current and accurate records. The license holder must store each client
599.6 file on the premises where the license holder provides or coordinates services for the client.
599.7 The license holder must ensure that all client files are readily accessible for the
599.8 commissioner's review. The license holder is not required to keep client files in a single
599.9 location.

599.10 (b) The license holder must protect client records against loss, tampering, or unauthorized
599.11 disclosure of confidential client data according to the Minnesota Government Data Practices
599.12 Act, chapter 13; the privacy provisions of the Minnesota health care programs provider
599.13 agreement; the Health Insurance Portability and Accountability Act of 1996 (HIPAA),
599.14 Public Law 104-191; and the Minnesota Health Records Act, sections 144.291 to 144.298.

599.15 Subd. 2. **Record retention.** A license holder must retain client records of a discharged
599.16 client for a minimum of five years from the date of the client's discharge. A license holder
599.17 who ceases to provide treatment services to a client must retain the client's records for a
599.18 minimum of five years from the date that the license holder stopped providing services to
599.19 the client and must notify the commissioner of the location of the client records and the
599.20 name of the individual responsible for storing and maintaining the client records.

599.21 Subd. 3. **Contents.** A license holder must retain a clear and complete record of the
599.22 information that the license holder receives regarding a client, and of the services that the
599.23 license holder provides to the client. If applicable, each client's file must include the following
599.24 information:

599.25 (1) the client's screenings, assessments, and testing;

599.26 (2) the client's treatment plans and reviews of the client's treatment plan;

599.27 (3) the client's individual abuse prevention plans;

599.28 (4) the client's health care directive under section 145C.01, subdivision 5a, and the
599.29 client's emergency contacts;

599.30 (5) the client's crisis plans;

599.31 (6) the client's consents for releases of information and documentation of the client's
599.32 releases of information;

600.1 (7) the client's significant medical and health-related information;

600.2 (8) a record of each communication that a staff person has with the client's other mental
600.3 health providers and persons interested in the client, including the client's case manager,
600.4 family members, primary caregiver, legal representatives, court representatives,
600.5 representatives from the correctional system, or school administration;

600.6 (9) written information by the client that the client requests to include in the client's file;
600.7 and

600.8 (10) the date of the client's discharge from the license holder's program, the reason that
600.9 the license holder discontinued services for the client, and the client's discharge summaries.

600.10 Sec. 11. [245I.10] ASSESSMENT AND TREATMENT PLANNING.

600.11 Subdivision 1. **Definitions.** (a) "Diagnostic formulation" means a written analysis and
600.12 explanation of a client's clinical assessment to develop a hypothesis about the cause and
600.13 nature of a client's presenting problems and to identify the most suitable approach for treating
600.14 the client.

600.15 (b) "Responsivity factors" means the factors other than the diagnostic formulation that
600.16 may modify a client's treatment needs. This includes a client's learning style, abilities,
600.17 cognitive functioning, cultural background, and personal circumstances. When documenting
600.18 a client's responsivity factors a mental health professional or clinical trainee must include
600.19 an analysis of how a client's strengths are reflected in the license holder's plan to deliver
600.20 services to the client.

600.21 Subd. 2. **Generally.** (a) A license holder must use a client's diagnostic assessment or
600.22 crisis assessment to determine a client's eligibility for mental health services, except as
600.23 provided in this section.

600.24 (b) Prior to completing a client's initial diagnostic assessment, a license holder may
600.25 provide a client with the following services:

600.26 (1) an explanation of findings;

600.27 (2) neuropsychological testing, neuropsychological assessment, and psychological
600.28 testing;

600.29 (3) any combination of psychotherapy sessions, family psychotherapy sessions, and
600.30 family psychoeducation sessions not to exceed three sessions;

600.31 (4) crisis assessment services according to section 256B.0624; and

601.1 (5) ten days of intensive residential treatment services according to the assessment and
601.2 treatment planning standards in section 245.23, subdivision 7.

601.3 (c) Based on the client's needs that a crisis assessment identifies under section 256B.0624,
601.4 a license holder may provide a client with the following services:

601.5 (1) crisis intervention and stabilization services under section 245I.23 or 256B.0624;
601.6 and

601.7 (2) any combination of psychotherapy sessions, group psychotherapy sessions, family
601.8 psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions
601.9 within a 12-month period without prior authorization.

601.10 (d) Based on the client's needs in the client's brief diagnostic assessment, a license holder
601.11 may provide a client with any combination of psychotherapy sessions, group psychotherapy
601.12 sessions, family psychotherapy sessions, and family psychoeducation sessions not to exceed
601.13 ten sessions within a 12-month period without prior authorization for any new client or for
601.14 an existing client who the license holder projects will need fewer than ten sessions during
601.15 the next 12 months.

601.16 (e) Based on the client's needs that a hospital's medical history and presentation
601.17 examination identifies, a license holder may provide a client with:

601.18 (1) any combination of psychotherapy sessions, group psychotherapy sessions, family
601.19 psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions
601.20 within a 12-month period without prior authorization for any new client or for an existing
601.21 client who the license holder projects will need fewer than ten sessions during the next 12
601.22 months; and

601.23 (2) up to five days of day treatment services or partial hospitalization.

601.24 (f) A license holder must complete a new standard diagnostic assessment of a client:

601.25 (1) when the client requires services of a greater number or intensity than the services
601.26 that paragraphs (b) to (e) describe;

601.27 (2) at least annually following the client's initial diagnostic assessment if the client needs
601.28 additional mental health services and the client does not meet the criteria for a brief
601.29 assessment;

601.30 (3) when the client's mental health condition has changed markedly since the client's
601.31 most recent diagnostic assessment; or

602.1 (4) when the client's current mental health condition does not meet the criteria of the
602.2 client's current diagnosis.

602.3 (g) For an existing client, the license holder must ensure that a new standard diagnostic
602.4 assessment includes a written update containing all significant new or changed information
602.5 about the client, and an update regarding what information has not significantly changed,
602.6 including a discussion with the client about changes in the client's life situation, functioning,
602.7 presenting problems, and progress with achieving treatment goals since the client's last
602.8 diagnostic assessment was completed.

602.9 Subd. 3. **Continuity of services.** (a) For any client with a diagnostic assessment
602.10 completed under Minnesota Rules, parts 9505.0370 to 9505.0372, before the effective date
602.11 of this section, the diagnostic assessment is valid for authorizing the client's treatment and
602.12 billing for one calendar year after the date that the assessment was completed.

602.13 (b) For any client with an individual treatment plan completed under section 256B.0622,
602.14 256B.0623, 256B.0943, 256B.0946, or 256B.0947 or Minnesota Rules, parts 9505.0370 to
602.15 9505.0372, the client's treatment plan is valid for authorizing treatment and billing until the
602.16 treatment plan's expiration date.

602.17 (c) This subdivision expires July 1, 2023.

602.18 Subd. 4. **Diagnostic assessment.** A client's diagnostic assessment must: (1) identify at
602.19 least one mental health diagnosis for which the client meets the diagnostic criteria and
602.20 recommend mental health services to develop the client's mental health services and treatment
602.21 plan; or (2) include a finding that the client does not meet the criteria for a mental health
602.22 disorder.

602.23 Subd. 5. **Brief diagnostic assessment; required elements.** (a) Only a mental health
602.24 professional or clinical trainee may complete a brief diagnostic assessment of a client. A
602.25 license holder may only use a brief diagnostic assessment for a client who is six years of
602.26 age or older.

602.27 (b) When conducting a brief diagnostic assessment of a client, the assessor must complete
602.28 a face-to-face interview with the client and a written evaluation of the client. The assessor
602.29 must gather and document initial components of the client's standard diagnostic assessment,
602.30 including the client's:

602.31 (1) age;

602.32 (2) description of symptoms, including the reason for the client's referral;

602.33 (3) history of mental health treatment;

603.1 (4) cultural influences on the client; and

603.2 (5) mental status examination.

603.3 (c) Based on the initial components of the assessment, the assessor must develop a
603.4 provisional diagnostic formulation about the client. The assessor may use the client's
603.5 provisional diagnostic formulation to address the client's immediate needs and presenting
603.6 problems.

603.7 (d) A mental health professional or clinical trainee may use treatment sessions with the
603.8 client authorized by a brief diagnostic assessment to gather additional information about
603.9 the client to complete the client's standard diagnostic assessment if the number of sessions
603.10 will exceed the coverage limits in subdivision 2.

603.11 Subd. 6. **Standard diagnostic assessment; required elements.** (a) Only a mental health
603.12 professional or a clinical trainee may complete a standard diagnostic assessment of a client.
603.13 A standard diagnostic assessment of a client must include a face-to-face interview with a
603.14 client and a written evaluation of the client. The assessor must complete a client's standard
603.15 diagnostic assessment within the client's cultural context.

603.16 (b) When completing a standard diagnostic assessment of a client, the assessor must
603.17 gather and document information about the client's current life situation, including the
603.18 following information:

603.19 (1) the client's age;

603.20 (2) the client's current living situation, including the client's housing status and household
603.21 members;

603.22 (3) the status of the client's basic needs;

603.23 (4) the client's education level and employment status;

603.24 (5) the client's current medications;

603.25 (6) any immediate risks to the client's health and safety;

603.26 (7) the client's perceptions of the client's condition;

603.27 (8) the client's description of the client's symptoms, including the reason for the client's
603.28 referral;

603.29 (9) the client's history of mental health treatment; and

603.30 (10) cultural influences on the client.

604.1 (c) If the assessor cannot obtain the information that this subdivision requires without
604.2 retraumatizing the client or harming the client's willingness to engage in treatment, the
604.3 assessor must identify which topics will require further assessment during the course of the
604.4 client's treatment. The assessor must gather and document information related to the following
604.5 topics:

604.6 (1) the client's relationship with the client's family and other significant personal
604.7 relationships, including the client's evaluation of the quality of each relationship;

604.8 (2) the client's strengths and resources, including the extent and quality of the client's
604.9 social networks;

604.10 (3) important developmental incidents in the client's life;

604.11 (4) maltreatment, trauma, potential brain injuries, and abuse that the client has suffered;

604.12 (5) the client's history of or exposure to alcohol and drug usage and treatment; and

604.13 (6) the client's health history and the client's family health history, including the client's
604.14 physical, chemical, and mental health history.

604.15 (d) When completing a standard diagnostic assessment of a client, an assessor must use
604.16 a recognized diagnostic framework.

604.17 (1) When completing a standard diagnostic assessment of a client who is five years of
604.18 age or younger, the assessor must use the current edition of the DC: 0-5 Diagnostic
604.19 Classification of Mental Health and Development Disorders of Infancy and Early Childhood
604.20 published by Zero to Three.

604.21 (2) When completing a standard diagnostic assessment of a client who is six years of
604.22 age or older, the assessor must use the current edition of the Diagnostic and Statistical
604.23 Manual of Mental Disorders published by the American Psychiatric Association.

604.24 (3) When completing a standard diagnostic assessment of a client who is five years of
604.25 age or younger, an assessor must administer the Early Childhood Service Intensity Instrument
604.26 (ECSII) to the client and include the results in the client's assessment.

604.27 (4) When completing a standard diagnostic assessment of a client who is six to 17 years
604.28 of age, an assessor must administer the Child and Adolescent Service Intensity Instrument
604.29 (CASII) to the client and include the results in the client's assessment.

604.30 (5) When completing a standard diagnostic assessment of a client who is 18 years of
604.31 age or older, an assessor must use either (i) the CAGE-AID Questionnaire or (ii) the criteria
604.32 in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders

605.1 published by the American Psychiatric Association to screen and assess the client for a
605.2 substance use disorder.

605.3 (e) When completing a standard diagnostic assessment of a client, the assessor must
605.4 include and document the following components of the assessment:

605.5 (1) the client's mental status examination;

605.6 (2) the client's baseline measurements; symptoms; behavior; skills; abilities; resources;
605.7 vulnerabilities; safety needs, including client information that supports the assessor's findings
605.8 after applying a recognized diagnostic framework from paragraph (d); and any differential
605.9 diagnosis of the client;

605.10 (3) an explanation of: (i) how the assessor diagnosed the client using the information
605.11 from the client's interview, assessment, psychological testing, and collateral information
605.12 about the client; (ii) the client's needs; (iii) the client's risk factors; (iv) the client's strengths;
605.13 and (v) the client's responsivity factors.

605.14 (f) When completing a standard diagnostic assessment of a client, the assessor must
605.15 consult the client and the client's family about which services that the client and the family
605.16 prefer to treat the client. The assessor must make referrals for the client as to services required
605.17 by law.

605.18 Subd. 7. **Individual treatment plan.** A license holder must follow each client's written
605.19 individual treatment plan when providing services to the client with the following exceptions:

605.20 (1) services that do not require that a license holder completes a standard diagnostic
605.21 assessment of a client before providing services to the client;

605.22 (2) when developing a service plan; and

605.23 (3) when a client re-engages in services under subdivision 8, paragraph (b).

605.24 Subd. 8. **Individual treatment plan; required elements.** (a) After completing a client's
605.25 diagnostic assessment and before providing services to the client, the license holder must
605.26 complete the client's individual treatment plan. The license holder must:

605.27 (1) base the client's individual treatment plan on the client's diagnostic assessment and
605.28 baseline measurements;

605.29 (2) for a child client, use a child-centered, family-driven, and culturally appropriate
605.30 planning process that allows the child's parents and guardians to observe and participate in
605.31 the child's individual and family treatment services, assessments, and treatment planning;

606.1 (3) for an adult client, use a person-centered, culturally appropriate planning process
606.2 that allows the client's family and other natural supports to observe and participate in the
606.3 client's treatment services, assessments, and treatment planning;

606.4 (4) identify the client's treatment goals, measureable treatment objectives, a schedule
606.5 for accomplishing the client's treatment goals and objectives, a treatment strategy, and the
606.6 individuals responsible for providing treatment services and supports to the client. The
606.7 license holder must have a treatment strategy to engage the client in treatment if the client:

606.8 (i) has a history of not engaging in treatment; and

606.9 (ii) is ordered by a court to participate in treatment services or to take neuroleptic
606.10 medications;

606.11 (5) identify the participants involved in the client's treatment planning. The client must
606.12 be a participant in the client's treatment planning. If applicable, the license holder must
606.13 document the reasons that the license holder did not involve the client's family or other
606.14 natural supports in the client's treatment planning;

606.15 (6) review the client's individual treatment plan every 180 days and update the client's
606.16 individual treatment plan with the client's treatment progress, new treatment objectives and
606.17 goals or, if the client has not made treatment progress, changes in the license holder's
606.18 approach to treatment; and

606.19 (7) ensure that the client approves of the client's individual treatment plan unless a court
606.20 orders the client's treatment plan under chapter 253B.

606.21 (b) If the client disagrees with the client's treatment plan, the license holder must
606.22 document in the client file the reasons why the client does not agree with the treatment plan.
606.23 If the license holder cannot obtain the client's approval of the treatment plan, a mental health
606.24 professional must make efforts to obtain approval from a person who is authorized to consent
606.25 on the client's behalf within 30 days after the client's previous individual treatment plan
606.26 expired. A license holder may not deny a client service during this time period solely because
606.27 the license holder could not obtain the client's approval of the client's individual treatment
606.28 plan. A license holder may continue to bill for the client's otherwise eligible services when
606.29 the client re-engages in services.

606.30 Subd. 9. **Functional assessment; required elements.** When a license holder is
606.31 completing a functional assessment for an adult client, the license holder must:

606.32 (1) complete a functional assessment of the client after completing the client's diagnostic
606.33 assessment;

607.1 (2) use a collaborative process that allows the client and the client's family and other
607.2 natural supports, the client's referral sources, and the client's providers to provide information
607.3 about how the client's symptoms of mental illness impact the client's functioning;

607.4 (3) if applicable, document the reasons that the license holder did not contact the client's
607.5 family and other natural supports;

607.6 (4) assess and document how the client's symptoms of mental illness impact the client's
607.7 functioning in the following areas:

607.8 (i) the client's mental health symptoms;

607.9 (ii) the client's mental health service needs;

607.10 (iii) the client's substance use;

607.11 (iv) the client's vocational and educational functioning;

607.12 (v) the client's social functioning, including the use of leisure time;

607.13 (vi) the client's interpersonal functioning, including relationships with the client's family
607.14 and other natural supports;

607.15 (vii) the client's ability to provide self-care and live independently;

607.16 (viii) the client's medical and dental health;

607.17 (ix) the client's financial assistance needs; and

607.18 (x) the client's housing and transportation needs;

607.19 (5) include a narrative summarizing the client's strengths, resources, and all areas of
607.20 functional impairment;

607.21 (6) complete the client's functional assessment before the client's initial individual
607.22 treatment plan unless a service specifies otherwise; and

607.23 (7) update the client's functional assessment with the client's current functioning whenever
607.24 there is a significant change in the client's functioning or at least every 180 days, unless a
607.25 service specifies otherwise.

607.26 Sec. 12. [245L.11] HEALTH SERVICES AND MEDICATIONS.

607.27 Subdivision 1. Generally. If a license holder is licensed as a residential program, stores
607.28 or administers client medications, or observes clients self-administer medications, the license
607.29 holder must ensure that a staff person who is a registered nurse or licensed prescriber is
607.30 responsible for overseeing storage and administration of client medications and observing

608.1 as a client self-administers medications, including training according to section 245I.05,
608.2 subdivision 6, and documenting the occurrence according to section 245I.08, subdivision
608.3 5.

608.4 Subd. 2. **Health services.** If a license holder is licensed as a residential program, the
608.5 license holder must:

608.6 (1) ensure that a client is screened for health issues within 72 hours of the client's
608.7 admission;

608.8 (2) monitor the physical health needs of each client on an ongoing basis;

608.9 (3) offer referrals to clients and coordinate each client's care with psychiatric and medical
608.10 services;

608.11 (4) identify circumstances in which a staff person must notify a registered nurse or
608.12 licensed prescriber of any of a client's health concerns and the process for providing
608.13 notification of client health concerns; and

608.14 (5) identify the circumstances in which the license holder must obtain medical care for
608.15 a client and the process for obtaining medical care for a client.

608.16 Subd. 3. **Storing and accounting for medications.** (a) If a license holder stores client
608.17 medications, the license holder must:

608.18 (1) store client medications in original containers in a locked location;

608.19 (2) store refrigerated client medications in special trays or containers that are separate
608.20 from food;

608.21 (3) store client medications marked "for external use only" in a compartment that is
608.22 separate from other client medications;

608.23 (4) store Schedule II to IV drugs listed in section 152.02, subdivisions 3 to 5, in a
608.24 compartment that is locked separately from other medications;

608.25 (5) ensure that only authorized staff persons have access to stored client medications;

608.26 (6) follow a documentation procedure on each shift to account for all scheduled drugs;
608.27 and

608.28 (7) record each incident when a staff person accepts a supply of client medications and
608.29 destroy discontinued, outdated, or deteriorated client medications.

608.30 (b) If a license holder is licensed as a residential program, the license holder must allow
608.31 clients who self-administer medications to keep a private medication supply. The license

609.1 holder must ensure that the client stores all private medication in a locked container in the
609.2 client's private living area, unless the private medication supply poses a health and safety
609.3 risk to any clients. A client must not maintain a private medication supply of a prescription
609.4 medication without a written medication order from a licensed prescriber and a prescription
609.5 label that includes the client's name.

609.6 Subd. 4. **Medication orders.** (a) If a license holder stores, prescribes, or administers
609.7 medications or observes a client self-administer medications, the license holder must:

609.8 (1) ensure that a licensed prescriber writes all orders to accept, administer, or discontinue
609.9 client medications;

609.10 (2) accept nonwritten orders to administer client medications in emergency circumstances
609.11 only;

609.12 (3) establish a timeline and process for obtaining a written order with the licensed
609.13 prescriber's signature when the license holder accepts a nonwritten order to administer client
609.14 medications;

609.15 (4) obtain prescription medication renewals from a licensed prescriber for each client
609.16 every 90 days for psychotropic medications and annually for all other medications; and

609.17 (5) maintain the client's right to privacy and dignity.

609.18 (b) If a license holder employs a licensed prescriber, the license holder must inform the
609.19 client about potential medication effects and side effects and obtain and document the client's
609.20 informed consent before the licensed prescriber prescribes a medication.

609.21 Subd. 5. **Medication administration.** If a license holder is licensed as a residential
609.22 program, the license holder must:

609.23 (1) assess and document each client's ability to self-administer medication. In the
609.24 assessment, the license holder must evaluate the client's ability to: (i) comply with prescribed
609.25 medication regimens; and (ii) store the client's medications safely and in a manner that
609.26 protects other individuals in the facility. Through the assessment process, the license holder
609.27 must assist the client in developing the skills necessary to safely self-administer medication;

609.28 (2) monitor the effectiveness of medications, side effects of medications, and adverse
609.29 reactions to medications for each client. The license holder must address and document any
609.30 concerns about a client's medications;

609.31 (3) ensure that no staff person or client gives a legend drug supply for one client to
609.32 another client;

610.1 (4) have policies and procedures for: (i) keeping a record of each client's medication
 610.2 orders; (ii) keeping a record of any incident of deferring a client's medications; (iii)
 610.3 documenting any incident when a client's medication is omitted; and (iv) documenting when
 610.4 a client refuses to take medications as prescribed; and

610.5 (5) document and track medication errors, document whether the license holder notified
 610.6 anyone about the medication error, determine if the license holder must take any follow-up
 610.7 actions, and identify the staff persons who are responsible for taking follow-up actions.

610.8 **Sec. 13. [245L.12] CLIENT RIGHTS AND PROTECTIONS.**

610.9 Subdivision 1. **Client rights.** A license holder must ensure that all clients have the
 610.10 following rights:

610.11 (1) the rights listed in the health care bill of rights in section 144.651;

610.12 (2) the right to be free from discrimination based on age, race, color, creed, religion,
 610.13 national origin, gender, marital status, disability, sexual orientation, and status with regard
 610.14 to public assistance. The license holder must follow all applicable state and federal laws
 610.15 including the Minnesota Human Rights Act, chapter 363A; and

610.16 (3) the right to be informed prior to a photograph or audio or video recording being made
 610.17 of the client. The client has the right to refuse to allow any recording or photograph of the
 610.18 client that is not for the purposes of identification or supervision by the license holder.

610.19 Subd. 2. **Restrictions to client rights.** If the license holder restricts a client's right, the
 610.20 license holder must document in the client file a mental health professional's approval of
 610.21 the restriction and the reasons for the restriction.

610.22 Subd. 3. **Notice of rights.** The license holder must give a copy of the client's rights
 610.23 according to this section to each client on the day of the client's admission. The license
 610.24 holder must document that the license holder gave a copy of the client's rights to each client
 610.25 on the day of the client's admission according to this section. The license holder must post
 610.26 a copy of the client rights in an area visible or accessible to all clients. The license holder
 610.27 must include the client rights in Minnesota Rules, chapter 9544, for applicable clients.

610.28 Subd. 4. **Client property.** (a) The license holder must meet the requirements of section
 610.29 245A.04, subdivision 13.

610.30 (b) If the license holder is unable to obtain a client's signature acknowledging the receipt
 610.31 or disbursement of the client's funds or property required by section 245A.04, subdivision
 610.32 13, paragraph (c), clause (1), two staff persons must sign documentation acknowledging

611.1 that the staff persons witnessed the client's receipt or disbursement of the client's funds or
611.2 property.

611.3 (c) The license holder must return all of the client's funds and other property to the client
611.4 except for the following items:

611.5 (1) illicit drugs, drug paraphernalia, and drug containers that are subject to forfeiture
611.6 under section 609.5316. The license holder must give illicit drugs, drug paraphernalia, and
611.7 drug containers to a local law enforcement agency or destroy the items; and

611.8 (2) weapons, explosives, and other property that may cause serious harm to the client
611.9 or others. The license holder may give a client's weapons and explosives to a local law
611.10 enforcement agency. The license holder must notify the client that a local law enforcement
611.11 agency has the client's property and that the client has the right to reclaim the property if
611.12 the client has a legal right to possess the item.

611.13 (d) If a client leaves the license holder's program but abandons the client's funds or
611.14 property, the license holder must retain and store the client's funds or property, including
611.15 medications, for a minimum of 30 days after the client's discharge from the program.

611.16 Subd. 5. **Client grievances.** (a) The license holder must have a grievance procedure
611.17 that:

611.18 (1) describes to clients how the license holder will meet the requirements in this
611.19 subdivision; and

611.20 (2) contains the current public contact information of the Department of Human Services,
611.21 Licensing Division; the Office of Ombudsman for Mental Health and Developmental
611.22 Disabilities; the Department of Health, Office of Health Facilities Complaints; and all
611.23 applicable health-related licensing boards.

611.24 (b) On the day of each client's admission, the license holder must explain the grievance
611.25 procedure to the client.

611.26 (c) The license holder must:

611.27 (1) post the grievance procedure in a place visible to clients and provide a copy of the
611.28 grievance procedure upon request;

611.29 (2) allow clients, former clients, and their authorized representatives to submit a grievance
611.30 to the license holder;

611.31 (3) within three business days of receiving a client's grievance, acknowledge in writing
611.32 that the license holder received the client's grievance. If applicable, the license holder must

612.1 include a notice of the client's separate appeal rights for a managed care organization's
612.2 reduction, termination, or denial of a covered service;

612.3 (4) within 15 business days of receiving a client's grievance, provide a written final
612.4 response to the client's grievance containing the license holder's official response to the
612.5 grievance; and

612.6 (5) allow the client to bring a grievance to the person with the highest level of authority
612.7 in the program.

612.8 **Sec. 14. [245I.13] CRITICAL INCIDENTS.**

612.9 If a license holder is licensed as a residential program, the license holder must report all
612.10 critical incidents to the commissioner within ten days of learning of the incident on a form
612.11 approved by the commissioner. The license holder must keep a record of critical incidents
612.12 in a central location that is readily accessible to the commissioner for review upon the
612.13 commissioner's request for a minimum of two licensing periods.

612.14 **Sec. 15. [245I.20] MENTAL HEALTH CLINIC.**

612.15 Subdivision 1. **Purpose.** Certified mental health clinics provide clinical services for the
612.16 treatment of mental illnesses with a treatment team that reflects multiple disciplines and
612.17 areas of expertise.

612.18 Subd. 2. **Definitions.** (a) "Clinical services" means services provided to a client to
612.19 diagnose, describe, predict, and explain the client's status relative to a condition or problem
612.20 as described in the: (1) current edition of the Diagnostic and Statistical Manual of Mental
612.21 Disorders published by the American Psychiatric Association; or (2) current edition of the
612.22 DC: 0-5 Diagnostic Classification of Mental Health and Development Disorders of Infancy
612.23 and Early Childhood published by Zero to Three. Where necessary, clinical services includes
612.24 services to treat a client to reduce the client's impairment due to the client's condition.
612.25 Clinical services also includes individual treatment planning, case review, record-keeping
612.26 required for a client's treatment, and treatment supervision. For the purposes of this section,
612.27 clinical services excludes services delivered to a client under a separate license and services
612.28 listed under section 245I.011, subdivision 5.

612.29 (b) "Competent" means having professional education, training, continuing education,
612.30 consultation, supervision, experience, or a combination thereof necessary to demonstrate
612.31 sufficient knowledge of and proficiency in a specific clinical service.

613.1 (c) "Discipline" means a branch of professional knowledge or skill acquired through a
613.2 specific course of study, training, and supervised practice. Discipline is usually documented
613.3 by a specific educational degree, licensure, or certification of proficiency. Examples of the
613.4 mental health disciplines include but are not limited to psychiatry, psychology, clinical
613.5 social work, marriage and family therapy, clinical counseling, and psychiatric nursing.

613.6 (d) "Treatment team" means the mental health professionals, mental health practitioners,
613.7 and clinical trainees who provide clinical services to clients.

613.8 **Subd. 3. Organizational structure.** (a) A mental health clinic location must be an entire
613.9 facility or a clearly identified unit within a facility that is administratively and clinically
613.10 separate from the rest of the facility. The mental health clinic location may provide services
613.11 other than clinical services to clients, including medical services, substance use disorder
613.12 services, social services, training, and education.

613.13 (b) The certification holder must notify the commissioner of all mental health clinic
613.14 locations. If there is more than one mental health clinic location, the certification holder
613.15 must designate one location as the main location and all of the other locations as satellite
613.16 locations. The main location as a unit and the clinic as a whole must comply with the
613.17 minimum staffing standards in subdivision 4.

613.18 (c) The certification holder must ensure that each satellite location:

613.19 (1) adheres to the same policies and procedures as the main location;

613.20 (2) provides treatment team members with face-to-face or telephone access to a mental
613.21 health professional for the purposes of supervision whenever the satellite location is open.
613.22 The certification holder must maintain a schedule of the mental health professionals who
613.23 will be available and the contact information for each available mental health professional.
613.24 The schedule must be current and readily available to treatment team members; and

613.25 (3) enables clients to access all of the mental health clinic's clinical services and treatment
613.26 team members, as needed.

613.27 **Subd. 4. Minimum staffing standards.** (a) A certification holder's treatment team must
613.28 consist of at least four mental health professionals. At least two of the mental health
613.29 professionals must be employed by or under contract with the mental health clinic for a
613.30 minimum of 35 hours per week each. Each of the two mental health professionals must
613.31 specialize in a different mental health discipline.

613.32 (b) The treatment team must include:

614.1 (1) a physician qualified as a mental health professional according to section 245I.04,
614.2 subdivision 2, clause (4), or a nurse qualified as a mental health professional according to
614.3 section 245I.04, subdivision 2, clause (1); and

614.4 (2) a psychologist qualified as a mental health professional according to section 245I.04,
614.5 subdivision 2, clause (3).

614.6 (c) The staff persons fulfilling the requirement in paragraph (b) must provide clinical
614.7 services at least:

614.8 (1) eight hours every two weeks if the mental health clinic has over 25.0 full-time
614.9 equivalent treatment team members;

614.10 (2) eight hours each month if the mental health clinic has 15.1 to 25.0 full-time equivalent
614.11 treatment team members;

614.12 (3) four hours each month if the mental health clinic has 5.1 to 15.0 full-time equivalent
614.13 treatment team members; or

614.14 (4) two hours each month if the mental health clinic has 2.0 to 5.0 full-time equivalent
614.15 treatment team members or only provides in-home services to clients.

614.16 (d) The certification holder must maintain a record that demonstrates compliance with
614.17 this subdivision.

614.18 **Subd. 5. Treatment supervision specified.** (a) A mental health professional must remain
614.19 responsible for each client's case. The certification holder must document the name of the
614.20 mental health professional responsible for each case and the dates that the mental health
614.21 professional is responsible for the client's case from beginning date to end date. The
614.22 certification holder must assign each client's case for assessment, diagnosis, and treatment
614.23 services to a treatment team member who is competent in the assigned clinical service, the
614.24 recommended treatment strategy, and in treating the client's characteristics.

614.25 (b) Treatment supervision of mental health practitioners and clinical trainees required
614.26 by section 245I.06 must include case reviews as described in this paragraph. Every two
614.27 months, a mental health professional must complete a case review of each client assigned
614.28 to the mental health professional when the client is receiving clinical services from a mental
614.29 health practitioner or clinical trainee. The case review must include a consultation process
614.30 that thoroughly examines the client's condition and treatment, including: (1) a review of the
614.31 client's reason for seeking treatment, diagnoses and assessments, and the individual treatment
614.32 plan; (2) a review of the appropriateness, duration, and outcome of treatment provided to
614.33 the client; and (3) treatment recommendations.

615.1 Subd. 6. **Additional policy and procedure requirements.** (a) In addition to the policies
615.2 and procedures required by section 245I.03, the certification holder must establish, enforce,
615.3 and maintain the policies and procedures required by this subdivision.

615.4 (b) The certification holder must have a clinical evaluation procedure to identify and
615.5 document each treatment team member's areas of competence.

615.6 (c) The certification holder must have policies and procedures for client intake and case
615.7 assignment that:

615.8 (1) outline the client intake process;

615.9 (2) describe how the mental health clinic determines the appropriateness of accepting a
615.10 client into treatment by reviewing the client's condition and need for treatment, the clinical
615.11 services that the mental health clinic offers to clients, and other available resources; and

615.12 (3) contain a process for assigning a client's case to a mental health professional who is
615.13 responsible for the client's case and other treatment team members.

615.14 Subd. 7. **Referrals.** If necessary treatment for a client or treatment desired by a client
615.15 is not available at the mental health clinic, the certification holder must facilitate appropriate
615.16 referrals for the client. When making a referral for a client, the treatment team member must
615.17 document a discussion with the client that includes: (1) the reason for the client's referral;
615.18 (2) potential treatment resources for the client; and (3) the client's response to receiving a
615.19 referral.

615.20 Subd. 8. **Emergency service.** For the certification holder's telephone numbers that clients
615.21 regularly access, the certification holder must include the contact information for the area's
615.22 mental health crisis services as part of the certification holder's message when a live operator
615.23 is not available to answer clients' calls.

615.24 Subd. 9. **Quality assurance and improvement plan.** (a) At a minimum, a certification
615.25 holder must develop a written quality assurance and improvement plan that includes a plan
615.26 for:

615.27 (1) encouraging ongoing consultation among members of the treatment team;

615.28 (2) obtaining and evaluating feedback about services from clients, family and other
615.29 natural supports, referral sources, and staff persons;

615.30 (3) measuring and evaluating client outcomes;

615.31 (4) reviewing client suicide deaths and suicide attempts;

615.32 (5) examining the quality of clinical service delivery to clients; and

616.1 (6) self-monitoring of compliance with this chapter.

616.2 (b) At least annually, the certification holder must review, evaluate, and update the
616.3 quality assurance and improvement plan. The review must: (1) include documentation of
616.4 the actions that the certification holder will take as a result of information obtained from
616.5 monitoring activities in the plan; and (2) establish goals for improved service delivery to
616.6 clients for the next year.

616.7 Subd. 10. **Application procedures.** (a) The applicant for certification must submit any
616.8 documents that the commissioner requires on forms approved by the commissioner.

616.9 (b) Upon submitting an application for certification, an applicant must pay the application
616.10 fee required by section 245A.10, subdivision 3.

616.11 (c) The commissioner must act on an application within 90 working days of receiving
616.12 a completed application.

616.13 (d) When the commissioner receives an application for initial certification that is
616.14 incomplete because the applicant failed to submit required documents or is deficient because
616.15 the submitted documents do not meet certification requirements, the commissioner must
616.16 provide the applicant with written notice that the application is incomplete or deficient. In
616.17 the notice, the commissioner must identify the particular documents that are missing or
616.18 deficient and give the applicant 45 days to submit a second application that is complete. An
616.19 applicant's failure to submit a complete application within 45 days after receiving notice
616.20 from the commissioner is a basis for certification denial.

616.21 (e) The commissioner must give notice of a denial to an applicant when the commissioner
616.22 has made the decision to deny the certification application. In the notice of denial, the
616.23 commissioner must state the reasons for the denial in plain language. The commissioner
616.24 must send or deliver the notice of denial to an applicant by certified mail or personal service.
616.25 In the notice of denial, the commissioner must state the reasons that the commissioner denied
616.26 the application and must inform the applicant of the applicant's right to request a contested
616.27 case hearing under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The
616.28 applicant may appeal the denial by notifying the commissioner in writing by certified mail
616.29 or personal service. If mailed, the appeal must be postmarked and sent to the commissioner
616.30 within 20 calendar days after the applicant received the notice of denial. If an applicant
616.31 delivers an appeal by personal service, the commissioner must receive the appeal within 20
616.32 calendar days after the applicant received the notice of denial.

616.33 Subd. 11. **Commissioner's right of access.** (a) When the commissioner is exercising
616.34 the powers conferred to the commissioner by this chapter, if the mental health clinic is in

617.1 operation and the information is relevant to the commissioner's inspection or investigation,
617.2 the certification holder must provide the commissioner access to:

617.3 (1) the physical facility and grounds where the program is located;

617.4 (2) documentation and records, including electronically maintained records;

617.5 (3) clients served by the mental health clinic;

617.6 (4) staff persons of the mental health clinic; and

617.7 (5) personnel records of current and former staff of the mental health clinic.

617.8 (b) The certification holder must provide the commissioner with access to the facility
617.9 and grounds, documentation and records, clients, and staff without prior notice and as often
617.10 as the commissioner considers necessary if the commissioner is investigating alleged
617.11 maltreatment or a violation of a law or rule, or conducting an inspection. When conducting
617.12 an inspection, the commissioner may request and must receive assistance from other state,
617.13 county, and municipal governmental agencies and departments. The applicant or certification
617.14 holder must allow the commissioner, at the commissioner's expense, to photocopy,
617.15 photograph, and make audio and video recordings during an inspection.

617.16 Subd. 12. **Monitoring and inspections.** (a) The commissioner may conduct a certification
617.17 review of the certified mental health clinic every two years to determine the certification
617.18 holder's compliance with applicable rules and statutes.

617.19 (b) The commissioner must offer the certification holder a choice of dates for an
617.20 announced certification review. A certification review must occur during the clinic's normal
617.21 working hours.

617.22 (c) The commissioner must make the results of certification reviews and investigations
617.23 publicly available on the department's website.

617.24 Subd. 13. **Correction orders.** (a) If the applicant or certification holder fails to comply
617.25 with a law or rule, the commissioner may issue a correction order. The correction order
617.26 must state:

617.27 (1) the condition that constitutes a violation of the law or rule;

617.28 (2) the specific law or rule that the applicant or certification holder has violated; and

617.29 (3) the time that the applicant or certification holder is allowed to correct each violation.

617.30 (b) If the applicant or certification holder believes that the commissioner's correction
617.31 order is erroneous, the applicant or certification holder may ask the commissioner to

618.1 reconsider the part of the correction order that is allegedly erroneous. An applicant or
618.2 certification holder must make a request for reconsideration in writing. The request must
618.3 be postmarked and sent to the commissioner within 20 calendar days after the applicant or
618.4 certification holder received the correction order; and the request must:

618.5 (1) specify the part of the correction order that is allegedly erroneous;

618.6 (2) explain why the specified part is erroneous; and

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

618.8 (c) A request for reconsideration does not stay any provision or requirement of the
618.9 correction order. The commissioner's disposition of a request for reconsideration is final
618.10 and not subject to appeal.

618.11 (d) If the commissioner finds that the applicant or certification holder failed to correct
618.12 the violation specified in the correction order, the commissioner may decertify the certified
618.13 mental health clinic according to subdivision 14.

618.14 (e) Nothing in this subdivision prohibits the commissioner from decertifying a mental
618.15 health clinic according to subdivision 14.

618.16 Subd. 14. **Decertification.** (a) The commissioner may decertify a mental health clinic
618.17 if a certification holder:

618.18 (1) failed to comply with an applicable law or rule; or

618.19 (2) knowingly withheld relevant information from or gave false or misleading information
618.20 to the commissioner in connection with an application for certification, during an
618.21 investigation, or regarding compliance with applicable laws or rules.

618.22 (b) When considering decertification of a mental health clinic, the commissioner must
618.23 consider the nature, chronicity, or severity of the violation of law or rule and the effect of
618.24 the violation on the health, safety, or rights of clients.

618.25 (c) If the commissioner decertifies a mental health clinic, the order of decertification
618.26 must inform the certification holder of the right to have a contested case hearing under
618.27 chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The certification holder
618.28 may appeal the decertification. The certification holder must appeal a decertification in
618.29 writing and send or deliver the appeal to the commissioner by certified mail or personal
618.30 service. If the certification holder mails the appeal, the appeal must be postmarked and sent
618.31 to the commissioner within ten calendar days after the certification holder receives the order
618.32 of decertification. If the certification holder delivers an appeal by personal service, the

619.1 commissioner must receive the appeal within ten calendar days after the certification holder
619.2 received the order. If a certification holder submits a timely appeal of an order of
619.3 decertification, the certification holder may continue to operate the program until the
619.4 commissioner issues a final order on the decertification.

619.5 (d) If the commissioner decertifies a mental health clinic pursuant to paragraph (a),
619.6 clause (1), based on a determination that the mental health clinic was responsible for
619.7 maltreatment, and if the certification holder appeals the decertification according to paragraph
619.8 (c), and appeals the maltreatment determination under section 260E.33, the final
619.9 decertification determination is stayed until the commissioner issues a final decision regarding
619.10 the maltreatment appeal.

619.11 Subd. 15. **Transfer prohibited.** A certification issued under this section is only valid
619.12 for the premises and the individual, organization, or government entity identified by the
619.13 commissioner on the certification. A certification is not transferable or assignable.

619.14 Subd. 16. **Notifications required and noncompliance.** (a) A certification holder must
619.15 notify the commissioner, in a manner prescribed by the commissioner, and obtain the
619.16 commissioner's approval before making any change to the name of the certification holder
619.17 or the location of the mental health clinic.

619.18 (b) Changes in mental health clinic organization, staffing, treatment, or quality assurance
619.19 procedures that affect the ability of the certification holder to comply with the minimum
619.20 standards of this section must be reported in writing by the certification holder to the
619.21 commissioner within 15 days of the occurrence. Review of the change must be conducted
619.22 by the commissioner. A certification holder with changes resulting in noncompliance in
619.23 minimum standards must receive written notice and may have up to 180 days to correct the
619.24 areas of noncompliance before being decertified. Interim procedures to resolve the
619.25 noncompliance on a temporary basis must be developed and submitted in writing to the
619.26 commissioner for approval within 30 days of the commissioner's determination of the
619.27 noncompliance. Not reporting an occurrence of a change that results in noncompliance
619.28 within 15 days, failure to develop an approved interim procedure within 30 days of the
619.29 determination of the noncompliance, or nonresolution of the noncompliance within 180
619.30 days will result in immediate decertification.

619.31 (c) The mental health clinic may be required to submit written information to the
619.32 department to document that the mental health clinic has maintained compliance with this
619.33 section and mental health clinic procedures.

620.1 Sec. 16. [245L.23] INTENSIVE RESIDENTIAL TREATMENT SERVICES AND
620.2 RESIDENTIAL CRISIS STABILIZATION.

620.3 Subdivision 1. Purpose. (a) Intensive residential treatment services is a community-based
620.4 medically monitored level of care for an adult client that uses established rehabilitative
620.5 principles to promote a client's recovery and to develop and achieve psychiatric stability,
620.6 personal and emotional adjustment, self-sufficiency, and other skills that help a client
620.7 transition to a more independent setting.

620.8 (b) Residential crisis stabilization provides structure and support to an adult client in a
620.9 community living environment when a client has experienced a mental health crisis and
620.10 needs short-term services to ensure that the client can safely return to the client's home or
620.11 precrisis living environment with additional services and supports identified in the client's
620.12 crisis assessment.

620.13 Subd. 2. Definitions. (a) "Program location" means a set of rooms that are each physically
620.14 self-contained and have defining walls extending from floor to ceiling. Program location
620.15 includes bedrooms, living rooms or lounge areas, bathrooms, and connecting areas.

620.16 (b) "Treatment team" means a group of staff persons who provide intensive residential
620.17 treatment services or residential crisis stabilization to clients. The treatment team includes
620.18 mental health professionals, mental health practitioners, clinical trainees, certified
620.19 rehabilitation specialists, mental health rehabilitation workers, and mental health certified
620.20 peer specialists.

620.21 Subd. 3. Treatment services description. The license holder must describe in writing
620.22 all treatment services that the license holder provides. The license holder must have the
620.23 description readily available for the commissioner upon the commissioner's request.

620.24 Subd. 4. Required intensive residential treatment services. (a) On a daily basis, the
620.25 license holder must follow a client's treatment plan to provide intensive residential treatment
620.26 services to the client to improve the client's functioning.

620.27 (b) The license holder must offer and have the capacity to directly provide the following
620.28 treatment services to each client:

620.29 (1) rehabilitative mental health services;

620.30 (2) crisis prevention planning to assist a client with:

620.31 (i) identifying and addressing patterns in the client's history and experience of the client's
620.32 mental illness; and

621.1 (ii) developing crisis prevention strategies that include de-escalation strategies that have
621.2 been effective for the client in the past;

621.3 (3) health services and administering medication;

621.4 (4) co-occurring substance use disorder treatment;

621.5 (5) engaging the client's family and other natural supports in the client's treatment and
621.6 educating the client's family and other natural supports to strengthen the client's social and
621.7 family relationships; and

621.8 (6) making referrals for the client to other service providers in the community and
621.9 supporting the client's transition from intensive residential treatment services to another
621.10 setting.

621.11 (c) The license holder must include Illness Management and Recovery (IMR), Enhanced
621.12 Illness Management and Recovery (E-IMR), or other similar interventions in the license
621.13 holder's programming as approved by the commissioner.

621.14 Subd. 5. **Required residential crisis stabilization services.** (a) On a daily basis, the
621.15 license holder must follow a client's individual crisis treatment plan to provide services to
621.16 the client in residential crisis stabilization to improve the client's functioning.

621.17 (b) The license holder must offer and have the capacity to directly provide the following
621.18 treatment services to the client:

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

621.20 (2) rehabilitative mental health services;

621.21 (3) health services and administering the client's medications; and

621.22 (4) making referrals for the client to other service providers in the community and
621.23 supporting the client's transition from residential crisis stabilization to another setting.

621.24 Subd. 6. **Optional treatment services.** (a) If the license holder offers additional treatment
621.25 services to a client, the treatment service must be:

621.26 (1) approved by the commissioner; and

621.27 (2)(i) a mental health evidence-based practice that the federal Department of Health and
621.28 Human Services Substance Abuse and Mental Health Service Administration has adopted;

621.29 (ii) a nationally recognized mental health service that substantial research has validated
621.30 as effective in helping individuals with serious mental illness achieve treatment goals; or

622.1 (iii) developed under state-sponsored research of publicly funded mental health programs
622.2 and validated to be effective for individuals, families, and communities.

622.3 (b) Before providing an optional treatment service to a client, the license holder must
622.4 provide adequate training to a staff person about providing the optional treatment service
622.5 to a client.

622.6 **Subd. 7. Intensive residential treatment services assessment and treatment**
622.7 **planning.** (a) Within 12 hours of a client's admission, the license holder must evaluate and
622.8 document the client's immediate needs, including the client's:

622.9 (1) health and safety, including the client's need for crisis assistance;

622.10 (2) responsibilities for children, family and other natural supports, and employers; and

622.11 (3) housing and legal issues.

622.12 (b) Within 24 hours of the client's admission, the license holder must complete an initial
622.13 treatment plan for the client. The license holder must:

622.14 (1) base the client's initial treatment plan on the client's referral information and an
622.15 assessment of the client's immediate needs;

622.16 (2) consider crisis assistance strategies that have been effective for the client in the past;

622.17 (3) identify the client's initial treatment goals, measurable treatment objectives, and
622.18 specific interventions that the license holder will use to help the client engage in treatment;

622.19 (4) identify the participants involved in the client's treatment planning. The client must
622.20 be a participant; and

622.21 (5) ensure that a treatment supervisor approves of the client's initial treatment plan if a
622.22 mental health practitioner or clinical trainee completes the client's treatment plan,
622.23 notwithstanding section 245I.08, subdivision 3.

622.24 (c) According to section 245A.65, subdivision 2, paragraph (b), the license holder must
622.25 complete an individual abuse prevention plan as part of a client's initial treatment plan.

622.26 (d) Within five days of the client's admission and again within 60 days after the client's
622.27 admission, the license holder must complete a level of care assessment of the client. If the
622.28 license holder determines that a client does not need a medically monitored level of service,
622.29 a treatment supervisor must document how the client's admission to and continued services
622.30 in intensive residential treatment services are medically necessary for the client.

623.1 (e) Within ten days of a client's admission, the license holder must complete or review
623.2 and update the client's standard diagnostic assessment.

623.3 (f) Within ten days of a client's admission, the license holder must complete the client's
623.4 individual treatment plan, notwithstanding section 245I.10, subdivision 8. Within 40 days
623.5 after the client's admission and again within 70 days after the client's admission, the license
623.6 holder must update the client's individual treatment plan. The license holder must focus the
623.7 client's treatment planning on preparing the client for a successful transition from intensive
623.8 residential treatment services to another setting. In addition to the required elements of an
623.9 individual treatment plan under section 245I.10, subdivision 8, the license holder must
623.10 identify the following information in the client's individual treatment plan: (1) the client's
623.11 referrals and resources for the client's health and safety; and (2) the staff persons who are
623.12 responsible for following up with the client's referrals and resources. If the client does not
623.13 receive a referral or resource that the client needs, the license holder must document the
623.14 reason that the license holder did not make the referral or did not connect the client to a
623.15 particular resource. The license holder is responsible for determining whether additional
623.16 follow-up is required on behalf of the client.

623.17 (g) Within 30 days of the client's admission, the license holder must complete a functional
623.18 assessment of the client. Within 60 days after the client's admission, the license holder must
623.19 update the client's functional assessment to include any changes in the client's functioning
623.20 and symptoms.

623.21 (h) For a client with a current substance use disorder diagnosis and for a client whose
623.22 substance use disorder screening in the client's standard diagnostic assessment indicates the
623.23 possibility that the client has a substance use disorder, the license holder must complete a
623.24 written assessment of the client's substance use within 30 days of the client's admission. In
623.25 the substance use assessment, the license holder must: (1) evaluate the client's history of
623.26 substance use, relapses, and hospitalizations related to substance use; (2) assess the effects
623.27 of the client's substance use on the client's relationships including with family member and
623.28 others; (3) identify financial problems, health issues, housing instability, and unemployment;
623.29 (4) assess the client's legal problems, past and pending incarceration, violence, and
623.30 victimization; and (5) evaluate the client's suicide attempts, noncompliance with taking
623.31 prescribed medications, and noncompliance with psychosocial treatment.

623.32 (i) On a weekly basis, a mental health professional or certified rehabilitation specialist
623.33 must review each client's treatment plan and individual abuse prevention plan. The license
623.34 holder must document in the client's file each weekly review of the client's treatment plan
623.35 and individual abuse prevention plan.

624.1 Subd. 8. Residential crisis stabilization assessment and treatment planning. (a)

624.2 Within 12 hours of a client's admission, the license holder must evaluate the client and
624.3 document the client's immediate needs, including the client's:

624.4 (1) health and safety, including the client's need for crisis assistance;

624.5 (2) responsibilities for children, family and other natural supports, and employers; and

624.6 (3) housing and legal issues.

624.7 (b) Within 24 hours of a client's admission, the license holder must complete a crisis
624.8 treatment plan for the client under section 256B.0624, subdivision 11. The license holder
624.9 must base the client's crisis treatment plan on the client's referral information and an
624.10 assessment of the client's immediate needs.

624.11 (c) Section 245A.65, subdivision 2, paragraph (b), requires the license holder to complete
624.12 an individual abuse prevention plan for a client as part of the client's crisis treatment plan.

624.13 Subd. 9. Key staff positions. (a) The license holder must have a staff person assigned
624.14 to each of the following key staff positions at all times:

624.15 (1) a program director who qualifies as a mental health practitioner. The license holder
624.16 must designate the program director as responsible for all aspects of the operation of the
624.17 program and the program's compliance with all applicable requirements. The program
624.18 director must know and understand the implications of this chapter; chapters 245A, 245C,
624.19 and 260E; sections 626.557 and 626.5572; Minnesota Rules, chapter 9544; and all other
624.20 applicable requirements. The license holder must document in the program director's
624.21 personnel file how the program director demonstrates knowledge of these requirements.
624.22 The program director may also serve as the treatment director of the program, if qualified;

624.23 (2) a treatment director who qualifies as a mental health professional. The treatment
624.24 director must be responsible for overseeing treatment services for clients and the treatment
624.25 supervision of all staff persons; and

624.26 (3) a registered nurse who qualifies as a mental health practitioner. The registered nurse
624.27 must:

624.28 (i) work at the program location a minimum of eight hours per week;

624.29 (ii) provide monitoring and supervision of staff persons as defined in section 148.171,
624.30 subdivisions 8a and 23;

624.31 (iii) be responsible for the review and approval of health service and medication policies
624.32 and procedures under section 245I.03, subdivision 5; and

625.1 (iv) oversee the license holder's provision of health services to clients, medication storage,
625.2 and medication administration to clients.

625.3 (b) Within five business days of a change in a key staff position, the license holder must
625.4 notify the commissioner of the staffing change. The license holder must notify the
625.5 commissioner of the staffing change on a form approved by the commissioner and include
625.6 the name of the staff person now assigned to the key staff position and the staff person's
625.7 qualifications.

625.8 Subd. 10. **Minimum treatment team staffing levels and ratios.** (a) The license holder
625.9 must maintain a treatment team staffing level sufficient to:

625.10 (1) provide continuous daily coverage of all shifts;

625.11 (2) follow each client's treatment plan and meet each client's needs as identified in the
625.12 client's treatment plan;

625.13 (3) implement program requirements; and

625.14 (4) safely monitor and guide the activities of each client, taking into account the client's
625.15 level of behavioral and psychiatric stability, cultural needs, and vulnerabilities.

625.16 (b) The license holder must ensure that treatment team members:

625.17 (1) remain awake during all work hours; and

625.18 (2) are available to monitor and guide the activities of each client whenever clients are
625.19 present in the program.

625.20 (c) On each shift, the license holder must maintain a treatment team staffing ratio of at
625.21 least one treatment team member to nine clients. If the license holder is serving nine or
625.22 fewer clients, at least one treatment team member on the day shift must be a mental health
625.23 professional, clinical trainee, certified rehabilitation specialist, or mental health practitioner.
625.24 If the license holder is serving more than nine clients, at least one of the treatment team
625.25 members working during both the day and evening shifts must be a mental health
625.26 professional, clinical trainee, certified rehabilitation specialist, or mental health practitioner.

625.27 (d) If the license holder provides residential crisis stabilization to clients and is serving
625.28 at least one client in residential crisis stabilization and more than four clients in residential
625.29 crisis stabilization and intensive residential treatment services, the license holder must
625.30 maintain a treatment team staffing ratio on each shift of at least two treatment team members
625.31 during the client's first 48 hours in residential crisis stabilization.

626.1 Subd. 11. **Shift exchange.** A license holder must ensure that treatment team members
626.2 working on different shifts exchange information about a client as necessary to effectively
626.3 care for the client and to follow and update a client's treatment plan and individual abuse
626.4 prevention plan.

626.5 Subd. 12. **Daily documentation.** (a) For each day that a client is present in the program,
626.6 the license holder must provide a daily summary in the client's file that includes observations
626.7 about the client's behavior and symptoms, including any critical incidents in which the client
626.8 was involved.

626.9 (b) For each day that a client is not present in the program, the license holder must
626.10 document the reason for a client's absence in the client's file.

626.11 Subd. 13. **Access to a mental health professional, clinical trainee, certified**
626.12 rehabilitation specialist, or mental health practitioner. Treatment team members must
626.13 have access in person or by telephone to a mental health professional, clinical trainee,
626.14 certified rehabilitation specialist, or mental health practitioner within 30 minutes. The license
626.15 holder must maintain a schedule of mental health professionals, clinical trainees, certified
626.16 rehabilitation specialists, or mental health practitioners who will be available and contact
626.17 information to reach them. The license holder must keep the schedule current and make the
626.18 schedule readily available to treatment team members.

626.19 Subd. 14. **Weekly team meetings.** (a) The license holder must hold weekly team meetings
626.20 and ancillary meetings according to this subdivision.

626.21 (b) A mental health professional or certified rehabilitation specialist must hold at least
626.22 one team meeting each calendar week and be physically present at the team meeting. All
626.23 treatment team members, including treatment team members who work on a part-time or
626.24 intermittent basis, must participate in a minimum of one team meeting during each calendar
626.25 week when the treatment team member is working for the license holder. The license holder
626.26 must document all weekly team meetings, including the names of meeting attendees.

626.27 (c) If a treatment team member cannot participate in a weekly team meeting, the treatment
626.28 team member must participate in an ancillary meeting. A mental health professional, certified
626.29 rehabilitation specialist, clinical trainee, or mental health practitioner who participated in
626.30 the most recent weekly team meeting may lead the ancillary meeting. During the ancillary
626.31 meeting, the treatment team member leading the ancillary meeting must review the
626.32 information that was shared at the most recent weekly team meeting, including revisions
626.33 to client treatment plans and other information that the treatment supervisors exchanged

627.1 with treatment team members. The license holder must document all ancillary meetings,
627.2 including the names of meeting attendees.

627.3 Subd. 15. **Intensive residential treatment services admission criteria.** (a) An eligible
627.4 client for intensive residential treatment services is an individual who:

627.5 (1) is age 18 or older;

627.6 (2) is diagnosed with a mental illness;

627.7 (3) because of a mental illness, has a substantial disability and functional impairment
627.8 in three or more areas listed in section 245I.10, subdivision 9, clause (4), that markedly
627.9 reduce the individual's self-sufficiency;

627.10 (4) has one or more of the following: a history of recurring or prolonged inpatient
627.11 hospitalizations during the past year, significant independent living instability, homelessness,
627.12 or very frequent use of mental health and related services with poor outcomes for the
627.13 individual; and

627.14 (5) in the written opinion of a mental health professional, needs mental health services
627.15 that available community-based services cannot provide, or is likely to experience a mental
627.16 health crisis or require a more restrictive setting if the individual does not receive intensive
627.17 rehabilitative mental health services.

627.18 (b) The license holder must not limit or restrict intensive residential treatment services
627.19 to a client based solely on:

627.20 (1) the client's substance use;

627.21 (2) the county in which the client resides; or

627.22 (3) whether the client elects to receive other services for which the client may be eligible,
627.23 including case management services.

627.24 (c) This subdivision does not prohibit the license holder from restricting admissions of
627.25 individuals who present an imminent risk of harm or danger to themselves or others.

627.26 Subd. 16. **Residential crisis stabilization services admission criteria.** An eligible client
627.27 for residential crisis stabilization is an individual who is age 18 or older and meets the
627.28 eligibility criteria in section 256B.0624, subdivision 3.

627.29 Subd. 17. **Admissions referrals and determinations.** (a) The license holder must
627.30 identify the information that the license holder needs to make a determination about a
627.31 person's admission referral.

628.1 (b) The license holder must:

628.2 (1) always be available to receive referral information about a person seeking admission
628.3 to the license holder's program;

628.4 (2) respond to the referral source within eight hours of receiving a referral and, within
628.5 eight hours, communicate with the referral source about what information the license holder
628.6 needs to make a determination concerning the person's admission;

628.7 (3) consider the license holder's staffing ratio and the areas of treatment team members'
628.8 competency when determining whether the license holder is able to meet the needs of a
628.9 person seeking admission; and

628.10 (4) determine whether to admit a person within 72 hours of receiving all necessary
628.11 information from the referral source.

628.12 Subd. 18. **Discharge standards.** (a) When a license holder discharges a client from a
628.13 program, the license holder must categorize the discharge as a successful discharge,
628.14 program-initiated discharge, or non-program-initiated discharge according to the criteria in
628.15 this subdivision. The license holder must meet the standards associated with the type of
628.16 discharge according to this subdivision.

628.17 (b) To successfully discharge a client from a program, the license holder must ensure
628.18 that the following criteria are met:

628.19 (1) the client must substantially meet the client's documented treatment plan goals and
628.20 objectives;

628.21 (2) the client must complete discharge planning with the treatment team; and

628.22 (3) the client and treatment team must arrange for the client to receive continuing care
628.23 at a less intensive level of care after discharge.

628.24 (c) Prior to successfully discharging a client from a program, the license holder must
628.25 complete the client's discharge summary and provide the client with a copy of the client's
628.26 discharge summary in plain language that includes:

628.27 (1) a brief review of the client's problems and strengths during the period that the license
628.28 holder provided services to the client;

628.29 (2) the client's response to the client's treatment plan;

628.30 (3) the goals and objectives that the license holder recommends that the client addresses
628.31 during the first three months following the client's discharge from the program;

629.1 (4) the recommended actions, supports, and services that will assist the client with a
629.2 successful transition from the program to another setting;

629.3 (5) the client's crisis plan; and

629.4 (6) the client's forwarding address and telephone number.

629.5 (d) For a non-program-initiated discharge of a client from a program, the following
629.6 criteria must be met:

629.7 (1)(i) the client has withdrawn the client's consent for treatment; (ii) the license holder
629.8 has determined that the client has the capacity to make an informed decision; and (iii) the
629.9 client does not meet the criteria for an emergency hold under section 253B.051, subdivision
629.10 2;

629.11 (2) the client has left the program against staff person advice;

629.12 (3) an entity with legal authority to remove the client has decided to remove the client
629.13 from the program; or

629.14 (4) a source of payment for the services is no longer available.

629.15 (e) Within ten days of a non-program-initiated discharge of a client from a program, the
629.16 license holder must complete the client's discharge summary in plain language that includes:

629.17 (1) the reasons for the client's discharge;

629.18 (2) a description of attempts by staff persons to enable the client to continue treatment
629.19 or to consent to treatment; and

629.20 (3) recommended actions, supports, and services that will assist the client with a
629.21 successful transition from the program to another setting.

629.22 (f) For a program-initiated discharge of a client from a program, the following criteria
629.23 must be met:

629.24 (1) the client is competent but has not participated in treatment or has not followed the
629.25 program rules and regulations and the client has not participated to such a degree that the
629.26 program's level of care is ineffective or unsafe for the client, despite multiple, documented
629.27 attempts that the license holder has made to address the client's lack of participation in
629.28 treatment;

629.29 (2) the client has not made progress toward the client's treatment goals and objectives
629.30 despite the license holder's persistent efforts to engage the client in treatment, and the license
629.31 holder has no reasonable expectation that the client will make progress at the program's

630.1 level of care nor does the client require the program's level of care to maintain the current
630.2 level of functioning;

630.3 (3) a court order or the client's legal status requires the client to participate in the program
630.4 but the client has left the program against staff person advice; or

630.5 (4) the client meets criteria for a more intensive level of care and a more intensive level
630.6 of care is available to the client.

630.7 (g) Prior to a program-initiated discharge of a client from a program, the license holder
630.8 must consult the client, the client's family and other natural supports, and the client's case
630.9 manager, if applicable, to review the issues involved in the program's decision to discharge
630.10 the client from the program. During the discharge review process, which must not exceed
630.11 five working days, the license holder must determine whether the license holder, treatment
630.12 team, and any interested persons can develop additional strategies to resolve the issues
630.13 leading to the client's discharge and to permit the client to have an opportunity to continue
630.14 receiving services from the license holder. The license holder may temporarily remove a
630.15 client from the program facility during the five-day discharge review period. The license
630.16 holder must document the client's discharge review in the client's file.

630.17 (h) Prior to a program-initiated discharge of a client from the program, the license holder
630.18 must complete the client's discharge summary and provide the client with a copy of the
630.19 discharge summary in plain language that includes:

630.20 (1) the reasons for the client's discharge;

630.21 (2) the alternatives to discharge that the license holder considered or attempted to
630.22 implement;

630.23 (3) the names of each individual who is involved in the decision to discharge the client
630.24 and a description of each individual's involvement; and

630.25 (4) recommended actions, supports, and services that will assist the client with a
630.26 successful transition from the program to another setting.

630.27 Subd. 19. **Program facility.** (a) The license holder must be licensed or certified as a
630.28 board and lodging facility, supervised living facility, or a boarding care home by the
630.29 Department of Health.

630.30 (b) The license holder must have a capacity of five to 16 beds and the program must not
630.31 be declared as an institution for mental disease.

631.1 (c) The license holder must furnish each program location to meet the psychological,
631.2 emotional, and developmental needs of clients.

631.3 (d) The license holder must provide one living room or lounge area per program location.
631.4 There must be space available to provide services according to each client's treatment plan,
631.5 such as an area for learning recreation time skills and areas for learning independent living
631.6 skills, such as laundering clothes and preparing meals.

631.7 (e) The license holder must ensure that each program location allows each client to have
631.8 privacy. Each client must have privacy during assessment interviews and counseling sessions.
631.9 Each client must have a space designated for the client to see outside visitors at the program
631.10 facility.

631.11 Subd. 20. **Physical separation of services.** If the license holder offers services to
631.12 individuals who are not receiving intensive residential treatment services or residential
631.13 stabilization at the program location, the license holder must inform the commissioner and
631.14 submit a plan for approval to the commissioner about how and when the license holder will
631.15 provide services. The license holder must only provide services to clients who are not
631.16 receiving intensive residential treatment services or residential crisis stabilization in an area
631.17 that is physically separated from the area in which the license holder provides clients with
631.18 intensive residential treatment services or residential crisis stabilization.

631.19 Subd. 21. **Dividing staff time between locations.** A license holder must obtain approval
631.20 from the commissioner prior to providing intensive residential treatment services or
631.21 residential crisis stabilization to clients in more than one program location under one license
631.22 and dividing one staff person's time between program locations during the same work period.

631.23 Subd. 22. **Additional policy and procedure requirements.** (a) In addition to the policies
631.24 and procedures in section 245I.03, the license holder must establish, enforce, and maintain
631.25 the policies and procedures in this subdivision.

631.26 (b) The license holder must have policies and procedures for receiving referrals and
631.27 making admissions determinations about referred persons under subdivisions 14 to 16.

631.28 (c) The license holder must have policies and procedures for discharging clients under
631.29 subdivision 17. In the policies and procedures, the license holder must identify the staff
631.30 persons who are authorized to discharge clients from the program.

631.31 Subd. 23. **Quality assurance and improvement plan.** (a) A license holder must develop
631.32 a written quality assurance and improvement plan that includes a plan to:

631.33 (1) encourage ongoing consultation between members of the treatment team;

632.1 (2) obtain and evaluate feedback about services from clients, family and other natural
 632.2 supports, referral sources, and staff persons;

632.3 (3) measure and evaluate client outcomes in the program;

632.4 (4) review critical incidents in the program;

632.5 (5) examine the quality of clinical services in the program; and

632.6 (6) self-monitor the license holder's compliance with this chapter.

632.7 (b) At least annually, the license holder must review, evaluate, and update the license
 632.8 holder's quality assurance and improvement plan. The license holder's review must:

632.9 (1) document the actions that the license holder will take in response to the information
 632.10 that the license holder obtains from the monitoring activities in the plan; and

632.11 (2) establish goals for improving the license holder's services to clients during the next
 632.12 year.

632.13 Subd. 24. **Application.** When an applicant requests licensure to provide intensive
 632.14 residential treatment services, residential crisis stabilization, or both to clients, the applicant
 632.15 must submit, on forms that the commissioner provides, any documents that the commissioner
 632.16 requires.

632.17 **Sec. 17. [256B.0671] COVERED MENTAL HEALTH SERVICES.**

632.18 Subdivision 1. **Definitions.** (a) "Clinical trainee" means a staff person who is qualified
 632.19 under section 245I.04, subdivision 6.

632.20 (b) "Mental health practitioner" means a staff person who is qualified under section
 632.21 245I.04, subdivision 4.

632.22 (c) "Mental health professional" means a staff person who is qualified under section
 632.23 245I.04, subdivision 2.

632.24 Subd. 2. **Generally.** (a) An individual, organization, or government entity providing
 632.25 mental health services to a client under this section must obtain a criminal background study
 632.26 of each staff person or volunteer who is providing direct contact services to a client.

632.27 (b) An individual, organization, or government entity providing mental health services
 632.28 to a client under this section must comply with all responsibilities that chapter 245I assigns
 632.29 to a license holder, except section 245I.011, subdivision 1, unless all of the individual's,
 632.30 organization's, or government entity's treatment staff are qualified as mental health
 632.31 professionals.

633.1 (c) An individual, organization, or government entity providing mental health services
633.2 to a client under this section must comply with the following requirements if all of the
633.3 license holder's treatment staff are qualified as mental health professionals:

633.4 (1) provider qualifications and scopes of practice under section 245I.04;

633.5 (2) maintaining and updating personnel files under section 245I.07;

633.6 (3) documenting under section 245I.08;

633.7 (4) maintaining and updating client files under section 245I.09;

633.8 (5) completing client assessments and treatment planning under section 245I.10;

633.9 (6) providing clients with health services and medications under section 245I.11; and

633.10 (7) respecting and enforcing client rights under section 245I.12.

633.11 Subd. 3. **Adult day treatment services.** (a) Subject to federal approval, medical
633.12 assistance covers adult day treatment (ADT) services that are provided under contract with
633.13 the county board. Adult day treatment payment is subject to the conditions in paragraphs
633.14 (b) to (e). The provider must make reasonable and good faith efforts to report individual
633.15 client outcomes to the commissioner using instruments, protocols, and forms approved by
633.16 the commissioner.

633.17 (b) Adult day treatment is an intensive psychotherapeutic treatment to reduce or relieve
633.18 the effects of mental illness on a client to enable the client to benefit from a lower level of
633.19 care and to live and function more independently in the community. Adult day treatment
633.20 services must be provided to a client to stabilize the client's mental health and to improve
633.21 the client's independent living and socialization skills. Adult day treatment must consist of
633.22 at least one hour of group psychotherapy and must include group time focused on
633.23 rehabilitative interventions or other therapeutic services that a multidisciplinary team provides
633.24 to each client. Adult day treatment services are not a part of inpatient or residential treatment
633.25 services. The following providers may apply to become adult day treatment providers:

633.26 (1) a hospital accredited by the Joint Commission on Accreditation of Health
633.27 Organizations and licensed under sections 144.50 to 144.55;

633.28 (2) a community mental health center under section 256B.0625, subdivision 5; or

633.29 (3) an entity that is under contract with the county board to operate a program that meets
633.30 the requirements of section 245.4712, subdivision 2, and Minnesota Rules, parts 9505.0170
633.31 to 9505.0475.

633.32 (c) An adult day treatment (ADT) services provider must:

634.1 (1) ensure that the commissioner has approved of the organization as an adult day
634.2 treatment provider organization;

634.3 (2) ensure that a multidisciplinary team provides ADT services to a group of clients. A
634.4 mental health professional must supervise each multidisciplinary staff person who provides
634.5 ADT services;

634.6 (3) make ADT services available to the client at least two days a week for at least three
634.7 consecutive hours per day. ADT services may be longer than three hours per day, but medical
634.8 assistance may not reimburse a provider for more than 15 hours per week;

634.9 (4) provide ADT services to each client that includes group psychotherapy by a mental
634.10 health professional or clinical trainee and daily rehabilitative interventions by a mental
634.11 health professional, clinical trainee, or mental health practitioner; and

634.12 (5) include ADT services in the client's individual treatment plan, when appropriate.

634.13 The adult day treatment provider must:

634.14 (i) complete a functional assessment of each client under section 245I.10, subdivision
634.15 9;

634.16 (ii) notwithstanding section 245I.10, subdivision 8, review the client's progress and
634.17 update the individual treatment plan at least every 90 days until the client is discharged
634.18 from the program; and

634.19 (iii) include a discharge plan for the client in the client's individual treatment plan.

634.20 (d) To be eligible for adult day treatment, a client must:

634.21 (1) be 18 years of age or older;

634.22 (2) not reside in a nursing facility, hospital, institute of mental disease, or state-operated
634.23 treatment center unless the client has an active discharge plan that indicates a move to an
634.24 independent living setting within 180 days;

634.25 (3) have the capacity to engage in rehabilitative programming, skills activities, and
634.26 psychotherapy in the structured, therapeutic setting of an adult day treatment program and
634.27 demonstrate measurable improvements in functioning resulting from participation in the
634.28 adult day treatment program;

634.29 (4) have a level of care assessment under section 245I.02, subdivision 19, recommending
634.30 that the client participate in services with the level of intensity and duration of an adult day
634.31 treatment program; and

635.1 (5) have the recommendation of a mental health professional for adult day treatment
635.2 services. The mental health professional must find that adult day treatment services are
635.3 medically necessary for the client.

635.4 (e) Medical assistance does not cover the following services as adult day treatment
635.5 services:

635.6 (1) services that are primarily recreational or that are provided in a setting that is not
635.7 under medical supervision, including sports activities, exercise groups, craft hours, leisure
635.8 time, social hours, meal or snack time, trips to community activities, and tours;

635.9 (2) social or educational services that do not have or cannot reasonably be expected to
635.10 have a therapeutic outcome related to the client's mental illness;

635.11 (3) consultations with other providers or service agency staff persons about the care or
635.12 progress of a client;

635.13 (4) prevention or education programs that are provided to the community;

635.14 (5) day treatment for clients with a primary diagnosis of a substance use disorder;

635.15 (6) day treatment provided in the client's home;

635.16 (7) psychotherapy for more than two hours per day; and

635.17 (8) participation in meal preparation and eating that is not part of a clinical treatment
635.18 plan to address the client's eating disorder.

635.19 Subd. 4. **Explanation of findings.** (a) Subject to federal approval, medical assistance
635.20 covers an explanation of findings that a mental health professional or clinical trainee provides
635.21 when the provider has obtained the authorization from the client or the client's representative
635.22 to release the information.

635.23 (b) A mental health professional or clinical trainee provides an explanation of findings
635.24 to assist the client or related parties in understanding the results of the client's testing or
635.25 diagnostic assessment and the client's mental illness, and provides professional insight that
635.26 the client or related parties need to carry out a client's treatment plan. Related parties may
635.27 include the client's family and other natural supports and other service providers working
635.28 with the client.

635.29 (c) An explanation of findings is not paid for separately when a mental health professional
635.30 or clinical trainee explains the results of psychological testing or a diagnostic assessment
635.31 to the client or the client's representative as part of the client's psychological testing or a
635.32 diagnostic assessment.

636.1 Subd. 5. Family psychoeducation services. (a) Subject to federal approval, medical
636.2 assistance covers family psychoeducation services provided to a child up to age 21 with a
636.3 diagnosed mental health condition when identified in the child's individual treatment plan
636.4 and provided by a mental health professional or a clinical trainee who has determined it
636.5 medically necessary to involve family members in the child's care.

636.6 (b) "Family psychoeducation services" means information or demonstration provided
636.7 to an individual or family as part of an individual, family, multifamily group, or peer group
636.8 session to explain, educate, and support the child and family in understanding a child's
636.9 symptoms of mental illness, the impact on the child's development, and needed components
636.10 of treatment and skill development so that the individual, family, or group can help the child
636.11 to prevent relapse, prevent the acquisition of comorbid disorders, and achieve optimal mental
636.12 health and long-term resilience.

636.13 Subd. 6. Dialectical behavior therapy. (a) Subject to federal approval, medical assistance
636.14 covers intensive mental health outpatient treatment for dialectical behavior therapy for
636.15 adults. A dialectical behavior therapy provider must make reasonable and good faith efforts
636.16 to report individual client outcomes to the commissioner using instruments and protocols
636.17 that are approved by the commissioner.

636.18 (b) "Dialectical behavior therapy" means an evidence-based treatment approach that a
636.19 mental health professional or clinical trainee provides to a client or a group of clients in an
636.20 intensive outpatient treatment program using a combination of individualized rehabilitative
636.21 and psychotherapeutic interventions. A dialectical behavior therapy program involves:
636.22 individual dialectical behavior therapy, group skills training, telephone coaching, and team
636.23 consultation meetings.

636.24 (c) To be eligible for dialectical behavior therapy, a client must:

636.25 (1) be 18 years of age or older;

636.26 (2) have mental health needs that available community-based services cannot meet or
636.27 that the client must receive concurrently with other community-based services;

636.28 (3) have either:

636.29 (i) a diagnosis of borderline personality disorder; or

636.30 (ii) multiple mental health diagnoses, exhibit behaviors characterized by impulsivity or
636.31 intentional self-harm, and be at significant risk of death, morbidity, disability, or severe
636.32 dysfunction in multiple areas of the client's life;

637.1 (4) be cognitively capable of participating in dialectical behavior therapy as an intensive
637.2 therapy program and be able and willing to follow program policies and rules to ensure the
637.3 safety of the client and others; and

637.4 (5) be at significant risk of one or more of the following if the client does not receive
637.5 dialectical behavior therapy:

637.6 (i) having a mental health crisis;

637.7 (ii) requiring a more restrictive setting such as hospitalization;

637.8 (iii) decompensating; or

637.9 (iv) engaging in intentional self-harm behavior.

637.10 (d) Individual dialectical behavior therapy combines individualized rehabilitative and
637.11 psychotherapeutic interventions to treat a client's suicidal and other dysfunctional behaviors
637.12 and to reinforce a client's use of adaptive skillful behaviors. A mental health professional
637.13 or clinical trainee must provide individual dialectical behavior therapy to a client. A mental
637.14 health professional or clinical trainee providing dialectical behavior therapy to a client must:

637.15 (1) identify, prioritize, and sequence the client's behavioral targets;

637.16 (2) treat the client's behavioral targets;

637.17 (3) assist the client in applying dialectical behavior therapy skills to the client's natural
637.18 environment through telephone coaching outside of treatment sessions;

637.19 (4) measure the client's progress toward dialectical behavior therapy targets;

637.20 (5) help the client manage mental health crises and life-threatening behaviors; and

637.21 (6) help the client learn and apply effective behaviors when working with other treatment
637.22 providers.

637.23 (e) Group skills training combines individualized psychotherapeutic and psychiatric
637.24 rehabilitative interventions conducted in a group setting to reduce the client's suicidal and
637.25 other dysfunctional coping behaviors and restore function. Group skills training must teach
637.26 the client adaptive skills in the following areas: (1) mindfulness; (2) interpersonal
637.27 effectiveness; (3) emotional regulation; and (4) distress tolerance.

637.28 (f) Group skills training must be provided by two mental health professionals or by a
637.29 mental health professional co-facilitating with a clinical trainee or a mental health practitioner.
637.30 Individual skills training must be provided by a mental health professional, a clinical trainee,
637.31 or a mental health practitioner.

638.1 (g) Before a program provides dialectical behavior therapy to a client, the commissioner
638.2 must certify the program as a dialectical behavior therapy provider. To qualify for
638.3 certification as a dialectical behavior therapy provider, a provider must:

638.4 (1) allow the commissioner to inspect the provider's program;

638.5 (2) provide evidence to the commissioner that the program's policies, procedures, and
638.6 practices meet the requirements of this subdivision and chapter 245I;

638.7 (3) be enrolled as a MHCP provider; and

638.8 (4) have a manual that outlines the program's policies, procedures, and practices that
638.9 meet the requirements of this subdivision.

638.10 **Subd. 7. Mental health clinical care consultation.** (a) Subject to federal approval,
638.11 medical assistance covers clinical care consultation for a person up to age 21 who is
638.12 diagnosed with a complex mental health condition or a mental health condition that co-occurs
638.13 with other complex and chronic conditions, when described in the person's individual
638.14 treatment plan and provided by a mental health professional or a clinical trainee.

638.15 (b) "Clinical care consultation" means communication from a treating mental health
638.16 professional to other providers or educators not under the treatment supervision of the
638.17 treating mental health professional who are working with the same client to inform, inquire,
638.18 and instruct regarding the client's symptoms; strategies for effective engagement, care, and
638.19 intervention needs; and treatment expectations across service settings and to direct and
638.20 coordinate clinical service components provided to the client and family.

638.21 **Subd. 8. Neuropsychological assessment.** (a) Subject to federal approval, medical
638.22 assistance covers a client's neuropsychological assessment.

638.23 (b) "Neuropsychological assessment" means a specialized clinical assessment of the
638.24 client's underlying cognitive abilities related to thinking, reasoning, and judgment that is
638.25 conducted by a qualified neuropsychologist. A neuropsychological assessment must include
638.26 a face-to-face interview with the client, interpretation of the test results, and preparation
638.27 and completion of a report.

638.28 (c) A client is eligible for a neuropsychological assessment if the client meets at least
638.29 one of the following criteria:

638.30 (1) the client has a known or strongly suspected brain disorder based on the client's
638.31 medical history or the client's prior neurological evaluation, including a history of significant
638.32 head trauma, brain tumor, stroke, seizure disorder, multiple sclerosis, neurodegenerative
638.33 disorder, significant exposure to neurotoxins, central nervous system infection, metabolic

- 639.1 or toxic encephalopathy, fetal alcohol syndrome, or congenital malformation of the brain;
639.2 or
- 639.3 (2) the client has cognitive or behavioral symptoms that suggest that the client has an
639.4 organic condition that cannot be readily attributed to functional psychopathology or suspected
639.5 neuropsychological impairment in addition to functional psychopathology. The client's
639.6 symptoms may include:
- 639.7 (i) having a poor memory or impaired problem solving;
- 639.8 (ii) experiencing change in mental status evidenced by lethargy, confusion, or
639.9 disorientation;
- 639.10 (iii) experiencing a deteriorating level of functioning;
- 639.11 (iv) displaying a marked change in behavior or personality;
- 639.12 (v) in a child or an adolescent, having significant delays in acquiring academic skill or
639.13 poor attention relative to peers;
- 639.14 (vi) in a child or an adolescent, having reached a significant plateau in expected
639.15 development of cognitive, social, emotional, or physical functioning relative to peers; and
- 639.16 (vii) in a child or an adolescent, significant inability to develop expected knowledge,
639.17 skills, or abilities to adapt to new or changing cognitive, social, emotional, or physical
639.18 demands.
- 639.19 (d) The neuropsychological assessment must be completed by a neuropsychologist who:
- 639.20 (1) was awarded a diploma by the American Board of Clinical Neuropsychology, the
639.21 American Board of Professional Neuropsychology, or the American Board of Pediatric
639.22 Neuropsychology;
- 639.23 (2) earned a doctoral degree in psychology from an accredited university training program
639.24 and:
- 639.25 (i) completed an internship or its equivalent in a clinically relevant area of professional
639.26 psychology;
- 639.27 (ii) completed the equivalent of two full-time years of experience and specialized training,
639.28 at least one of which is at the postdoctoral level, supervised by a clinical neuropsychologist
639.29 in the study and practice of clinical neuropsychology and related neurosciences; and
- 639.30 (iii) holds a current license to practice psychology independently according to sections
639.31 144.88 to 144.98;

640.1 (3) is licensed or credentialed by another state's board of psychology examiners in the
640.2 specialty of neuropsychology using requirements equivalent to requirements specified by
640.3 one of the boards named in clause (1); or

640.4 (4) was approved by the commissioner as an eligible provider of neuropsychological
640.5 assessments prior to December 31, 2010.

640.6 Subd. 9. **Neuropsychological testing.** (a) Subject to federal approval, medical assistance
640.7 covers neuropsychological testing for clients.

640.8 (b) "Neuropsychological testing" means administering standardized tests and measures
640.9 designed to evaluate the client's ability to attend to, process, interpret, comprehend,
640.10 communicate, learn, and recall information and use problem solving and judgment.

640.11 (c) Medical assistance covers neuropsychological testing of a client when the client:

640.12 (1) has a significant mental status change that is not a result of a metabolic disorder and
640.13 that has failed to respond to treatment;

640.14 (2) is a child or adolescent with a significant plateau in expected development of
640.15 cognitive, social, emotional, or physical function relative to peers;

640.16 (3) is a child or adolescent with a significant inability to develop expected knowledge,
640.17 skills, or abilities to adapt to new or changing cognitive, social, physical, or emotional
640.18 demands; or

640.19 (4) has a significant behavioral change, memory loss, or suspected neuropsychological
640.20 impairment in addition to functional psychopathology, or other organic brain injury or one
640.21 of the following:

640.22 (i) traumatic brain injury;

640.23 (ii) stroke;

640.24 (iii) brain tumor;

640.25 (iv) substance use disorder;

640.26 (v) cerebral anoxic or hypoxic episode;

640.27 (vi) central nervous system infection or other infectious disease;

640.28 (vii) neoplasms or vascular injury of the central nervous system;

640.29 (viii) neurodegenerative disorders;

640.30 (ix) demyelinating disease;

- 641.1 (x) extrapyramidal disease;
- 641.2 (xi) exposure to systemic or intrathecal agents or cranial radiation known to be associated
641.3 with cerebral dysfunction;
- 641.4 (xii) systemic medical conditions known to be associated with cerebral dysfunction,
641.5 including renal disease, hepatic encephalopathy, cardiac anomaly, sickle cell disease, and
641.6 related hematologic anomalies, and autoimmune disorders, including lupus, erythematosus,
641.7 or celiac disease;
- 641.8 (xiii) congenital genetic or metabolic disorders known to be associated with cerebral
641.9 dysfunction, including phenylketonuria, craniofacial syndromes, or congenital hydrocephalus;
- 641.10 (xiv) severe or prolonged nutrition or malabsorption syndromes; or
- 641.11 (xv) a condition presenting in a manner difficult for a clinician to distinguish between
641.12 the neurocognitive effects of a neurogenic syndrome, including dementia or encephalopathy;
641.13 and a major depressive disorder when adequate treatment for major depressive disorder has
641.14 not improved the client's neurocognitive functioning; or another disorder, including autism,
641.15 selective mutism, anxiety disorder, or reactive attachment disorder.
- 641.16 (d) Neuropsychological testing must be administered or clinically supervised by a
641.17 qualified neuropsychologist under subdivision 8, paragraph (c).
- 641.18 (e) Medical assistance does not cover neuropsychological testing of a client when the
641.19 testing is:
- 641.20 (1) primarily for educational purposes;
- 641.21 (2) primarily for vocational counseling or training;
- 641.22 (3) for personnel or employment testing;
- 641.23 (4) a routine battery of psychological tests given to the client at the client's inpatient
641.24 admission or during a client's continued inpatient stay; or
- 641.25 (5) for legal or forensic purposes.
- 641.26 Subd. 10. **Psychological testing.** (a) Subject to federal approval, medical assistance
641.27 covers psychological testing of a client.
- 641.28 (b) "Psychological testing" means the use of tests or other psychometric instruments to
641.29 determine the status of a client's mental, intellectual, and emotional functioning.
- 641.30 (c) The psychological testing must:

642.1 (1) be administered or supervised by a licensed psychologist qualified under section
642.2 245I.04, subdivision 2, clause (3), who is competent in the area of psychological testing;
642.3 and

642.4 (2) be validated in a face-to-face interview between the client and a licensed psychologist
642.5 or a clinical trainee in psychology under the treatment supervision of a licensed psychologist
642.6 under section 245I.06.

642.7 (d) A licensed psychologist must supervise the administration, scoring, and interpretation
642.8 of a client's psychological tests when a clinical psychology trainee, technician, psychometrist,
642.9 or psychological assistant or a computer-assisted psychological testing program completes
642.10 the psychological testing of the client. The report resulting from the psychological testing
642.11 must be signed by the licensed psychologist who conducts the face-to-face interview with
642.12 the client. The licensed psychologist or a staff person who is under treatment supervision
642.13 must place the client's psychological testing report in the client's record and release one
642.14 copy of the report to the client and additional copies to individuals authorized by the client
642.15 to receive the report.

642.16 Subd. 11. **Psychotherapy.** (a) Subject to federal approval, medical assistance covers
642.17 psychotherapy for a client.

642.18 (b) "Psychotherapy" means treatment of a client with mental illness that applies to the
642.19 most appropriate psychological, psychiatric, psychosocial, or interpersonal method that
642.20 conforms to prevailing community standards of professional practice to meet the mental
642.21 health needs of the client. Medical assistance covers psychotherapy if a mental health
642.22 professional or a clinical trainee provides psychotherapy to a client.

642.23 (c) "Individual psychotherapy" means psychotherapy that a mental health professional
642.24 or clinical trainee designs for a client.

642.25 (d) "Family psychotherapy" means psychotherapy that a mental health professional or
642.26 clinical trainee designs for a client and one or more of the client's family members or primary
642.27 caregiver whose participation is necessary to accomplish the client's treatment goals. Family
642.28 members or primary caregivers participating in a therapy session do not need to be eligible
642.29 for medical assistance for medical assistance to cover family psychotherapy. For purposes
642.30 of this paragraph, "primary caregiver whose participation is necessary to accomplish the
642.31 client's treatment goals" excludes shift or facility staff persons who work at the client's
642.32 residence. Medical assistance payments for family psychotherapy are limited to face-to-face
642.33 sessions during which the client is present throughout the session, unless the mental health
642.34 professional or clinical trainee believes that the client's exclusion from the family

643.1 psychotherapy session is necessary to meet the goals of the client's individual treatment
643.2 plan. If the client is excluded from a family psychotherapy session, a mental health
643.3 professional or clinical trainee must document the reason for the client's exclusion and the
643.4 length of time that the client is excluded. The mental health professional must also document
643.5 any reason that a member of the client's family is excluded from a psychotherapy session.

643.6 (e) Group psychotherapy is appropriate for a client who, because of the nature of the
643.7 client's emotional, behavioral, or social dysfunctions, can benefit from treatment in a group
643.8 setting. For a group of three to eight clients, at least one mental health professional or clinical
643.9 trainee must provide psychotherapy to the group. For a group of nine to 12 clients, a team
643.10 of at least two mental health professionals or two clinical trainees or one mental health
643.11 professional and one clinical trainee must provide psychotherapy to the group. Medical
643.12 assistance will cover group psychotherapy for a group of no more than 12 persons.

643.13 (f) A multiple-family group psychotherapy session is eligible for medical assistance if
643.14 a mental health professional or clinical trainee designs the psychotherapy session for at least
643.15 two but not more than five families. A mental health professional or clinical trainee must
643.16 design multiple-family group psychotherapy sessions to meet the treatment needs of each
643.17 client. If the client is excluded from a psychotherapy session, the mental health professional
643.18 or clinical trainee must document the reason for the client's exclusion and the length of time
643.19 that the client was excluded. The mental health professional or clinical trainee must document
643.20 any reason that a member of the client's family was excluded from a psychotherapy session.

643.21 Subd. 12. **Partial hospitalization.** (a) Subject to federal approval, medical assistance
643.22 covers a client's partial hospitalization.

643.23 (b) "Partial hospitalization" means a provider's time-limited, structured program of
643.24 psychotherapy and other therapeutic services, as defined in United States Code, title 42,
643.25 chapter 7, subchapter XVIII, part E, section 1395x(ff), that a multidisciplinary staff person
643.26 provides in an outpatient hospital facility or community mental health center that meets
643.27 Medicare requirements to provide partial hospitalization services to a client.

643.28 (c) Partial hospitalization is an appropriate alternative to inpatient hospitalization for a
643.29 client who is experiencing an acute episode of mental illness who meets the criteria for an
643.30 inpatient hospital admission under Minnesota Rules, part 9505.0520, subpart 1, and who
643.31 has family and community resources that support the client's residence in the community.
643.32 Partial hospitalization consists of multiple intensive short-term therapeutic services for a
643.33 client that a multidisciplinary staff person provides to a client to treat the client's mental
643.34 illness.

644.1 Subd. 13. **Diagnostic assessments.** Subject to federal approval, medical assistance covers
 644.2 a client's diagnostic assessments that a mental health professional or clinical trainee completes
 644.3 under section 245I.10.

644.4 Sec. 18. **DIRECTION TO COMMISSIONER; SINGLE COMPREHENSIVE**
 644.5 **LICENSE STRUCTURE.**

644.6 The commissioner of human services, in consultation with stakeholders including
 644.7 counties, tribes, managed care organizations, provider organizations, advocacy groups, and
 644.8 clients and clients' families, shall develop recommendations to develop a single
 644.9 comprehensive licensing structure for mental health service programs, including outpatient
 644.10 and residential services for adults and children. The recommendations must prioritize
 644.11 program integrity, the welfare of clients and clients' families, improved integration of mental
 644.12 health and substance use disorder services, and the reduction of administrative burden on
 644.13 providers.

644.14 Sec. 19. **EFFECTIVE DATE.**

644.15 This article is effective upon federal approval or July 1, 2022, whichever is later. The
 644.16 commissioner shall notify the revisor of statutes when federal approval is obtained.

644.17 **ARTICLE 17**

644.18 **CRISIS RESPONSE SERVICES**

644.19 Section 1. Minnesota Statutes 2020, section 245.469, subdivision 1, is amended to read:

644.20 **Subdivision 1. Availability of emergency services.** ~~By July 1, 1988, (a)~~ County boards
 644.21 must provide or contract for enough emergency services within the county to meet the needs
 644.22 of adults, children, and families in the county who are experiencing an emotional crisis or
 644.23 mental illness. ~~Clients may be required to pay a fee according to section 245.481.~~ Emergency
 644.24 service providers must not delay the timely provision of emergency services to a client
 644.25 because of the unwillingness or inability of the client to pay for services. Emergency services
 644.26 must include assessment, crisis intervention, and appropriate case disposition. Emergency
 644.27 services must:

644.28 (1) promote the safety and emotional stability of ~~adults with mental illness or emotional~~
 644.29 ~~crises~~ each client;

644.30 (2) minimize further deterioration of ~~adults with mental illness or emotional crises~~ each
 644.31 client;

645.1 (3) ~~help adults with mental illness or emotional crises~~ each client to obtain ongoing care
645.2 and treatment; ~~and~~

645.3 (4) prevent placement in settings that are more intensive, costly, or restrictive than
645.4 necessary and appropriate to meet client needs; and

645.5 (5) provide support, psychoeducation, and referrals to each client's family members,
645.6 service providers, and other third parties on behalf of the client in need of emergency
645.7 services.

645.8 (b) If a county provides engagement services under section 253B.041, the county's
645.9 emergency service providers must refer clients to engagement services when the client
645.10 meets the criteria for engagement services.

645.11 Sec. 2. Minnesota Statutes 2020, section 245.469, subdivision 2, is amended to read:

645.12 Subd. 2. **Specific requirements.** (a) The county board shall require that all service
645.13 providers of emergency services to adults with mental illness provide immediate direct
645.14 access to a mental health professional during regular business hours. For evenings, weekends,
645.15 and holidays, the service may be by direct toll-free telephone access to a mental health
645.16 professional, a clinical trainee, or mental health practitioner, ~~or until January 1, 1991, a~~
645.17 ~~designated person with training in human services who receives clinical supervision from~~
645.18 ~~a mental health professional.~~

645.19 (b) The commissioner may waive the requirement in paragraph (a) that the evening,
645.20 weekend, and holiday service be provided by a mental health professional, clinical trainee,
645.21 ~~or mental health practitioner after January 1, 1991,~~ if the county documents that:

645.22 (1) mental health professionals, clinical trainees, or mental health practitioners are
645.23 unavailable to provide this service;

645.24 (2) services are provided by a designated person with training in human services who
645.25 receives clinical treatment supervision from a mental health professional; and

645.26 (3) the service provider is not also the provider of fire and public safety emergency
645.27 services.

645.28 (c) The commissioner may waive the requirement in paragraph (b), clause (3), that the
645.29 evening, weekend, and holiday service not be provided by the provider of fire and public
645.30 safety emergency services if:

646.1 (1) every person who will be providing the first telephone contact has received at least
 646.2 eight hours of training on emergency mental health services ~~reviewed by the state advisory~~
 646.3 ~~council on mental health and then~~ approved by the commissioner;

646.4 (2) every person who will be providing the first telephone contact will annually receive
 646.5 at least four hours of continued training on emergency mental health services ~~reviewed by~~
 646.6 ~~the state advisory council on mental health and then~~ approved by the commissioner;

646.7 (3) the local social service agency has provided public education about available
 646.8 emergency mental health services and can assure potential users of emergency services that
 646.9 their calls will be handled appropriately;

646.10 (4) the local social service agency agrees to provide the commissioner with accurate
 646.11 data on the number of emergency mental health service calls received;

646.12 (5) the local social service agency agrees to monitor the frequency and quality of
 646.13 emergency services; and

646.14 (6) the local social service agency describes how it will comply with paragraph (d).

646.15 (d) Whenever emergency service during nonbusiness hours is provided by anyone other
 646.16 than a mental health professional, a mental health professional must be available on call for
 646.17 an emergency assessment and crisis intervention services, and must be available for at least
 646.18 telephone consultation within 30 minutes.

646.19 Sec. 3. Minnesota Statutes 2020, section 245.4879, subdivision 1, is amended to read:

646.20 Subdivision 1. **Availability of emergency services.** County boards must provide or
 646.21 contract for ~~enough~~ mental health emergency services ~~within the county to meet the needs~~
 646.22 ~~of children, and children's families when clinically appropriate, in the county who are~~
 646.23 ~~experiencing an emotional crisis or emotional disturbance. The county board shall ensure~~
 646.24 ~~that parents, providers, and county residents are informed about when and how to access~~
 646.25 ~~emergency mental health services for children. A child or the child's parent may be required~~
 646.26 ~~to pay a fee according to section 245.481. Emergency service providers shall not delay the~~
 646.27 ~~timely provision of emergency service because of delays in determining this fee or because~~
 646.28 ~~of the unwillingness or inability of the parent to pay the fee. Emergency services must~~
 646.29 ~~include assessment, crisis intervention, and appropriate case disposition. Emergency services~~
 646.30 ~~must:~~ according to section 245.469.

646.31 (1) ~~promote the safety and emotional stability of children with emotional disturbances~~
 646.32 ~~or emotional crises;~~

647.1 ~~(2) minimize further deterioration of the child with emotional disturbance or emotional~~
 647.2 ~~crisis;~~

647.3 ~~(3) help each child with an emotional disturbance or emotional crisis to obtain ongoing~~
 647.4 ~~care and treatment; and~~

647.5 ~~(4) prevent placement in settings that are more intensive, costly, or restrictive than~~
 647.6 ~~necessary and appropriate to meet the child's needs.~~

647.7 Sec. 4. Minnesota Statutes 2020, section 256B.0624, is amended to read:

647.8 **256B.0624 ADULT CRISIS RESPONSE SERVICES COVERED.**

647.9 Subdivision 1. **Scope.** ~~Medical assistance covers adult mental health crisis response~~
 647.10 ~~services as defined in subdivision 2, paragraphs (e) to (e), (a) Subject to federal approval,~~
 647.11 ~~if provided to a recipient as defined in subdivision 3 and provided by a qualified provider~~
 647.12 ~~entity as defined in this section and by a qualified individual provider working within the~~
 647.13 ~~provider's scope of practice and as defined in this subdivision and identified in the recipient's~~
 647.14 ~~individual crisis treatment plan as defined in subdivision 11 and if determined to be medically~~
 647.15 ~~necessary~~ medical assistance covers medically necessary crisis response services when the
 647.16 services are provided according to the standards in this section.

647.17 (b) Subject to federal approval, medical assistance covers medically necessary residential
 647.18 crisis stabilization for adults when the services are provided by an entity licensed under and
 647.19 meeting the standards in section 245I.23 or an entity with an adult foster care license meeting
 647.20 the standards in this section.

647.21 (c) The provider entity must make reasonable and good faith efforts to report individual
 647.22 client outcomes to the commissioner using instruments and protocols approved by the
 647.23 commissioner.

647.24 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings
 647.25 given them.

647.26 ~~(a) "Mental health crisis" is an adult behavioral, emotional, or psychiatric situation~~
 647.27 ~~which, but for the provision of crisis response services, would likely result in significantly~~
 647.28 ~~reduced levels of functioning in primary activities of daily living, or in an emergency~~
 647.29 ~~situation, or in the placement of the recipient in a more restrictive setting, including, but~~
 647.30 ~~not limited to, inpatient hospitalization.~~

648.1 ~~(b) "Mental health emergency" is an adult behavioral, emotional, or psychiatric situation~~
648.2 ~~which causes an immediate need for mental health services and is consistent with section~~
648.3 ~~62Q.55.~~

648.4 ~~A mental health crisis or emergency is determined for medical assistance service~~
648.5 ~~reimbursement by a physician, a mental health professional, or crisis mental health~~
648.6 ~~practitioner with input from the recipient whenever possible.~~

648.7 (a) "Certified rehabilitation specialist" means a staff person who is qualified under section
648.8 245I.04, subdivision 8.

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

648.11 ~~(c) "Mental health Crisis assessment" means an immediate face-to-face assessment by~~
648.12 ~~a physician, a mental health professional, or mental health practitioner under the clinical~~
648.13 ~~supervision of a mental health professional, following a screening that suggests that the~~
648.14 ~~adult may be experiencing a mental health crisis or mental health emergency situation. It~~
648.15 ~~includes, when feasible, assessing whether the person might be willing to voluntarily accept~~
648.16 ~~treatment, determining whether the person has an advance directive, and obtaining~~
648.17 ~~information and history from involved family members or caretakers~~ a qualified member
648.18 of a crisis team, as described in subdivision 6a.

648.19 ~~(d) "Mental health mobile Crisis intervention services" means face-to-face, short-term~~
648.20 ~~intensive mental health services initiated during a mental health crisis or mental health~~
648.21 ~~emergency to help the recipient cope with immediate stressors, identify and utilize available~~
648.22 ~~resources and strengths, engage in voluntary treatment, and begin to return to the recipient's~~
648.23 ~~baseline level of functioning. The services, including screening and treatment plan~~
648.24 ~~recommendations, must be culturally and linguistically appropriate.~~

648.25 ~~(1) This service is provided on site by a mobile crisis intervention team outside of an~~
648.26 ~~inpatient hospital setting. Mental health mobile crisis intervention services must be available~~
648.27 ~~24 hours a day, seven days a week.~~

648.28 ~~(2) The initial screening must consider other available services to determine which~~
648.29 ~~service intervention would best address the recipient's needs and circumstances.~~

648.30 ~~(3) The mobile crisis intervention team must be available to meet promptly face-to-face~~
648.31 ~~with a person in mental health crisis or emergency in a community setting or hospital~~
648.32 ~~emergency room.~~

649.1 ~~(4) The intervention must consist of a mental health crisis assessment and a crisis~~
649.2 ~~treatment plan.~~

649.3 ~~(5) The team must be available to individuals who are experiencing a co-occurring~~
649.4 ~~substance use disorder, who do not need the level of care provided in a detoxification facility.~~

649.5 ~~(6) The treatment plan must include recommendations for any needed crisis stabilization~~
649.6 ~~services for the recipient, including engagement in treatment planning and family~~
649.7 ~~psychoeducation.~~

649.8 (e) "Crisis screening" means a screening of a client's potential mental health crisis
649.9 situation under subdivision 6.

649.10 ~~(e) (f) "Mental health Crisis stabilization services" means individualized mental health~~
649.11 ~~services provided to a recipient following crisis intervention services which are designed~~
649.12 ~~to restore the recipient to the recipient's prior functional level. Mental health Crisis~~
649.13 ~~stabilization services may be provided in the recipient's home, the home of a family member~~
649.14 ~~or friend of the recipient, another community setting, or a short-term supervised, licensed~~
649.15 ~~residential program, or an emergency department. Mental health crisis stabilization does~~
649.16 ~~not include partial hospitalization or day treatment. Mental health Crisis stabilization services~~
649.17 ~~includes family psychoeducation.~~

649.18 (g) "Crisis team" means the staff of a provider entity who are supervised and prepared
649.19 to provide mobile crisis services to a client in a potential mental health crisis situation.

649.20 (h) "Mental health certified family peer specialist" means a staff person who is qualified
649.21 under section 245I.04, subdivision 12.

649.22 (i) "Mental health certified peer specialist" means a staff person who is qualified under
649.23 section 245I.04, subdivision 10.

649.24 (j) "Mental health crisis" is a behavioral, emotional, or psychiatric situation that, without
649.25 the provision of crisis response services, would likely result in significantly reducing the
649.26 recipient's levels of functioning in primary activities of daily living, in an emergency situation
649.27 under section 62Q.55, or in the placement of the recipient in a more restrictive setting,
649.28 including but not limited to inpatient hospitalization.

649.29 (k) "Mental health practitioner" means a staff person who is qualified under section
649.30 245I.04, subdivision 4.

649.31 (l) "Mental health professional" means a staff person who is qualified under section
649.32 245I.04, subdivision 2.

650.1 (m) "Mental health rehabilitation worker" means a staff person who is qualified under
 650.2 section 245I.04, subdivision 14.

650.3 (n) "Mobile crisis services" means screening, assessment, intervention, and
 650.4 community-based stabilization, excluding residential crisis stabilization, that is provided to
 650.5 a recipient.

650.6 Subd. 3. **Eligibility.** ~~An eligible recipient is an individual who:~~

650.7 ~~(1) is age 18 or older;~~

650.8 ~~(2) is screened as possibly experiencing a mental health crisis or emergency where a~~
 650.9 ~~mental health crisis assessment is needed; and~~

650.10 ~~(3) is assessed as experiencing a mental health crisis or emergency, and mental health~~
 650.11 ~~crisis intervention or crisis intervention and stabilization services are determined to be~~
 650.12 ~~medically necessary.~~

650.13 (a) A recipient is eligible for crisis assessment services when the recipient has screened
 650.14 positive for a potential mental health crisis during a crisis screening.

650.15 (b) A recipient is eligible for crisis intervention services and crisis stabilization services
 650.16 when the recipient has been assessed during a crisis assessment to be experiencing a mental
 650.17 health crisis.

650.18 Subd. 4. **Provider entity standards.** ~~(a) A provider entity is an entity that meets the~~
 650.19 ~~standards listed in paragraph (c) and~~ mobile crisis provider must be:

650.20 ~~(1) is a county board operated entity; or~~

650.21 (2) an Indian health services facility or facility owned and operated by a tribe or Tribal
 650.22 organization operating under United States Code, title 325, section 450f; or

650.23 ~~(2) is~~ (3) a provider entity that is under contract with the county board in the county
 650.24 where the potential crisis or emergency is occurring. To provide services under this section,
 650.25 the provider entity must directly provide the services; or if services are subcontracted, the
 650.26 provider entity must maintain responsibility for services and billing.

650.27 (b) A mobile crisis provider must meet the following standards:

650.28 (1) ensure that crisis screenings, crisis assessments, and crisis intervention services are
 650.29 available to a recipient 24 hours a day, seven days a week;

650.30 (2) be able to respond to a call for services in a designated service area or according to
 650.31 a written agreement with the local mental health authority for an adjacent area;

651.1 (3) have at least one mental health professional on staff at all times and at least one
 651.2 additional staff member capable of leading a crisis response in the community; and

651.3 (4) provide the commissioner with information about the number of requests for service,
 651.4 the number of people that the provider serves face-to-face, outcomes, and the protocols that
 651.5 the provider uses when deciding when to respond in the community.

651.6 ~~(b)~~ (c) A provider entity that provides crisis stabilization services in a residential setting
 651.7 under subdivision 7 is not required to meet the requirements of ~~paragraph~~ paragraphs (a);
 651.8 ~~clauses (1) and (2) and (b),~~ but must meet all other requirements of this subdivision.

651.9 ~~(e) The adult mental health~~ (d) A crisis response services provider entity must have the
 651.10 capacity to meet and carry out the standards in section 245I.011, subdivision 5, and the
 651.11 following standards:

651.12 ~~(1) has the capacity to recruit, hire, and manage and train mental health professionals,~~
 651.13 ~~practitioners, and rehabilitation workers~~ ensures that staff persons provide support for a
 651.14 recipient's family and natural supports, by enabling the recipient's family and natural supports
 651.15 to observe and participate in the recipient's treatment, assessments, and planning services;

651.16 (2) has adequate administrative ability to ensure availability of services;

651.17 ~~(3) is able to ensure adequate preservice and in-service training;~~

651.18 ~~(4)~~ (3) is able to ensure that staff providing these services are skilled in the delivery of
 651.19 mental health crisis response services to recipients;

651.20 ~~(5)~~ (4) is able to ensure that staff are ~~capable of~~ implementing culturally specific treatment
 651.21 identified in the ~~individual~~ crisis treatment plan that is meaningful and appropriate as
 651.22 determined by the recipient's culture, beliefs, values, and language;

651.23 ~~(6)~~ (5) is able to ensure enough flexibility to respond to the changing intervention and
 651.24 care needs of a recipient as identified by the recipient or family member during the service
 651.25 partnership between the recipient and providers;

651.26 ~~(7)~~ (6) is able to ensure that ~~mental health professionals and mental health practitioners~~
 651.27 staff have the communication tools and procedures to communicate and consult promptly
 651.28 about crisis assessment and interventions as services occur;

651.29 ~~(8)~~ (7) is able to coordinate these services with county emergency services, community
 651.30 hospitals, ambulance, transportation services, social services, law enforcement, engagement
 651.31 services, and mental health crisis services through regularly scheduled interagency meetings;

652.1 ~~(9) is able to ensure that mental health crisis assessment and mobile crisis intervention~~
 652.2 ~~services are available 24 hours a day, seven days a week;~~

652.3 ~~(10)~~ (8) is able to ensure that services are coordinated with other ~~mental~~ behavioral
 652.4 health service providers, county mental health authorities, or federally recognized American
 652.5 Indian authorities and others as necessary, with the consent of the ~~adult~~ recipient or parent
 652.6 or guardian. Services must also be coordinated with the recipient's case manager if the ~~adult~~
 652.7 recipient is receiving case management services;

652.8 ~~(11)~~ (9) is able to ensure that crisis intervention services are provided in a manner
 652.9 consistent with sections 245.461 to 245.486 and 245.487 to 245.4879;

652.10 ~~(12) is able to submit information as required by the state;~~

652.11 ~~(13) maintains staff training and personnel files;~~

652.12 (10) is able to coordinate detoxification services for the recipient according to Minnesota
 652.13 Rules, parts 9530.6605 to 9530.6655, or withdrawal management according to chapter 245F;

652.14 ~~(14)~~ (11) is able to establish and maintain a quality assurance and evaluation plan to
 652.15 evaluate the outcomes of services and recipient satisfaction; and

652.16 ~~(15) is able to keep records as required by applicable laws;~~

652.17 ~~(16) is able to comply with all applicable laws and statutes;~~

652.18 ~~(17)~~ (12) is an enrolled medical assistance provider; and.

652.19 ~~(18) develops and maintains written policies and procedures regarding service provision~~
 652.20 ~~and administration of the provider entity, including safety of staff and recipients in high-risk~~
 652.21 ~~situations.~~

652.22 Subd. 4a. **Alternative provider standards.** If a county or tribe demonstrates that, due
 652.23 to geographic or other barriers, it is not feasible to provide mobile crisis intervention services
 652.24 according to the standards in subdivision 4, paragraph ~~(e)~~, ~~clause (9)~~ (b), the commissioner
 652.25 may approve a ~~crisis response provider based on~~ an alternative plan proposed by a county
 652.26 ~~or group of counties~~ tribe. The alternative plan must:

652.27 (1) result in increased access and a reduction in disparities in the availability of mobile
 652.28 crisis services;

652.29 (2) provide mobile crisis services outside of the usual nine-to-five office hours and on
 652.30 weekends and holidays; and

652.31 (3) comply with standards for emergency mental health services in section 245.469.

653.1 Subd. 5. ~~Mobile Crisis~~ assessment and intervention staff qualifications. ~~For provision~~
 653.2 ~~of adult mental health mobile crisis intervention services, a mobile crisis intervention team~~
 653.3 ~~is comprised of at least two mental health professionals as defined in section 245.462,~~
 653.4 ~~subdivision 18, clauses (1) to (6), or a combination of at least one mental health professional~~
 653.5 ~~and one mental health practitioner as defined in section 245.462, subdivision 17, with the~~
 653.6 ~~required mental health crisis training and under the clinical supervision of a mental health~~
 653.7 ~~professional on the team. The team must have at least two people with at least one member~~
 653.8 ~~providing on-site crisis intervention services when needed. (a) Qualified individual staff of~~
 653.9 a qualified provider entity must provide crisis assessment and intervention services to a
 653.10 recipient. A staff member providing crisis assessment and intervention services to a recipient
 653.11 must be qualified as a:

653.12 (1) mental health professional;

653.13 (2) clinical trainee;

653.14 (3) mental health practitioner;

653.15 (4) mental health certified family peer specialist; or

653.16 (5) mental health certified peer specialist.

653.17 (b) When crisis assessment and intervention services are provided to a recipient in the
 653.18 community, a mental health professional, clinical trainee, or mental health practitioner must
 653.19 lead the response.

653.20 (c) The 30 hours of ongoing training required by section 245I.05, subdivision 4, paragraph
 653.21 (b), must be specific to providing crisis services to children and adults and include training
 653.22 about evidence-based practices identified by the commissioner of health to reduce the
 653.23 recipient's risk of suicide and self-injurious behavior.

653.24 (d) Team members must be experienced in ~~mental health~~ crisis assessment, crisis
 653.25 intervention techniques, treatment engagement strategies, working with families, and clinical
 653.26 decision-making under emergency conditions and have knowledge of local services and
 653.27 resources. ~~The team must recommend and coordinate the team's services with appropriate~~
 653.28 ~~local resources such as the county social services agency, mental health services, and local~~
 653.29 ~~law enforcement when necessary.~~

653.30 Subd. 6. ~~Crisis assessment and mobile intervention treatment planning screening.~~ (a)
 653.31 ~~Prior to initiating mobile crisis intervention services, a screening of the potential crisis~~
 653.32 ~~situation must be conducted. The crisis screening may use the resources of crisis assistance~~
 653.33 ~~and emergency services as defined in sections 245.462, subdivision 6, and section 245.469,~~

654.1 subdivisions 1 and 2. The crisis screening must gather information, determine whether a
654.2 mental health crisis situation exists, identify parties involved, and determine an appropriate
654.3 response.

654.4 (b) When conducting the crisis screening of a recipient, a provider must:

654.5 (1) employ evidence-based practices to reduce the recipient's risk of suicide and
654.6 self-injurious behavior;

654.7 (2) work with the recipient to establish a plan and time frame for responding to the
654.8 recipient's mental health crisis, including responding to the recipient's immediate need for
654.9 support by telephone or text message until the provider can respond to the recipient
654.10 face-to-face;

654.11 (3) document significant factors in determining whether the recipient is experiencing a
654.12 mental health crisis, including prior requests for crisis services, a recipient's recent
654.13 presentation at an emergency department, known calls to 911 or law enforcement, or
654.14 information from third parties with knowledge of a recipient's history or current needs;

654.15 (4) accept calls from interested third parties and consider the additional needs or potential
654.16 mental health crises that the third parties may be experiencing;

654.17 (5) provide psychoeducation, including means reduction, to relevant third parties
654.18 including family members or other persons living with the recipient; and

654.19 (6) consider other available services to determine which service intervention would best
654.20 address the recipient's needs and circumstances.

654.21 (c) For the purposes of this section, the following situations indicate a positive screen
654.22 for a potential mental health crisis and the provider must prioritize providing a face-to-face
654.23 crisis assessment of the recipient, unless a provider documents specific evidence to show
654.24 why this was not possible, including insufficient staffing resources, concerns for staff or
654.25 recipient safety, or other clinical factors:

654.26 (1) the recipient presents at an emergency department or urgent care setting and the
654.27 health care team at that location requested crisis services; or

654.28 (2) a peace officer requested crisis services for a recipient who is potentially subject to
654.29 transportation under section 253B.051.

654.30 (d) A provider is not required to have direct contact with the recipient to determine that
654.31 the recipient is experiencing a potential mental health crisis. A mobile crisis provider may

655.1 gather relevant information about the recipient from a third party to establish the recipient's
655.2 need for services and potential safety factors.

655.3 Subd. 6a. **Crisis assessment.** ~~(b)~~ (a) If a ~~crisis exists~~ recipient screens positive for
655.4 potential mental health crisis, a crisis assessment must be completed. A crisis assessment
655.5 evaluates any immediate needs for which ~~emergency~~ services are needed and, as time
655.6 permits, the recipient's current life situation, health information, including current
655.7 medications, sources of stress, mental health problems and symptoms, strengths, cultural
655.8 considerations, support network, vulnerabilities, current functioning, and the recipient's
655.9 preferences as communicated directly by the recipient, or as communicated in a health care
655.10 directive as described in chapters 145C and 253B, the crisis treatment plan described under
655.11 ~~paragraph (d)~~ subdivision 11, a crisis prevention plan, or a wellness recovery action plan.

655.12 (b) A provider must conduct a crisis assessment at the recipient's location whenever
655.13 possible.

655.14 (c) Whenever possible, the assessor must attempt to include input from the recipient and
655.15 the recipient's family and other natural supports to assess whether a crisis exists.

655.16 (d) A crisis assessment includes: (1) determining (i) whether the recipient is willing to
655.17 voluntarily engage in treatment, or (ii) whether the recipient has an advance directive, and
655.18 (2) gathering the recipient's information and history from involved family or other natural
655.19 supports.

655.20 (e) A crisis assessment must include coordinated response with other health care providers
655.21 if the assessment indicates that a recipient needs detoxification, withdrawal management,
655.22 or medical stabilization in addition to crisis response services. If the recipient does not need
655.23 an acute level of care, a team must serve an otherwise eligible recipient who has a
655.24 co-occurring substance use disorder.

655.25 (f) If, after completing a crisis assessment of a recipient, a provider refers a recipient to
655.26 an intensive setting, including an emergency department, inpatient hospitalization, or
655.27 residential crisis stabilization, one of the crisis team members who completed or conferred
655.28 about the recipient's crisis assessment must immediately contact the referral entity and
655.29 consult with the triage nurse or other staff responsible for intake at the referral entity. During
655.30 the consultation, the crisis team member must convey key findings or concerns that led to
655.31 the recipient's referral. Following the immediate consultation, the provider must also send
655.32 written documentation upon completion. The provider must document if these releases
655.33 occurred with authorization by the recipient, the recipient's legal guardian, or as allowed
655.34 by section 144.293, subdivision 5.

656.1 **Subd. 6b. Crisis intervention services.** ~~(e)~~ (a) If the crisis assessment determines mobile
 656.2 crisis intervention services are needed, the crisis intervention services must be provided
 656.3 promptly. As opportunity presents during the intervention, at least two members of the
 656.4 mobile crisis intervention team must confer directly or by telephone about the crisis
 656.5 assessment, crisis treatment plan, and actions taken and needed. At least one of the team
 656.6 members must be ~~on-site~~ providing face-to-face crisis intervention services. If providing
 656.7 ~~on-site~~ crisis intervention services, a clinical trainee or mental health practitioner must seek
 656.8 ~~clinical~~ treatment supervision as required in subdivision 9.

656.9 (b) If a provider delivers crisis intervention services while the recipient is absent, the
 656.10 provider must document the reason for delivering services while the recipient is absent.

656.11 ~~(d)~~ (c) The mobile crisis intervention team must develop ~~an initial, brief~~ a crisis treatment
 656.12 ~~plan as soon as appropriate but no later than 24 hours after the initial face-to-face intervention~~
 656.13 according to subdivision 11. The plan must address the needs and problems noted in the
 656.14 ~~crisis assessment and include measurable short-term goals, cultural considerations, and~~
 656.15 ~~frequency and type of services to be provided to achieve the goals and reduce or eliminate~~
 656.16 ~~the crisis. The treatment plan must be updated as needed to reflect current goals and services.~~

656.17 ~~(e)~~ (d) The mobile crisis intervention team must document which ~~short-term goals~~ crisis
 656.18 treatment plan goals and objectives have been met and when no further crisis intervention
 656.19 services are required.

656.20 ~~(f)~~ (e) If the recipient's mental health crisis is stabilized, but the recipient needs a referral
 656.21 to other services, the team must provide referrals to these services. If the recipient has a
 656.22 case manager, planning for other services must be coordinated with the case manager. If
 656.23 the recipient is unable to follow up on the referral, the team must link the recipient to the
 656.24 service and follow up to ensure the recipient is receiving the service.

656.25 ~~(g)~~ (f) If the recipient's mental health crisis is stabilized and the recipient does not have
 656.26 an advance directive, the case manager or crisis team shall offer to work with the recipient
 656.27 to develop one.

656.28 **Subd. 7. Crisis stabilization services.** (a) Crisis stabilization services must be provided
 656.29 by qualified staff of a crisis stabilization services provider entity and must meet the following
 656.30 standards:

656.31 (1) a crisis ~~stabilization~~ treatment plan must be developed ~~which~~ that meets the criteria
 656.32 in subdivision 11;

656.33 (2) staff must be qualified as defined in subdivision 8; ~~and~~

657.1 (3) crisis stabilization services must be delivered according to the crisis treatment plan
 657.2 and include face-to-face contact with the recipient by qualified staff for further assessment,
 657.3 help with referrals, updating of the crisis ~~stabilization~~ treatment plan, ~~supportive counseling,~~
 657.4 skills training, and collaboration with other service providers in the community; and

657.5 (4) if a provider delivers crisis stabilization services while the recipient is absent, the
 657.6 provider must document the reason for delivering services while the recipient is absent.

657.7 ~~(b) If crisis stabilization services are provided in a supervised, licensed residential setting,~~
 657.8 ~~the recipient must be contacted face-to-face daily by a qualified mental health practitioner~~
 657.9 ~~or mental health professional. The program must have 24-hour-a-day residential staffing~~
 657.10 ~~which may include staff who do not meet the qualifications in subdivision 8. The residential~~
 657.11 ~~staff must have 24-hour-a-day immediate direct or telephone access to a qualified mental~~
 657.12 ~~health professional or practitioner.~~

657.13 ~~(e)~~ (b) If crisis stabilization services are provided in a supervised, licensed residential
 657.14 setting that serves no more than four adult residents, and one or more individuals are present
 657.15 at the setting to receive residential crisis stabilization ~~services~~, the residential staff must
 657.16 include, for at least eight hours per day, at least one ~~individual who meets the qualifications~~
 657.17 ~~in subdivision 8, paragraph (a), clause (1) or (2)~~ mental health professional, clinical trainee,
 657.18 certified rehabilitation specialist, or mental health practitioner.

657.19 ~~(d) If crisis stabilization services are provided in a supervised, licensed residential setting~~
 657.20 ~~that serves more than four adult residents, and one or more are recipients of crisis stabilization~~
 657.21 ~~services, the residential staff must include, for 24 hours a day, at least one individual who~~
 657.22 ~~meets the qualifications in subdivision 8. During the first 48 hours that a recipient is in the~~
 657.23 ~~residential program, the residential program must have at least two staff working 24 hours~~
 657.24 ~~a day. Staffing levels may be adjusted thereafter according to the needs of the recipient as~~
 657.25 ~~specified in the crisis stabilization treatment plan.~~

657.26 Subd. 8. **Adult Crisis stabilization staff qualifications.** (a) ~~Adult~~ Mental health crisis
 657.27 stabilization services must be provided by qualified individual staff of a qualified provider
 657.28 entity. ~~Individual provider staff must have the following qualifications~~ A staff member
 657.29 providing crisis stabilization services to a recipient must be qualified as a:

657.30 (1) ~~be a mental health professional as defined in section 245.462, subdivision 18, clauses~~
 657.31 ~~(1) to (6);~~

657.32 (2) ~~be a~~ certified rehabilitation specialist;

657.33 (3) clinical trainee;

658.1 ~~(4) mental health practitioner as defined in section 245.462, subdivision 17. The mental~~
 658.2 ~~health practitioner must work under the clinical supervision of a mental health professional;~~

658.3 (5) mental health certified family peer specialist;

658.4 ~~(3) be a (6) mental health certified peer specialist under section 256B.0615. The certified~~
 658.5 ~~peer specialist must work under the clinical supervision of a mental health professional; or~~

658.6 ~~(4) be a (7) mental health rehabilitation worker who meets the criteria in section~~
 658.7 ~~256B.0623, subdivision 5, paragraph (a), clause (4); works under the direction of a mental~~
 658.8 ~~health practitioner as defined in section 245.462, subdivision 17, or under direction of a~~
 658.9 ~~mental health professional; and works under the clinical supervision of a mental health~~
 658.10 ~~professional.~~

658.11 ~~(b) Mental health practitioners and mental health rehabilitation workers must have~~
 658.12 ~~completed at least 30 hours of training in crisis intervention and stabilization during the~~
 658.13 ~~past two years. The 30 hours of ongoing training required in section 245I.05, subdivision~~
 658.14 ~~4, paragraph (b), must be specific to providing crisis services to children and adults and~~
 658.15 ~~include training about evidence-based practices identified by the commissioner of health~~
 658.16 ~~to reduce a recipient's risk of suicide and self-injurious behavior.~~

658.17 **Subd. 9. Supervision.** Clinical trainees and mental health practitioners may provide
 658.18 crisis assessment and ~~mobile~~ crisis intervention services if the following clinical treatment
 658.19 supervision requirements are met:

658.20 (1) the mental health provider entity must accept full responsibility for the services
 658.21 provided;

658.22 (2) the mental health professional of the provider entity, ~~who is an employee or under~~
 658.23 ~~contract with the provider entity,~~ must be immediately available by phone or in person for
 658.24 clinical treatment supervision;

658.25 (3) the mental health professional is consulted, in person or by phone, during the first
 658.26 three hours when a clinical trainee or mental health practitioner provides ~~on-site service~~
 658.27 crisis assessment or crisis intervention services; and

658.28 (4) the mental health professional must:

658.29 (i) review and approve, as defined in section 245I.02, subdivision 2, of the tentative
 658.30 crisis assessment and crisis treatment plan within 24 hours of first providing services to the
 658.31 recipient, notwithstanding section 245I.08, subdivision 3; and

658.32 (ii) document the consultation; ~~and~~ required in clause (3).

659.1 ~~(iii) sign the crisis assessment and treatment plan within the next business day;~~

659.2 ~~(5) if the mobile crisis intervention services continue into a second calendar day, a mental~~
 659.3 ~~health professional must contact the recipient face-to-face on the second day to provide~~
 659.4 ~~services and update the crisis treatment plan; and~~

659.5 ~~(6) the on-site observation must be documented in the recipient's record and signed by~~
 659.6 ~~the mental health professional.~~

659.7 ~~Subd. 10. **Recipient file.** Providers of mobile crisis intervention or crisis stabilization~~
 659.8 ~~services must maintain a file for each recipient containing the following information:~~

659.9 ~~(1) individual crisis treatment plans signed by the recipient, mental health professional,~~
 659.10 ~~and mental health practitioner who developed the crisis treatment plan, or if the recipient~~
 659.11 ~~refused to sign the plan, the date and reason stated by the recipient as to why the recipient~~
 659.12 ~~would not sign the plan;~~

659.13 ~~(2) signed release forms;~~

659.14 ~~(3) recipient health information and current medications;~~

659.15 ~~(4) emergency contacts for the recipient;~~

659.16 ~~(5) case records which document the date of service, place of service delivery, signature~~
 659.17 ~~of the person providing the service, and the nature, extent, and units of service. Direct or~~
 659.18 ~~telephone contact with the recipient's family or others should be documented;~~

659.19 ~~(6) required clinical supervision by mental health professionals;~~

659.20 ~~(7) summary of the recipient's case reviews by staff;~~

659.21 ~~(8) any written information by the recipient that the recipient wants in the file; and~~

659.22 ~~(9) an advance directive, if there is one available.~~

659.23 ~~Documentation in the file must comply with all requirements of the commissioner.~~

659.24 ~~Subd. 11. **Crisis treatment plan.** The individual crisis stabilization treatment plan must~~
 659.25 ~~include, at a minimum:~~

659.26 ~~(1) a list of problems identified in the assessment;~~

659.27 ~~(2) a list of the recipient's strengths and resources;~~

659.28 ~~(3) concrete, measurable short-term goals and tasks to be achieved, including time frames~~
 659.29 ~~for achievement;~~

659.30 ~~(4) specific objectives directed toward the achievement of each one of the goals;~~

660.1 ~~(5) documentation of the participants involved in the service planning. The recipient, if~~
660.2 ~~possible, must be a participant. The recipient or the recipient's legal guardian must sign the~~
660.3 ~~service plan or documentation must be provided why this was not possible. A copy of the~~
660.4 ~~plan must be given to the recipient and the recipient's legal guardian. The plan should include~~
660.5 ~~services arranged, including specific providers where applicable;~~

660.6 ~~(6) planned frequency and type of services initiated;~~

660.7 ~~(7) a crisis response action plan if a crisis should occur;~~

660.8 ~~(8) clear progress notes on outcome of goals;~~

660.9 ~~(9) a written plan must be completed within 24 hours of beginning services with the~~
660.10 ~~recipient; and~~

660.11 ~~(10) a treatment plan must be developed by a mental health professional or mental health~~
660.12 ~~practitioner under the clinical supervision of a mental health professional. The mental health~~
660.13 ~~professional must approve and sign all treatment plans.~~

660.14 (a) Within 24 hours of the recipient's admission, the provider entity must complete the
660.15 recipient's crisis treatment plan. The provider entity must:

660.16 (1) base the recipient's crisis treatment plan on the recipient's crisis assessment;

660.17 (2) consider crisis assistance strategies that have been effective for the recipient in the
660.18 past;

660.19 (3) for a child recipient, use a child-centered, family-driven, and culturally appropriate
660.20 planning process that allows the recipient's parents and guardians to observe or participate
660.21 in the recipient's individual and family treatment services, assessment, and treatment
660.22 planning;

660.23 (4) for an adult recipient, use a person-centered, culturally appropriate planning process
660.24 that allows the recipient's family and other natural supports to observe or participate in
660.25 treatment services, assessment, and treatment planning;

660.26 (5) identify the participants involved in the recipient's treatment planning. The recipient,
660.27 if possible, must be a participant;

660.28 (6) identify the recipient's initial treatment goals, measurable treatment objectives, and
660.29 specific interventions that the license holder will use to help the recipient engage in treatment;

660.30 (7) include documentation of referral to and scheduling of services, including specific
660.31 providers where applicable;

661.1 (8) ensure that the recipient or the recipient's legal guardian approves under section
661.2 245I.02, subdivision 2, of the recipient's crisis treatment plan unless a court orders the
661.3 recipient's treatment plan under chapter 253B. If the recipient or the recipient's legal guardian
661.4 disagrees with the crisis treatment plan, the license holder must document in the client file
661.5 the reasons why the recipient disagrees with the crisis treatment plan; and

661.6 (9) ensure that a treatment supervisor approves under section 245I.02, subdivision 2, of
661.7 the recipient's treatment plan within 24 hours of the recipient's admission if a mental health
661.8 practitioner or clinical trainee completes the crisis treatment plan, notwithstanding section
661.9 245I.08, subdivision 3.

661.10 (b) The provider entity must provide the recipient and the recipient's legal guardian with
661.11 a copy of the recipient's crisis treatment plan.

661.12 Subd. 12. **Excluded services.** The following services are excluded from reimbursement
661.13 under this section:

661.14 (1) room and board services;

661.15 (2) services delivered to a recipient while admitted to an inpatient hospital;

661.16 (3) recipient transportation costs may be covered under other medical assistance
661.17 provisions, but transportation services are not an adult mental health crisis response service;

661.18 (4) services provided and billed by a provider who is not enrolled under medical
661.19 assistance to provide adult mental health crisis response services;

661.20 (5) services performed by volunteers;

661.21 (6) direct billing of time spent "on call" when not delivering services to a recipient;

661.22 (7) provider service time included in case management reimbursement. When a provider
661.23 is eligible to provide more than one type of medical assistance service, the recipient must
661.24 have a choice of provider for each service, unless otherwise provided for by law;

661.25 (8) outreach services to potential recipients; ~~and~~

661.26 (9) a mental health service that is not medically necessary;

661.27 (10) services that a residential treatment center licensed under Minnesota Rules, chapter
661.28 2960, provides to a client;

661.29 (11) partial hospitalization or day treatment; and

661.30 (12) a crisis assessment that a residential provider completes when a daily rate is paid
661.31 for the recipient's crisis stabilization.

662.1 Sec. 5. EFFECTIVE DATE.

662.2 This article is effective upon federal approval or July 1, 2022, whichever is later. The
662.3 commissioner shall notify the revisor of statutes when federal approval is obtained.

662.4 **ARTICLE 18**

662.5 **UNIFORM SERVICE STANDARDS; CONFORMING CHANGES**

662.6 Section 1. Minnesota Statutes 2020, section 62A.152, subdivision 3, is amended to read:

662.7 Subd. 3. **Provider discrimination prohibited.** All group policies and group subscriber
662.8 contracts that provide benefits for mental or nervous disorder treatments in a hospital must
662.9 provide direct reimbursement for those services if performed by a mental health professional,
662.10 ~~as defined in sections 245.462, subdivision 18, clauses (1) to (5); and 245.4871, subdivision~~
662.11 ~~27, clauses (1) to (5)~~ qualified according to section 245I.04, subdivision 2, to the extent that
662.12 the services and treatment are within the scope of mental health professional licensure.

662.13 This subdivision is intended to provide payment of benefits for mental or nervous disorder
662.14 treatments performed by a licensed mental health professional in a hospital and is not
662.15 intended to change or add benefits for those services provided in policies or contracts to
662.16 which this subdivision applies.

662.17 Sec. 2. Minnesota Statutes 2020, section 62A.3094, subdivision 1, is amended to read:

662.18 Subdivision 1. **Definitions.** (a) For purposes of this section, the terms defined in
662.19 paragraphs (b) to (d) have the meanings given.

662.20 (b) "Autism spectrum disorders" means the conditions as determined by criteria set forth
662.21 in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of
662.22 the American Psychiatric Association.

662.23 (c) "Medically necessary care" means health care services appropriate, in terms of type,
662.24 frequency, level, setting, and duration, to the enrollee's condition, and diagnostic testing
662.25 and preventative services. Medically necessary care must be consistent with generally
662.26 accepted practice parameters as determined by physicians and licensed psychologists who
662.27 typically manage patients who have autism spectrum disorders.

662.28 (d) "Mental health professional" means a mental health professional ~~as defined in section~~
662.29 ~~245.4871, subdivision 27~~ who is qualified according to section 245I.04, subdivision 2,
662.30 clause (1), (2), (3), (4), or (6), who has training and expertise in autism spectrum disorder
662.31 and child development.

663.1 Sec. 3. Minnesota Statutes 2020, section 62Q.096, is amended to read:

663.2 **62Q.096 CREDENTIALING OF PROVIDERS.**

663.3 If a health plan company has initially credentialed, as providers in its provider network,
663.4 individual providers employed by or under contract with an entity that:

663.5 (1) is authorized to bill under section 256B.0625, subdivision 5;

663.6 (2) ~~meets the requirements of Minnesota Rules, parts 9520.0750 to 9520.0870~~ is a mental
663.7 health clinic certified under section 245I.20;

663.8 (3) is designated an essential community provider under section 62Q.19; and

663.9 (4) is under contract with the health plan company to provide mental health services,
663.10 the health plan company must continue to credential at least the same number of providers
663.11 from that entity, as long as those providers meet the health plan company's credentialing
663.12 standards.

663.13 A health plan company shall not refuse to credential these providers on the grounds that
663.14 their provider network has a sufficient number of providers of that type.

663.15 Sec. 4. Minnesota Statutes 2020, section 144.651, subdivision 2, is amended to read:

663.16 Subd. 2. **Definitions.** For the purposes of this section, "patient" means a person who is
663.17 admitted to an acute care inpatient facility for a continuous period longer than 24 hours, for
663.18 the purpose of diagnosis or treatment bearing on the physical or mental health of that person.
663.19 For purposes of subdivisions 4 to 9, 12, 13, 15, 16, and 18 to 20, "patient" also means a
663.20 person who receives health care services at an outpatient surgical center or at a birth center
663.21 licensed under section 144.615. "Patient" also means a minor who is admitted to a residential
663.22 program as defined in section 253C.01. For purposes of subdivisions 1, 3 to 16, 18, 20 and
663.23 30, "patient" also means any person who is receiving mental health treatment on an outpatient
663.24 basis or in a community support program or other community-based program. "Resident"
663.25 means a person who is admitted to a nonacute care facility including extended care facilities,
663.26 nursing homes, and boarding care homes for care required because of prolonged mental or
663.27 physical illness or disability, recovery from injury or disease, or advancing age. For purposes
663.28 of all subdivisions except subdivisions 28 and 29, "resident" also means a person who is
663.29 admitted to a facility licensed as a board and lodging facility under Minnesota Rules, parts
663.30 4625.0100 to 4625.2355, a boarding care home under sections 144.50 to 144.56, or a
663.31 supervised living facility under Minnesota Rules, parts 4665.0100 to 4665.9900, and which
663.32 operates a rehabilitation program licensed under chapter 245G or 245I, or Minnesota Rules,
663.33 parts 9530.6510 to 9530.6590.

664.1 Sec. 5. Minnesota Statutes 2020, section 144D.01, subdivision 4, is amended to read:

664.2 Subd. 4. **Housing with services establishment or establishment.** (a) "Housing with
664.3 services establishment" or "establishment" means:

664.4 (1) an establishment providing sleeping accommodations to one or more adult residents,
664.5 at least 80 percent of which are 55 years of age or older, and offering or providing, for a
664.6 fee, one or more regularly scheduled health-related services or two or more regularly
664.7 scheduled supportive services, whether offered or provided directly by the establishment
664.8 or by another entity arranged for by the establishment; or

664.9 (2) an establishment that registers under section 144D.025.

664.10 (b) Housing with services establishment does not include:

664.11 (1) a nursing home licensed under chapter 144A;

664.12 (2) a hospital, certified boarding care home, or supervised living facility licensed under
664.13 sections 144.50 to 144.56;

664.14 (3) a board and lodging establishment licensed under chapter 157 and Minnesota Rules,
664.15 parts 9520.0500 to 9520.0670, or under chapter 245D ~~or~~, 245G, or 245I;

664.16 (4) a board and lodging establishment which serves as a shelter for battered women or
664.17 other similar purpose;

664.18 (5) a family adult foster care home licensed by the Department of Human Services;

664.19 (6) private homes in which the residents are related by kinship, law, or affinity with the
664.20 providers of services;

664.21 (7) residential settings for persons with developmental disabilities in which the services
664.22 are licensed under chapter 245D;

664.23 (8) a home-sharing arrangement such as when an elderly or disabled person or
664.24 single-parent family makes lodging in a private residence available to another person in
664.25 exchange for services or rent, or both;

664.26 (9) a duly organized condominium, cooperative, common interest community, or owners'
664.27 association of the foregoing where at least 80 percent of the units that comprise the
664.28 condominium, cooperative, or common interest community are occupied by individuals
664.29 who are the owners, members, or shareholders of the units;

664.30 (10) services for persons with developmental disabilities that are provided under a license
664.31 under chapter 245D; or

665.1 (11) a temporary family health care dwelling as defined in sections 394.307 and 462.3593.

665.2 Sec. 6. Minnesota Statutes 2020, section 144G.08, subdivision 7, as amended by Laws
665.3 2020, Seventh Special Session chapter 1, article 6, section 5, is amended to read:

665.4 Subd. 7. **Assisted living facility.** "Assisted living facility" means a facility that provides
665.5 sleeping accommodations and assisted living services to one or more adults. Assisted living
665.6 facility includes assisted living facility with dementia care, and does not include:

665.7 (1) emergency shelter, transitional housing, or any other residential units serving
665.8 exclusively or primarily homeless individuals, as defined under section 116L.361;

665.9 (2) a nursing home licensed under chapter 144A;

665.10 (3) a hospital, certified boarding care, or supervised living facility licensed under sections
665.11 144.50 to 144.56;

665.12 (4) a lodging establishment licensed under chapter 157 and Minnesota Rules, parts
665.13 9520.0500 to 9520.0670, or under chapter 245D ~~or~~, 245G, or 245I;

665.14 (5) services and residential settings licensed under chapter 245A, including adult foster
665.15 care and services and settings governed under the standards in chapter 245D;

665.16 (6) a private home in which the residents are related by kinship, law, or affinity with the
665.17 provider of services;

665.18 (7) a duly organized condominium, cooperative, and common interest community, or
665.19 owners' association of the condominium, cooperative, and common interest community
665.20 where at least 80 percent of the units that comprise the condominium, cooperative, or
665.21 common interest community are occupied by individuals who are the owners, members, or
665.22 shareholders of the units;

665.23 (8) a temporary family health care dwelling as defined in sections 394.307 and 462.3593;

665.24 (9) a setting offering services conducted by and for the adherents of any recognized
665.25 church or religious denomination for its members exclusively through spiritual means or
665.26 by prayer for healing;

665.27 (10) housing financed pursuant to sections 462A.37 and 462A.375, units financed with
665.28 low-income housing tax credits pursuant to United States Code, title 26, section 42, and
665.29 units financed by the Minnesota Housing Finance Agency that are intended to serve
665.30 individuals with disabilities or individuals who are homeless, except for those developments
665.31 that market or hold themselves out as assisted living facilities and provide assisted living
665.32 services;

666.1 (11) rental housing developed under United States Code, title 42, section 1437, or United
666.2 States Code, title 12, section 1701q;

666.3 (12) rental housing designated for occupancy by only elderly or elderly and disabled
666.4 residents under United States Code, title 42, section 1437e, or rental housing for qualifying
666.5 families under Code of Federal Regulations, title 24, section 983.56;

666.6 (13) rental housing funded under United States Code, title 42, chapter 89, or United
666.7 States Code, title 42, section 8011;

666.8 (14) a covered setting as defined in section 325F.721, subdivision 1, paragraph (b); or

666.9 (15) any establishment that exclusively or primarily serves as a shelter or temporary
666.10 shelter for victims of domestic or any other form of violence.

666.11 Sec. 7. Minnesota Statutes 2020, section 148B.5301, subdivision 2, is amended to read:

666.12 Subd. 2. **Supervision.** (a) To qualify as a LPCC, an applicant must have completed
666.13 4,000 hours of post-master's degree supervised professional practice in the delivery of
666.14 clinical services in the diagnosis and treatment of mental illnesses and disorders in both
666.15 children and adults. The supervised practice shall be conducted according to the requirements
666.16 in paragraphs (b) to (e).

666.17 (b) The supervision must have been received under a contract that defines clinical practice
666.18 and supervision from a mental health professional ~~as defined in section 245.462, subdivision~~
666.19 ~~18, clauses (1) to (6), or 245.4871, subdivision 27, clauses (1) to (6)~~ who is qualified
666.20 according to section 245I.04, subdivision 2, or by a board-approved supervisor, who has at
666.21 least two years of postlicensure experience in the delivery of clinical services in the diagnosis
666.22 and treatment of mental illnesses and disorders. All supervisors must meet the supervisor
666.23 requirements in Minnesota Rules, part 2150.5010.

666.24 (c) The supervision must be obtained at the rate of two hours of supervision per 40 hours
666.25 of professional practice. The supervision must be evenly distributed over the course of the
666.26 supervised professional practice. At least 75 percent of the required supervision hours must
666.27 be received in person. The remaining 25 percent of the required hours may be received by
666.28 telephone or by audio or audiovisual electronic device. At least 50 percent of the required
666.29 hours of supervision must be received on an individual basis. The remaining 50 percent
666.30 may be received in a group setting.

666.31 (d) The supervised practice must include at least 1,800 hours of clinical client contact.

667.1 (e) The supervised practice must be clinical practice. Supervision includes the observation
667.2 by the supervisor of the successful application of professional counseling knowledge, skills,
667.3 and values in the differential diagnosis and treatment of psychosocial function, disability,
667.4 or impairment, including addictions and emotional, mental, and behavioral disorders.

667.5 Sec. 8. Minnesota Statutes 2020, section 148E.120, subdivision 2, is amended to read:

667.6 Subd. 2. **Alternate supervisors.** (a) The board may approve an alternate supervisor as
667.7 determined in this subdivision. The board shall approve up to 25 percent of the required
667.8 supervision hours by a ~~licensed~~ mental health professional who is competent and qualified
667.9 to provide supervision according to the mental health professional's respective licensing
667.10 board, as established by section ~~245.462, subdivision 18, clauses (1) to (6), or 245.4871,~~
667.11 ~~subdivision 27, clauses (1) to (6)~~ 245I.04, subdivision 2.

667.12 (b) The board shall approve up to 100 percent of the required supervision hours by an
667.13 alternate supervisor if the board determines that:

667.14 (1) there are five or fewer supervisors in the county where the licensee practices social
667.15 work who meet the applicable licensure requirements in subdivision 1;

667.16 (2) the supervisor is an unlicensed social worker who is employed in, and provides the
667.17 supervision in, a setting exempt from licensure by section 148E.065, and who has
667.18 qualifications equivalent to the applicable requirements specified in sections 148E.100 to
667.19 148E.115;

667.20 (3) the supervisor is a social worker engaged in authorized social work practice in Iowa,
667.21 Manitoba, North Dakota, Ontario, South Dakota, or Wisconsin, and has the qualifications
667.22 equivalent to the applicable requirements in sections 148E.100 to 148E.115; or

667.23 (4) the applicant or licensee is engaged in nonclinical authorized social work practice
667.24 outside of Minnesota and the supervisor meets the qualifications equivalent to the applicable
667.25 requirements in sections 148E.100 to 148E.115, or the supervisor is an equivalent mental
667.26 health professional, as determined by the board, who is credentialed by a state, territorial,
667.27 provincial, or foreign licensing agency; or

667.28 (5) the applicant or licensee is engaged in clinical authorized social work practice outside
667.29 of Minnesota and the supervisor meets qualifications equivalent to the applicable
667.30 requirements in section 148E.115, or the supervisor is an equivalent mental health
667.31 professional as determined by the board, who is credentialed by a state, territorial, provincial,
667.32 or foreign licensing agency.

668.1 (c) In order for the board to consider an alternate supervisor under this section, the
668.2 licensee must:

668.3 (1) request in the supervision plan and verification submitted according to section
668.4 148E.125 that an alternate supervisor conduct the supervision; and

668.5 (2) describe the proposed supervision and the name and qualifications of the proposed
668.6 alternate supervisor. The board may audit the information provided to determine compliance
668.7 with the requirements of this section.

668.8 Sec. 9. Minnesota Statutes 2020, section 148F.11, subdivision 1, is amended to read:

668.9 Subdivision 1. **Other professionals.** (a) Nothing in this chapter prevents members of
668.10 other professions or occupations from performing functions for which they are qualified or
668.11 licensed. This exception includes, but is not limited to: licensed physicians; registered nurses;
668.12 licensed practical nurses; licensed psychologists and licensed psychological practitioners;
668.13 members of the clergy provided such services are provided within the scope of regular
668.14 ministries; American Indian medicine men and women; licensed attorneys; probation officers;
668.15 licensed marriage and family therapists; licensed social workers; social workers employed
668.16 by city, county, or state agencies; licensed professional counselors; licensed professional
668.17 clinical counselors; licensed school counselors; registered occupational therapists or
668.18 occupational therapy assistants; Upper Midwest Indian Council on Addictive Disorders
668.19 (UMICAD) certified counselors when providing services to Native American people; city,
668.20 county, or state employees when providing assessments or case management under Minnesota
668.21 Rules, chapter 9530; and individuals defined in section 256B.0623, subdivision 5, paragraph
668.22 (a), clauses (1) ~~and (2)~~ to (6), providing integrated dual diagnosis co-occurring substance
668.23 use disorder treatment in adult mental health rehabilitative programs certified or licensed
668.24 by the Department of Human Services under section 245I.23, 256B.0622, or 256B.0623.

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

668.28 (c) Any person who is exempt from licensure under this section must not use a title
668.29 incorporating the words "alcohol and drug counselor" or "licensed alcohol and drug
668.30 counselor" or otherwise hold himself or herself out to the public by any title or description
668.31 stating or implying that he or she is engaged in the practice of alcohol and drug counseling,
668.32 or that he or she is licensed to engage in the practice of alcohol and drug counseling, unless
668.33 that person is also licensed as an alcohol and drug counselor. Persons engaged in the practice

669.1 of alcohol and drug counseling are not exempt from the board's jurisdiction solely by the
669.2 use of one of the titles in paragraph (a).

669.3 Sec. 10. Minnesota Statutes 2020, section 245.462, subdivision 1, is amended to read:

669.4 Subdivision 1. **Definitions.** The definitions in this section apply to sections 245.461 to
669.5 ~~245.486~~ 245.4863.

669.6 Sec. 11. Minnesota Statutes 2020, section 245.462, subdivision 6, is amended to read:

669.7 Subd. 6. **Community support services program.** "Community support services program"
669.8 means services, other than inpatient or residential treatment services, provided or coordinated
669.9 by an identified program and staff under the ~~clinical~~ treatment supervision of a mental health
669.10 professional designed to help adults with serious and persistent mental illness to function
669.11 and remain in the community. A community support services program includes:

669.12 (1) client outreach,

669.13 (2) medication monitoring,

669.14 (3) assistance in independent living skills,

669.15 (4) development of employability and work-related opportunities,

669.16 (5) crisis assistance,

669.17 (6) psychosocial rehabilitation,

669.18 (7) help in applying for government benefits, and

669.19 (8) housing support services.

669.20 The community support services program must be coordinated with the case management
669.21 services specified in section 245.4711.

669.22 Sec. 12. Minnesota Statutes 2020, section 245.462, subdivision 8, is amended to read:

669.23 Subd. 8. **Day treatment services.** "Day treatment," "day treatment services," or "day
669.24 treatment program" means ~~a structured program of treatment and care provided to an adult~~
669.25 ~~in or by: (1) a hospital accredited by the joint commission on accreditation of health~~
669.26 ~~organizations and licensed under sections 144.50 to 144.55; (2) a community mental health~~
669.27 ~~center under section 245.62; or (3) an entity that is under contract with the county board to~~
669.28 ~~operate a program that meets the requirements of section 245.4712, subdivision 2, and~~
669.29 ~~Minnesota Rules, parts 9505.0170 to 9505.0475. Day treatment consists of group~~
669.30 ~~psychotherapy and other intensive therapeutic services that are provided at least two days~~

670.1 ~~a week by a multidisciplinary staff under the clinical supervision of a mental health~~
670.2 ~~professional. Day treatment may include education and consultation provided to families~~
670.3 ~~and other individuals as part of the treatment process. The services are aimed at stabilizing~~
670.4 ~~the adult's mental health status, providing mental health services, and developing and~~
670.5 ~~improving the adult's independent living and socialization skills. The goal of day treatment~~
670.6 ~~is to reduce or relieve mental illness and to enable the adult to live in the community. Day~~
670.7 ~~treatment services are not a part of inpatient or residential treatment services. Day treatment~~
670.8 ~~services are distinguished from day care by their structured therapeutic program of~~
670.9 ~~psychotherapy services. The commissioner may limit medical assistance reimbursement~~
670.10 ~~for day treatment to 15 hours per week per person the treatment services described by section~~
670.11 ~~256B.0671, subdivision 3.~~

670.12 Sec. 13. Minnesota Statutes 2020, section 245.462, subdivision 9, is amended to read:

670.13 Subd. 9. **Diagnostic assessment.** ~~(a) "Diagnostic assessment" has the meaning given in~~
670.14 ~~Minnesota Rules, part 9505.0370, subpart 11, and is delivered as provided in Minnesota~~
670.15 ~~Rules, part 9505.0372, subpart 1, items A, B, C, and E. Diagnostic assessment includes a~~
670.16 ~~standard, extended, or brief diagnostic assessment, or an adult update section 245I.10,~~
670.17 ~~subdivisions 4 to 6.~~

670.18 ~~(b) A brief diagnostic assessment must include a face-to-face interview with the client~~
670.19 ~~and a written evaluation of the client by a mental health professional or a clinical trainee,~~
670.20 ~~as provided in Minnesota Rules, part 9505.0371, subpart 5, item C. The professional or~~
670.21 ~~clinical trainee must gather initial components of a standard diagnostic assessment, including~~
670.22 ~~the client's:~~

670.23 ~~(1) age;~~

670.24 ~~(2) description of symptoms, including reason for referral;~~

670.25 ~~(3) history of mental health treatment;~~

670.26 ~~(4) cultural influences and their impact on the client; and~~

670.27 ~~(5) mental status examination.~~

670.28 ~~(c) On the basis of the initial components, the professional or clinical trainee must draw~~
670.29 ~~a provisional clinical hypothesis. The clinical hypothesis may be used to address the client's~~
670.30 ~~immediate needs or presenting problem.~~

671.1 ~~(d) Treatment sessions conducted under authorization of a brief assessment may be used~~
 671.2 ~~to gather additional information necessary to complete a standard diagnostic assessment or~~
 671.3 ~~an extended diagnostic assessment.~~

671.4 ~~(e) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item A, subitem (1),~~
 671.5 ~~unit (b), prior to completion of a client's initial diagnostic assessment, a client is eligible~~
 671.6 ~~for psychological testing as part of the diagnostic process.~~

671.7 ~~(f) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item A, subitem (1),~~
 671.8 ~~unit (e), prior to completion of a client's initial diagnostic assessment, but in conjunction~~
 671.9 ~~with the diagnostic assessment process, a client is eligible for up to three individual or family~~
 671.10 ~~psychotherapy sessions or family psychoeducation sessions or a combination of the above~~
 671.11 ~~sessions not to exceed three sessions.~~

671.12 ~~(g) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item B, subitem (3),~~
 671.13 ~~unit (a), a brief diagnostic assessment may be used for a client's family who requires a~~
 671.14 ~~language interpreter to participate in the assessment.~~

671.15 Sec. 14. Minnesota Statutes 2020, section 245.462, subdivision 14, is amended to read:

671.16 Subd. 14. **Individual treatment plan.** "Individual treatment plan" means ~~a written plan~~
 671.17 ~~of intervention, treatment, and services for an adult with mental illness that is developed~~
 671.18 ~~by a service provider under the clinical supervision of a mental health professional on the~~
 671.19 ~~basis of a diagnostic assessment. The plan identifies goals and objectives of treatment,~~
 671.20 ~~treatment strategy, a schedule for accomplishing treatment goals and objectives, and the~~
 671.21 ~~individual responsible for providing treatment to the adult with mental illness~~ the formulation
 671.22 of planned services that are responsive to the needs and goals of a client. An individual
 671.23 treatment plan must be completed according to section 245I.10, subdivisions 7 and 8.

671.24 Sec. 15. Minnesota Statutes 2020, section 245.462, subdivision 16, is amended to read:

671.25 Subd. 16. **Mental health funds.** "Mental health funds" are funds expended under sections
 671.26 245.73 and 256E.12, federal mental health block grant funds, and funds expended under
 671.27 section 256D.06 to facilities licensed under section 245I.23 or Minnesota Rules, parts
 671.28 9520.0500 to 9520.0670.

671.29 Sec. 16. Minnesota Statutes 2020, section 245.462, subdivision 17, is amended to read:

671.30 Subd. 17. **Mental health practitioner.** (a) "Mental health practitioner" means a staff
 671.31 ~~person providing services to adults with mental illness or children with emotional disturbance~~
 671.32 ~~who is qualified in at least one of the ways described in paragraphs (b) to (g). A mental~~

672.1 ~~health practitioner for a child client must have training working with children. A mental~~
 672.2 ~~health practitioner for an adult client must have training working with adults~~ qualified
 672.3 according to section 245I.04, subdivision 4.

672.4 ~~(b) For purposes of this subdivision, a practitioner is qualified through relevant~~
 672.5 ~~coursework if the practitioner completes at least 30 semester hours or 45 quarter hours in~~
 672.6 ~~behavioral sciences or related fields and:~~

672.7 ~~(1) has at least 2,000 hours of supervised experience in the delivery of services to adults~~
 672.8 ~~or children with:~~

672.9 ~~(i) mental illness, substance use disorder, or emotional disturbance; or~~

672.10 ~~(ii) traumatic brain injury or developmental disabilities and completes training on mental~~
 672.11 ~~illness, recovery from mental illness, mental health de-escalation techniques, co-occurring~~
 672.12 ~~mental illness and substance abuse, and psychotropic medications and side effects;~~

672.13 ~~(2) is fluent in the non-English language of the ethnic group to which at least 50 percent~~
 672.14 ~~of the practitioner's clients belong, completes 40 hours of training in the delivery of services~~
 672.15 ~~to adults with mental illness or children with emotional disturbance, and receives clinical~~
 672.16 ~~supervision from a mental health professional at least once a week until the requirement of~~
 672.17 ~~2,000 hours of supervised experience is met;~~

672.18 ~~(3) is working in a day treatment program under section 245.4712, subdivision 2; or~~

672.19 ~~(4) has completed a practicum or internship that (i) requires direct interaction with adults~~
 672.20 ~~or children served, and (ii) is focused on behavioral sciences or related fields.~~

672.21 ~~(e) For purposes of this subdivision, a practitioner is qualified through work experience~~
 672.22 ~~if the person:~~

672.23 ~~(1) has at least 4,000 hours of supervised experience in the delivery of services to adults~~
 672.24 ~~or children with:~~

672.25 ~~(i) mental illness, substance use disorder, or emotional disturbance; or~~

672.26 ~~(ii) traumatic brain injury or developmental disabilities and completes training on mental~~
 672.27 ~~illness, recovery from mental illness, mental health de-escalation techniques, co-occurring~~
 672.28 ~~mental illness and substance abuse, and psychotropic medications and side effects; or~~

672.29 ~~(2) has at least 2,000 hours of supervised experience in the delivery of services to adults~~
 672.30 ~~or children with:~~

672.31 ~~(i) mental illness, emotional disturbance, or substance use disorder, and receives clinical~~
 672.32 ~~supervision as required by applicable statutes and rules from a mental health professional~~

- 673.1 ~~at least once a week until the requirement of 4,000 hours of supervised experience is met;~~
673.2 ~~or~~
- 673.3 ~~(ii) traumatic brain injury or developmental disabilities; completes training on mental~~
673.4 ~~illness, recovery from mental illness, mental health de-escalation techniques, co-occurring~~
673.5 ~~mental illness and substance abuse, and psychotropic medications and side effects; and~~
673.6 ~~receives clinical supervision as required by applicable statutes and rules at least once a week~~
673.7 ~~from a mental health professional until the requirement of 4,000 hours of supervised~~
673.8 ~~experience is met.~~
- 673.9 ~~(d) For purposes of this subdivision, a practitioner is qualified through a graduate student~~
673.10 ~~internship if the practitioner is a graduate student in behavioral sciences or related fields~~
673.11 ~~and is formally assigned by an accredited college or university to an agency or facility for~~
673.12 ~~clinical training.~~
- 673.13 ~~(e) For purposes of this subdivision, a practitioner is qualified by a bachelor's or master's~~
673.14 ~~degree if the practitioner:~~
- 673.15 ~~(1) holds a master's or other graduate degree in behavioral sciences or related fields; or~~
- 673.16 ~~(2) holds a bachelor's degree in behavioral sciences or related fields and completes a~~
673.17 ~~practicum or internship that (i) requires direct interaction with adults or children served,~~
673.18 ~~and (ii) is focused on behavioral sciences or related fields.~~
- 673.19 ~~(f) For purposes of this subdivision, a practitioner is qualified as a vendor of medical~~
673.20 ~~care if the practitioner meets the definition of vendor of medical care in section 256B.02,~~
673.21 ~~subdivision 7, paragraphs (b) and (c), and is serving a federally recognized tribe.~~
- 673.22 ~~(g) For purposes of medical assistance coverage of diagnostic assessments, explanations~~
673.23 ~~of findings, and psychotherapy under section 256B.0625, subdivision 65, a mental health~~
673.24 ~~practitioner working as a clinical trainee means that the practitioner's clinical supervision~~
673.25 ~~experience is helping the practitioner gain knowledge and skills necessary to practice~~
673.26 ~~effectively and independently. This may include supervision of direct practice, treatment~~
673.27 ~~team collaboration, continued professional learning, and job management. The practitioner~~
673.28 ~~must also:~~
- 673.29 ~~(1) comply with requirements for licensure or board certification as a mental health~~
673.30 ~~professional, according to the qualifications under Minnesota Rules, part 9505.0371, subpart~~
673.31 ~~5, item A, including supervised practice in the delivery of mental health services for the~~
673.32 ~~treatment of mental illness; or~~

674.1 ~~(2) be a student in a bona fide field placement or internship under a program leading to~~
674.2 ~~completion of the requirements for licensure as a mental health professional according to~~
674.3 ~~the qualifications under Minnesota Rules, part 9505.0371, subpart 5, item A.~~

674.4 ~~(h) For purposes of this subdivision, "behavioral sciences or related fields" has the~~
674.5 ~~meaning given in section 256B.0623, subdivision 5, paragraph (d).~~

674.6 ~~(i) Notwithstanding the licensing requirements established by a health-related licensing~~
674.7 ~~board, as defined in section 214.01, subdivision 2, this subdivision supersedes any other~~
674.8 ~~statute or rule.~~

674.9 Sec. 17. Minnesota Statutes 2020, section 245.462, subdivision 18, is amended to read:

674.10 Subd. 18. **Mental health professional.** "Mental health professional" means a staff person
674.11 providing clinical services in the treatment of mental illness who is qualified in at least one
674.12 of the following ways: who is qualified according to section 245I.04, subdivision 2.

674.13 ~~(1) in psychiatric nursing: a registered nurse who is licensed under sections 148.171 to~~
674.14 ~~148.285; and:~~

674.15 ~~(i) who is certified as a clinical specialist or as a nurse practitioner in adult or family~~
674.16 ~~psychiatric and mental health nursing by a national nurse certification organization; or~~

674.17 ~~(ii) who has a master's degree in nursing or one of the behavioral sciences or related~~
674.18 ~~fields from an accredited college or university or its equivalent, with at least 4,000 hours~~
674.19 ~~of post-master's supervised experience in the delivery of clinical services in the treatment~~
674.20 ~~of mental illness;~~

674.21 ~~(2) in clinical social work: a person licensed as an independent clinical social worker~~
674.22 ~~under chapter 148D, or a person with a master's degree in social work from an accredited~~
674.23 ~~college or university, with at least 4,000 hours of post-master's supervised experience in~~
674.24 ~~the delivery of clinical services in the treatment of mental illness;~~

674.25 ~~(3) in psychology: an individual licensed by the Board of Psychology under sections~~
674.26 ~~148.88 to 148.98 who has stated to the Board of Psychology competencies in the diagnosis~~
674.27 ~~and treatment of mental illness;~~

674.28 ~~(4) in psychiatry: a physician licensed under chapter 147 and certified by the American~~
674.29 ~~Board of Psychiatry and Neurology or eligible for board certification in psychiatry, or an~~
674.30 ~~osteopathic physician licensed under chapter 147 and certified by the American Osteopathic~~
674.31 ~~Board of Neurology and Psychiatry or eligible for board certification in psychiatry;~~

675.1 ~~(5) in marriage and family therapy: the mental health professional must be a marriage~~
 675.2 ~~and family therapist licensed under sections 148B.29 to 148B.39 with at least two years of~~
 675.3 ~~post-master's supervised experience in the delivery of clinical services in the treatment of~~
 675.4 ~~mental illness;~~

675.5 ~~(6) in licensed professional clinical counseling, the mental health professional shall be~~
 675.6 ~~a licensed professional clinical counselor under section 148B.5301 with at least 4,000 hours~~
 675.7 ~~of post-master's supervised experience in the delivery of clinical services in the treatment~~
 675.8 ~~of mental illness; or~~

675.9 ~~(7) in allied fields: a person with a master's degree from an accredited college or university~~
 675.10 ~~in one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's~~
 675.11 ~~supervised experience in the delivery of clinical services in the treatment of mental illness.~~

675.12 Sec. 18. Minnesota Statutes 2020, section 245.462, subdivision 21, is amended to read:

675.13 Subd. 21. **Outpatient services.** "Outpatient services" means mental health services,
 675.14 excluding day treatment and community support services programs, provided by or under
 675.15 the ~~clinical~~ treatment supervision of a mental health professional to adults with mental
 675.16 illness who live outside a hospital. Outpatient services include clinical activities such as
 675.17 individual, group, and family therapy; individual treatment planning; diagnostic assessments;
 675.18 medication management; and psychological testing.

675.19 Sec. 19. Minnesota Statutes 2020, section 245.462, subdivision 23, is amended to read:

675.20 Subd. 23. **Residential treatment.** "Residential treatment" means a 24-hour-a-day program
 675.21 under the ~~clinical~~ treatment supervision of a mental health professional, in a community
 675.22 residential setting other than an acute care hospital or regional treatment center inpatient
 675.23 unit, that must be licensed as a residential treatment program for adults with mental illness
 675.24 under chapter 245I, Minnesota Rules, parts 9520.0500 to 9520.0670, or other rules adopted
 675.25 by the commissioner.

675.26 Sec. 20. Minnesota Statutes 2020, section 245.462, is amended by adding a subdivision
 675.27 to read:

675.28 Subd. 27. **Treatment supervision.** "Treatment supervision" means the treatment
 675.29 supervision described by section 245I.06.

676.1 Sec. 21. Minnesota Statutes 2020, section 245.4661, subdivision 5, is amended to read:

676.2 Subd. 5. **Planning for pilot projects.** (a) Each local plan for a pilot project, with the
 676.3 exception of the placement of a Minnesota specialty treatment facility as defined in paragraph
 676.4 (c), must be developed under the direction of the county board, or multiple county boards
 676.5 acting jointly, as the local mental health authority. The planning process for each pilot shall
 676.6 include, but not be limited to, mental health consumers, families, advocates, local mental
 676.7 health advisory councils, local and state providers, representatives of state and local public
 676.8 employee bargaining units, and the department of human services. As part of the planning
 676.9 process, the county board or boards shall designate a managing entity responsible for receipt
 676.10 of funds and management of the pilot project.

676.11 (b) For Minnesota specialty treatment facilities, the commissioner shall issue a request
 676.12 for proposal for regions in which a need has been identified for services.

676.13 (c) For purposes of this section, "Minnesota specialty treatment facility" is defined as
 676.14 an intensive residential treatment service licensed under section 256B.0622, subdivision 2,
 676.15 ~~paragraph (b)~~ chapter 245I.

676.16 Sec. 22. Minnesota Statutes 2020, section 245.4662, subdivision 1, is amended to read:

676.17 Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have
 676.18 the meanings given them.

676.19 (b) "Community partnership" means a project involving the collaboration of two or more
 676.20 eligible applicants.

676.21 (c) "Eligible applicant" means an eligible county, Indian tribe, mental health service
 676.22 provider, hospital, or community partnership. Eligible applicant does not include a
 676.23 state-operated direct care and treatment facility or program under chapter 246.

676.24 (d) "Intensive residential treatment services" has the meaning given in section 256B.0622,
 676.25 ~~subdivision 2.~~

676.26 (e) "Metropolitan area" means the seven-county metropolitan area, as defined in section
 676.27 473.121, subdivision 2.

676.28 Sec. 23. Minnesota Statutes 2020, section 245.467, subdivision 2, is amended to read:

676.29 Subd. 2. **Diagnostic assessment.** ~~All providers of residential, acute care hospital inpatient,~~
 676.30 ~~and regional treatment centers must complete a diagnostic assessment for each of their~~
 676.31 ~~clients within five days of admission. Providers of day treatment services must complete a~~

677.1 ~~diagnostic assessment within five days after the adult's second visit or within 30 days after~~
677.2 ~~intake, whichever occurs first. In cases where a diagnostic assessment is available and has~~
677.3 ~~been completed within three years preceding admission, only an adult diagnostic assessment~~
677.4 ~~update is necessary. An "adult diagnostic assessment update" means a written summary by~~
677.5 ~~a mental health professional of the adult's current mental health status and service needs~~
677.6 ~~and includes a face-to-face interview with the adult. If the adult's mental health status has~~
677.7 ~~changed markedly since the adult's most recent diagnostic assessment, a new diagnostic~~
677.8 ~~assessment is required. Compliance with the provisions of this subdivision does not ensure~~
677.9 ~~eligibility for medical assistance reimbursement under chapter 256B. Providers of services~~
677.10 ~~governed by this section must complete a diagnostic assessment according to the standards~~
677.11 ~~of section 245I.10, subdivisions 4 to 6.~~

677.12 Sec. 24. Minnesota Statutes 2020, section 245.467, subdivision 3, is amended to read:

677.13 Subd. 3. **Individual treatment plans.** ~~All providers of outpatient services, day treatment~~
677.14 ~~services, residential treatment, acute care hospital inpatient treatment, and all regional~~
677.15 ~~treatment centers must develop an individual treatment plan for each of their adult clients.~~
677.16 ~~The individual treatment plan must be based on a diagnostic assessment. To the extent~~
677.17 ~~possible, the adult client shall be involved in all phases of developing and implementing~~
677.18 ~~the individual treatment plan. Providers of residential treatment and acute care hospital~~
677.19 ~~inpatient treatment, and all regional treatment centers must develop the individual treatment~~
677.20 ~~plan within ten days of client intake and must review the individual treatment plan every~~
677.21 ~~90 days after intake. Providers of day treatment services must develop the individual~~
677.22 ~~treatment plan before the completion of five working days in which service is provided or~~
677.23 ~~within 30 days after the diagnostic assessment is completed or obtained, whichever occurs~~
677.24 ~~first. Providers of outpatient services must develop the individual treatment plan within 30~~
677.25 ~~days after the diagnostic assessment is completed or obtained or by the end of the second~~
677.26 ~~session of an outpatient service, not including the session in which the diagnostic assessment~~
677.27 ~~was provided, whichever occurs first. Outpatient and day treatment services providers must~~
677.28 ~~review the individual treatment plan every 90 days after intake. Providers of services~~
677.29 ~~governed by this section must complete an individual treatment plan according to the~~
677.30 ~~standards of section 245I.10, subdivisions 7 and 8.~~

677.31 Sec. 25. Minnesota Statutes 2020, section 245.470, subdivision 1, is amended to read:

677.32 Subdivision 1. **Availability of outpatient services.** (a) County boards must provide or
677.33 contract for enough outpatient services within the county to meet the needs of adults with
677.34 mental illness residing in the county. Services may be provided directly by the county

678.1 through county-operated ~~mental health centers or~~ mental health clinics ~~approved by the~~
 678.2 ~~commissioner under section 245.69, subdivision 2~~ meeting the standards of chapter 245I;
 678.3 by contract with privately operated ~~mental health centers or~~ mental health clinics ~~approved~~
 678.4 ~~by the commissioner under section 245.69, subdivision 2~~ meeting the standards of chapter
 678.5 245I; by contract with hospital mental health outpatient programs certified by the Joint
 678.6 Commission on Accreditation of Hospital Organizations; or by contract with a ~~licensed~~
 678.7 mental health professional ~~as defined in section 245.462, subdivision 18, clauses (1) to (6).~~
 678.8 Clients may be required to pay a fee according to section 245.481. Outpatient services
 678.9 include:

- 678.10 (1) conducting diagnostic assessments;
- 678.11 (2) conducting psychological testing;
- 678.12 (3) developing or modifying individual treatment plans;
- 678.13 (4) making referrals and recommending placements as appropriate;
- 678.14 (5) treating an adult's mental health needs through therapy;
- 678.15 (6) prescribing and managing medication and evaluating the effectiveness of prescribed
 678.16 medication; and
- 678.17 (7) preventing placement in settings that are more intensive, costly, or restrictive than
 678.18 necessary and appropriate to meet client needs.

678.19 (b) County boards may request a waiver allowing outpatient services to be provided in
 678.20 a nearby trade area if it is determined that the client can best be served outside the county.

678.21 Sec. 26. Minnesota Statutes 2020, section 245.4712, subdivision 2, is amended to read:

678.22 Subd. 2. **Day treatment services provided.** (a) Day treatment services must be developed
 678.23 as a part of the community support services available to adults with serious and persistent
 678.24 mental illness residing in the county. Adults may be required to pay a fee according to
 678.25 section 245.481. Day treatment services must be designed to:

- 678.26 (1) provide a structured environment for treatment;
- 678.27 (2) provide support for residing in the community;
- 678.28 (3) prevent placement in settings that are more intensive, costly, or restrictive than
 678.29 necessary and appropriate to meet client need;
- 678.30 (4) coordinate with or be offered in conjunction with a local education agency's special
 678.31 education program; and

679.1 (5) operate on a continuous basis throughout the year.

679.2 (b) ~~For purposes of complying with medical assistance requirements, an adult day~~
 679.3 ~~treatment program must comply with the method of clinical supervision specified in~~
 679.4 ~~Minnesota Rules, part 9505.0371, subpart 4. The clinical supervision must be performed~~
 679.5 ~~by a qualified supervisor who satisfies the requirements of Minnesota Rules, part 9505.0371,~~
 679.6 ~~subpart 5. An adult day treatment program must comply with medical assistance requirements~~
 679.7 ~~in section 256B.0671, subdivision 3.~~

679.8 ~~A day treatment program must demonstrate compliance with this clinical supervision~~
 679.9 ~~requirement by the commissioner's review and approval of the program according to~~
 679.10 ~~Minnesota Rules, part 9505.0372, subpart 8.~~

679.11 (c) County boards may request a waiver from including day treatment services if they
 679.12 can document that:

679.13 (1) an alternative plan of care exists through the county's community support services
 679.14 for clients who would otherwise need day treatment services;

679.15 (2) day treatment, if included, would be duplicative of other components of the
 679.16 community support services; and

679.17 (3) county demographics and geography make the provision of day treatment services
 679.18 cost ineffective and infeasible.

679.19 Sec. 27. Minnesota Statutes 2020, section 245.472, subdivision 2, is amended to read:

679.20 Subd. 2. **Specific requirements.** Providers of residential services must be licensed under
 679.21 chapter 245I or applicable rules adopted by the commissioner and must be clinically
 679.22 supervised by a mental health professional. Persons employed in facilities licensed under
 679.23 Minnesota Rules, parts 9520.0500 to 9520.0670, in the capacity of program director as of
 679.24 July 1, 1987, in accordance with Minnesota Rules, parts 9520.0500 to 9520.0670, may be
 679.25 allowed to continue providing clinical supervision within a facility, provided they continue
 679.26 to be employed as a program director in a facility licensed under Minnesota Rules, parts
 679.27 9520.0500 to 9520.0670. Residential services must be provided under treatment supervision.

679.28 Sec. 28. Minnesota Statutes 2020, section 245.4863, is amended to read:

679.29 **245.4863 INTEGRATED CO-OCCURRING DISORDER TREATMENT.**

679.30 (a) The commissioner shall require individuals who perform chemical dependency
 679.31 assessments to screen clients for co-occurring mental health disorders, and staff who perform

680.1 mental health diagnostic assessments to screen for co-occurring substance use disorders.
 680.2 Screening tools must be approved by the commissioner. If a client screens positive for a
 680.3 co-occurring mental health or substance use disorder, the individual performing the screening
 680.4 must document what actions will be taken in response to the results and whether further
 680.5 assessments must be performed.

680.6 (b) Notwithstanding paragraph (a), screening is not required when:

680.7 (1) the presence of co-occurring disorders was documented for the client in the past 12
 680.8 months;

680.9 (2) the client is currently receiving co-occurring disorders treatment;

680.10 (3) the client is being referred for co-occurring disorders treatment; or

680.11 (4) a mental health professional, ~~as defined in Minnesota Rules, part 9505.0370, subpart~~
 680.12 ~~18,~~ who is competent to perform diagnostic assessments of co-occurring disorders is
 680.13 performing a diagnostic assessment ~~that meets the requirements in Minnesota Rules, part~~
 680.14 ~~9533.0090, subpart 5,~~ to identify whether the client may have co-occurring mental health
 680.15 and chemical dependency disorders. If an individual is identified to have co-occurring
 680.16 mental health and substance use disorders, the assessing mental health professional must
 680.17 document what actions will be taken to address the client's co-occurring disorders.

680.18 (c) The commissioner shall adopt rules as necessary to implement this section. The
 680.19 commissioner shall ensure that the rules are effective on July 1, 2013, thereby establishing
 680.20 a certification process for integrated dual disorder treatment providers and a system through
 680.21 which individuals receive integrated dual diagnosis treatment if assessed as having both a
 680.22 substance use disorder and either a serious mental illness or emotional disturbance.

680.23 (d) The commissioner shall apply for any federal waivers necessary to secure, to the
 680.24 extent allowed by law, federal financial participation for the provision of integrated dual
 680.25 diagnosis treatment to persons with co-occurring disorders.

680.26 Sec. 29. Minnesota Statutes 2020, section 245.4871, subdivision 9a, is amended to read:

680.27 Subd. 9a. **Crisis assistance planning.** "Crisis assistance planning" means assistance to
 680.28 ~~the child, the child's family, and all providers of services to the child to: recognize factors~~
 680.29 ~~precipitating a mental health crisis, identify behaviors related to the crisis, and be informed~~
 680.30 ~~of available resources to resolve the crisis. Crisis assistance requires the development of a~~
 680.31 ~~plan which addresses prevention and intervention strategies to be used in a potential crisis.~~
 680.32 ~~Other interventions include: (1) arranging for admission to acute care hospital inpatient~~
 680.33 ~~treatment~~ the development of a written plan to assist a child and the child's family in

681.1 preventing and addressing a potential crisis and is distinct from mobile crisis services defined
 681.2 in section 256B.0624. The plan must address prevention, deescalation, and intervention
 681.3 strategies to be used in a crisis. The plan identifies factors that might precipitate a crisis,
 681.4 behaviors or symptoms related to the emergence of a crisis, and the resources available to
 681.5 resolve a crisis. The plan must address the following potential needs: (1) acute care; (2)
 681.6 crisis placement; (3) community resources for follow-up; and (4) emotional support to the
 681.7 family during crisis. When appropriate for the child's needs, the plan must include strategies
 681.8 to reduce the child's risk of suicide and self-injurious behavior. Crisis assistance planning
 681.9 does not include services designed to secure the safety of a child who is at risk of abuse or
 681.10 neglect or necessary emergency services.

681.11 Sec. 30. Minnesota Statutes 2020, section 245.4871, subdivision 10, is amended to read:

681.12 Subd. 10. **Day treatment services.** "Day treatment," "day treatment services," or "day
 681.13 treatment program" means a structured program of treatment and care provided to a child
 681.14 in:

681.15 (1) an outpatient hospital accredited by the Joint Commission on Accreditation of Health
 681.16 Organizations and licensed under sections 144.50 to 144.55;

681.17 (2) a community mental health center under section 245.62;

681.18 (3) an entity that is under contract with the county board to operate a program that meets
 681.19 the requirements of section 245.4884, subdivision 2, and Minnesota Rules, parts 9505.0170
 681.20 to 9505.0475; ~~or~~

681.21 (4) an entity that operates a program that meets the requirements of section 245.4884,
 681.22 subdivision 2, and Minnesota Rules, parts 9505.0170 to 9505.0475, that is under contract
 681.23 with an entity that is under contract with a county board; or

681.24 (5) a program certified under section 256B.0943.

681.25 Day treatment consists of group psychotherapy and other intensive therapeutic services
 681.26 that are provided for a minimum two-hour time block by a multidisciplinary staff under the
 681.27 ~~clinical~~ treatment supervision of a mental health professional. Day treatment may include
 681.28 education and consultation provided to families and other individuals as an extension of the
 681.29 treatment process. The services are aimed at stabilizing the child's mental health status, and
 681.30 developing and improving the child's daily independent living and socialization skills. Day
 681.31 treatment services are distinguished from day care by their structured therapeutic program
 681.32 of psychotherapy services. Day treatment services are not a part of inpatient hospital or
 681.33 residential treatment services.

682.1 A day treatment service must be available to a child up to 15 hours a week throughout
682.2 the year and must be coordinated with, integrated with, or part of an education program
682.3 offered by the child's school.

682.4 Sec. 31. Minnesota Statutes 2020, section 245.4871, subdivision 11a, is amended to read:

682.5 Subd. 11a. **Diagnostic assessment.** (a) "Diagnostic assessment" has the meaning given
682.6 in Minnesota Rules, part 9505.0370, subpart 11, and is delivered as provided in Minnesota
682.7 Rules, part 9505.0372, subpart 1, items A, B, C, and E. Diagnostic assessment includes a
682.8 standard, extended, or brief diagnostic assessment, or an adult update section 245I.10,
682.9 subdivisions 4 to 6.

682.10 (b) A brief diagnostic assessment must include a face-to-face interview with the client
682.11 and a written evaluation of the client by a mental health professional or a clinical trainee,
682.12 as provided in Minnesota Rules, part 9505.0371, subpart 5, item C. The professional or
682.13 clinical trainee must gather initial components of a standard diagnostic assessment, including
682.14 the client's:

682.15 (1) age;

682.16 (2) description of symptoms, including reason for referral;

682.17 (3) history of mental health treatment;

682.18 (4) cultural influences and their impact on the client; and

682.19 (5) mental status examination.

682.20 (c) On the basis of the brief components, the professional or clinical trainee must draw
682.21 a provisional clinical hypothesis. The clinical hypothesis may be used to address the client's
682.22 immediate needs or presenting problem.

682.23 (d) Treatment sessions conducted under authorization of a brief assessment may be used
682.24 to gather additional information necessary to complete a standard diagnostic assessment or
682.25 an extended diagnostic assessment.

682.26 (e) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item A, subitem (1),
682.27 unit (b), prior to completion of a client's initial diagnostic assessment, a client is eligible
682.28 for psychological testing as part of the diagnostic process.

682.29 (f) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item A, subitem (1),
682.30 unit (c), prior to completion of a client's initial diagnostic assessment, but in conjunction
682.31 with the diagnostic assessment process, a client is eligible for up to three individual or family

683.1 ~~psychotherapy sessions or family psychoeducation sessions or a combination of the above~~
 683.2 ~~sessions not to exceed three sessions.~~

683.3 Sec. 32. Minnesota Statutes 2020, section 245.4871, subdivision 17, is amended to read:

683.4 Subd. 17. **Family community support services.** "Family community support services"
 683.5 means services provided under the ~~clinical~~ treatment supervision of a mental health
 683.6 professional and designed to help each child with severe emotional disturbance to function
 683.7 and remain with the child's family in the community. Family community support services
 683.8 do not include acute care hospital inpatient treatment, residential treatment services, or
 683.9 regional treatment center services. Family community support services include:

683.10 (1) client outreach to each child with severe emotional disturbance and the child's family;

683.11 (2) medication monitoring where necessary;

683.12 (3) assistance in developing independent living skills;

683.13 (4) assistance in developing parenting skills necessary to address the needs of the child
 683.14 with severe emotional disturbance;

683.15 (5) assistance with leisure and recreational activities;

683.16 (6) crisis ~~assistance~~ planning, including crisis placement and respite care;

683.17 (7) professional home-based family treatment;

683.18 (8) foster care with therapeutic supports;

683.19 (9) day treatment;

683.20 (10) assistance in locating respite care and special needs day care; and

683.21 (11) assistance in obtaining potential financial resources, including those benefits listed
 683.22 in section 245.4884, subdivision 5.

683.23 Sec. 33. Minnesota Statutes 2020, section 245.4871, subdivision 21, is amended to read:

683.24 Subd. 21. **Individual treatment plan.** "Individual treatment plan" means ~~a written plan~~
 683.25 ~~of intervention, treatment, and services for a child with an emotional disturbance that is~~
 683.26 ~~developed by a service provider under the clinical supervision of a mental health professional~~
 683.27 ~~on the basis of a diagnostic assessment. An individual treatment plan for a child must be~~
 683.28 ~~developed in conjunction with the family unless clinically inappropriate. The plan identifies~~
 683.29 ~~goals and objectives of treatment, treatment strategy, a schedule for accomplishing treatment~~
 683.30 ~~goals and objectives, and the individuals responsible for providing treatment to the child~~

684.1 ~~with an emotional disturbance~~ the formulation of planned services that are responsive to
684.2 the needs and goals of a client. An individual treatment plan must be completed according
684.3 to section 245I.10, subdivisions 7 and 8.

684.4 Sec. 34. Minnesota Statutes 2020, section 245.4871, subdivision 26, is amended to read:

684.5 Subd. 26. **Mental health practitioner.** "Mental health practitioner" ~~has the meaning~~
684.6 ~~given in section 245.462, subdivision 17~~ means a staff person who is qualified according
684.7 to section 245I.04, subdivision 4.

684.8 Sec. 35. Minnesota Statutes 2020, section 245.4871, subdivision 27, is amended to read:

684.9 Subd. 27. **Mental health professional.** "Mental health professional" means a staff person
684.10 ~~providing clinical services in the diagnosis and treatment of children's emotional disorders.~~
684.11 ~~A mental health professional must have training and experience in working with children~~
684.12 ~~consistent with the age group to which the mental health professional is assigned. A mental~~
684.13 ~~health professional must be qualified in at least one of the following ways: who is qualified~~
684.14 according to section 245I.04, subdivision 2.

684.15 ~~(1) in psychiatric nursing, the mental health professional must be a registered nurse who~~
684.16 ~~is licensed under sections 148.171 to 148.285 and who is certified as a clinical specialist in~~
684.17 ~~child and adolescent psychiatric or mental health nursing by a national nurse certification~~
684.18 ~~organization or who has a master's degree in nursing or one of the behavioral sciences or~~
684.19 ~~related fields from an accredited college or university or its equivalent, with at least 4,000~~
684.20 ~~hours of post-master's supervised experience in the delivery of clinical services in the~~
684.21 ~~treatment of mental illness;~~

684.22 ~~(2) in clinical social work, the mental health professional must be a person licensed as~~
684.23 ~~an independent clinical social worker under chapter 148D, or a person with a master's degree~~
684.24 ~~in social work from an accredited college or university, with at least 4,000 hours of~~
684.25 ~~post-master's supervised experience in the delivery of clinical services in the treatment of~~
684.26 ~~mental disorders;~~

684.27 ~~(3) in psychology, the mental health professional must be an individual licensed by the~~
684.28 ~~board of psychology under sections 148.88 to 148.98 who has stated to the board of~~
684.29 ~~psychology competencies in the diagnosis and treatment of mental disorders;~~

684.30 ~~(4) in psychiatry, the mental health professional must be a physician licensed under~~
684.31 ~~chapter 147 and certified by the American Board of Psychiatry and Neurology or eligible~~
684.32 ~~for board certification in psychiatry or an osteopathic physician licensed under chapter 147~~

685.1 ~~and certified by the American Osteopathic Board of Neurology and Psychiatry or eligible~~
685.2 ~~for board certification in psychiatry;~~

685.3 ~~(5) in marriage and family therapy, the mental health professional must be a marriage~~
685.4 ~~and family therapist licensed under sections 148B.29 to 148B.39 with at least two years of~~
685.5 ~~post-master's supervised experience in the delivery of clinical services in the treatment of~~
685.6 ~~mental disorders or emotional disturbances;~~

685.7 ~~(6) in licensed professional clinical counseling, the mental health professional shall be~~
685.8 ~~a licensed professional clinical counselor under section 148B.5301 with at least 4,000 hours~~
685.9 ~~of post-master's supervised experience in the delivery of clinical services in the treatment~~
685.10 ~~of mental disorders or emotional disturbances; or~~

685.11 ~~(7) in allied fields, the mental health professional must be a person with a master's degree~~
685.12 ~~from an accredited college or university in one of the behavioral sciences or related fields,~~
685.13 ~~with at least 4,000 hours of post-master's supervised experience in the delivery of clinical~~
685.14 ~~services in the treatment of emotional disturbances.~~

685.15 Sec. 36. Minnesota Statutes 2020, section 245.4871, subdivision 29, is amended to read:

685.16 Subd. 29. **Outpatient services.** "Outpatient services" means mental health services,
685.17 excluding day treatment and community support services programs, provided by or under
685.18 the ~~clinical~~ clinical treatment supervision of a mental health professional to children with emotional
685.19 disturbances who live outside a hospital. Outpatient services include clinical activities such
685.20 as individual, group, and family therapy; individual treatment planning; diagnostic
685.21 assessments; medication management; and psychological testing.

685.22 Sec. 37. Minnesota Statutes 2020, section 245.4871, subdivision 31, is amended to read:

685.23 Subd. 31. **Professional home-based family treatment.** "Professional home-based family
685.24 treatment" means intensive mental health services provided to children because of an
685.25 emotional disturbance (1) who are at risk of out-of-home placement; (2) who are in
685.26 out-of-home placement; or (3) who are returning from out-of-home placement. Services
685.27 are provided to the child and the child's family primarily in the child's home environment.
685.28 Services may also be provided in the child's school, child care setting, or other community
685.29 setting appropriate to the child. Services must be provided on an individual family basis,
685.30 must be child-oriented and family-oriented, and must be designed using information from
685.31 diagnostic and functional assessments to meet the specific mental health needs of the child
685.32 and the child's family. Examples of services are: (1) individual therapy; (2) family therapy;
685.33 (3) client outreach; (4) assistance in developing individual living skills; (5) assistance in

686.1 developing parenting skills necessary to address the needs of the child; (6) assistance with
686.2 leisure and recreational services; (7) ~~crisis assistance~~ planning, including crisis respite care
686.3 and arranging for crisis placement; and (8) assistance in locating respite and child care.
686.4 Services must be coordinated with other services provided to the child and family.

686.5 Sec. 38. Minnesota Statutes 2020, section 245.4871, subdivision 32, is amended to read:

686.6 Subd. 32. **Residential treatment.** "Residential treatment" means a 24-hour-a-day program
686.7 under the ~~clinical~~ treatment supervision of a mental health professional, in a community
686.8 residential setting other than an acute care hospital or regional treatment center inpatient
686.9 unit, that must be licensed as a residential treatment program for children with emotional
686.10 disturbances under Minnesota Rules, parts 2960.0580 to 2960.0700, or other rules adopted
686.11 by the commissioner.

686.12 Sec. 39. Minnesota Statutes 2020, section 245.4871, subdivision 34, is amended to read:

686.13 Subd. 34. **Therapeutic support of foster care.** "Therapeutic support of foster care"
686.14 means the mental health training and mental health support services and ~~clinical~~ treatment
686.15 supervision provided by a mental health professional to foster families caring for children
686.16 with severe emotional disturbance to provide a therapeutic family environment and support
686.17 for the child's improved functioning. Therapeutic support of foster care includes services
686.18 provided under section 256B.0946.

686.19 Sec. 40. Minnesota Statutes 2020, section 245.4871, is amended by adding a subdivision
686.20 to read:

686.21 Subd. 36. **Treatment supervision.** "Treatment supervision" means the treatment
686.22 supervision described by section 245I.06.

686.23 Sec. 41. Minnesota Statutes 2020, section 245.4876, subdivision 2, is amended to read:

686.24 Subd. 2. **Diagnostic assessment.** ~~All residential treatment facilities and acute care~~
686.25 ~~hospital inpatient treatment facilities that provide mental health services for children must~~
686.26 ~~complete a diagnostic assessment for each of their child clients within five working days~~
686.27 ~~of admission. Providers of day treatment services for children must complete a diagnostic~~
686.28 ~~assessment within five days after the child's second visit or 30 days after intake, whichever~~
686.29 ~~occurs first. In cases where a diagnostic assessment is available and has been completed~~
686.30 ~~within 180 days preceding admission, only updating is necessary. "Updating" means a~~
686.31 ~~written summary by a mental health professional of the child's current mental health status~~

687.1 ~~and service needs. If the child's mental health status has changed markedly since the child's~~
687.2 ~~most recent diagnostic assessment, a new diagnostic assessment is required. Compliance~~
687.3 ~~with the provisions of this subdivision does not ensure eligibility for medical assistance~~
687.4 ~~reimbursement under chapter 256B. Providers of services governed by this section shall~~
687.5 ~~complete a diagnostic assessment according to the standards of section 245I.10, subdivisions~~
687.6 ~~4 to 6.~~

687.7 Sec. 42. Minnesota Statutes 2020, section 245.4876, subdivision 3, is amended to read:

687.8 Subd. 3. **Individual treatment plans.** ~~All providers of outpatient services, day treatment~~
687.9 ~~services, professional home-based family treatment, residential treatment, and acute care~~
687.10 ~~hospital inpatient treatment, and all regional treatment centers that provide mental health~~
687.11 ~~services for children must develop an individual treatment plan for each child client. The~~
687.12 ~~individual treatment plan must be based on a diagnostic assessment. To the extent appropriate,~~
687.13 ~~the child and the child's family shall be involved in all phases of developing and~~
687.14 ~~implementing the individual treatment plan. Providers of residential treatment, professional~~
687.15 ~~home-based family treatment, and acute care hospital inpatient treatment, and regional~~
687.16 ~~treatment centers must develop the individual treatment plan within ten working days of~~
687.17 ~~client intake or admission and must review the individual treatment plan every 90 days after~~
687.18 ~~intake, except that the administrative review of the treatment plan of a child placed in a~~
687.19 ~~residential facility shall be as specified in sections 260C.203 and 260C.212, subdivision 9.~~
687.20 ~~Providers of day treatment services must develop the individual treatment plan before the~~
687.21 ~~completion of five working days in which service is provided or within 30 days after the~~
687.22 ~~diagnostic assessment is completed or obtained, whichever occurs first. Providers of~~
687.23 ~~outpatient services must develop the individual treatment plan within 30 days after the~~
687.24 ~~diagnostic assessment is completed or obtained or by the end of the second session of an~~
687.25 ~~outpatient service, not including the session in which the diagnostic assessment was provided,~~
687.26 ~~whichever occurs first. Providers of outpatient and day treatment services must review the~~
687.27 ~~individual treatment plan every 90 days after intake. Providers of services governed by this~~
687.28 ~~section shall complete an individual treatment plan according to the standards of section~~
687.29 ~~245I.10, subdivisions 7 and 8.~~

687.30 Sec. 43. Minnesota Statutes 2020, section 245.488, subdivision 1, is amended to read:

687.31 Subdivision 1. **Availability of outpatient services.** (a) County boards must provide or
687.32 contract for enough outpatient services within the county to meet the needs of each child
687.33 with emotional disturbance residing in the county and the child's family. Services may be
687.34 provided directly by the county through county-operated ~~mental health centers or mental~~

688.1 health clinics ~~approved by the commissioner under section 245.69, subdivision 2~~ meeting
688.2 the standards of chapter 245I; by contract with privately operated ~~mental health centers or~~
688.3 ~~mental health clinics approved by the commissioner under section 245.69, subdivision 2~~
688.4 meeting the standards of chapter 245I; by contract with hospital mental health outpatient
688.5 programs certified by the Joint Commission on Accreditation of Hospital Organizations;
688.6 or by contract with a ~~licensed~~ mental health professional ~~as defined in section 245.4871,~~
688.7 ~~subdivision 27, clauses (1) to (6)~~. A child or a child's parent may be required to pay a fee
688.8 based in accordance with section 245.481. Outpatient services include:

688.9 (1) conducting diagnostic assessments;

688.10 (2) conducting psychological testing;

688.11 (3) developing or modifying individual treatment plans;

688.12 (4) making referrals and recommending placements as appropriate;

688.13 (5) treating the child's mental health needs through therapy; and

688.14 (6) prescribing and managing medication and evaluating the effectiveness of prescribed
688.15 medication.

688.16 (b) County boards may request a waiver allowing outpatient services to be provided in
688.17 a nearby trade area if it is determined that the child requires necessary and appropriate
688.18 services that are only available outside the county.

688.19 (c) Outpatient services offered by the county board to prevent placement must be at the
688.20 level of treatment appropriate to the child's diagnostic assessment.

688.21 Sec. 44. Minnesota Statutes 2020, section 245.4901, subdivision 2, is amended to read:

688.22 Subd. 2. **Eligible applicants.** An eligible applicant for school-linked mental health grants
688.23 is an entity that is:

688.24 (1) a mental health clinic certified under ~~Minnesota Rules, parts 9520.0750 to 9520.0870~~
688.25 section 245I.20;

688.26 (2) a community mental health center under section 256B.0625, subdivision 5;

688.27 (3) an Indian health service facility or a facility owned and operated by a tribe or tribal
688.28 organization operating under United States Code, title 25, section 5321;

688.29 (4) a provider of children's therapeutic services and supports as defined in section
688.30 256B.0943; or

689.1 (5) enrolled in medical assistance as a mental health or substance use disorder provider
689.2 agency and employs at least two full-time equivalent mental health professionals qualified
689.3 according to section ~~245I.16~~ 245I.04, subdivision 2, or two alcohol and drug counselors
689.4 licensed or exempt from licensure under chapter 148F who are qualified to provide clinical
689.5 services to children and families.

689.6 Sec. 45. Minnesota Statutes 2020, section 245.62, subdivision 2, is amended to read:

689.7 Subd. 2. **Definition.** A community mental health center is a private nonprofit corporation
689.8 or public agency approved under the ~~rules promulgated by the commissioner pursuant to~~
689.9 ~~subdivision 4~~ standards of section 256B.0625, subdivision 5.

689.10 Sec. 46. Minnesota Statutes 2020, section 245.735, subdivision 3, is amended to read:

689.11 Subd. 3. **Certified community behavioral health clinics.** (a) The commissioner shall
689.12 establish a state certification process for certified community behavioral health clinics
689.13 (CCBHCs). Entities that choose to be CCBHCs must:

689.14 (1) comply with the CCBHC criteria published by the United States Department of
689.15 Health and Human Services;

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

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

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

689.25 (5) comply with quality assurance reporting requirements and other reporting
689.26 requirements, including any required reporting of encounter data, clinical outcomes data,
689.27 and quality data;

689.28 (6) provide crisis mental health and substance use services, withdrawal management
689.29 services, emergency crisis intervention services, and stabilization services; screening,
689.30 assessment, and diagnosis services, including risk assessments and level of care
689.31 determinations; person- and family-centered treatment planning; outpatient mental health
689.32 and substance use services; targeted case management; psychiatric rehabilitation services;

690.1 peer support and counselor services and family support services; and intensive
690.2 community-based mental health services, including mental health services for members of
690.3 the armed forces and veterans;

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

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

690.11 (ii) other community services, supports, and providers, including schools, child welfare
690.12 agencies, juvenile and criminal justice agencies, Indian health services clinics, tribally
690.13 licensed health care and mental health facilities, urban Indian health clinics, Department of
690.14 Veterans Affairs medical centers, outpatient clinics, drop-in centers, acute care hospitals,
690.15 and hospital outpatient clinics;

690.16 (8) be ~~certified as mental health clinics under section 245.69, subdivision 2~~ meeting the
690.17 standards of chapter 245I;

690.18 (9) ~~comply with standards relating to mental health services in Minnesota Rules, parts~~
690.19 ~~9505.0370 to 9505.0372~~ be a co-occurring disorder specialist;

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

690.21 (11) be certified to provide children's therapeutic services and supports under section
690.22 256B.0943;

690.23 (12) be certified to provide adult rehabilitative mental health services under section
690.24 256B.0623;

690.25 (13) be enrolled to provide mental health crisis response services under ~~sections~~ section
690.26 ~~256B.0624 and 256B.0944~~;

690.27 (14) be enrolled to provide mental health targeted case management under section
690.28 256B.0625, subdivision 20;

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

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

691.1 (17) comply with standards relating to peer services under sections 256B.0615,
691.2 256B.0616, and 245G.07, subdivision 1, paragraph (a), clause (5), as applicable when peer
691.3 services are provided.

691.4 (b) If an entity is unable to provide one or more of the services listed in paragraph (a),
691.5 clauses (6) to (17), the commissioner may certify the entity as a CCBHC, if the entity has
691.6 a current contract with another entity that has the required authority to provide that service
691.7 and that meets federal CCBHC criteria as a designated collaborating organization, or, to
691.8 the extent allowed by the federal CCBHC criteria, the commissioner may approve a referral
691.9 arrangement. The CCBHC must meet federal requirements regarding the type and scope of
691.10 services to be provided directly by the CCBHC.

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

691.19 (d) When the standards listed in paragraph (a) or other applicable standards conflict or
691.20 address similar issues in duplicative or incompatible ways, the commissioner may grant
691.21 variances to state requirements if the variances do not conflict with federal requirements.
691.22 If standards overlap, the commissioner may substitute all or a part of a licensure or
691.23 certification that is substantially the same as another licensure or certification. The
691.24 commissioner shall consult with stakeholders, as described in subdivision 4, before granting
691.25 variances under this provision. For the CCBHC that is certified but not approved for
691.26 prospective payment under section 256B.0625, subdivision 5m, the commissioner may
691.27 grant a variance under this paragraph if the variance does not increase the state share of
691.28 costs.

691.29 (e) The commissioner shall issue a list of required evidence-based practices to be
691.30 delivered by CCBHCs, and may also provide a list of recommended evidence-based practices.
691.31 The commissioner may update the list to reflect advances in outcomes research and medical
691.32 services for persons living with mental illnesses or substance use disorders. The commissioner
691.33 shall take into consideration the adequacy of evidence to support the efficacy of the practice,
691.34 the quality of workforce available, and the current availability of the practice in the state.

692.1 At least 30 days before issuing the initial list and any revisions, the commissioner shall
692.2 provide stakeholders with an opportunity to comment.

692.3 (f) The commissioner shall recertify CCBHCs at least every three years. The
692.4 commissioner shall establish a process for decertification and shall require corrective action,
692.5 medical assistance repayment, or decertification of a CCBHC that no longer meets the
692.6 requirements in this section or that fails to meet the standards provided by the commissioner
692.7 in the application and certification process.

692.8 Sec. 47. Minnesota Statutes 2020, section 245A.04, subdivision 5, is amended to read:

692.9 Subd. 5. **Commissioner's right of access.** (a) When the commissioner is exercising the
692.10 powers conferred by this chapter, ~~sections 245.69 and~~ section 626.557, and chapter 260E,
692.11 the commissioner must be given access to:

692.12 (1) the physical plant and grounds where the program is provided;

692.13 (2) documents and records, including records maintained in electronic format;

692.14 (3) persons served by the program; and

692.15 (4) staff and personnel records of current and former staff whenever the program is in
692.16 operation and the information is relevant to inspections or investigations conducted by the
692.17 commissioner. Upon request, the license holder must provide the commissioner verification
692.18 of documentation of staff work experience, training, or educational requirements.

692.19 The commissioner must be given access without prior notice and as often as the
692.20 commissioner considers necessary if the commissioner is investigating alleged maltreatment,
692.21 conducting a licensing inspection, or investigating an alleged violation of applicable laws
692.22 or rules. In conducting inspections, the commissioner may request and shall receive assistance
692.23 from other state, county, and municipal governmental agencies and departments. The
692.24 applicant or license holder shall allow the commissioner to photocopy, photograph, and
692.25 make audio and video tape recordings during the inspection of the program at the
692.26 commissioner's expense. The commissioner shall obtain a court order or the consent of the
692.27 subject of the records or the parents or legal guardian of the subject before photocopying
692.28 hospital medical records.

692.29 (b) Persons served by the program have the right to refuse to consent to be interviewed,
692.30 photographed, or audio or videotaped. Failure or refusal of an applicant or license holder
692.31 to fully comply with this subdivision is reasonable cause for the commissioner to deny the
692.32 application or immediately suspend or revoke the license.

693.1 Sec. 48. Minnesota Statutes 2020, section 245A.10, subdivision 4, is amended to read:

693.2 Subd. 4. **License or certification fee for certain programs.** (a) Child care centers shall
693.3 pay an annual nonrefundable license fee based on the following schedule:

693.4		Child Care Center
693.5	Licensed Capacity	License Fee
693.6	1 to 24 persons	\$200
693.7	25 to 49 persons	\$300
693.8	50 to 74 persons	\$400
693.9	75 to 99 persons	\$500
693.10	100 to 124 persons	\$600
693.11	125 to 149 persons	\$700
693.12	150 to 174 persons	\$800
693.13	175 to 199 persons	\$900
693.14	200 to 224 persons	\$1,000
693.15	225 or more persons	\$1,100

693.16 (b)(1) A program licensed to provide one or more of the home and community-based
693.17 services and supports identified under chapter 245D to persons with disabilities or age 65
693.18 and older, shall pay an annual nonrefundable license fee based on revenues derived from
693.19 the provision of services that would require licensure under chapter 245D during the calendar
693.20 year immediately preceding the year in which the license fee is paid, according to the
693.21 following schedule:

693.22	License Holder Annual Revenue	License Fee
693.23	less than or equal to \$10,000	\$200
693.24	greater than \$10,000 but less than or	
693.25	equal to \$25,000	\$300
693.26	greater than \$25,000 but less than or	
693.27	equal to \$50,000	\$400
693.28	greater than \$50,000 but less than or	
693.29	equal to \$100,000	\$500
693.30	greater than \$100,000 but less than or	
693.31	equal to \$150,000	\$600
693.32	greater than \$150,000 but less than or	
693.33	equal to \$200,000	\$800
693.34	greater than \$200,000 but less than or	
693.35	equal to \$250,000	\$1,000
693.36	greater than \$250,000 but less than or	
693.37	equal to \$300,000	\$1,200
693.38	greater than \$300,000 but less than or	
693.39	equal to \$350,000	\$1,400

694.1	greater than \$350,000 but less than or	
694.2	equal to \$400,000	\$1,600
694.3	greater than \$400,000 but less than or	
694.4	equal to \$450,000	\$1,800
694.5	greater than \$450,000 but less than or	
694.6	equal to \$500,000	\$2,000
694.7	greater than \$500,000 but less than or	
694.8	equal to \$600,000	\$2,250
694.9	greater than \$600,000 but less than or	
694.10	equal to \$700,000	\$2,500
694.11	greater than \$700,000 but less than or	
694.12	equal to \$800,000	\$2,750
694.13	greater than \$800,000 but less than or	
694.14	equal to \$900,000	\$3,000
694.15	greater than \$900,000 but less than or	
694.16	equal to \$1,000,000	\$3,250
694.17	greater than \$1,000,000 but less than or	
694.18	equal to \$1,250,000	\$3,500
694.19	greater than \$1,250,000 but less than or	
694.20	equal to \$1,500,000	\$3,750
694.21	greater than \$1,500,000 but less than or	
694.22	equal to \$1,750,000	\$4,000
694.23	greater than \$1,750,000 but less than or	
694.24	equal to \$2,000,000	\$4,250
694.25	greater than \$2,000,000 but less than or	
694.26	equal to \$2,500,000	\$4,500
694.27	greater than \$2,500,000 but less than or	
694.28	equal to \$3,000,000	\$4,750
694.29	greater than \$3,000,000 but less than or	
694.30	equal to \$3,500,000	\$5,000
694.31	greater than \$3,500,000 but less than or	
694.32	equal to \$4,000,000	\$5,500
694.33	greater than \$4,000,000 but less than or	
694.34	equal to \$4,500,000	\$6,000
694.35	greater than \$4,500,000 but less than or	
694.36	equal to \$5,000,000	\$6,500
694.37	greater than \$5,000,000 but less than or	
694.38	equal to \$7,500,000	\$7,000
694.39	greater than \$7,500,000 but less than or	
694.40	equal to \$10,000,000	\$8,500
694.41	greater than \$10,000,000 but less than or	
694.42	equal to \$12,500,000	\$10,000
694.43	greater than \$12,500,000 but less than or	
694.44	equal to \$15,000,000	\$14,000
694.45	greater than \$15,000,000	\$18,000

695.1 (2) If requested, the license holder shall provide the commissioner information to verify
 695.2 the license holder's annual revenues or other information as needed, including copies of
 695.3 documents submitted to the Department of Revenue.

695.4 (3) At each annual renewal, a license holder may elect to pay the highest renewal fee,
 695.5 and not provide annual revenue information to the commissioner.

695.6 (4) A license holder that knowingly provides the commissioner incorrect revenue amounts
 695.7 for the purpose of paying a lower license fee shall be subject to a civil penalty in the amount
 695.8 of double the fee the provider should have paid.

695.9 (5) Notwithstanding clause (1), a license holder providing services under one or more
 695.10 licenses under chapter 245B that are in effect on May 15, 2013, shall pay an annual license
 695.11 fee for calendar years 2014, 2015, and 2016, equal to the total license fees paid by the license
 695.12 holder for all licenses held under chapter 245B for calendar year 2013. For calendar year
 695.13 2017 and thereafter, the license holder shall pay an annual license fee according to clause
 695.14 (1).

695.15 (c) A chemical dependency treatment program licensed under chapter 245G, to provide
 695.16 chemical dependency treatment shall pay an annual nonrefundable license fee based on the
 695.17 following schedule:

695.18	Licensed Capacity	License Fee
695.19	1 to 24 persons	\$600
695.20	25 to 49 persons	\$800
695.21	50 to 74 persons	\$1,000
695.22	75 to 99 persons	\$1,200
695.23	100 or more persons	\$1,400

695.24 (d) A chemical dependency program licensed under Minnesota Rules, parts 9530.6510
 695.25 to 9530.6590, to provide detoxification services shall pay an annual nonrefundable license
 695.26 fee based on the following schedule:

695.27	Licensed Capacity	License Fee
695.28	1 to 24 persons	\$760
695.29	25 to 49 persons	\$960
695.30	50 or more persons	\$1,160

695.31 (e) Except for child foster care, a residential facility licensed under Minnesota Rules,
 695.32 chapter 2960, to serve children shall pay an annual nonrefundable license fee based on the
 695.33 following schedule:

696.1	Licensed Capacity	License Fee
696.2	1 to 24 persons	\$1,000
696.3	25 to 49 persons	\$1,100
696.4	50 to 74 persons	\$1,200
696.5	75 to 99 persons	\$1,300
696.6	100 or more persons	\$1,400

696.7 (f) A residential facility licensed under section 245I.23 or Minnesota Rules, parts
 696.8 9520.0500 to 9520.0670, to serve persons with mental illness shall pay an annual
 696.9 nonrefundable license fee based on the following schedule:

696.10	Licensed Capacity	License Fee
696.11	1 to 24 persons	\$2,525
696.12	25 or more persons	\$2,725

696.13 (g) A residential facility licensed under Minnesota Rules, parts 9570.2000 to 9570.3400,
 696.14 to serve persons with physical disabilities shall pay an annual nonrefundable license fee
 696.15 based on the following schedule:

696.16	Licensed Capacity	License Fee
696.17	1 to 24 persons	\$450
696.18	25 to 49 persons	\$650
696.19	50 to 74 persons	\$850
696.20	75 to 99 persons	\$1,050
696.21	100 or more persons	\$1,250

696.22 (h) A program licensed to provide independent living assistance for youth under section
 696.23 245A.22 shall pay an annual nonrefundable license fee of \$1,500.

696.24 (i) A private agency licensed to provide foster care and adoption services under Minnesota
 696.25 Rules, parts 9545.0755 to 9545.0845, shall pay an annual nonrefundable license fee of \$875.

696.26 (j) A program licensed as an adult day care center licensed under Minnesota Rules, parts
 696.27 9555.9600 to 9555.9730, shall pay an annual nonrefundable license fee based on the
 696.28 following schedule:

696.29	Licensed Capacity	License Fee
696.30	1 to 24 persons	\$500
696.31	25 to 49 persons	\$700
696.32	50 to 74 persons	\$900
696.33	75 to 99 persons	\$1,100
696.34	100 or more persons	\$1,300

697.1 (k) A program licensed to provide treatment services to persons with sexual psychopathic
697.2 personalities or sexually dangerous persons under Minnesota Rules, parts 9515.3000 to
697.3 9515.3110, shall pay an annual nonrefundable license fee of \$20,000.

697.4 (l) A ~~mental health center or mental health clinic requesting certification for purposes~~
697.5 ~~of insurance and subscriber contract reimbursement under Minnesota Rules, parts 9520.0750~~
697.6 ~~to 9520.0870~~ certified under section 245I.20, shall pay a an annual nonrefundable certification
697.7 fee of \$1,550 ~~per year~~. If the ~~mental health center or mental health clinic~~ provides services
697.8 at a primary location with satellite facilities, the satellite facilities shall be certified with the
697.9 primary location without an additional charge.

697.10 Sec. 49. Minnesota Statutes 2020, section 245A.65, subdivision 2, is amended to read:

697.11 Subd. 2. **Abuse prevention plans.** All license holders shall establish and enforce ongoing
697.12 written program abuse prevention plans and individual abuse prevention plans as required
697.13 under section 626.557, subdivision 14.

697.14 (a) The scope of the program abuse prevention plan is limited to the population, physical
697.15 plant, and environment within the control of the license holder and the location where
697.16 licensed services are provided. In addition to the requirements in section 626.557, subdivision
697.17 14, the program abuse prevention plan shall meet the requirements in clauses (1) to (5).

697.18 (1) The assessment of the population shall include an evaluation of the following factors:
697.19 age, gender, mental functioning, physical and emotional health or behavior of the client;
697.20 the need for specialized programs of care for clients; the need for training of staff to meet
697.21 identified individual needs; and the knowledge a license holder may have regarding previous
697.22 abuse that is relevant to minimizing risk of abuse for clients.

697.23 (2) The assessment of the physical plant where the licensed services are provided shall
697.24 include an evaluation of the following factors: the condition and design of the building as
697.25 it relates to the safety of the clients; and the existence of areas in the building which are
697.26 difficult to supervise.

697.27 (3) The assessment of the environment for each facility and for each site when living
697.28 arrangements are provided by the agency shall include an evaluation of the following factors:
697.29 the location of the program in a particular neighborhood or community; the type of grounds
697.30 and terrain surrounding the building; the type of internal programming; and the program's
697.31 staffing patterns.

697.32 (4) The license holder shall provide an orientation to the program abuse prevention plan
697.33 for clients receiving services. If applicable, the client's legal representative must be notified

698.1 of the orientation. The license holder shall provide this orientation for each new person
698.2 within 24 hours of admission, or for persons who would benefit more from a later orientation,
698.3 the orientation may take place within 72 hours.

698.4 (5) The license holder's governing body or the governing body's delegated representative
698.5 shall review the plan at least annually using the assessment factors in the plan and any
698.6 substantiated maltreatment findings that occurred since the last review. The governing body
698.7 or the governing body's delegated representative shall revise the plan, if necessary, to reflect
698.8 the review results.

698.9 (6) A copy of the program abuse prevention plan shall be posted in a prominent location
698.10 in the program and be available upon request to mandated reporters, persons receiving
698.11 services, and legal representatives.

698.12 (b) In addition to the requirements in section 626.557, subdivision 14, the individual
698.13 abuse prevention plan shall meet the requirements in clauses (1) and (2).

698.14 (1) The plan shall include a statement of measures that will be taken to minimize the
698.15 risk of abuse to the vulnerable adult when the individual assessment required in section
698.16 626.557, subdivision 14, paragraph (b), indicates the need for measures in addition to the
698.17 specific measures identified in the program abuse prevention plan. The measures shall
698.18 include the specific actions the program will take to minimize the risk of abuse within the
698.19 scope of the licensed services, and will identify referrals made when the vulnerable adult
698.20 is susceptible to abuse outside the scope or control of the licensed services. When the
698.21 assessment indicates that the vulnerable adult does not need specific risk reduction measures
698.22 in addition to those identified in the program abuse prevention plan, the individual abuse
698.23 prevention plan shall document this determination.

698.24 (2) An individual abuse prevention plan shall be developed for each new person as part
698.25 of the initial individual program plan or service plan required under the applicable licensing
698.26 rule or statute. The review and evaluation of the individual abuse prevention plan shall be
698.27 done as part of the review of the program plan ~~or~~, service plan, or treatment plan. The person
698.28 receiving services shall participate in the development of the individual abuse prevention
698.29 plan to the full extent of the person's abilities. If applicable, the person's legal representative
698.30 shall be given the opportunity to participate with or for the person in the development of
698.31 the plan. The interdisciplinary team shall document the review of all abuse prevention plans
698.32 at least annually, using the individual assessment and any reports of abuse relating to the
698.33 person. The plan shall be revised to reflect the results of this review.

699.1 Sec. 50. Minnesota Statutes 2020, section 245D.02, subdivision 20, is amended to read:

699.2 Subd. 20. **Mental health crisis intervention team.** "Mental health crisis intervention
699.3 team" means a mental health crisis response provider as identified in section 256B.0624,
699.4 ~~subdivision 2, paragraph (d), for adults, and in section 256B.0944, subdivision 1, paragraph~~
699.5 ~~(d), for children.~~

699.6 Sec. 51. Minnesota Statutes 2020, section 254B.05, subdivision 5, is amended to read:

699.7 Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for substance
699.8 use disorder services and service enhancements funded under this chapter.

699.9 (b) Eligible substance use disorder treatment services include:

699.10 (1) outpatient treatment services that are licensed according to sections 245G.01 to
699.11 245G.17, or applicable tribal license;

699.12 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),
699.13 and 245G.05;

699.14 (3) care coordination services provided according to section 245G.07, subdivision 1,
699.15 paragraph (a), clause (5);

699.16 (4) peer recovery support services provided according to section 245G.07, subdivision
699.17 2, clause (8);

699.18 (5) on July 1, 2019, or upon federal approval, whichever is later, withdrawal management
699.19 services provided according to chapter 245F;

699.20 (6) medication-assisted therapy services that are licensed according to sections 245G.01
699.21 to 245G.17 and 245G.22, or applicable tribal license;

699.22 (7) medication-assisted therapy plus enhanced treatment services that meet the
699.23 requirements of clause (6) and provide nine hours of clinical services each week;

699.24 (8) high, medium, and low intensity residential treatment services that are licensed
699.25 according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license which
699.26 provide, respectively, 30, 15, and five hours of clinical services each week;

699.27 (9) hospital-based treatment services that are licensed according to sections 245G.01 to
699.28 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
699.29 144.56;

699.30 (10) adolescent treatment programs that are licensed as outpatient treatment programs
699.31 according to sections 245G.01 to 245G.18 or as residential treatment programs according

700.1 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
700.2 applicable tribal license;

700.3 (11) high-intensity residential treatment services that are licensed according to sections
700.4 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide 30 hours of
700.5 clinical services each week provided by a state-operated vendor or to clients who have been
700.6 civilly committed to the commissioner, present the most complex and difficult care needs,
700.7 and are a potential threat to the community; and

700.8 (12) room and board facilities that meet the requirements of subdivision 1a.

700.9 (c) The commissioner shall establish higher rates for programs that meet the requirements
700.10 of paragraph (b) and one of the following additional requirements:

700.11 (1) programs that serve parents with their children if the program:

700.12 (i) provides on-site child care during the hours of treatment activity that:

700.13 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
700.14 9503; or

700.15 (B) meets the licensure exclusion criteria of section 245A.03, subdivision 2, paragraph
700.16 (a), clause (6), and meets the requirements under section 245G.19, subdivision 4; or

700.17 (ii) arranges for off-site child care during hours of treatment activity at a facility that is
700.18 licensed under chapter 245A as:

700.19 (A) a child care center under Minnesota Rules, chapter 9503; or

700.20 (B) a family child care home under Minnesota Rules, chapter 9502;

700.21 (2) culturally specific programs as defined in section 254B.01, subdivision 4a, or
700.22 programs or subprograms serving special populations, if the program or subprogram meets
700.23 the following requirements:

700.24 (i) is designed to address the unique needs of individuals who share a common language,
700.25 racial, ethnic, or social background;

700.26 (ii) is governed with significant input from individuals of that specific background; and

700.27 (iii) employs individuals to provide individual or group therapy, at least 50 percent of
700.28 whom are of that specific background, except when the common social background of the
700.29 individuals served is a traumatic brain injury or cognitive disability and the program employs
700.30 treatment staff who have the necessary professional training, as approved by the

701.1 commissioner, to serve clients with the specific disabilities that the program is designed to
701.2 serve;

701.3 (3) programs that offer medical services delivered by appropriately credentialed health
701.4 care staff in an amount equal to two hours per client per week if the medical needs of the
701.5 client and the nature and provision of any medical services provided are documented in the
701.6 client file; and

701.7 (4) programs that offer services to individuals with co-occurring mental health and
701.8 chemical dependency problems if:

701.9 (i) the program meets the co-occurring requirements in section 245G.20;

701.10 (ii) 25 percent of the counseling staff are ~~licensed~~ mental health professionals, ~~as defined~~
701.11 ~~in section 245.462, subdivision 18, clauses (1) to (6)~~ qualified according to section 245I.04,
701.12 subdivision 2, or are students or licensing candidates under the supervision of a licensed
701.13 alcohol and drug counselor supervisor and ~~licensed~~ mental health professional, except that
701.14 no more than 50 percent of the mental health staff may be students or licensing candidates
701.15 with time documented to be directly related to provisions of co-occurring services;

701.16 (iii) clients scoring positive on a standardized mental health screen receive a mental
701.17 health diagnostic assessment within ten days of admission;

701.18 (iv) the program has standards for multidisciplinary case review that include a monthly
701.19 review for each client that, at a minimum, includes a ~~licensed~~ mental health professional
701.20 and licensed alcohol and drug counselor, and their involvement in the review is documented;

701.21 (v) family education is offered that addresses mental health and substance abuse disorders
701.22 and the interaction between the two; and

701.23 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder
701.24 training annually.

701.25 (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program
701.26 that provides arrangements for off-site child care must maintain current documentation at
701.27 the chemical dependency facility of the child care provider's current licensure to provide
701.28 child care services. Programs that provide child care according to paragraph (c), clause (1),
701.29 must be deemed in compliance with the licensing requirements in section 245G.19.

701.30 (e) Adolescent residential programs that meet the requirements of Minnesota Rules,
701.31 parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements
701.32 in paragraph (c), clause (4), items (i) to (iv).

702.1 (f) Subject to federal approval, chemical dependency services that are otherwise covered
702.2 as direct face-to-face services may be provided via two-way interactive video. The use of
702.3 two-way interactive video must be medically appropriate to the condition and needs of the
702.4 person being served. Reimbursement shall be at the same rates and under the same conditions
702.5 that would otherwise apply to direct face-to-face services. The interactive video equipment
702.6 and connection must comply with Medicare standards in effect at the time the service is
702.7 provided.

702.8 (g) For the purpose of reimbursement under this section, substance use disorder treatment
702.9 services provided in a group setting without a group participant maximum or maximum
702.10 client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one.
702.11 At least one of the attending staff must meet the qualifications as established under this
702.12 chapter for the type of treatment service provided. A recovery peer may not be included as
702.13 part of the staff ratio.

702.14 Sec. 52. Minnesota Statutes 2020, section 256B.0615, subdivision 1, is amended to read:

702.15 Subdivision 1. **Scope.** Medical assistance covers mental health certified peer specialist
702.16 services, as established in subdivision 2, subject to federal approval, if provided to recipients
702.17 who are eligible for services under sections 256B.0622, 256B.0623, and 256B.0624 and
702.18 are provided by a mental health certified peer specialist who has completed the training
702.19 under subdivision 5 and is qualified according to section 245I.04, subdivision 10.

702.20 Sec. 53. Minnesota Statutes 2020, section 256B.0615, subdivision 5, is amended to read:

702.21 Subd. 5. **Certified peer specialist training and certification.** The commissioner of
702.22 human services shall develop a training and certification process for certified peer specialists,
702.23 ~~who must be at least 21 years of age.~~ The candidates must have had a primary diagnosis of
702.24 mental illness, be a current or former consumer of mental health services, and must
702.25 demonstrate leadership and advocacy skills and a strong dedication to recovery. The training
702.26 curriculum must teach participating consumers specific skills relevant to providing peer
702.27 support to other consumers. In addition to initial training and certification, the commissioner
702.28 shall develop ongoing continuing educational workshops on pertinent issues related to peer
702.29 support counseling.

702.30 Sec. 54. Minnesota Statutes 2020, section 256B.0616, subdivision 1, is amended to read:

702.31 Subdivision 1. **Scope.** Medical assistance covers mental health certified family peer
702.32 specialists services, as established in subdivision 2, subject to federal approval, if provided

703.1 to recipients who have an emotional disturbance or severe emotional disturbance under
703.2 chapter 245, and are provided by a mental health certified family peer specialist who has
703.3 completed the training under subdivision 5 and is qualified according to section 245I.04,
703.4 subdivision 12. A family peer specialist cannot provide services to the peer specialist's
703.5 family.

703.6 Sec. 55. Minnesota Statutes 2020, section 256B.0616, subdivision 3, is amended to read:

703.7 Subd. 3. **Eligibility.** Family peer support services may be ~~located in~~ provided to recipients
703.8 of inpatient hospitalization, partial hospitalization, residential treatment, intensive treatment
703.9 in foster care, day treatment, children's therapeutic services and supports, or crisis services.

703.10 Sec. 56. Minnesota Statutes 2020, section 256B.0616, subdivision 5, is amended to read:

703.11 Subd. 5. **Certified family peer specialist training and certification.** The commissioner
703.12 shall develop a training and certification process for certified family peer specialists ~~who~~
703.13 ~~must be at least 21 years of age.~~ The candidates must have raised or be currently raising a
703.14 child with a mental illness, have had experience navigating the children's mental health
703.15 system, and must demonstrate leadership and advocacy skills and a strong dedication to
703.16 family-driven and family-focused services. The training curriculum must teach participating
703.17 family peer specialists specific skills relevant to providing peer support to other parents. In
703.18 addition to initial training and certification, the commissioner shall develop ongoing
703.19 continuing educational workshops on pertinent issues related to family peer support
703.20 counseling.

703.21 Sec. 57. Minnesota Statutes 2020, section 256B.0622, subdivision 1, is amended to read:

703.22 Subdivision 1. **Scope.** (a) Subject to federal approval, medical assistance covers medically
703.23 necessary, assertive community treatment for clients as defined in subdivision 2a and
703.24 intensive residential treatment services for clients as defined in subdivision 3, when the
703.25 services are provided by an entity certified under and meeting the standards in this section.

703.26 (b) Subject to federal approval, medical assistance covers medically necessary, intensive
703.27 residential treatment services when the services are provided by an entity licensed under
703.28 and meeting the standards in section 245I.23.

703.29 (c) The provider entity must make reasonable and good faith efforts to report individual
703.30 client outcomes to the commissioner, using instruments and protocols approved by the
703.31 commissioner.

704.1 Sec. 58. Minnesota Statutes 2020, section 256B.0622, subdivision 2, is amended to read:

704.2 Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the
704.3 meanings given them.

704.4 (b) "ACT team" means the group of interdisciplinary mental health staff who work as
704.5 a team to provide assertive community treatment.

704.6 (c) "Assertive community treatment" means intensive nonresidential treatment and
704.7 rehabilitative mental health services provided according to the assertive community treatment
704.8 model. Assertive community treatment provides a single, fixed point of responsibility for
704.9 treatment, rehabilitation, and support needs for clients. Services are offered 24 hours per
704.10 day, seven days per week, in a community-based setting.

704.11 (d) "Individual treatment plan" means ~~the document that results from a person-centered~~
704.12 ~~planning process of determining real-life outcomes with clients and developing strategies~~
704.13 ~~to achieve those outcomes~~ a plan described by section 245I.10, subdivisions 7 and 8.

704.14 (e) ~~"Assertive engagement" means the use of collaborative strategies to engage clients~~
704.15 ~~to receive services.~~

704.16 (f) ~~"Benefits and finance support" means assisting clients in capably managing financial~~
704.17 ~~affairs. Services include, but are not limited to, assisting clients in applying for benefits;~~
704.18 ~~assisting with redetermination of benefits; providing financial crisis management; teaching~~
704.19 ~~and supporting budgeting skills and asset development; and coordinating with a client's~~
704.20 ~~representative payee, if applicable.~~

704.21 (g) ~~"Co-occurring disorder treatment" means the treatment of co-occurring mental illness~~
704.22 ~~and substance use disorders and is characterized by assertive outreach, stage-wise~~
704.23 ~~comprehensive treatment, treatment goal setting, and flexibility to work within each stage~~
704.24 ~~of treatment. Services include, but are not limited to, assessing and tracking clients' stages~~
704.25 ~~of change readiness and treatment; applying the appropriate treatment based on stages of~~
704.26 ~~change, such as outreach and motivational interviewing techniques to work with clients in~~
704.27 ~~earlier stages of change readiness and cognitive behavioral approaches and relapse prevention~~
704.28 ~~to work with clients in later stages of change; and facilitating access to community supports.~~

704.29 (h) (e) "Crisis assessment and intervention" means mental health crisis response services
704.30 as defined in section 256B.0624, subdivision 2, ~~paragraphs (e) to (e).~~

704.31 (i) ~~"Employment services" means assisting clients to work at jobs of their choosing.~~
704.32 ~~Services must follow the principles of the individual placement and support (IPS)~~
704.33 ~~employment model, including focusing on competitive employment; emphasizing individual~~

705.1 ~~client preferences and strengths; ensuring employment services are integrated with mental~~
705.2 ~~health services; conducting rapid job searches and systematic job development according~~
705.3 ~~to client preferences and choices; providing benefits counseling; and offering all services~~
705.4 ~~in an individualized and time-unlimited manner. Services shall also include educating clients~~
705.5 ~~about opportunities and benefits of work and school and assisting the client in learning job~~
705.6 ~~skills, navigating the work place, and managing work relationships.~~

705.7 ~~(j) "Family psychoeducation and support" means services provided to the client's family~~
705.8 ~~and other natural supports to restore and strengthen the client's unique social and family~~
705.9 ~~relationships. Services include, but are not limited to, individualized psychoeducation about~~
705.10 ~~the client's illness and the role of the family and other significant people in the therapeutic~~
705.11 ~~process; family intervention to restore contact, resolve conflict, and maintain relationships~~
705.12 ~~with family and other significant people in the client's life; ongoing communication and~~
705.13 ~~collaboration between the ACT team and the family; introduction and referral to family~~
705.14 ~~self-help programs and advocacy organizations that promote recovery and family~~
705.15 ~~engagement, individual supportive counseling, parenting training, and service coordination~~
705.16 ~~to help clients fulfill parenting responsibilities; coordinating services for the child and~~
705.17 ~~restoring relationships with children who are not in the client's custody; and coordinating~~
705.18 ~~with child welfare and family agencies, if applicable. These services must be provided with~~
705.19 ~~the client's agreement and consent.~~

705.20 ~~(k) "Housing access support" means assisting clients to find, obtain, retain, and move~~
705.21 ~~to safe and adequate housing of their choice. Housing access support includes, but is not~~
705.22 ~~limited to, locating housing options with a focus on integrated independent settings; applying~~
705.23 ~~for housing subsidies, programs, or resources; assisting the client in developing relationships~~
705.24 ~~with local landlords; providing tenancy support and advocacy for the individual's tenancy~~
705.25 ~~rights at the client's home; and assisting with relocation.~~

705.26 ~~(f)~~ (f) "Individual treatment team" means a minimum of three members of the ACT team
705.27 who are responsible for consistently carrying out most of a client's assertive community
705.28 treatment services.

705.29 ~~(m) "Intensive residential treatment services treatment team" means all staff who provide~~
705.30 ~~intensive residential treatment services under this section to clients. At a minimum, this~~
705.31 ~~includes the clinical supervisor; mental health professionals as defined in section 245.462,~~
705.32 ~~subdivision 18, clauses (1) to (6); mental health practitioners as defined in section 245.462,~~
705.33 ~~subdivision 17; mental health rehabilitation workers under section 256B.0623, subdivision~~
705.34 ~~5, paragraph (a), clause (4); and mental health certified peer specialists under section~~
705.35 ~~256B.0615.~~

706.1 ~~(n) "Intensive residential treatment services" means short-term, time-limited services~~
706.2 ~~provided in a residential setting to clients who are in need of more restrictive settings and~~
706.3 ~~are at risk of significant functional deterioration if they do not receive these services. Services~~
706.4 ~~are designed to develop and enhance psychiatric stability, personal and emotional adjustment,~~
706.5 ~~self-sufficiency, and skills to live in a more independent setting. Services must be directed~~
706.6 ~~toward a targeted discharge date with specified client outcomes.~~

706.7 ~~(o) "Medication assistance and support" means assisting clients in accessing medication,~~
706.8 ~~developing the ability to take medications with greater independence, and providing~~
706.9 ~~medication setup. This includes the prescription, administration, and order of medication~~
706.10 ~~by appropriate medical staff.~~

706.11 ~~(p) "Medication education" means educating clients on the role and effects of medications~~
706.12 ~~in treating symptoms of mental illness and the side effects of medications.~~

706.13 ~~(q) "Overnight staff" means a member of the intensive residential treatment services~~
706.14 ~~team who is responsible during hours when clients are typically asleep.~~

706.15 ~~(r) "Mental health certified peer specialist services" has the meaning given in section~~
706.16 ~~256B.0615.~~

706.17 ~~(s) "Physical health services" means any service or treatment to meet the physical health~~
706.18 ~~needs of the client to support the client's mental health recovery. Services include, but are~~
706.19 ~~not limited to, education on primary health issues, including wellness education; medication~~
706.20 ~~administration and monitoring; providing and coordinating medical screening and follow-up;~~
706.21 ~~scheduling routine and acute medical and dental care visits; tobacco cessation strategies;~~
706.22 ~~assisting clients in attending appointments; communicating with other providers; and~~
706.23 ~~integrating all physical and mental health treatment.~~

706.24 ~~(t) (g) "Primary team member" means the person who leads and coordinates the activities~~
706.25 ~~of the individual treatment team and is the individual treatment team member who has~~
706.26 ~~primary responsibility for establishing and maintaining a therapeutic relationship with the~~
706.27 ~~client on a continuing basis.~~

706.28 ~~(u) "Rehabilitative mental health services" means mental health services that are~~
706.29 ~~rehabilitative and enable the client to develop and enhance psychiatric stability, social~~
706.30 ~~competencies, personal and emotional adjustment, independent living, parenting skills, and~~
706.31 ~~community skills, when these abilities are impaired by the symptoms of mental illness.~~

707.1 ~~(v) "Symptom management" means supporting clients in identifying and targeting the~~
707.2 ~~symptoms and occurrence patterns of their mental illness and developing strategies to reduce~~
707.3 ~~the impact of those symptoms.~~

707.4 ~~(w) "Therapeutic interventions" means empirically supported techniques to address~~
707.5 ~~specific symptoms and behaviors such as anxiety, psychotic symptoms, emotional~~
707.6 ~~dysregulation, and trauma symptoms. Interventions include empirically supported~~
707.7 ~~psychotherapies including, but not limited to, cognitive behavioral therapy, exposure therapy,~~
707.8 ~~acceptance and commitment therapy, interpersonal therapy, and motivational interviewing.~~

707.9 ~~(x) "Wellness self-management and prevention" means a combination of approaches to~~
707.10 ~~working with the client to build and apply skills related to recovery, and to support the client~~
707.11 ~~in participating in leisure and recreational activities, civic participation, and meaningful~~
707.12 ~~structure.~~

707.13 (h) "Certified rehabilitation specialist" means a staff person who is qualified according
707.14 to section 245I.04, subdivision 8.

707.15 (i) "Clinical trainee" means a staff person who is qualified according to section 245I.04,
707.16 subdivision 6.

707.17 (j) "Mental health certified peer specialist" means a staff person who is qualified
707.18 according to section 245I.04, subdivision 10.

707.19 (k) "Mental health practitioner" means a staff person who is qualified according to section
707.20 245I.04, subdivision 4.

707.21 (l) "Mental health professional" means a staff person who is qualified according to
707.22 section 245I.04, subdivision 2.

707.23 (m) "Mental health rehabilitation worker" means a staff person who is qualified according
707.24 to section 245I.04, subdivision 14.

707.25 Sec. 59. Minnesota Statutes 2020, section 256B.0622, subdivision 3a, is amended to read:

707.26 Subd. 3a. **Provider certification and contract requirements for assertive community**
707.27 **treatment.** (a) The assertive community treatment provider must:

707.28 (1) have a contract with the host county to provide assertive community treatment
707.29 services; and

707.30 (2) have each ACT team be certified by the state following the certification process and
707.31 procedures developed by the commissioner. The certification process determines whether
707.32 the ACT team meets the standards for assertive community treatment under this section as

708.1 ~~well as, the standards in chapter 245I as required in section 245I.011, subdivision 5, and~~
 708.2 minimum program fidelity standards as measured by a nationally recognized fidelity tool
 708.3 approved by the commissioner. Recertification must occur at least every three years.

708.4 (b) An ACT team certified under this subdivision must meet the following standards:

708.5 (1) have capacity to recruit, hire, manage, and train required ACT team members;

708.6 (2) have adequate administrative ability to ensure availability of services;

708.7 ~~(3) ensure adequate preservice and ongoing training for staff;~~

708.8 ~~(4) ensure that staff is capable of implementing culturally specific services that are~~

708.9 ~~culturally responsive and appropriate as determined by the client's culture, beliefs, values,~~

708.10 ~~and language as identified in the individual treatment plan;~~

708.11 ~~(5)~~ (3) ensure flexibility in service delivery to respond to the changing and intermittent

708.12 care needs of a client as identified by the client and the individual treatment plan;

708.13 ~~(6) develop and maintain client files, individual treatment plans, and contact charting;~~

708.14 ~~(7) develop and maintain staff training and personnel files;~~

708.15 ~~(8) submit information as required by the state;~~

708.16 ~~(9)~~ (4) keep all necessary records required by law;

708.17 ~~(10) comply with all applicable laws;~~

708.18 ~~(11)~~ (5) be an enrolled Medicaid provider; and

708.19 ~~(12)~~ (6) establish and maintain a quality assurance plan to determine specific service

708.20 outcomes and the client's satisfaction with services; and.

708.21 ~~(13) develop and maintain written policies and procedures regarding service provision~~

708.22 ~~and administration of the provider entity.~~

708.23 (c) The commissioner may intervene at any time and decertify an ACT team with cause.

708.24 The commissioner shall establish a process for decertification of an ACT team and shall

708.25 require corrective action, medical assistance repayment, or decertification of an ACT team

708.26 that no longer meets the requirements in this section or that fails to meet the clinical quality

708.27 standards or administrative standards provided by the commissioner in the application and

708.28 certification process. The decertification is subject to appeal to the state.

709.1 Sec. 60. Minnesota Statutes 2020, section 256B.0622, subdivision 4, is amended to read:

709.2 Subd. 4. **Provider entity licensure and contract requirements for intensive residential**
709.3 **treatment services.** ~~(a) The intensive residential treatment services provider entity must:~~

709.4 ~~(1) be licensed under Minnesota Rules, parts 9520.0500 to 9520.0670;~~

709.5 ~~(2) not exceed 16 beds per site; and~~

709.6 ~~(3) comply with the additional standards in this section.~~

709.7 ~~(b)~~ (a) The commissioner shall develop procedures for counties and providers to submit
709.8 other documentation as needed to allow the commissioner to determine whether the standards
709.9 in this section are met.

709.10 ~~(e)~~ (b) A provider entity must specify in the provider entity's application what geographic
709.11 area and populations will be served by the proposed program. A provider entity must
709.12 document that the capacity or program specialties of existing programs are not sufficient
709.13 to meet the service needs of the target population. A provider entity must submit evidence
709.14 of ongoing relationships with other providers and levels of care to facilitate referrals to and
709.15 from the proposed program.

709.16 ~~(d)~~ (c) A provider entity must submit documentation that the provider entity requested
709.17 a statement of need from each county board and tribal authority that serves as a local mental
709.18 health authority in the proposed service area. The statement of need must specify if the local
709.19 mental health authority supports or does not support the need for the proposed program and
709.20 the basis for this determination. If a local mental health authority does not respond within
709.21 60 days of the receipt of the request, the commissioner shall determine the need for the
709.22 program based on the documentation submitted by the provider entity.

709.23 Sec. 61. Minnesota Statutes 2020, section 256B.0622, subdivision 7, is amended to read:

709.24 Subd. 7. **Assertive community treatment service standards.** (a) ACT teams must offer
709.25 and have the capacity to directly provide the following services:

709.26 (1) assertive engagement using collaborative strategies to encourage clients to receive
709.27 services;

709.28 (2) benefits and finance support that assists clients to capably manage financial affairs.
709.29 Services include but are not limited to assisting clients in applying for benefits, assisting
709.30 with redetermination of benefits, providing financial crisis management, teaching and
709.31 supporting budgeting skills and asset development, and coordinating with a client's
709.32 representative payee, if applicable;

710.1 (3) co-occurring substance use disorder treatment as defined in section 245I.02,
710.2 subdivision 11;

710.3 (4) crisis assessment and intervention;

710.4 (5) employment services that assist clients to work at jobs of the clients' choosing.
710.5 Services must follow the principles of the individual placement and support employment
710.6 model, including focusing on competitive employment, emphasizing individual client
710.7 preferences and strengths, ensuring employment services are integrated with mental health
710.8 services, conducting rapid job searches and systematic job development according to client
710.9 preferences and choices, providing benefits counseling, and offering all services in an
710.10 individualized and time-unlimited manner. Services must also include educating clients
710.11 about opportunities and benefits of work and school and assisting the client in learning job
710.12 skills, navigating the workplace, workplace accommodations, and managing work
710.13 relationships;

710.14 (6) family psychoeducation and support provided to the client's family and other natural
710.15 supports to restore and strengthen the client's unique social and family relationships. Services
710.16 include but are not limited to individualized psychoeducation about the client's illness and
710.17 the role of the family and other significant people in the therapeutic process; family
710.18 intervention to restore contact, resolve conflict, and maintain relationships with family and
710.19 other significant people in the client's life; ongoing communication and collaboration between
710.20 the ACT team and the family; introduction and referral to family self-help programs and
710.21 advocacy organizations that promote recovery and family engagement, individual supportive
710.22 counseling, parenting training, and service coordination to help clients fulfill parenting
710.23 responsibilities; coordinating services for the child and restoring relationships with children
710.24 who are not in the client's custody; and coordinating with child welfare and family agencies,
710.25 if applicable. These services must be provided with the client's agreement and consent;

710.26 (7) housing access support that assists clients to find, obtain, retain, and move to safe
710.27 and adequate housing of their choice. Housing access support includes but is not limited to
710.28 locating housing options with a focus on integrated independent settings; applying for
710.29 housing subsidies, programs, or resources; assisting the client in developing relationships
710.30 with local landlords; providing tenancy support and advocacy for the individual's tenancy
710.31 rights at the client's home; and assisting with relocation;

710.32 (8) medication assistance and support that assists clients in accessing medication,
710.33 developing the ability to take medications with greater independence, and providing

- 711.1 medication setup. Medication assistance and support includes assisting the client with the
711.2 prescription, administration, and ordering of medication by appropriate medical staff;
- 711.3 (9) medication education that educates clients on the role and effects of medications in
711.4 treating symptoms of mental illness and the side effects of medications;
- 711.5 (10) mental health certified peer specialists services according to section 256B.0615;
- 711.6 (11) physical health services to meet the physical health needs of the client to support
711.7 the client's mental health recovery. Services include but are not limited to education on
711.8 primary health and wellness issues, medication administration and monitoring, providing
711.9 and coordinating medical screening and follow-up, scheduling routine and acute medical
711.10 and dental care visits, tobacco cessation strategies, assisting clients in attending appointments,
711.11 communicating with other providers, and integrating all physical and mental health treatment;
- 711.12 (12) rehabilitative mental health services as defined in section 245I.02, subdivision 33;
- 711.13 (13) symptom management that supports clients in identifying and targeting the symptoms
711.14 and occurrence patterns of their mental illness and developing strategies to reduce the impact
711.15 of those symptoms;
- 711.16 (14) therapeutic interventions to address specific symptoms and behaviors such as
711.17 anxiety, psychotic symptoms, emotional dysregulation, and trauma symptoms. Interventions
711.18 include empirically supported psychotherapies including but not limited to cognitive
711.19 behavioral therapy, exposure therapy, acceptance and commitment therapy, interpersonal
711.20 therapy, and motivational interviewing;
- 711.21 (15) wellness self-management and prevention that includes a combination of approaches
711.22 to working with the client to build and apply skills related to recovery, and to support the
711.23 client in participating in leisure and recreational activities, civic participation, and meaningful
711.24 structure; and
- 711.25 (16) other services based on client needs as identified in a client's assertive community
711.26 treatment individual treatment plan.

711.27 (b) ACT teams must ensure the provision of all services necessary to meet a client's
711.28 needs as identified in the client's individual treatment plan.

711.29 Sec. 62. Minnesota Statutes 2020, section 256B.0622, subdivision 7a, is amended to read:

711.30 Subd. 7a. **Assertive community treatment team staff requirements and roles.** (a)

711.31 The required treatment staff qualifications and roles for an ACT team are:

711.32 (1) the team leader:

712.1 (i) shall be a ~~licensed mental health professional who is qualified under Minnesota Rules,~~
712.2 ~~part 9505.0371, subpart 5, item A.~~ Individuals who are not licensed but who are eligible
712.3 for licensure and are otherwise qualified may also fulfill this role but must obtain full
712.4 licensure within 24 months of assuming the role of team leader;

712.5 (ii) must be an active member of the ACT team and provide some direct services to
712.6 clients;

712.7 (iii) must be a single full-time staff member, dedicated to the ACT team, who is
712.8 responsible for overseeing the administrative operations of the team, providing ~~clinical~~
712.9 ~~oversight~~ treatment supervision of services in conjunction with the psychiatrist or psychiatric
712.10 care provider, and supervising team members to ensure delivery of best and ethical practices;
712.11 and

712.12 (iv) must be available to provide overall ~~clinical oversight~~ treatment supervision to the
712.13 ACT team after regular business hours and on weekends and holidays. The team leader may
712.14 delegate this duty to another qualified member of the ACT team;

712.15 (2) the psychiatric care provider:

712.16 (i) must be a ~~licensed psychiatrist certified by the American Board of Psychiatry and~~
712.17 ~~Neurology or eligible for board certification or certified by the American Osteopathic Board~~
712.18 ~~of Neurology and Psychiatry or eligible for board certification, or a psychiatric nurse who~~
712.19 ~~is qualified under Minnesota Rules, part 9505.0371, subpart 5, item A~~ mental health
712.20 professional permitted to prescribe psychiatric medications as part of the mental health
712.21 professional's scope of practice. The psychiatric care provider must have demonstrated
712.22 clinical experience working with individuals with serious and persistent mental illness;

712.23 (ii) shall collaborate with the team leader in sharing overall clinical responsibility for
712.24 screening and admitting clients; monitoring clients' treatment and team member service
712.25 delivery; educating staff on psychiatric and nonpsychiatric medications, their side effects,
712.26 and health-related conditions; actively collaborating with nurses; and helping provide ~~clinical~~
712.27 treatment supervision to the team;

712.28 (iii) shall fulfill the following functions for assertive community treatment clients:
712.29 provide assessment and treatment of clients' symptoms and response to medications, including
712.30 side effects; provide brief therapy to clients; provide diagnostic and medication education
712.31 to clients, with medication decisions based on shared decision making; monitor clients'
712.32 nonpsychiatric medical conditions and nonpsychiatric medications; and conduct home and
712.33 community visits;

713.1 (iv) shall serve as the point of contact for psychiatric treatment if a client is hospitalized
713.2 for mental health treatment and shall communicate directly with the client's inpatient
713.3 psychiatric care providers to ensure continuity of care;

713.4 (v) shall have a minimum full-time equivalency that is prorated at a rate of 16 hours per
713.5 50 clients. Part-time psychiatric care providers shall have designated hours to work on the
713.6 team, with sufficient blocks of time on consistent days to carry out the provider's clinical,
713.7 supervisory, and administrative responsibilities. No more than two psychiatric care providers
713.8 may share this role;

713.9 (vi) may not provide specific roles and responsibilities by telemedicine unless approved
713.10 by the commissioner; and

713.11 (vii) shall provide psychiatric backup to the program after regular business hours and
713.12 on weekends and holidays. The psychiatric care provider may delegate this duty to another
713.13 qualified psychiatric provider;

713.14 (3) the nursing staff:

713.15 (i) shall consist of one to three registered nurses or advanced practice registered nurses,
713.16 of whom at least one has a minimum of one-year experience working with adults with
713.17 serious mental illness and a working knowledge of psychiatric medications. No more than
713.18 two individuals can share a full-time equivalent position;

713.19 (ii) are responsible for managing medication, administering and documenting medication
713.20 treatment, and managing a secure medication room; and

713.21 (iii) shall develop strategies, in collaboration with clients, to maximize taking medications
713.22 as prescribed; screen and monitor clients' mental and physical health conditions and
713.23 medication side effects; engage in health promotion, prevention, and education activities;
713.24 communicate and coordinate services with other medical providers; facilitate the development
713.25 of the individual treatment plan for clients assigned; and educate the ACT team in monitoring
713.26 psychiatric and physical health symptoms and medication side effects;

713.27 (4) the co-occurring disorder specialist:

713.28 (i) shall be a full-time equivalent co-occurring disorder specialist who has received
713.29 specific training on co-occurring disorders that is consistent with national evidence-based
713.30 practices. The training must include practical knowledge of common substances and how
713.31 they affect mental illnesses, the ability to assess substance use disorders and the client's
713.32 stage of treatment, motivational interviewing, and skills necessary to provide counseling to
713.33 clients at all different stages of change and treatment. The co-occurring disorder specialist

714.1 may also be an individual who is a licensed alcohol and drug counselor as described in
714.2 section 148F.01, subdivision 5, or a counselor who otherwise meets the training, experience,
714.3 and other requirements in section 245G.11, subdivision 5. No more than two co-occurring
714.4 disorder specialists may occupy this role; and

714.5 (ii) shall provide or facilitate the provision of co-occurring disorder treatment to clients.
714.6 The co-occurring disorder specialist shall serve as a consultant and educator to fellow ACT
714.7 team members on co-occurring disorders;

714.8 (5) the vocational specialist:

714.9 (i) shall be a full-time vocational specialist who has at least one-year experience providing
714.10 employment services or advanced education that involved field training in vocational services
714.11 to individuals with mental illness. An individual who does not meet these qualifications
714.12 may also serve as the vocational specialist upon completing a training plan approved by the
714.13 commissioner;

714.14 (ii) shall provide or facilitate the provision of vocational services to clients. The vocational
714.15 specialist serves as a consultant and educator to fellow ACT team members on these services;
714.16 and

714.17 (iii) ~~should~~ must not refer individuals to receive any type of vocational services or linkage
714.18 by providers outside of the ACT team;

714.19 (6) the mental health certified peer specialist:

714.20 (i) shall be a full-time equivalent ~~mental health certified peer specialist as defined in~~
714.21 ~~section 256B.0615~~. No more than two individuals can share this position. The mental health
714.22 certified peer specialist is a fully integrated team member who provides highly individualized
714.23 services in the community and promotes the self-determination and shared decision-making
714.24 abilities of clients. This requirement may be waived due to workforce shortages upon
714.25 approval of the commissioner;

714.26 (ii) must provide coaching, mentoring, and consultation to the clients to promote recovery,
714.27 self-advocacy, and self-direction, promote wellness management strategies, and assist clients
714.28 in developing advance directives; and

714.29 (iii) must model recovery values, attitudes, beliefs, and personal action to encourage
714.30 wellness and resilience, provide consultation to team members, promote a culture where
714.31 the clients' points of view and preferences are recognized, understood, respected, and
714.32 integrated into treatment, and serve in a manner equivalent to other team members;

715.1 (7) the program administrative assistant shall be a full-time office-based program
 715.2 administrative assistant position assigned to solely work with the ACT team, providing a
 715.3 range of supports to the team, clients, and families; and

715.4 (8) additional staff:

715.5 (i) shall be based on team size. Additional treatment team staff may include licensed
 715.6 mental health professionals as defined in Minnesota Rules, part 9505.0371, subpart 5, item
 715.7 A; clinical trainees; certified rehabilitation specialists; mental health practitioners as defined
 715.8 in section 245.462, subdivision 17; a mental health practitioner working as a clinical trainee
 715.9 according to Minnesota Rules, part 9505.0371, subpart 5, item C; or mental health
 715.10 rehabilitation workers as defined in section 256B.0623, subdivision 5, paragraph (a), clause
 715.11 (4). These individuals shall have the knowledge, skills, and abilities required by the
 715.12 population served to carry out rehabilitation and support functions; and

715.13 (ii) shall be selected based on specific program needs or the population served.

715.14 (b) Each ACT team must clearly document schedules for all ACT team members.

715.15 (c) Each ACT team member must serve as a primary team member for clients assigned
 715.16 by the team leader and are responsible for facilitating the individual treatment plan process
 715.17 for those clients. The primary team member for a client is the responsible team member
 715.18 knowledgeable about the client's life and circumstances and writes the individual treatment
 715.19 plan. The primary team member provides individual supportive therapy or counseling, and
 715.20 provides primary support and education to the client's family and support system.

715.21 (d) Members of the ACT team must have strong clinical skills, professional qualifications,
 715.22 experience, and competency to provide a full breadth of rehabilitation services. Each staff
 715.23 member shall be proficient in their respective discipline and be able to work collaboratively
 715.24 as a member of a multidisciplinary team to deliver the majority of the treatment,
 715.25 rehabilitation, and support services clients require to fully benefit from receiving assertive
 715.26 community treatment.

715.27 (e) Each ACT team member must fulfill training requirements established by the
 715.28 commissioner.

715.29 Sec. 63. Minnesota Statutes 2020, section 256B.0622, subdivision 7b, is amended to read:

715.30 Subd. 7b. **Assertive community treatment program size and opportunities.** (a) Each
 715.31 ACT team shall maintain an annual average caseload that does not exceed 100 clients.
 715.32 Staff-to-client ratios shall be based on team size as follows:

716.1 (1) a small ACT team must:

716.2 (i) employ at least six but no more than seven full-time treatment team staff, excluding
716.3 the program assistant and the psychiatric care provider;

716.4 (ii) serve an annual average maximum of no more than 50 clients;

716.5 (iii) ensure at least one full-time equivalent position for every eight clients served;

716.6 (iv) schedule ACT team staff for at least eight-hour shift coverage on weekdays and
716.7 on-call duty to provide crisis services and deliver services after hours when staff are not
716.8 working;

716.9 (v) provide crisis services during business hours if the small ACT team does not have
716.10 sufficient staff numbers to operate an after-hours on-call system. During all other hours,
716.11 the ACT team may arrange for coverage for crisis assessment and intervention services
716.12 through a reliable crisis-intervention provider as long as there is a mechanism by which the
716.13 ACT team communicates routinely with the crisis-intervention provider and the on-call
716.14 ACT team staff are available to see clients face-to-face when necessary or if requested by
716.15 the crisis-intervention services provider;

716.16 (vi) adjust schedules and provide staff to carry out the needed service activities in the
716.17 evenings or on weekend days or holidays, when necessary;

716.18 (vii) arrange for and provide psychiatric backup during all hours the psychiatric care
716.19 provider is not regularly scheduled to work. If availability of the ACT team's psychiatric
716.20 care provider during all hours is not feasible, alternative psychiatric prescriber backup must
716.21 be arranged and a mechanism of timely communication and coordination established in
716.22 writing; and

716.23 (viii) be composed of, at minimum, one full-time team leader, at least 16 hours each
716.24 week per 50 clients of psychiatric provider time, or equivalent if fewer clients, one full-time
716.25 equivalent nursing, one full-time ~~substance abuse~~ co-occurring disorder specialist, one
716.26 full-time equivalent mental health certified peer specialist, one full-time vocational specialist,
716.27 one full-time program assistant, and at least one additional full-time ACT team member
716.28 who has mental health professional, certified rehabilitation specialist, clinical trainee, or
716.29 mental health practitioner status; and

716.30 (2) a midsize ACT team shall:

716.31 (i) be composed of, at minimum, one full-time team leader, at least 16 hours of psychiatry
716.32 time for 51 clients, with an additional two hours for every six clients added to the team, 1.5
716.33 to two full-time equivalent nursing staff, one full-time ~~substance abuse~~ co-occurring disorder

717.1 specialist, one full-time equivalent mental health certified peer specialist, one full-time
717.2 vocational specialist, one full-time program assistant, and at least 1.5 to two additional
717.3 full-time equivalent ACT members, with at least one dedicated full-time staff member with
717.4 mental health professional status. Remaining team members may have mental health
717.5 professional, certified rehabilitation specialist, clinical trainee, or mental health practitioner
717.6 status;

717.7 (ii) employ seven or more treatment team full-time equivalents, excluding the program
717.8 assistant and the psychiatric care provider;

717.9 (iii) serve an annual average maximum caseload of 51 to 74 clients;

717.10 (iv) ensure at least one full-time equivalent position for every nine clients served;

717.11 (v) schedule ACT team staff for a minimum of ten-hour shift coverage on weekdays
717.12 and six- to eight-hour shift coverage on weekends and holidays. In addition to these minimum
717.13 specifications, staff are regularly scheduled to provide the necessary services on a
717.14 client-by-client basis in the evenings and on weekends and holidays;

717.15 (vi) schedule ACT team staff on-call duty to provide crisis services and deliver services
717.16 when staff are not working;

717.17 (vii) have the authority to arrange for coverage for crisis assessment and intervention
717.18 services through a reliable crisis-intervention provider as long as there is a mechanism by
717.19 which the ACT team communicates routinely with the crisis-intervention provider and the
717.20 on-call ACT team staff are available to see clients face-to-face when necessary or if requested
717.21 by the crisis-intervention services provider; and

717.22 (viii) arrange for and provide psychiatric backup during all hours the psychiatric care
717.23 provider is not regularly scheduled to work. If availability of the psychiatric care provider
717.24 during all hours is not feasible, alternative psychiatric prescriber backup must be arranged
717.25 and a mechanism of timely communication and coordination established in writing;

717.26 (3) a large ACT team must:

717.27 (i) be composed of, at minimum, one full-time team leader, at least 32 hours each week
717.28 per 100 clients, or equivalent of psychiatry time, three full-time equivalent nursing staff,
717.29 one full-time ~~substance abuse~~ co-occurring disorder specialist, one full-time equivalent
717.30 mental health certified peer specialist, one full-time vocational specialist, one full-time
717.31 program assistant, and at least two additional full-time equivalent ACT team members, with
717.32 at least one dedicated full-time staff member with mental health professional status.

718.1 Remaining team members may have mental health professional or mental health practitioner
718.2 status;

718.3 (ii) employ nine or more treatment team full-time equivalents, excluding the program
718.4 assistant and psychiatric care provider;

718.5 (iii) serve an annual average maximum caseload of 75 to 100 clients;

718.6 (iv) ensure at least one full-time equivalent position for every nine individuals served;

718.7 (v) schedule staff to work two eight-hour shifts, with a minimum of two staff on the
718.8 second shift providing services at least 12 hours per day weekdays. For weekends and
718.9 holidays, the team must operate and schedule ACT team staff to work one eight-hour shift,
718.10 with a minimum of two staff each weekend day and every holiday;

718.11 (vi) schedule ACT team staff on-call duty to provide crisis services and deliver services
718.12 when staff are not working; and

718.13 (vii) arrange for and provide psychiatric backup during all hours the psychiatric care
718.14 provider is not regularly scheduled to work. If availability of the ACT team psychiatric care
718.15 provider during all hours is not feasible, alternative psychiatric backup must be arranged
718.16 and a mechanism of timely communication and coordination established in writing.

718.17 (b) An ACT team of any size may have a staff-to-client ratio that is lower than the
718.18 requirements described in paragraph (a) upon approval by the commissioner, but may not
718.19 exceed a one-to-ten staff-to-client ratio.

718.20 Sec. 64. Minnesota Statutes 2020, section 256B.0622, subdivision 7d, is amended to read:

718.21 Subd. 7d. **Assertive community treatment assessment and individual treatment**
718.22 **plan.** (a) An initial assessment, ~~including a diagnostic assessment that meets the requirements~~
718.23 ~~of Minnesota Rules, part 9505.0372, subpart 1, and a 30-day treatment plan~~ shall be
718.24 completed the day of the client's admission to assertive community treatment by the ACT
718.25 team leader or the psychiatric care provider, with participation by designated ACT team
718.26 members and the client. The initial assessment must include obtaining or completing a
718.27 standard diagnostic assessment according to section 245I.10, subdivision 6, and completing
718.28 a 30-day individual treatment plan. The team leader, psychiatric care provider, or other
718.29 mental health professional designated by the team leader or psychiatric care provider, must
718.30 update the client's diagnostic assessment at least annually.

719.1 (b) ~~An initial~~ A functional assessment must be completed ~~within ten days of intake and~~
719.2 ~~updated every six months for assertive community treatment, or prior to discharge from the~~
719.3 ~~service, whichever comes first~~ according to section 245I.10, subdivision 9.

719.4 (c) ~~Within 30 days of the client's assertive community treatment admission, the ACT~~
719.5 ~~team shall complete an in-depth assessment of the domains listed under section 245.462,~~
719.6 ~~subdivision 11a.~~

719.7 (d) Each part of the ~~in-depth~~ functional assessment areas shall be completed by each
719.8 respective team specialist or an ACT team member with skill and knowledge in the area
719.9 being assessed. ~~The assessments are based upon all available information, including that~~
719.10 ~~from client interview family and identified natural supports, and written summaries from~~
719.11 ~~other agencies, including police, courts, county social service agencies, outpatient facilities,~~
719.12 ~~and inpatient facilities, where applicable.~~

719.13 (e) ~~(c)~~ Between 30 and 45 days after the client's admission to assertive community
719.14 treatment, the entire ACT team must hold a comprehensive case conference, where all team
719.15 members, including the psychiatric provider, present information discovered from the
719.16 completed ~~in-depth~~ assessments and provide treatment recommendations. The conference
719.17 must serve as the basis for the first ~~six-month~~ individual treatment plan, which must be
719.18 written by the primary team member.

719.19 (f) ~~(d)~~ The client's psychiatric care provider, primary team member, and individual
719.20 treatment team members shall assume responsibility for preparing the written narrative of
719.21 the results from the psychiatric and social functioning history timeline and the comprehensive
719.22 assessment.

719.23 (g) ~~(e)~~ The primary team member and individual treatment team members shall be
719.24 assigned by the team leader in collaboration with the psychiatric care provider by the time
719.25 of the first treatment planning meeting or 30 days after admission, whichever occurs first.

719.26 (h) ~~(f)~~ Individual treatment plans must be developed through the following treatment
719.27 planning process:

719.28 (1) The individual treatment plan shall be developed in collaboration with the client and
719.29 the client's preferred natural supports, and guardian, if applicable and appropriate. The ACT
719.30 team shall evaluate, together with each client, the client's needs, strengths, and preferences
719.31 and develop the individual treatment plan collaboratively. The ACT team shall make every
719.32 effort to ensure that the client and the client's family and natural supports, with the client's
719.33 consent, are in attendance at the treatment planning meeting, are involved in ongoing

720.1 meetings related to treatment, and have the necessary supports to fully participate. The
720.2 client's participation in the development of the individual treatment plan shall be documented.

720.3 (2) The client and the ACT team shall work together to formulate and prioritize the
720.4 issues, set goals, research approaches and interventions, and establish the plan. The plan is
720.5 individually tailored so that the treatment, rehabilitation, and support approaches and
720.6 interventions achieve optimum symptom reduction, help fulfill the personal needs and
720.7 aspirations of the client, take into account the cultural beliefs and realities of the individual,
720.8 and improve all the aspects of psychosocial functioning that are important to the client. The
720.9 process supports strengths, rehabilitation, and recovery.

720.10 (3) Each client's individual treatment plan shall identify service needs, strengths and
720.11 capacities, and barriers, and set specific and measurable short- and long-term goals for each
720.12 service need. The individual treatment plan must clearly specify the approaches and
720.13 interventions necessary for the client to achieve the individual goals, when the interventions
720.14 shall happen, and identify which ACT team member shall carry out the approaches and
720.15 interventions.

720.16 (4) The primary team member and the individual treatment team, together with the client
720.17 and the client's family and natural supports with the client's consent, are responsible for
720.18 reviewing and rewriting the treatment goals and individual treatment plan whenever there
720.19 is a major decision point in the client's course of treatment or at least every six months.

720.20 (5) The primary team member shall prepare a summary that thoroughly describes in
720.21 writing the client's and the individual treatment team's evaluation of the client's progress
720.22 and goal attainment, the effectiveness of the interventions, and the satisfaction with services
720.23 since the last individual treatment plan. The client's most recent diagnostic assessment must
720.24 be included with the treatment plan summary.

720.25 (6) The individual treatment plan and review must be ~~signed~~ approved or acknowledged
720.26 by the client, the primary team member, the team leader, the psychiatric care provider, and
720.27 all individual treatment team members. A copy of the ~~signed~~ approved individual treatment
720.28 plan ~~is~~ must be made available to the client.

720.29 Sec. 65. Minnesota Statutes 2020, section 256B.0623, subdivision 1, is amended to read:

720.30 Subdivision 1. **Scope.** Subject to federal approval, medical assistance covers medically
720.31 necessary adult rehabilitative mental health services as defined in subdivision 2, subject to
720.32 federal approval, if provided to recipients as defined in subdivision 3 and provided by a
720.33 qualified provider entity meeting the standards in this section and by a qualified individual

721.1 ~~provider working within the provider's scope of practice and identified in the recipient's~~
 721.2 ~~individual treatment plan as defined in section 245.462, subdivision 14, and if determined~~
 721.3 ~~to be medically necessary according to section 62Q.53~~ when the services are provided by
 721.4 an entity meeting the standards in this section. The provider entity must make reasonable
 721.5 and good faith efforts to report individual client outcomes to the commissioner, using
 721.6 instruments and protocols approved by the commissioner.

721.7 Sec. 66. Minnesota Statutes 2020, section 256B.0623, subdivision 2, is amended to read:

721.8 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings
 721.9 given them.

721.10 (a) "Adult rehabilitative mental health services" means ~~mental health services which are~~
 721.11 ~~rehabilitative and enable the recipient to develop and enhance psychiatric stability, social~~
 721.12 ~~competencies, personal and emotional adjustment, independent living, parenting skills, and~~
 721.13 ~~community skills, when these abilities are impaired by the symptoms of mental illness.~~
 721.14 ~~Adult rehabilitative mental health services are also appropriate when provided to enable a~~
 721.15 ~~recipient to retain stability and functioning, if the recipient would be at risk of significant~~
 721.16 ~~functional decompensation or more restrictive service settings without these services~~ the
 721.17 services described in section 245I.02, subdivision 33.

721.18 ~~(1) Adult rehabilitative mental health services instruct, assist, and support the recipient~~
 721.19 ~~in areas such as: interpersonal communication skills, community resource utilization and~~
 721.20 ~~integration skills, crisis assistance, relapse prevention skills, health care directives, budgeting~~
 721.21 ~~and shopping skills, healthy lifestyle skills and practices, cooking and nutrition skills,~~
 721.22 ~~transportation skills, medication education and monitoring, mental illness symptom~~
 721.23 ~~management skills, household management skills, employment-related skills, parenting~~
 721.24 ~~skills, and transition to community living services.~~

721.25 ~~(2) These services shall be provided to the recipient on a one-to-one basis in the recipient's~~
 721.26 ~~home or another community setting or in groups.~~

721.27 (b) "Medication education services" means services provided individually or in groups
 721.28 which focus on educating the recipient about mental illness and symptoms; the role and
 721.29 effects of medications in treating symptoms of mental illness; and the side effects of
 721.30 medications. Medication education is coordinated with medication management services
 721.31 and does not duplicate it. Medication education services are provided by physicians, advanced
 721.32 practice registered nurses, pharmacists, physician assistants, or registered nurses.

722.1 (c) "Transition to community living services" means services which maintain continuity
722.2 of contact between the rehabilitation services provider and the recipient and which facilitate
722.3 discharge from a hospital, residential treatment program ~~under Minnesota Rules, chapter~~
722.4 ~~9505~~, board and lodging facility, or nursing home. Transition to community living services
722.5 are not intended to provide other areas of adult rehabilitative mental health services.

722.6 Sec. 67. Minnesota Statutes 2020, section 256B.0623, subdivision 3, is amended to read:

722.7 Subd. 3. **Eligibility.** An eligible recipient is an individual who:

722.8 (1) is age 18 or older;

722.9 (2) is diagnosed with a medical condition, such as mental illness or traumatic brain
722.10 injury, for which adult rehabilitative mental health services are needed;

722.11 (3) has substantial disability and functional impairment in three or more of the areas
722.12 listed in section ~~245.462, subdivision 11a~~ 245I.10, subdivision 9, clause (4), so that
722.13 self-sufficiency is markedly reduced; and

722.14 (4) has had a recent standard diagnostic assessment ~~or an adult diagnostic assessment~~
722.15 ~~update~~ by a qualified professional that documents adult rehabilitative mental health services
722.16 are medically necessary to address identified disability and functional impairments and
722.17 individual recipient goals.

722.18 Sec. 68. Minnesota Statutes 2020, section 256B.0623, subdivision 4, is amended to read:

722.19 Subd. 4. **Provider entity standards.** (a) The provider entity must be certified by the
722.20 state following the certification process and procedures developed by the commissioner.

722.21 (b) The certification process is a determination as to whether the entity meets the standards
722.22 in this ~~subdivision~~ section and chapter 245I, as required in section 245I.011, subdivision 5.
722.23 The certification must specify which adult rehabilitative mental health services the entity
722.24 is qualified to provide.

722.25 (c) A noncounty provider entity must obtain additional certification from each county
722.26 in which it will provide services. The additional certification must be based on the adequacy
722.27 of the entity's knowledge of that county's local health and human service system, and the
722.28 ability of the entity to coordinate its services with the other services available in that county.
722.29 A county-operated entity must obtain this additional certification from any other county in
722.30 which it will provide services.

722.31 (d) State-level recertification must occur at least every three years.

723.1 (e) The commissioner may intervene at any time and decertify providers with cause.

723.2 The decertification is subject to appeal to the state. A county board may recommend that
723.3 the state decertify a provider for cause.

723.4 (f) The adult rehabilitative mental health services provider entity must meet the following
723.5 standards:

723.6 (1) have capacity to recruit, hire, manage, and train ~~mental health professionals, mental~~
723.7 ~~health practitioners, and mental health rehabilitation workers~~ qualified staff;

723.8 (2) have adequate administrative ability to ensure availability of services;

723.9 ~~(3) ensure adequate preservice and inservice and ongoing training for staff;~~

723.10 ~~(4)~~ (3) ensure that ~~mental health professionals, mental health practitioners, and mental~~
723.11 ~~health rehabilitation workers~~ staff are skilled in the delivery of the specific adult rehabilitative
723.12 mental health services provided to the individual eligible recipient;

723.13 ~~(5) ensure that staff is capable of implementing culturally specific services that are~~
723.14 ~~culturally competent and appropriate as determined by the recipient's culture, beliefs, values,~~
723.15 ~~and language as identified in the individual treatment plan;~~

723.16 ~~(6)~~ (4) ensure enough flexibility in service delivery to respond to the changing and
723.17 intermittent care needs of a recipient as identified by the recipient and the individual treatment
723.18 plan;

723.19 ~~(7) ensure that the mental health professional or mental health practitioner, who is under~~
723.20 ~~the clinical supervision of a mental health professional, involved in a recipient's services~~
723.21 ~~participates in the development of the individual treatment plan;~~

723.22 ~~(8)~~ (5) assist the recipient in arranging needed crisis assessment, intervention, and
723.23 stabilization services;

723.24 ~~(9)~~ (6) ensure that services are coordinated with other recipient mental health services
723.25 providers and the county mental health authority and the federally recognized American
723.26 Indian authority and necessary others after obtaining the consent of the recipient. Services
723.27 must also be coordinated with the recipient's case manager or care coordinator if the recipient
723.28 is receiving case management or care coordination services;

723.29 ~~(10) develop and maintain recipient files, individual treatment plans, and contact charting;~~

723.30 ~~(11) develop and maintain staff training and personnel files;~~

723.31 ~~(12) submit information as required by the state;~~

724.1 ~~(13) establish and maintain a quality assurance plan to evaluate the outcome of services~~
 724.2 ~~provided;~~

724.3 ~~(14)~~ (7) keep all necessary records required by law;

724.4 ~~(15)~~ (8) deliver services as required by section 245.461;

724.5 ~~(16) comply with all applicable laws;~~

724.6 ~~(17)~~ (9) be an enrolled Medicaid provider; and

724.7 ~~(18)~~ (10) maintain a quality assurance plan to determine specific service outcomes and
 724.8 the recipient's satisfaction with services; and.

724.9 ~~(19) develop and maintain written policies and procedures regarding service provision~~
 724.10 ~~and administration of the provider entity.~~

724.11 Sec. 69. Minnesota Statutes 2020, section 256B.0623, subdivision 5, is amended to read:

724.12 Subd. 5. **Qualifications of provider staff.** ~~(a)~~ Adult rehabilitative mental health services
 724.13 must be provided by qualified individual provider staff of a certified provider entity.

724.14 Individual provider staff must be qualified ~~under one of the following criteria~~ as:

724.15 ~~(1) a mental health professional as defined in section 245.462, subdivision 18, clauses~~
 724.16 ~~(1) to (6). If the recipient has a current diagnostic assessment by a licensed mental health~~
 724.17 ~~professional as defined in section 245.462, subdivision 18, clauses (1) to (6), recommending~~
 724.18 ~~receipt of adult mental health rehabilitative services, the definition of mental health~~
 724.19 ~~professional for purposes of this section includes a person who is qualified under section~~
 724.20 ~~245.462, subdivision 18, clause (7), and who holds a current and valid national certification~~
 724.21 ~~as a certified rehabilitation counselor or certified psychosocial rehabilitation practitioner~~
 724.22 who is qualified according to section 245I.04, subdivision 2;

724.23 (2) a certified rehabilitation specialist who is qualified according to section 245I.04,
 724.24 subdivision 8;

724.25 (3) a clinical trainee who is qualified according to section 245I.04, subdivision 6;

724.26 (4) a mental health practitioner as defined in section 245.462, subdivision 17. The mental
 724.27 health practitioner must work under the clinical supervision of a mental health professional
 724.28 qualified according to section 245I.04, subdivision 4;

724.29 ~~(3)~~ (5) a mental health certified peer specialist under section 256B.0615. The certified
 724.30 peer specialist must work under the clinical supervision of a mental health professional who
 724.31 is qualified according to section 245I.04, subdivision 10; or

725.1 ~~(4) (6) a mental health rehabilitation worker who is qualified according to section 245I.04,~~
725.2 ~~subdivision 14. A mental health rehabilitation worker means a staff person working under~~
725.3 ~~the direction of a mental health practitioner or mental health professional and under the~~
725.4 ~~clinical supervision of a mental health professional in the implementation of rehabilitative~~
725.5 ~~mental health services as identified in the recipient's individual treatment plan who:~~

725.6 ~~(i) is at least 21 years of age;~~

725.7 ~~(ii) has a high school diploma or equivalent;~~

725.8 ~~(iii) has successfully completed 30 hours of training during the two years immediately~~
725.9 ~~prior to the date of hire, or before provision of direct services, in all of the following areas:~~
725.10 ~~recovery from mental illness, mental health de-escalation techniques, recipient rights,~~
725.11 ~~recipient-centered individual treatment planning, behavioral terminology, mental illness,~~
725.12 ~~co-occurring mental illness and substance abuse, psychotropic medications and side effects,~~
725.13 ~~functional assessment, local community resources, adult vulnerability, recipient~~
725.14 ~~confidentiality; and~~

725.15 ~~(iv) meets the qualifications in paragraph (b).~~

725.16 ~~(b) In addition to the requirements in paragraph (a), a mental health rehabilitation worker~~
725.17 ~~must also meet the qualifications in clause (1), (2), or (3):~~

725.18 ~~(1) has an associates of arts degree, two years of full-time postsecondary education, or~~
725.19 ~~a total of 15 semester hours or 23 quarter hours in behavioral sciences or related fields; is~~
725.20 ~~a registered nurse; or within the previous ten years has:~~

725.21 ~~(i) three years of personal life experience with serious mental illness;~~

725.22 ~~(ii) three years of life experience as a primary caregiver to an adult with a serious mental~~
725.23 ~~illness, traumatic brain injury, substance use disorder, or developmental disability; or~~

725.24 ~~(iii) 2,000 hours of supervised work experience in the delivery of mental health services~~
725.25 ~~to adults with a serious mental illness, traumatic brain injury, substance use disorder, or~~
725.26 ~~developmental disability;~~

725.27 ~~(2)(i) is fluent in the non-English language or competent in the culture of the ethnic~~
725.28 ~~group to which at least 20 percent of the mental health rehabilitation worker's clients belong;~~

725.29 ~~(ii) receives during the first 2,000 hours of work, monthly documented individual clinical~~
725.30 ~~supervision by a mental health professional;~~

726.1 ~~(iii) has 18 hours of documented field supervision by a mental health professional or~~
 726.2 ~~mental health practitioner during the first 160 hours of contact work with recipients, and at~~
 726.3 ~~least six hours of field supervision quarterly during the following year;~~

726.4 ~~(iv) has review and cosignature of charting of recipient contacts during field supervision~~
 726.5 ~~by a mental health professional or mental health practitioner; and~~

726.6 ~~(v) has 15 hours of additional continuing education on mental health topics during the~~
 726.7 ~~first year of employment and 15 hours during every additional year of employment; or~~

726.8 ~~(3) for providers of crisis residential services, intensive residential treatment services,~~
 726.9 ~~partial hospitalization, and day treatment services:~~

726.10 ~~(i) satisfies clause (2), items (ii) to (iv); and~~

726.11 ~~(ii) has 40 hours of additional continuing education on mental health topics during the~~
 726.12 ~~first year of employment.~~

726.13 ~~(c) A mental health rehabilitation worker who solely acts and is scheduled as overnight~~
 726.14 ~~staff is not required to comply with paragraph (a), clause (4), item (iv).~~

726.15 ~~(d) For purposes of this subdivision, "behavioral sciences or related fields" means an~~
 726.16 ~~education from an accredited college or university and includes but is not limited to social~~
 726.17 ~~work, psychology, sociology, community counseling, family social science, child~~
 726.18 ~~development, child psychology, community mental health, addiction counseling, counseling~~
 726.19 ~~and guidance, special education, and other fields as approved by the commissioner.~~

726.20 Sec. 70. Minnesota Statutes 2020, section 256B.0623, subdivision 6, is amended to read:

726.21 **Subd. 6. Required training and supervision.** ~~(a) Mental health rehabilitation workers~~
 726.22 ~~must receive ongoing continuing education training of at least 30 hours every two years in~~
 726.23 ~~areas of mental illness and mental health services and other areas specific to the population~~
 726.24 ~~being served. Mental health rehabilitation workers must also be subject to the ongoing~~
 726.25 ~~direction and clinical supervision standards in paragraphs (c) and (d).~~

726.26 ~~(b) Mental health practitioners must receive ongoing continuing education training as~~
 726.27 ~~required by their professional license; or if the practitioner is not licensed, the practitioner~~
 726.28 ~~must receive ongoing continuing education training of at least 30 hours every two years in~~
 726.29 ~~areas of mental illness and mental health services. Mental health practitioners must meet~~
 726.30 ~~the ongoing clinical supervision standards in paragraph (c).~~

726.31 ~~(c) Clinical supervision may be provided by a full- or part-time qualified professional~~
 726.32 ~~employed by or under contract with the provider entity. Clinical supervision may be provided~~

- 727.1 ~~by interactive videoconferencing according to procedures developed by the commissioner.~~
- 727.2 ~~A mental health professional providing clinical supervision of staff delivering adult~~
- 727.3 ~~rehabilitative mental health services must provide the following guidancee:~~
- 727.4 ~~(1) review the information in the recipient's file;~~
- 727.5 ~~(2) review and approve initial and updates of individual treatment plans;~~
- 727.6 ~~(a) A treatment supervisor providing treatment supervision required by section 245I.06~~
- 727.7 ~~must:~~
- 727.8 ~~(3) (1) meet with mental health rehabilitation workers and practitioners, individually or~~
- 727.9 ~~in small groups, staff receiving treatment supervision at least monthly to discuss treatment~~
- 727.10 ~~topics of interest to the workers and practitioners;~~
- 727.11 ~~(4) meet with mental health rehabilitation workers and practitioners, individually or in~~
- 727.12 ~~small groups, at least monthly to discuss and treatment plans of recipients, and approve by~~
- 727.13 ~~signature and document in the recipient's file any resulting plan updates; and~~
- 727.14 ~~(5) (2) meet at least monthly with the directing clinical trainee or mental health~~
- 727.15 ~~practitioner, if there is one, to review needs of the adult rehabilitative mental health services~~
- 727.16 ~~program, review staff on-site observations and evaluate mental health rehabilitation workers,~~
- 727.17 ~~plan staff training, review program evaluation and development, and consult with the~~
- 727.18 ~~directing clinical trainee or mental health practitioner; and.~~
- 727.19 ~~(6) be available for urgent consultation as the individual recipient needs or the situation~~
- 727.20 ~~necessitates.~~
- 727.21 ~~(d) (b) An adult rehabilitative mental health services provider entity must have a treatment~~
- 727.22 ~~director who is a mental health practitioner or mental health professional clinical trainee,~~
- 727.23 ~~certified rehabilitation specialist, or mental health practitioner. The treatment director must~~
- 727.24 ~~ensure the following:~~
- 727.25 ~~(1) while delivering direct services to recipients, a newly hired mental health rehabilitation~~
- 727.26 ~~worker must be directly observed delivering services to recipients by a mental health~~
- 727.27 ~~practitioner or mental health professional for at least six hours per 40 hours worked during~~
- 727.28 ~~the first 160 hours that the mental health rehabilitation worker works ensure the direct~~
- 727.29 ~~observation of mental health rehabilitation workers required by section 245I.06, subdivision~~
- 727.30 ~~3, is provided;~~
- 727.31 ~~(2) the mental health rehabilitation worker must receive ongoing on-site direct service~~
- 727.32 ~~observation by a mental health professional or mental health practitioner for at least six~~
- 727.33 ~~hours for every six months of employment;~~

728.1 ~~(3) progress notes are reviewed from on-site service observation prepared by the mental~~
 728.2 ~~health rehabilitation worker and mental health practitioner for accuracy and consistency~~
 728.3 ~~with actual recipient contact and the individual treatment plan and goals;~~

728.4 ~~(4)~~ (2) ensure immediate availability by phone or in person for consultation by a mental
 728.5 health professional, certified rehabilitation specialist, clinical trainee, or a mental health
 728.6 practitioner to the mental health rehabilitation services worker during service provision;

728.7 ~~(5) oversee the identification of changes in individual recipient treatment strategies,~~
 728.8 ~~revise the plan, and communicate treatment instructions and methodologies as appropriate~~
 728.9 ~~to ensure that treatment is implemented correctly;~~

728.10 ~~(6)~~ (3) model service practices which: respect the recipient, include the recipient in
 728.11 planning and implementation of the individual treatment plan, recognize the recipient's
 728.12 strengths, collaborate and coordinate with other involved parties and providers;

728.13 ~~(7)~~ (4) ensure that clinical trainees, mental health practitioners, and mental health
 728.14 rehabilitation workers are able to effectively communicate with the recipients, significant
 728.15 others, and providers; and

728.16 ~~(8)~~ (5) oversee the record of the results of ~~on-site~~ direct observation ~~and charting,~~ progress
 728.17 note evaluation, and corrective actions taken to modify the work of the clinical trainees,
 728.18 mental health practitioners, and mental health rehabilitation workers.

728.19 ~~(e)~~ (c) A clinical trainee or mental health practitioner who is providing treatment direction
 728.20 for a provider entity must receive treatment supervision at least monthly ~~from a mental~~
 728.21 ~~health professional~~ to:

728.22 (1) identify and plan for general needs of the recipient population served;

728.23 (2) identify and plan to address provider entity program needs and effectiveness;

728.24 (3) identify and plan provider entity staff training and personnel needs and issues; and

728.25 (4) plan, implement, and evaluate provider entity quality improvement programs.

728.26 Sec. 71. Minnesota Statutes 2020, section 256B.0623, subdivision 9, is amended to read:

728.27 Subd. 9. **Functional assessment.** (a) Providers of adult rehabilitative mental health
 728.28 services must complete a written functional assessment ~~as defined in section 245.462,~~
 728.29 ~~subdivision 11a~~ according to section 245I.10, subdivision 9, for each recipient. ~~The functional~~
 728.30 ~~assessment must be completed within 30 days of intake, and reviewed and updated at least~~
 728.31 ~~every six months after it is developed, unless there is a significant change in the functioning~~
 728.32 ~~of the recipient. If there is a significant change in functioning, the assessment must be~~

729.1 ~~updated. A single functional assessment can meet case management and adult rehabilitative~~
729.2 ~~mental health services requirements if agreed to by the recipient. Unless the recipient refuses,~~
729.3 ~~the recipient must have significant participation in the development of the functional~~
729.4 ~~assessment.~~

729.5 (b) When a provider of adult rehabilitative mental health services completes a written
729.6 functional assessment, the provider must also complete a level of care assessment as defined
729.7 in section 245I.02, subdivision 19, for the recipient.

729.8 Sec. 72. Minnesota Statutes 2020, section 256B.0623, subdivision 12, is amended to read:

729.9 Subd. 12. **Additional requirements.** (a) Providers of adult rehabilitative mental health
729.10 services must comply with the requirements relating to referrals for case management in
729.11 section 245.467, subdivision 4.

729.12 (b) Adult rehabilitative mental health services are provided for most recipients in the
729.13 recipient's home and community. Services may also be provided at the home of a relative
729.14 or significant other, job site, psychosocial clubhouse, drop-in center, social setting, classroom,
729.15 or other places in the community. Except for "transition to community services," the place
729.16 of service does not include a regional treatment center, nursing home, residential treatment
729.17 facility licensed under Minnesota Rules, parts 9520.0500 to 9520.0670 (Rule 36), or section
729.18 245I.23, or an acute care hospital.

729.19 (c) Adult rehabilitative mental health services may be provided in group settings if
729.20 appropriate to each participating recipient's needs and individual treatment plan. A group
729.21 is defined as two to ten clients, at least one of whom is a recipient, who is concurrently
729.22 receiving a service which is identified in this section. The service and group must be specified
729.23 in the recipient's individual treatment plan. No more than two qualified staff may bill
729.24 Medicaid for services provided to the same group of recipients. If two adult rehabilitative
729.25 mental health workers bill for recipients in the same group session, they must each bill for
729.26 different recipients.

729.27 (d) Adult rehabilitative mental health services are appropriate if provided to enable a
729.28 recipient to retain stability and functioning, when the recipient is at risk of significant
729.29 functional decompensation or requiring more restrictive service settings without these
729.30 services.

729.31 (e) Adult rehabilitative mental health services instruct, assist, and support the recipient
729.32 in areas including: interpersonal communication skills, community resource utilization and
729.33 integration skills, crisis planning, relapse prevention skills, health care directives, budgeting

730.1 and shopping skills, healthy lifestyle skills and practices, cooking and nutrition skills,
 730.2 transportation skills, medication education and monitoring, mental illness symptom
 730.3 management skills, household management skills, employment-related skills, parenting
 730.4 skills, and transition to community living services.

730.5 (f) Community intervention, including consultation with relatives, guardians, friends,
 730.6 employers, treatment providers, and other significant individuals, is appropriate when
 730.7 directed exclusively to the treatment of the client.

730.8 Sec. 73. Minnesota Statutes 2020, section 256B.0625, subdivision 3b, is amended to read:

730.9 **Subd. 3b. Telemedicine services.** (a) Medical assistance covers medically necessary
 730.10 services and consultations delivered by a licensed health care provider via telemedicine in
 730.11 the same manner as if the service or consultation was delivered in person. Coverage is
 730.12 limited to three telemedicine services per enrollee per calendar week, except as provided
 730.13 in paragraph (f). Telemedicine services shall be paid at the full allowable rate.

730.14 (b) The commissioner shall establish criteria that a health care provider must attest to
 730.15 in order to demonstrate the safety or efficacy of delivering a particular service via
 730.16 telemedicine. The attestation may include that the health care provider:

730.17 (1) has identified the categories or types of services the health care provider will provide
 730.18 via telemedicine;

730.19 (2) has written policies and procedures specific to telemedicine services that are regularly
 730.20 reviewed and updated;

730.21 (3) has policies and procedures that adequately address patient safety before, during,
 730.22 and after the telemedicine service is rendered;

730.23 (4) has established protocols addressing how and when to discontinue telemedicine
 730.24 services; and

730.25 (5) has an established quality assurance process related to telemedicine services.

730.26 (c) As a condition of payment, a licensed health care provider must document each
 730.27 occurrence of a health service provided by telemedicine to a medical assistance enrollee.
 730.28 Health care service records for services provided by telemedicine must meet the requirements
 730.29 set forth in Minnesota Rules, part 9505.2175, subparts 1 and 2, and must document:

730.30 (1) the type of service provided by telemedicine;

730.31 (2) the time the service began and the time the service ended, including an a.m. and p.m.
 730.32 designation;

731.1 (3) the licensed health care provider's basis for determining that telemedicine is an
731.2 appropriate and effective means for delivering the service to the enrollee;

731.3 (4) the mode of transmission of the telemedicine service and records evidencing that a
731.4 particular mode of transmission was utilized;

731.5 (5) the location of the originating site and the distant site;

731.6 (6) if the claim for payment is based on a physician's telemedicine consultation with
731.7 another physician, the written opinion from the consulting physician providing the
731.8 telemedicine consultation; and

731.9 (7) compliance with the criteria attested to by the health care provider in accordance
731.10 with paragraph (b).

731.11 (d) For purposes of this subdivision, unless otherwise covered under this chapter,
731.12 "telemedicine" is defined as the delivery of health care services or consultations while the
731.13 patient is at an originating site and the licensed health care provider is at a distant site. A
731.14 communication between licensed health care providers, or a licensed health care provider
731.15 and a patient that consists solely of a telephone conversation, e-mail, or facsimile transmission
731.16 does not constitute telemedicine consultations or services. Telemedicine may be provided
731.17 by means of real-time two-way, interactive audio and visual communications, including the
731.18 application of secure video conferencing or store-and-forward technology to provide or
731.19 support health care delivery, which facilitate the assessment, diagnosis, consultation,
731.20 treatment, education, and care management of a patient's health care.

731.21 (e) For purposes of this section, "licensed health care provider" means a licensed health
731.22 care provider under section 62A.671, subdivision 6, a community paramedic as defined
731.23 under section 144E.001, subdivision 5f, ~~or a clinical trainee who is qualified according to~~
731.24 ~~section 245I.04, subdivision 6, a mental health practitioner defined under section 245.462,~~
731.25 ~~subdivision 17, or 245.4871, subdivision 26, working under the general supervision of a~~
731.26 ~~mental health professional qualified according to section 245I.04, subdivision 4, and a~~
731.27 community health worker who meets the criteria under subdivision 49, paragraph (a); "health
731.28 care provider" is defined under section 62A.671, subdivision 3; and "originating site" is
731.29 defined under section 62A.671, subdivision 7.

731.30 (f) The limit on coverage of three telemedicine services per enrollee per calendar week
731.31 does not apply if:

731.32 (1) the telemedicine services provided by the licensed health care provider are for the
731.33 treatment and control of tuberculosis; and

732.1 (2) the services are provided in a manner consistent with the recommendations and best
 732.2 practices specified by the Centers for Disease Control and Prevention and the commissioner
 732.3 of health.

732.4 Sec. 74. Minnesota Statutes 2020, section 256B.0625, subdivision 5, is amended to read:

732.5 Subd. 5. **Community mental health center services.** Medical assistance covers
 732.6 community mental health center services provided by a community mental health center
 732.7 that meets the requirements in paragraphs (a) to (j).

732.8 (a) The provider is ~~licensed under Minnesota Rules, parts 9520.0750 to 9520.0870~~
 732.9 certified as a mental health clinic under section 245I.20.

732.10 (b) ~~The provider provides mental health services under the clinical supervision of a~~
 732.11 ~~mental health professional who is licensed for independent practice at the doctoral level or~~
 732.12 ~~by a board-certified psychiatrist or a psychiatrist who is eligible for board certification.~~
 732.13 ~~Clinical supervision has the meaning given in Minnesota Rules, part 9505.0370, subpart 6.~~
 732.14 In addition to the policies and procedures required by section 245I.03, the provider must
 732.15 establish, enforce, and maintain policies and procedures for the oversight of clinical services
 732.16 by a doctoral level psychologist or a board-certified or board-eligible psychiatrist. These
 732.17 policies and procedures must be developed with the involvement of a doctoral level
 732.18 psychologist and a board-certified or board-eligible psychiatrist. These policies and
 732.19 procedures must include:

732.20 (1) requirements for when to seek clinical consultation with a doctoral level psychologist
 732.21 or a board-certified or board-eligible psychiatrist;

732.22 (2) requirements for the involvement of a doctoral level psychologist or a board-certified
 732.23 or board-eligible psychiatrist in the direction of clinical services; and

732.24 (3) involvement of a doctoral level psychologist or a board-certified or board-eligible
 732.25 psychiatrist in quality improvement initiatives and review as part of a multidisciplinary care
 732.26 team.

732.27 (c) The provider must be a private nonprofit corporation or a governmental agency and
 732.28 have a community board of directors as specified by section 245.66.

732.29 (d) The provider must have a sliding fee scale that meets the requirements in section
 732.30 245.481, and agree to serve within the limits of its capacity all individuals residing in its
 732.31 service delivery area.

733.1 (e) At a minimum, the provider must provide the following outpatient mental health
 733.2 services: a diagnostic assessment; explanation of findings; family, group, and individual
 733.3 psychotherapy, including crisis intervention psychotherapy services, ~~multiple family group~~
 733.4 ~~psychotherapy~~, psychological testing, and medication management. In addition, the provider
 733.5 must provide or be capable of providing upon request of the local mental health authority
 733.6 day treatment services, multiple family group psychotherapy, and professional home-based
 733.7 mental health services. The provider must have the capacity to provide such services to
 733.8 specialized populations such as the elderly, families with children, persons who are seriously
 733.9 and persistently mentally ill, and children who are seriously emotionally disturbed.

733.10 (f) The provider must be capable of providing the services specified in paragraph (e) to
 733.11 individuals who are ~~diagnosed with both~~ dually diagnosed with mental illness or emotional
 733.12 disturbance, and ~~chemical dependency~~ substance use disorder, and to individuals who are
 733.13 dually diagnosed with a mental illness or emotional disturbance and developmental disability.

733.14 (g) The provider must provide 24-hour emergency care services or demonstrate the
 733.15 capacity to assist recipients in need of such services to access such services on a 24-hour
 733.16 basis.

733.17 (h) The provider must have a contract with the local mental health authority to provide
 733.18 one or more of the services specified in paragraph (e).

733.19 (i) The provider must agree, upon request of the local mental health authority, to enter
 733.20 into a contract with the county to provide mental health services not reimbursable under
 733.21 the medical assistance program.

733.22 (j) The provider may not be enrolled with the medical assistance program as both a
 733.23 hospital and a community mental health center. The community mental health center's
 733.24 administrative, organizational, and financial structure must be separate and distinct from
 733.25 that of the hospital.

733.26 (k) The commissioner may require the provider to annually attest, on forms that the
 733.27 commissioner provides, to meeting the requirements in this subdivision.

733.28 **EFFECTIVE DATE.** Paragraphs (e), (f), and (k) are effective the day following final
 733.29 enactment.

733.30 Sec. 75. Minnesota Statutes 2020, section 256B.0625, subdivision 19c, is amended to
 733.31 read:

733.32 Subd. 19c. **Personal care.** Medical assistance covers personal care assistance services
 733.33 provided by an individual who is qualified to provide the services according to subdivision

734.1 19a and sections 256B.0651 to 256B.0654, provided in accordance with a plan, and
 734.2 supervised by a qualified professional.

734.3 "Qualified professional" means a mental health professional ~~as defined in section 245.462,~~
 734.4 ~~subdivision 18, clauses (1) to (6), or 245.4871, subdivision 27, clauses (1) to (6);~~ a registered
 734.5 nurse as defined in sections 148.171 to 148.285, a licensed social worker as defined in
 734.6 sections 148E.010 and 148E.055, or a qualified designated coordinator under section
 734.7 245D.081, subdivision 2. The qualified professional shall perform the duties required in
 734.8 section 256B.0659.

734.9 Sec. 76. Minnesota Statutes 2020, section 256B.0625, subdivision 28a, is amended to
 734.10 read:

734.11 Subd. 28a. **Licensed physician assistant services.** (a) Medical assistance covers services
 734.12 performed by a licensed physician assistant if the service is otherwise covered under this
 734.13 chapter as a physician service and if the service is within the scope of practice of a licensed
 734.14 physician assistant as defined in section 147A.09.

734.15 (b) Licensed physician assistants, who are supervised by a physician certified by the
 734.16 American Board of Psychiatry and Neurology or eligible for board certification in psychiatry,
 734.17 may bill for medication management and evaluation and management services provided to
 734.18 medical assistance enrollees in inpatient hospital settings, and in outpatient settings after
 734.19 the licensed physician assistant completes 2,000 hours of clinical experience in the evaluation
 734.20 and treatment of mental health, consistent with their authorized scope of practice, as defined
 734.21 in section 147A.09, with the exception of performing psychotherapy or diagnostic
 734.22 assessments or providing ~~clinical~~ treatment supervision.

734.23 Sec. 77. Minnesota Statutes 2020, section 256B.0625, subdivision 42, is amended to read:

734.24 Subd. 42. **Mental health professional.** Notwithstanding Minnesota Rules, part
 734.25 9505.0175, subpart 28, the definition of a mental health professional ~~shall include a person~~
 734.26 ~~who is qualified as specified in~~ according to section 245.462, subdivision 18, clauses (1) to
 734.27 ~~(6); or 245.4871, subdivision 27, clauses (1) to (6)~~ 245I.04, subdivision 2, for the purpose
 734.28 of this section and Minnesota Rules, parts 9505.0170 to 9505.0475.

734.29 Sec. 78. Minnesota Statutes 2020, section 256B.0625, subdivision 48, is amended to read:

734.30 Subd. 48. **Psychiatric consultation to primary care practitioners.** Medical assistance
 734.31 covers consultation provided by a ~~psychiatrist, a psychologist, an advanced practice registered~~
 734.32 ~~nurse certified in psychiatric mental health, a licensed independent clinical social worker,~~

735.1 ~~as defined in section 245.462, subdivision 18, clause (2), or a licensed marriage and family~~
 735.2 ~~therapist, as defined in section 245.462, subdivision 18, clause (5)~~ mental health professional
 735.3 qualified according to section 245I.04, subdivision 2, except a licensed professional clinical
 735.4 counselor licensed under section 148B.5301, via telephone, e-mail, facsimile, or other means
 735.5 of communication to primary care practitioners, including pediatricians. The need for
 735.6 consultation and the receipt of the consultation must be documented in the patient record
 735.7 maintained by the primary care practitioner. If the patient consents, and subject to federal
 735.8 limitations and data privacy provisions, the consultation may be provided without the patient
 735.9 present.

735.10 Sec. 79. Minnesota Statutes 2020, section 256B.0625, subdivision 49, is amended to read:

735.11 Subd. 49. **Community health worker.** (a) Medical assistance covers the care
 735.12 coordination and patient education services provided by a community health worker if the
 735.13 community health worker has:

735.14 ~~(1) received a certificate from the Minnesota State Colleges and Universities System~~
 735.15 ~~approved community health worker curriculum; or.~~

735.16 ~~(2) at least five years of supervised experience with an enrolled physician, registered~~
 735.17 ~~nurse, advanced practice registered nurse, mental health professional as defined in section~~
 735.18 ~~245.462, subdivision 18, clauses (1) to (6), and section 245.4871, subdivision 27, clauses~~
 735.19 ~~(1) to (5), or dentist, or at least five years of supervised experience by a certified public~~
 735.20 ~~health nurse operating under the direct authority of an enrolled unit of government.~~

735.21 ~~Community health workers eligible for payment under clause (2) must complete the~~
 735.22 ~~certification program by January 1, 2010, to continue to be eligible for payment.~~

735.23 (b) Community health workers must work under the supervision of a medical assistance
 735.24 enrolled physician, registered nurse, advanced practice registered nurse, mental health
 735.25 professional as defined in section 245.462, subdivision 18, clauses (1) to (6), and section
 735.26 245.4871, subdivision 27, clauses (1) to (5), or dentist, or work under the supervision of a
 735.27 certified public health nurse operating under the direct authority of an enrolled unit of
 735.28 government.

735.29 (c) Care coordination and patient education services covered under this subdivision
 735.30 include, but are not limited to, services relating to oral health and dental care.

736.1 Sec. 80. Minnesota Statutes 2020, section 256B.0625, subdivision 56a, is amended to
736.2 read:

736.3 Subd. 56a. **Officer-involved community-based care coordination.** (a) Medical
736.4 assistance covers officer-involved community-based care coordination for an individual
736.5 who:

736.6 (1) has screened positive for benefiting from treatment for a mental illness or substance
736.7 use disorder using a tool approved by the commissioner;

736.8 (2) does not require the security of a public detention facility and is not considered an
736.9 inmate of a public institution as defined in Code of Federal Regulations, title 42, section
736.10 435.1010;

736.11 (3) meets the eligibility requirements in section 256B.056; and

736.12 (4) has agreed to participate in officer-involved community-based care coordination.

736.13 (b) Officer-involved community-based care coordination means navigating services to
736.14 address a client's mental health, chemical health, social, economic, and housing needs, or
736.15 any other activity targeted at reducing the incidence of jail utilization and connecting
736.16 individuals with existing covered services available to them, including, but not limited to,
736.17 targeted case management, waiver case management, or care coordination.

736.18 (c) Officer-involved community-based care coordination must be provided by an
736.19 individual who is an employee of or is under contract with a county, or is an employee of
736.20 or under contract with an Indian health service facility or facility owned and operated by a
736.21 tribe or a tribal organization operating under Public Law 93-638 as a 638 facility to provide
736.22 officer-involved community-based care coordination and is qualified under one of the
736.23 following criteria:

736.24 (1) a ~~licensed~~ mental health professional ~~as defined in section 245.462, subdivision 18,~~
736.25 ~~clauses (1) to (6);~~

736.26 (2) a clinical trainee qualified according to section 245I.04, subdivision 6, working under
736.27 the treatment supervision of a mental health professional according to section 245I.06;

736.28 (3) a mental health practitioner as defined in section 245.462, subdivision 17 qualified
736.29 according to section 245I.04, subdivision 4, working under the ~~clinical~~ treatment supervision
736.30 of a mental health professional according to section 245I.06;

737.1 ~~(3)~~ (4) a mental health certified peer specialist under section 256B.0615 qualified
 737.2 according to section 245I.04, subdivision 10, working under the clinical treatment supervision
 737.3 of a mental health professional according to section 245I.06;

737.4 (4) an individual qualified as an alcohol and drug counselor under section 245G.11,
 737.5 subdivision 5; or

737.6 (5) a recovery peer qualified under section 245G.11, subdivision 8, working under the
 737.7 supervision of an individual qualified as an alcohol and drug counselor under section
 737.8 245G.11, subdivision 5.

737.9 (d) Reimbursement is allowed for up to 60 days following the initial determination of
 737.10 eligibility.

737.11 (e) Providers of officer-involved community-based care coordination shall annually
 737.12 report to the commissioner on the number of individuals served, and number of the
 737.13 community-based services that were accessed by recipients. The commissioner shall ensure
 737.14 that services and payments provided under officer-involved community-based care
 737.15 coordination do not duplicate services or payments provided under section 256B.0625,
 737.16 subdivision 20, 256B.0753, 256B.0755, or 256B.0757.

737.17 (f) Notwithstanding section 256B.19, subdivision 1, the nonfederal share of cost for
 737.18 officer-involved community-based care coordination services shall be provided by the
 737.19 county providing the services, from sources other than federal funds or funds used to match
 737.20 other federal funds.

737.21 Sec. 81. Minnesota Statutes 2020, section 256B.0757, subdivision 4c, is amended to read:

737.22 Subd. 4c. **Behavioral health home services staff qualifications.** (a) A behavioral health
 737.23 home services provider must maintain staff with required professional qualifications
 737.24 appropriate to the setting.

737.25 (b) If behavioral health home services are offered in a mental health setting, the
 737.26 integration specialist must be a registered nurse licensed under the Minnesota Nurse Practice
 737.27 Act, sections 148.171 to 148.285.

737.28 (c) If behavioral health home services are offered in a primary care setting, the integration
 737.29 specialist must be a mental health professional as defined in who is qualified according to
 737.30 section 245.462, subdivision 18, clauses (1) to (6), or 245.4871, subdivision 27, clauses (1)
 737.31 to (6) 245I.04, subdivision 2.

738.1 (d) If behavioral health home services are offered in either a primary care setting or
738.2 mental health setting, the systems navigator must be a mental health practitioner ~~as defined~~
738.3 ~~in~~ who is qualified according to section 245.462, subdivision 17 245I.04, subdivision 4, or
738.4 a community health worker as defined in section 256B.0625, subdivision 49.

738.5 (e) If behavioral health home services are offered in either a primary care setting or
738.6 mental health setting, the qualified health home specialist must be one of the following:

738.7 (1) a mental health certified peer support specialist as defined in who is qualified
738.8 according to section 256B.0615 245I.04, subdivision 10;

738.9 (2) a mental health certified family peer support specialist as defined in who is qualified
738.10 according to section 256B.0616 245I.04, subdivision 12;

738.11 (3) a case management associate as defined in section 245.462, subdivision 4, paragraph
738.12 (g), or 245.4871, subdivision 4, paragraph (j);

738.13 (4) a mental health rehabilitation worker ~~as defined in~~ who is qualified according to
738.14 section 256B.0623, subdivision 5, clause (4) 245I.04, subdivision 14;

738.15 (5) a community paramedic as defined in section 144E.28, subdivision 9;

738.16 (6) a peer recovery specialist as defined in section 245G.07, subdivision 1, clause (5);

738.17 or

738.18 (7) a community health worker as defined in section 256B.0625, subdivision 49.

738.19 Sec. 82. Minnesota Statutes 2020, section 256B.0941, subdivision 1, is amended to read:

738.20 Subdivision 1. **Eligibility.** (a) An individual who is eligible for mental health treatment
738.21 services in a psychiatric residential treatment facility must meet all of the following criteria:

738.22 (1) before admission, services are determined to be medically necessary according to
738.23 Code of Federal Regulations, title 42, section 441.152;

738.24 (2) is younger than 21 years of age at the time of admission. Services may continue until
738.25 the individual meets criteria for discharge or reaches 22 years of age, whichever occurs
738.26 first;

738.27 (3) has a mental health diagnosis as defined in the most recent edition of the Diagnostic
738.28 and Statistical Manual for Mental Disorders, as well as clinical evidence of severe aggression,
738.29 or a finding that the individual is a risk to self or others;

738.30 (4) has functional impairment and a history of difficulty in functioning safely and
738.31 successfully in the community, school, home, or job; an inability to adequately care for

739.1 one's physical needs; or caregivers, guardians, or family members are unable to safely fulfill
739.2 the individual's needs;

739.3 (5) requires psychiatric residential treatment under the direction of a physician to improve
739.4 the individual's condition or prevent further regression so that services will no longer be
739.5 needed;

739.6 (6) utilized and exhausted other community-based mental health services, or clinical
739.7 evidence indicates that such services cannot provide the level of care needed; and

739.8 (7) was referred for treatment in a psychiatric residential treatment facility by a ~~qualified~~
739.9 mental health professional ~~licensed as defined in~~ qualified according to section 245.4871,
739.10 ~~subdivision 27, clauses (1) to (6)~~ 245I.04, subdivision 2.

739.11 (b) The commissioner shall provide oversight and review the use of referrals for clients
739.12 admitted to psychiatric residential treatment facilities to ensure that eligibility criteria,
739.13 clinical services, and treatment planning reflect clinical, state, and federal standards for
739.14 psychiatric residential treatment facility level of care. The commissioner shall coordinate
739.15 the production of a statewide list of children and youth who meet the medical necessity
739.16 criteria for psychiatric residential treatment facility level of care and who are awaiting
739.17 admission. The commissioner and any recipient of the list shall not use the statewide list to
739.18 direct admission of children and youth to specific facilities.

739.19 Sec. 83. Minnesota Statutes 2020, section 256B.0943, subdivision 1, is amended to read:

739.20 Subdivision 1. **Definitions.** For purposes of this section, the following terms have the
739.21 meanings given them.

739.22 (a) "Children's therapeutic services and supports" means the flexible package of mental
739.23 health services for children who require varying therapeutic and rehabilitative levels of
739.24 intervention to treat a diagnosed emotional disturbance, as defined in section 245.4871,
739.25 subdivision 15, or a diagnosed mental illness, as defined in section 245.462, subdivision
739.26 20. The services are time-limited interventions that are delivered using various treatment
739.27 modalities and combinations of services designed to reach treatment outcomes identified
739.28 in the individual treatment plan.

739.29 ~~(b) "Clinical supervision" means the overall responsibility of the mental health~~
739.30 ~~professional for the control and direction of individualized treatment planning, service~~
739.31 ~~delivery, and treatment review for each client. A mental health professional who is an~~
739.32 ~~enrolled Minnesota health care program provider accepts full professional responsibility~~

740.1 ~~for a supervisee's actions and decisions, instructs the supervisee in the supervisee's work,~~
740.2 ~~and oversees or directs the supervisee's work.~~

740.3 ~~(e)~~ (b) "Clinical trainee" means a ~~mental health practitioner who meets the qualifications~~
740.4 ~~specified in Minnesota Rules, part 9505.0371, subpart 5, item C~~ staff person who is qualified
740.5 according to section 245I.04, subdivision 6.

740.6 ~~(d)~~ (c) "Crisis assistance planning" has the meaning given in section 245.4871, subdivision
740.7 9a. ~~Crisis assistance entails the development of a written plan to assist a child's family to~~
740.8 ~~contend with a potential crisis and is distinct from the immediate provision of crisis~~
740.9 ~~intervention services.~~

740.10 ~~(e)~~ (d) "Culturally competent provider" means a provider who understands and can
740.11 utilize to a client's benefit the client's culture when providing services to the client. A provider
740.12 may be culturally competent because the provider is of the same cultural or ethnic group
740.13 as the client or the provider has developed the knowledge and skills through training and
740.14 experience to provide services to culturally diverse clients.

740.15 ~~(f)~~ (e) "Day treatment program" for children means a site-based structured mental health
740.16 program consisting of psychotherapy for three or more individuals and individual or group
740.17 skills training provided by a ~~multidisciplinary~~ team, under the clinical treatment supervision
740.18 of a mental health professional.

740.19 ~~(g)~~ (f) "Standard diagnostic assessment" ~~has the meaning given in Minnesota Rules, part~~
740.20 ~~9505.0372, subpart 1~~ means the assessment described in 245I.10, subdivision 6.

740.21 ~~(h)~~ (g) "Direct service time" means the time that a mental health professional, clinical
740.22 trainee, mental health practitioner, or mental health behavioral aide spends face-to-face with
740.23 a client and the client's family or providing covered telemedicine services. Direct service
740.24 time includes time in which the provider obtains a client's history, develops a client's
740.25 treatment plan, records individual treatment outcomes, or provides service components of
740.26 children's therapeutic services and supports. Direct service time does not include time doing
740.27 work before and after providing direct services, including scheduling or maintaining clinical
740.28 records.

740.29 ~~(i)~~ (h) "Direction of mental health behavioral aide" means the activities of a mental
740.30 health professional, clinical trainee, or mental health practitioner in guiding the mental
740.31 health behavioral aide in providing services to a client. The direction of a mental health
740.32 behavioral aide must be based on the client's ~~individualized~~ individual treatment plan and
740.33 meet the requirements in subdivision 6, paragraph (b), clause (5).

741.1 ~~(j)~~ (i) "Emotional disturbance" has the meaning given in section 245.4871, subdivision
741.2 15.

741.3 ~~(k)~~ (j) "Individual behavioral plan" means a plan of intervention, treatment, and services
741.4 for a child written by a mental health professional or a clinical trainee or mental health
741.5 practitioner, under the ~~clinical~~ treatment supervision of a mental health professional, to
741.6 guide the work of the mental health behavioral aide. The individual behavioral plan may
741.7 be incorporated into the child's individual treatment plan so long as the behavioral plan is
741.8 separately communicable to the mental health behavioral aide.

741.9 ~~(l)~~ (k) "Individual treatment plan" ~~has the meaning given in Minnesota Rules, part~~
741.10 ~~9505.0371, subpart 7~~ means the plan described in section 245I.10, subdivisions 7 and 8.

741.11 ~~(m)~~ (l) "Mental health behavioral aide services" means medically necessary one-on-one
741.12 activities performed by a ~~trained paraprofessional qualified as provided in subdivision 7,~~
741.13 ~~paragraph (b), clause (3)~~ mental health behavioral aide qualified according to section 245I.04,
741.14 subdivision 16, to assist a child retain or generalize psychosocial skills as previously trained
741.15 by a mental health professional, clinical trainee, or mental health practitioner and as described
741.16 in the child's individual treatment plan and individual behavior plan. Activities involve
741.17 working directly with the child or child's family as provided in subdivision 9, paragraph
741.18 (b), clause (4).

741.19 (m) "Mental health certified family peer specialist" means a staff person who is qualified
741.20 according to section 245I.04, subdivision 12.

741.21 (n) "Mental health practitioner" ~~has the meaning given in section 245.462, subdivision~~
741.22 ~~17, except that a practitioner working in a day treatment setting may qualify as a mental~~
741.23 ~~health practitioner if the practitioner holds a bachelor's degree in one of the behavioral~~
741.24 ~~sciences or related fields from an accredited college or university, and: (1) has at least 2,000~~
741.25 ~~hours of clinically supervised experience in the delivery of mental health services to clients~~
741.26 ~~with mental illness; (2) is fluent in the language, other than English, of the cultural group~~
741.27 ~~that makes up at least 50 percent of the practitioner's clients, completes 40 hours of training~~
741.28 ~~on the delivery of services to clients with mental illness, and receives clinical supervision~~
741.29 ~~from a mental health professional at least once per week until meeting the required 2,000~~
741.30 ~~hours of supervised experience; or (3) receives 40 hours of training on the delivery of~~
741.31 ~~services to clients with mental illness within six months of employment, and clinical~~
741.32 ~~supervision from a mental health professional at least once per week until meeting the~~
741.33 ~~required 2,000 hours of supervised experience~~ means a staff person who is qualified according
741.34 to section 245I.04, subdivision 4.

742.1 (o) "Mental health professional" means ~~an individual as defined in Minnesota Rules,~~
742.2 ~~part 9505.0370, subpart 18~~ a staff person who is qualified according to section 245I.04,
742.3 subdivision 2.

742.4 (p) "Mental health service plan development" includes:

742.5 (1) the development, review, and revision of a child's individual treatment plan, as
742.6 ~~provided in Minnesota Rules, part 9505.0371, subpart 7,~~ including involvement of the client
742.7 or client's parents, primary caregiver, or other person authorized to consent to mental health
742.8 services for the client, and including arrangement of treatment and support activities specified
742.9 in the individual treatment plan; and

742.10 (2) administering and reporting the standardized outcome measurement instruments,
742.11 ~~determined and updated by the commissioner~~ measurements in section 245I.10, subdivision
742.12 6, paragraph (d), clauses (3) and (4), and other standardized outcome measurements approved
742.13 by the commissioner, as periodically needed to evaluate the effectiveness of treatment for
742.14 ~~children receiving clinical services and reporting outcome measures, as required by the~~
742.15 ~~commissioner.~~

742.16 (q) "Mental illness," for persons at least age 18 but under age 21, has the meaning given
742.17 in section 245.462, subdivision 20, paragraph (a).

742.18 (r) "Psychotherapy" means the treatment of ~~mental or emotional disorders or~~
742.19 ~~maladjustment by psychological means. Psychotherapy may be provided in many modalities~~
742.20 ~~in accordance with Minnesota Rules, part 9505.0372, subpart 6, including patient and/or~~
742.21 ~~family psychotherapy; family psychotherapy; psychotherapy for crisis; group psychotherapy;~~
742.22 ~~or multiple-family psychotherapy. Beginning with the American Medical Association's~~
742.23 ~~Current Procedural Terminology, standard edition, 2014, the procedure "individual~~
742.24 ~~psychotherapy" is replaced with "patient and/or family psychotherapy," a substantive change~~
742.25 ~~that permits the therapist to work with the client's family without the client present to obtain~~
742.26 ~~information about the client or to explain the client's treatment plan to the family.~~
742.27 ~~Psychotherapy is appropriate for crisis response when a child has become dysregulated or~~
742.28 ~~experienced new trauma since the diagnostic assessment was completed and needs~~
742.29 ~~psychotherapy to address issues not currently included in the child's individual treatment~~
742.30 ~~plan~~ described in section 256B.0671, subdivision 11.

742.31 (s) "Rehabilitative services" or "psychiatric rehabilitation services" means ~~a series or~~
742.32 ~~multidisciplinary combination of psychiatric and psychosocial interventions to:~~ (1) restore
742.33 a child or adolescent to an age-appropriate developmental trajectory that had been disrupted
742.34 by a psychiatric illness; or (2) enable the child to self-monitor, compensate for, cope with,

743.1 counteract, or replace psychosocial skills deficits or maladaptive skills acquired over the
 743.2 course of a psychiatric illness. Psychiatric rehabilitation services for children combine
 743.3 coordinated psychotherapy to address internal psychological, emotional, and intellectual
 743.4 processing deficits, and skills training to restore personal and social functioning. Psychiatric
 743.5 rehabilitation services establish a progressive series of goals with each achievement building
 743.6 upon a prior achievement. ~~Continuing progress toward goals is expected, and rehabilitative~~
 743.7 ~~potential ceases when successive improvement is not observable over a period of time.~~

743.8 (t) "Skills training" means individual, family, or group training, delivered by or under
 743.9 the supervision of a mental health professional, designed to facilitate the acquisition of
 743.10 psychosocial skills that are medically necessary to rehabilitate the child to an age-appropriate
 743.11 developmental trajectory heretofore disrupted by a psychiatric illness or to enable the child
 743.12 to self-monitor, compensate for, cope with, counteract, or replace skills deficits or
 743.13 maladaptive skills acquired over the course of a psychiatric illness. Skills training is subject
 743.14 to the service delivery requirements under subdivision 9, paragraph (b), clause (2).

743.15 (u) "Treatment supervision" means the supervision described in section 245I.06.

743.16 Sec. 84. Minnesota Statutes 2020, section 256B.0943, subdivision 2, is amended to read:

743.17 Subd. 2. **Covered service components of children's therapeutic services and**
 743.18 **supports.** (a) Subject to federal approval, medical assistance covers medically necessary
 743.19 children's therapeutic services and supports ~~as defined in this section that~~ when the services
 743.20 are provided by an eligible provider entity certified under subdivision 4 provides to a client
 743.21 eligible under subdivision 3 and meeting the standards in this section. The provider entity
 743.22 must make reasonable and good faith efforts to report individual client outcomes to the
 743.23 commissioner, using instruments and protocols approved by the commissioner.

743.24 (b) The service components of children's therapeutic services and supports are:

743.25 (1) patient and/or family psychotherapy, family psychotherapy, psychotherapy for crisis,
 743.26 and group psychotherapy;

743.27 (2) individual, family, or group skills training provided by a mental health professional,
 743.28 clinical trainee, or mental health practitioner;

743.29 (3) crisis ~~assistance~~ planning;

743.30 (4) mental health behavioral aide services;

743.31 (5) direction of a mental health behavioral aide;

743.32 (6) mental health service plan development; and

744.1 (7) children's day treatment.

744.2 Sec. 85. Minnesota Statutes 2020, section 256B.0943, subdivision 3, is amended to read:

744.3 Subd. 3. **Determination of client eligibility.** (a) A client's eligibility to receive children's
 744.4 therapeutic services and supports under this section shall be determined based on a standard
 744.5 diagnostic assessment by a mental health professional or a ~~mental health practitioner who~~
 744.6 ~~meets the requirements of a clinical trainee as defined in Minnesota Rules, part 9505.0371,~~
 744.7 ~~subpart 5, item C,~~ clinical trainee that is performed within one year before the initial start
 744.8 of service. The standard diagnostic assessment must ~~meet the requirements for a standard~~
 744.9 ~~or extended diagnostic assessment as defined in Minnesota Rules, part 9505.0372, subpart~~
 744.10 ~~1, items B and C,~~ and:

744.11 ~~(1) include current diagnoses, including any differential diagnosis, in accordance with~~
 744.12 ~~all criteria for a complete diagnosis and diagnostic profile as specified in the current edition~~
 744.13 ~~of the Diagnostic and Statistical Manual of the American Psychiatric Association, or, for~~
 744.14 ~~children under age five, as specified in the current edition of the Diagnostic Classification~~
 744.15 ~~of Mental Health Disorders of Infancy and Early Childhood;~~

744.16 ~~(2)~~ (1) determine whether a child under age 18 has a diagnosis of emotional disturbance
 744.17 or, if the person is between the ages of 18 and 21, whether the person has a mental illness;

744.18 ~~(3)~~ (2) document children's therapeutic services and supports as medically necessary to
 744.19 address an identified disability, functional impairment, and the individual client's needs and
 744.20 goals; and

744.21 ~~(4)~~ (3) be used in the development of the ~~individualized~~ individual treatment plan; and

744.22 ~~(5) be completed annually until age 18. For individuals between age 18 and 21, unless~~
 744.23 ~~a client's mental health condition has changed markedly since the client's most recent~~
 744.24 ~~diagnostic assessment, annual updating is necessary. For the purpose of this section,~~
 744.25 ~~"updating" means an adult diagnostic update as defined in Minnesota Rules, part 9505.0371,~~
 744.26 ~~subpart 2, item E.~~

744.27 (b) Notwithstanding paragraph (a), a client may be determined to be eligible for up to
 744.28 five days of day treatment under this section based on a hospital's medical history and
 744.29 presentation examination of the client.

744.30 Sec. 86. Minnesota Statutes 2020, section 256B.0943, subdivision 4, is amended to read:

744.31 Subd. 4. **Provider entity certification.** (a) The commissioner shall establish an initial
 744.32 provider entity application and certification process and recertification process to determine

745.1 whether a provider entity has an administrative and clinical infrastructure that meets the
 745.2 requirements in subdivisions 5 and 6. A provider entity must be certified for the three core
 745.3 rehabilitation services of psychotherapy, skills training, and crisis ~~assistance~~ planning. The
 745.4 commissioner shall recertify a provider entity at least every three years. The commissioner
 745.5 shall establish a process for decertification of a provider entity and shall require corrective
 745.6 action, medical assistance repayment, or decertification of a provider entity that no longer
 745.7 meets the requirements in this section or that fails to meet the clinical quality standards or
 745.8 administrative standards provided by the commissioner in the application and certification
 745.9 process.

745.10 (b) For purposes of this section, a provider entity must meet the standards in this section
 745.11 and chapter 245I, as required in section 245I.011, subdivision 5, and be:

745.12 (1) an Indian health services facility or a facility owned and operated by a tribe or tribal
 745.13 organization operating as a 638 facility under Public Law 93-638 certified by the state;

745.14 (2) a county-operated entity certified by the state; or

745.15 (3) a noncounty entity certified by the state.

745.16 Sec. 87. Minnesota Statutes 2020, section 256B.0943, subdivision 5, is amended to read:

745.17 Subd. 5. **Provider entity administrative infrastructure requirements.** ~~(a) To be an~~
 745.18 ~~eligible provider entity under this section, a provider entity must have an administrative~~
 745.19 ~~infrastructure that establishes authority and accountability for decision making and oversight~~
 745.20 ~~of functions, including finance, personnel, system management, clinical practice, and~~
 745.21 ~~individual treatment outcomes measurement.~~ An eligible provider entity shall demonstrate
 745.22 the availability, by means of employment or contract, of at least one backup mental health
 745.23 professional in the event of the primary mental health professional's absence. ~~The provider~~
 745.24 ~~must have written policies and procedures that it reviews and updates every three years and~~
 745.25 ~~distributes to staff initially and upon each subsequent update.~~

745.26 (b) ~~The administrative infrastructure written~~ In addition to the policies and procedures
 745.27 required by section 245I.03, the policies and procedures must include:

745.28 ~~(1) personnel procedures, including a process for: (i) recruiting, hiring, training, and~~
 745.29 ~~retention of culturally and linguistically competent providers; (ii) conducting a criminal~~
 745.30 ~~background check on all direct service providers and volunteers; (iii) investigating, reporting,~~
 745.31 ~~and acting on violations of ethical conduct standards; (iv) investigating, reporting, and acting~~
 745.32 ~~on violations of data privacy policies that are compliant with federal and state laws; (v)~~
 745.33 ~~utilizing volunteers, including screening applicants, training and supervising volunteers,~~

746.1 ~~and providing liability coverage for volunteers; and (vi) documenting that each mental~~
746.2 ~~health professional, mental health practitioner, or mental health behavioral aide meets the~~
746.3 ~~applicable provider qualification criteria, training criteria under subdivision 8, and clinical~~
746.4 ~~supervision or direction of a mental health behavioral aide requirements under subdivision~~
746.5 ~~6;~~

746.6 ~~(2) (1) fiscal procedures, including internal fiscal control practices and a process for~~
746.7 ~~collecting revenue that is compliant with federal and state laws; and~~

746.8 ~~(3) (2) a client-specific treatment outcomes measurement system, including baseline~~
746.9 ~~measures, to measure a client's progress toward achieving mental health rehabilitation goals.~~
746.10 ~~Effective July 1, 2017, to be eligible for medical assistance payment, a provider entity must~~
746.11 ~~report individual client outcomes to the commissioner, using instruments and protocols~~
746.12 ~~approved by the commissioner; and~~

746.13 ~~(4) a process to establish and maintain individual client records. The client's records~~
746.14 ~~must include:~~

746.15 ~~(i) the client's personal information;~~

746.16 ~~(ii) forms applicable to data privacy;~~

746.17 ~~(iii) the client's diagnostic assessment, updates, results of tests, individual treatment~~
746.18 ~~plan, and individual behavior plan, if necessary;~~

746.19 ~~(iv) documentation of service delivery as specified under subdivision 6;~~

746.20 ~~(v) telephone contacts;~~

746.21 ~~(vi) discharge plan; and~~

746.22 ~~(vii) if applicable, insurance information.~~

746.23 (c) A provider entity that uses a restrictive procedure with a client must meet the
746.24 requirements of section 245.8261.

746.25 Sec. 88. Minnesota Statutes 2020, section 256B.0943, subdivision 5a, is amended to read:

746.26 Subd. 5a. **Background studies.** The requirements for background studies under ~~this~~
746.27 ~~section 245I.011, subdivision 4, paragraph (d),~~ may be met by a children's therapeutic
746.28 services and supports services agency through the commissioner's NETStudy system as
746.29 provided under sections 245C.03, subdivision 7, and 245C.10, subdivision 8.

747.1 Sec. 89. Minnesota Statutes 2020, section 256B.0943, subdivision 6, is amended to read:

747.2 Subd. 6. **Provider entity clinical infrastructure requirements.** (a) To be an eligible
 747.3 provider entity under this section, a provider entity must have a clinical infrastructure that
 747.4 utilizes diagnostic assessment, ~~individualized~~ individual treatment plans, service delivery,
 747.5 and individual treatment plan review that are culturally competent, child-centered, and
 747.6 family-driven to achieve maximum benefit for the client. The provider entity must review,
 747.7 and update as necessary, the clinical policies and procedures every three years, must distribute
 747.8 the policies and procedures to staff initially and upon each subsequent update, and must
 747.9 train staff accordingly.

747.10 (b) The clinical infrastructure written policies and procedures must include policies and
 747.11 procedures for meeting the requirements in this subdivision:

747.12 (1) providing or obtaining a client's standard diagnostic assessment, including a standard
 747.13 diagnostic assessment ~~performed by an outside or independent clinician, that identifies acute~~
 747.14 ~~and chronic clinical disorders, co-occurring medical conditions, and sources of psychological~~
 747.15 ~~and environmental problems, including baselines, and a functional assessment. The functional~~
 747.16 ~~assessment component must clearly summarize the client's individual strengths and needs.~~
 747.17 When required components of the standard diagnostic assessment, ~~such as baseline measures,~~
 747.18 are not provided in an outside or independent assessment or ~~when baseline measures cannot~~
 747.19 ~~be attained in a one-session standard diagnostic assessment~~ immediately, the provider entity
 747.20 must determine the missing information within 30 days and amend the child's standard
 747.21 diagnostic assessment or incorporate the ~~baselines~~ information into the child's individual
 747.22 treatment plan;

747.23 (2) developing an individual treatment plan ~~that~~;

747.24 ~~(i) is based on the information in the client's diagnostic assessment and baselines;~~

747.25 ~~(ii) identified goals and objectives of treatment, treatment strategy, schedule for~~
 747.26 ~~accomplishing treatment goals and objectives, and the individuals responsible for providing~~
 747.27 ~~treatment services and supports;~~

747.28 ~~(iii) is developed after completion of the client's diagnostic assessment by a mental health~~
 747.29 ~~professional or clinical trainee and before the provision of children's therapeutic services~~
 747.30 ~~and supports;~~

747.31 ~~(iv) is developed through a child-centered, family-driven, culturally appropriate planning~~
 747.32 ~~process, including allowing parents and guardians to observe or participate in individual~~
 747.33 ~~and family treatment services, assessment, and treatment planning;~~

748.1 ~~(v) is reviewed at least once every 90 days and revised to document treatment progress~~
 748.2 ~~on each treatment objective and next goals or, if progress is not documented, to document~~
 748.3 ~~changes in treatment; and~~

748.4 ~~(vi) is signed by the clinical supervisor and by the client or by the client's parent or other~~
 748.5 ~~person authorized by statute to consent to mental health services for the client. A client's~~
 748.6 ~~parent may approve the client's individual treatment plan by secure electronic signature or~~
 748.7 ~~by documented oral approval that is later verified by written signature;~~

748.8 (3) developing an individual behavior plan that documents treatment strategies and
 748.9 describes interventions to be provided by the mental health behavioral aide. The individual
 748.10 behavior plan must include:

748.11 (i) detailed instructions on the ~~treatment strategies to be provided~~ psychosocial skills to
 748.12 be practiced;

748.13 (ii) time allocated to each ~~treatment strategy~~ intervention;

748.14 (iii) methods of documenting the child's behavior;

748.15 (iv) methods of monitoring the child's progress in reaching objectives; and

748.16 (v) goals to increase or decrease targeted behavior as identified in the individual treatment
 748.17 plan;

748.18 (4) providing clinical treatment supervision plans for ~~mental health practitioners and~~
 748.19 ~~mental health behavioral aides. A mental health professional must document the clinical~~
 748.20 ~~supervision the professional provides by cosigning individual treatment plans and making~~
 748.21 ~~entries in the client's record on supervisory activities. The clinical supervisor also shall~~
 748.22 ~~document supervisee-specific supervision in the supervisee's personnel file. Clinical staff~~
 748.23 according to section 245I.06. Treatment supervision does not include the authority to make
 748.24 or terminate court-ordered placements of the child. A clinical treatment supervisor must be
 748.25 available for urgent consultation as required by the individual client's needs or the situation.
 748.26 ~~Clinical supervision may occur individually or in a small group to discuss treatment and~~
 748.27 ~~review progress toward goals. The focus of clinical supervision must be the client's treatment~~
 748.28 ~~needs and progress and the mental health practitioner's or behavioral aide's ability to provide~~
 748.29 ~~services;~~

748.30 (4a) meeting day treatment program conditions in items (i) ~~to (iii)~~ and (ii):

748.31 (i) the clinical treatment supervisor must be present and available on the premises more
 748.32 than 50 percent of the time in a provider's standard working week during which the supervisee
 748.33 is providing a mental health service; and

749.1 ~~(ii) the diagnosis and the client's individual treatment plan or a change in the diagnosis~~
 749.2 ~~or individual treatment plan must be made by or reviewed, approved, and signed by the~~
 749.3 ~~clinical supervisor; and~~

749.4 ~~(iii)~~ (ii) every 30 days, the ~~clinical~~ treatment supervisor must review and sign the record
 749.5 indicating the supervisor has reviewed the client's care for all activities in the preceding
 749.6 30-day period;

749.7 (4b) meeting the ~~clinical~~ treatment supervision standards in items (i) ~~to (iv)~~ and (ii) for
 749.8 all other services provided under CTSS:

749.9 ~~(i) medical assistance shall reimburse for services provided by a mental health practitioner~~
 749.10 ~~who is delivering services that fall within the scope of the practitioner's practice and who~~
 749.11 ~~is supervised by a mental health professional who accepts full professional responsibility;~~

749.12 ~~(ii) medical assistance shall reimburse for services provided by a mental health behavioral~~
 749.13 ~~aide who is delivering services that fall within the scope of the aide's practice and who is~~
 749.14 ~~supervised by a mental health professional who accepts full professional responsibility and~~
 749.15 ~~has an approved plan for clinical supervision of the behavioral aide. Plans must be developed~~
 749.16 ~~in accordance with supervision standards defined in Minnesota Rules, part 9505.0371,~~
 749.17 ~~subpart 4, items A to D;~~

749.18 ~~(iii)~~ (i) the mental health professional is required to be present at the site of service
 749.19 delivery for observation as clinically appropriate when the clinical trainee, mental health
 749.20 practitioner, or mental health behavioral aide is providing CTSS services; and

749.21 ~~(iv)~~ (ii) when conducted, the on-site presence of the mental health professional must be
 749.22 documented in the child's record and signed by the mental health professional who accepts
 749.23 full professional responsibility;

749.24 (5) providing direction to a mental health behavioral aide. For entities that employ mental
 749.25 health behavioral aides, the ~~clinical~~ treatment supervisor must be employed by the provider
 749.26 entity or other provider certified to provide mental health behavioral aide services to ensure
 749.27 necessary and appropriate oversight for the client's treatment and continuity of care. The
 749.28 ~~mental health professional or mental health practitioner~~ staff giving direction must begin
 749.29 with the goals on the ~~individualized~~ individual treatment plan, and instruct the mental health
 749.30 behavioral aide on how to implement therapeutic activities and interventions that will lead
 749.31 to goal attainment. The ~~professional or practitioner~~ staff giving direction must also instruct
 749.32 the mental health behavioral aide about the client's diagnosis, functional status, and other
 749.33 characteristics that are likely to affect service delivery. Direction must also include
 749.34 determining that the mental health behavioral aide has the skills to interact with the client

750.1 and the client's family in ways that convey personal and cultural respect and that the aide
750.2 actively solicits information relevant to treatment from the family. The aide must be able
750.3 to clearly explain or demonstrate the activities the aide is doing with the client and the
750.4 activities' relationship to treatment goals. Direction is more didactic than is supervision and
750.5 requires the ~~professional or practitioner~~ staff providing it to continuously evaluate the mental
750.6 health behavioral aide's ability to carry out the activities of the ~~individualized~~ individual
750.7 treatment plan and the ~~individualized~~ individual behavior plan. When providing direction,
750.8 the ~~professional or practitioner~~ staff must:

750.9 (i) review progress notes prepared by the mental health behavioral aide for accuracy and
750.10 consistency with diagnostic assessment, treatment plan, and behavior goals and the
750.11 ~~professional or practitioner~~ staff must approve and sign the progress notes;

750.12 (ii) identify changes in treatment strategies, revise the individual behavior plan, and
750.13 communicate treatment instructions and methodologies as appropriate to ensure that treatment
750.14 is implemented correctly;

750.15 (iii) demonstrate family-friendly behaviors that support healthy collaboration among
750.16 the child, the child's family, and providers as treatment is planned and implemented;

750.17 (iv) ensure that the mental health behavioral aide is able to effectively communicate
750.18 with the child, the child's family, and the provider; ~~and~~

750.19 (v) record the results of any evaluation and corrective actions taken to modify the work
750.20 of the mental health behavioral aide; and

750.21 (vi) ensure the immediate accessibility of a mental health professional, clinical trainee,
750.22 or mental health practitioner to the behavioral aide during service delivery;

750.23 (6) providing service delivery that implements the individual treatment plan and meets
750.24 the requirements under subdivision 9; and

750.25 (7) individual treatment plan review. The review must determine the extent to which
750.26 the services have met each of the goals and objectives in the treatment plan. The review
750.27 must assess the client's progress and ensure that services and treatment goals continue to
750.28 be necessary and appropriate to the client and the client's family or foster family. ~~Revision~~
750.29 ~~of the individual treatment plan does not require a new diagnostic assessment unless the~~
750.30 ~~client's mental health status has changed markedly. The updated treatment plan must be~~
750.31 ~~signed by the clinical supervisor and by the client, if appropriate, and by the client's parent~~
750.32 ~~or other person authorized by statute to give consent to the mental health services for the~~
750.33 ~~child.~~

- 751.1 Sec. 90. Minnesota Statutes 2020, section 256B.0943, subdivision 7, is amended to read:
- 751.2 Subd. 7. **Qualifications of individual and team providers.** (a) An individual or team
- 751.3 provider working within the scope of the provider's practice or qualifications may provide
- 751.4 service components of children's therapeutic services and supports that are identified as
- 751.5 medically necessary in a client's individual treatment plan.
- 751.6 (b) An individual provider must be qualified as a:
- 751.7 (1) ~~a mental health professional as defined in subdivision 1, paragraph (o); or~~
- 751.8 (2) a clinical trainee;
- 751.9 (3) mental health practitioner or clinical trainee. ~~The mental health practitioner or clinical~~
- 751.10 ~~trainee must work under the clinical supervision of a mental health professional; or~~
- 751.11 (4) mental health certified family peer specialist; or
- 751.12 ~~(3) a~~ (5) mental health behavioral aide working under the clinical supervision of a mental
- 751.13 ~~health professional to implement the rehabilitative mental health services previously~~
- 751.14 ~~introduced by a mental health professional or practitioner and identified in the client's~~
- 751.15 ~~individual treatment plan and individual behavior plan.~~
- 751.16 ~~(A) A level I mental health behavioral aide must:~~
- 751.17 ~~(i) be at least 18 years old;~~
- 751.18 ~~(ii) have a high school diploma or commissioner of education-selected high school~~
- 751.19 ~~equivalency certification or two years of experience as a primary caregiver to a child with~~
- 751.20 ~~severe emotional disturbance within the previous ten years; and~~
- 751.21 ~~(iii) meet preservice and continuing education requirements under subdivision 8.~~
- 751.22 ~~(B) A level II mental health behavioral aide must:~~
- 751.23 ~~(i) be at least 18 years old;~~
- 751.24 ~~(ii) have an associate or bachelor's degree or 4,000 hours of experience in delivering~~
- 751.25 ~~clinical services in the treatment of mental illness concerning children or adolescents or~~
- 751.26 ~~complete a certificate program established under subdivision 8a; and~~
- 751.27 ~~(iii) meet preservice and continuing education requirements in subdivision 8.~~
- 751.28 (c) A day treatment multidisciplinary team must include at least one mental health
- 751.29 professional or clinical trainee and one mental health practitioner.

752.1 Sec. 91. Minnesota Statutes 2020, section 256B.0943, subdivision 9, is amended to read:

752.2 Subd. 9. **Service delivery criteria.** (a) In delivering services under this section, a certified
752.3 provider entity must ensure that:

752.4 (1) ~~each individual provider's caseload size permits the provider to deliver services to~~
752.5 ~~both clients with severe, complex needs and clients with less intensive needs.~~ the provider's
752.6 caseload size should reasonably enable the provider to play an active role in service planning,
752.7 monitoring, and delivering services to meet the client's and client's family's needs, as specified
752.8 in each client's individual treatment plan;

752.9 (2) site-based programs, including day treatment programs, provide staffing and facilities
752.10 to ensure the client's health, safety, and protection of rights, and that the programs are able
752.11 to implement each client's individual treatment plan; and

752.12 (3) a day treatment program is provided to a group of clients by a ~~multidisciplinary~~ team
752.13 under the ~~clinical~~ clinical treatment supervision of a mental health professional. The day treatment
752.14 program must be provided in and by: (i) an outpatient hospital accredited by the Joint
752.15 Commission on Accreditation of Health Organizations and licensed under sections 144.50
752.16 to 144.55; (ii) a community mental health center under section 245.62; or (iii) an entity that
752.17 is certified under subdivision 4 to operate a program that meets the requirements of section
752.18 245.4884, subdivision 2, and Minnesota Rules, parts 9505.0170 to 9505.0475. The day
752.19 treatment program must stabilize the client's mental health status while developing and
752.20 improving the client's independent living and socialization skills. The goal of the day
752.21 treatment program must be to reduce or relieve the effects of mental illness and provide
752.22 training to enable the client to live in the community. The program must be available
752.23 year-round at least three to five days per week, two or three hours per day, unless the normal
752.24 five-day school week is shortened by a holiday, weather-related cancellation, or other
752.25 districtwide reduction in a school week. A child transitioning into or out of day treatment
752.26 must receive a minimum treatment of one day a week for a two-hour time block. The
752.27 two-hour time block must include at least one hour of patient and/or family or group
752.28 psychotherapy. The remainder of the structured treatment program may include patient
752.29 and/or family or group psychotherapy, and individual or group skills training, if included
752.30 in the client's individual treatment plan. Day treatment programs are not part of inpatient
752.31 or residential treatment services. When a day treatment group that meets the minimum group
752.32 size requirement temporarily falls below the minimum group size because of a member's
752.33 temporary absence, medical assistance covers a group session conducted for the group
752.34 members in attendance. A day treatment program may provide fewer than the minimally

753.1 required hours for a particular child during a billing period in which the child is transitioning
753.2 into, or out of, the program.

753.3 (b) To be eligible for medical assistance payment, a provider entity must deliver the
753.4 service components of children's therapeutic services and supports in compliance with the
753.5 following requirements:

753.6 (1) ~~patient and/or family, family, and group psychotherapy must be delivered as specified~~
753.7 ~~in Minnesota Rules, part 9505.0372, subpart 6.~~ psychotherapy to address the child's
753.8 underlying mental health disorder must be documented as part of the child's ongoing
753.9 treatment. A provider must deliver, or arrange for, medically necessary psychotherapy,
753.10 unless the child's parent or caregiver chooses not to receive it. When a provider delivering
753.11 other services to a child under this section deems it not medically necessary to provide
753.12 psychotherapy to the child for a period of 90 days or longer, the provider entity must
753.13 document the medical reasons why psychotherapy is not necessary. When a provider
753.14 determines that a child needs psychotherapy but psychotherapy cannot be delivered due to
753.15 a shortage of licensed mental health professionals in the child's community, the provider
753.16 must document the lack of access in the child's medical record;

753.17 (2) individual, family, or group skills training ~~must be provided by a mental health~~
753.18 ~~professional or a mental health practitioner who is delivering services that fall within the~~
753.19 ~~scope of the provider's practice and is supervised by a mental health professional who~~
753.20 ~~accepts full professional responsibility for the training.~~ Skills training is subject to the
753.21 following requirements:

753.22 (i) a mental health professional, clinical trainee, or mental health practitioner shall provide
753.23 skills training;

753.24 (ii) skills training delivered to a child or the child's family must be targeted to the specific
753.25 deficits or maladaptations of the child's mental health disorder and must be prescribed in
753.26 the child's individual treatment plan;

753.27 (iii) the mental health professional delivering or supervising the delivery of skills training
753.28 must document any underlying psychiatric condition and must document how skills training
753.29 is being used in conjunction with psychotherapy to address the underlying condition;

753.30 (iv) skills training delivered to the child's family must teach skills needed by parents to
753.31 enhance the child's skill development, to help the child utilize daily life skills taught by a
753.32 mental health professional, clinical trainee, or mental health practitioner, and to develop or
753.33 maintain a home environment that supports the child's progressive use of skills;

754.1 (v) group skills training may be provided to multiple recipients who, because of the
754.2 nature of their emotional, behavioral, or social dysfunction, can derive mutual benefit from
754.3 interaction in a group setting, which must be staffed as follows:

754.4 (A) one mental health professional ~~or one~~₂ clinical trainee₂ or mental health practitioner
754.5 ~~under supervision of a licensed mental health professional~~ must work with a group of three
754.6 to eight clients; or

754.7 (B) any combination of two mental health professionals, ~~two~~ clinical trainees₂ or mental
754.8 health practitioners ~~under supervision of a licensed mental health professional, or one mental~~
754.9 ~~health professional or clinical trainee and one mental health practitioner~~ must work with a
754.10 group of nine to 12 clients;

754.11 (vi) a mental health professional, clinical trainee, or mental health practitioner must have
754.12 taught the psychosocial skill before a mental health behavioral aide may practice that skill
754.13 with the client; and

754.14 (vii) for group skills training, when a skills group that meets the minimum group size
754.15 requirement temporarily falls below the minimum group size because of a group member's
754.16 temporary absence, the provider may conduct the session for the group members in
754.17 attendance;

754.18 (3) ~~crisis assistance~~ crisis planning to a child and family must include development of a written
754.19 plan that anticipates the particular factors specific to the child that may precipitate a
754.20 psychiatric crisis for the child in the near future. The written plan must document actions
754.21 that the family should be prepared to take to resolve or stabilize a crisis, such as advance
754.22 arrangements for direct intervention and support services to the child and the child's family.
754.23 ~~Crisis assistance~~ crisis planning must include preparing resources designed to address abrupt or
754.24 substantial changes in the functioning of the child or the child's family when sudden change
754.25 in behavior or a loss of usual coping mechanisms is observed, or the child begins to present
754.26 a danger to self or others;

754.27 (4) mental health behavioral aide services must be medically necessary treatment services,
754.28 identified in the child's individual treatment plan and individual behavior plan, ~~which are~~
754.29 ~~performed minimally by a paraprofessional qualified according to subdivision 7, paragraph~~
754.30 ~~(b), clause (3)~~, and which are designed to improve the functioning of the child in the
754.31 progressive use of developmentally appropriate psychosocial skills. Activities involve
754.32 working directly with the child, child-peer groupings, or child-family groupings to practice,
754.33 repeat, reintroduce, and master the skills defined in subdivision 1, paragraph (t), as previously
754.34 taught by a mental health professional, clinical trainee, or mental health practitioner including:

- 755.1 (i) providing cues or prompts in skill-building peer-to-peer or parent-child interactions
 755.2 so that the child progressively recognizes and responds to the cues independently;
- 755.3 (ii) performing as a practice partner or role-play partner;
- 755.4 (iii) reinforcing the child's accomplishments;
- 755.5 (iv) generalizing skill-building activities in the child's multiple natural settings;
- 755.6 (v) assigning further practice activities; and
- 755.7 (vi) intervening as necessary to redirect the child's target behavior and to de-escalate
 755.8 behavior that puts the child or other person at risk of injury.

755.9 To be eligible for medical assistance payment, mental health behavioral aide services must
 755.10 be delivered to a child who has been diagnosed with an emotional disturbance or a mental
 755.11 illness, as provided in subdivision 1, paragraph (a). The mental health behavioral aide must
 755.12 implement treatment strategies in the individual treatment plan and the individual behavior
 755.13 plan as developed by the mental health professional, clinical trainee, or mental health
 755.14 practitioner providing direction for the mental health behavioral aide. The mental health
 755.15 behavioral aide must document the delivery of services in written progress notes. Progress
 755.16 notes must reflect implementation of the treatment strategies, as performed by the mental
 755.17 health behavioral aide and the child's responses to the treatment strategies; and

755.18 ~~(5) direction of a mental health behavioral aide must include the following:~~

755.19 ~~(i) ongoing face-to-face observation of the mental health behavioral aide delivering~~
 755.20 ~~services to a child by a mental health professional or mental health practitioner for at least~~
 755.21 ~~a total of one hour during every 40 hours of service provided to a child; and~~

755.22 ~~(ii) immediate accessibility of the mental health professional, clinical trainee, or mental~~
 755.23 ~~health practitioner to the mental health behavioral aide during service provision;~~

755.24 ~~(6)~~ (5) mental health service plan development must be performed in consultation with
 755.25 the child's family and, when appropriate, with other key participants in the child's life by
 755.26 the child's treating mental health professional or clinical trainee or by a mental health
 755.27 practitioner and approved by the treating mental health professional. Treatment plan drafting
 755.28 consists of development, review, and revision by face-to-face or electronic communication.
 755.29 The provider must document events, including the time spent with the family and other key
 755.30 participants in the child's life to review, revise, and sign approve the individual treatment
 755.31 plan. ~~Notwithstanding Minnesota Rules, part 9505.0371, subpart 7, Medical assistance~~
 755.32 ~~covers service plan development before completion of the child's individual treatment plan.~~
 755.33 Service plan development is covered only if a treatment plan is completed for the child. If

756.1 upon review it is determined that a treatment plan was not completed for the child, the
 756.2 commissioner shall recover the payment for the service plan development; ~~and,~~

756.3 ~~(7) to be eligible for payment, a diagnostic assessment must be complete with regard to~~
 756.4 ~~all required components, including multiple assessment appointments required for an~~
 756.5 ~~extended diagnostic assessment and the written report. Dates of the multiple assessment~~
 756.6 ~~appointments must be noted in the client's clinical record.~~

756.7 Sec. 92. Minnesota Statutes 2020, section 256B.0943, subdivision 11, is amended to read:

756.8 Subd. 11. **Documentation and billing.** ~~(a)~~ A provider entity must document the services
 756.9 it provides under this section. The provider entity must ensure that documentation complies
 756.10 with Minnesota Rules, parts 9505.2175 and 9505.2197. Services billed under this section
 756.11 that are not documented according to this subdivision shall be subject to monetary recovery
 756.12 by the commissioner. Billing for covered service components under subdivision 2, paragraph
 756.13 (b), must not include anything other than direct service time.

756.14 ~~(b) An individual mental health provider must promptly document the following in a~~
 756.15 ~~client's record after providing services to the client:~~

756.16 ~~(1) each occurrence of the client's mental health service, including the date, type, start~~
 756.17 ~~and stop times, scope of the service as described in the child's individual treatment plan,~~
 756.18 ~~and outcome of the service compared to baselines and objectives;~~

756.19 ~~(2) the name, dated signature, and credentials of the person who delivered the service;~~

756.20 ~~(3) contact made with other persons interested in the client, including representatives~~
 756.21 ~~of the courts, corrections systems, or schools. The provider must document the name and~~
 756.22 ~~date of each contact;~~

756.23 ~~(4) any contact made with the client's other mental health providers, case manager,~~
 756.24 ~~family members, primary caregiver, legal representative, or the reason the provider did not~~
 756.25 ~~contact the client's family members, primary caregiver, or legal representative, if applicable;~~

756.26 ~~(5) required clinical supervision directly related to the identified client's services and~~
 756.27 ~~needs, as appropriate, with co-signatures of the supervisor and supervisee; and~~

756.28 ~~(6) the date when services are discontinued and reasons for discontinuation of services.~~

756.29 Sec. 93. Minnesota Statutes 2020, section 256B.0946, subdivision 1, is amended to read:

756.30 Subdivision 1. **Required covered service components.** ~~(a) Effective May 23, 2013,~~
 756.31 ~~and~~ Subject to federal approval, medical assistance covers medically necessary intensive

757.1 treatment services ~~described under paragraph (b) that~~ when the services are provided by a
 757.2 provider entity ~~eligible under subdivision 3 to a client eligible under subdivision 2 who is~~
 757.3 ~~placed in a foster home licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or~~
 757.4 ~~placed in a foster home licensed under the regulations established by a federally recognized~~
 757.5 ~~Minnesota tribe~~ certified under and meeting the standards in this section. The provider entity
 757.6 must make reasonable and good faith efforts to report individual client outcomes to the
 757.7 commissioner, using instruments and protocols approved by the commissioner.

757.8 (b) Intensive treatment services to children with mental illness residing in foster family
 757.9 settings that comprise specific required service components provided in clauses (1) to (5)
 757.10 are reimbursed by medical assistance when they meet the following standards:

757.11 (1) psychotherapy provided by a mental health professional ~~as defined in Minnesota~~
 757.12 ~~Rules, part 9505.0371, subpart 5, item A,~~ or a clinical trainee, ~~as defined in Minnesota~~
 757.13 ~~Rules, part 9505.0371, subpart 5, item C;~~

757.14 (2) crisis assistance ~~provided according to standards for children's therapeutic services~~
 757.15 ~~and supports in section 256B.0943~~ planning;

757.16 (3) individual, family, and group psychoeducation services, ~~defined in subdivision 1a,~~
 757.17 ~~paragraph (q),~~ provided by a mental health professional or a clinical trainee;

757.18 (4) clinical care consultation, ~~as defined in subdivision 1a,~~ and provided by a mental
 757.19 health professional or a clinical trainee; and

757.20 (5) service delivery payment requirements as provided under subdivision 4.

757.21 Sec. 94. Minnesota Statutes 2020, section 256B.0946, subdivision 1a, is amended to read:

757.22 Subd. 1a. **Definitions.** For the purposes of this section, the following terms have the
 757.23 meanings given them.

757.24 (a) "Clinical care consultation" means communication from a treating clinician to other
 757.25 providers working with the same client to inform, inquire, and instruct regarding the client's
 757.26 symptoms, strategies for effective engagement, care and intervention needs, and treatment
 757.27 expectations across service settings, including but not limited to the client's school, social
 757.28 services, day care, probation, home, primary care, medication prescribers, disabilities
 757.29 services, and other mental health providers and to direct and coordinate clinical service
 757.30 components provided to the client and family.

757.31 (b) ~~"Clinical supervision" means the documented time a clinical supervisor and supervisee~~
 757.32 ~~spend together to discuss the supervisee's work, to review individual client cases, and for~~

758.1 ~~the supervisee's professional development. It includes the documented oversight and~~
758.2 ~~supervision responsibility for planning, implementation, and evaluation of services for a~~
758.3 ~~client's mental health treatment.~~

758.4 ~~(e) "Clinical supervisor" means the mental health professional who is responsible for~~
758.5 ~~clinical supervision.~~

758.6 ~~(d) (b) "Clinical trainee" has the meaning given in Minnesota Rules, part 9505.0371,~~
758.7 ~~subpart 5, item C; means a staff person who is qualified according to section 245I.04,~~
758.8 ~~subdivision 6.~~

758.9 ~~(e) (c) "Crisis assistance planning" has the meaning given in section 245.4871, subdivision~~
758.10 ~~9a, including the development of a plan that addresses prevention and intervention strategies~~
758.11 ~~to be used in a potential crisis, but does not include actual crisis intervention.~~

758.12 ~~(f) (d) "Culturally appropriate" means providing mental health services in a manner that~~
758.13 ~~incorporates the child's cultural influences, as defined in Minnesota Rules, part 9505.0370,~~
758.14 ~~subpart 9, into interventions as a way to maximize resiliency factors and utilize cultural~~
758.15 ~~strengths and resources to promote overall wellness.~~

758.16 ~~(g) (e) "Culture" means the distinct ways of living and understanding the world that are~~
758.17 ~~used by a group of people and are transmitted from one generation to another or adopted~~
758.18 ~~by an individual.~~

758.19 ~~(h) (f) "Standard diagnostic assessment" has the meaning given in Minnesota Rules, part~~
758.20 ~~9505.0370, subpart 11 means the assessment described in section 245I.10, subdivision 6.~~

758.21 ~~(i) (g) "Family" means a person who is identified by the client or the client's parent or~~
758.22 ~~guardian as being important to the client's mental health treatment. Family may include,~~
758.23 ~~but is not limited to, parents, foster parents, children, spouse, committed partners, former~~
758.24 ~~spouses, persons related by blood or adoption, persons who are a part of the client's~~
758.25 ~~permanency plan, or persons who are presently residing together as a family unit.~~

758.26 ~~(j) (h) "Foster care" has the meaning given in section 260C.007, subdivision 18.~~

758.27 ~~(k) (i) "Foster family setting" means the foster home in which the license holder resides.~~

758.28 ~~(l) (j) "Individual treatment plan" has the meaning given in Minnesota Rules, part~~
758.29 ~~9505.0370, subpart 15 means the plan described in section 245I.10, subdivisions 7 and 8.~~

758.30 ~~(m) "Mental health practitioner" has the meaning given in section 245.462, subdivision~~
758.31 ~~17, and a mental health practitioner working as a clinical trainee according to Minnesota~~
758.32 ~~Rules, part 9505.0371, subpart 5, item C.~~

759.1 (k) "Mental health certified family peer specialist" means a staff person who is qualified
 759.2 according to section 245I.04, subdivision 12.

759.3 ~~(n) (l) "Mental health professional" has the meaning given in Minnesota Rules, part~~
 759.4 ~~9505.0370, subpart 18~~ means a staff person who is qualified according to section 245I.04,
 759.5 subdivision 2.

759.6 ~~(o) (m) "Mental illness" has the meaning given in Minnesota Rules, part 9505.0370,~~
 759.7 ~~subpart 20~~ section 245I.02, subdivision 29.

759.8 ~~(p) (n) "Parent" has the meaning given in section 260C.007, subdivision 25.~~

759.9 ~~(q) (o) "Psychoeducation services" means information or demonstration provided to an~~
 759.10 ~~individual, family, or group to explain, educate, and support the individual, family, or group~~
 759.11 ~~in understanding a child's symptoms of mental illness, the impact on the child's development,~~
 759.12 ~~and needed components of treatment and skill development so that the individual, family,~~
 759.13 ~~or group can help the child to prevent relapse, prevent the acquisition of comorbid disorders,~~
 759.14 ~~and achieve optimal mental health and long-term resilience.~~

759.15 ~~(r) (p) "Psychotherapy" has the meaning given in Minnesota Rules, part 9505.0370,~~
 759.16 ~~subpart 27~~ means the treatment described in section 256B.0671, subdivision 11.

759.17 ~~(s) (q) "Team consultation and treatment planning" means the coordination of treatment~~
 759.18 ~~plans and consultation among providers in a group concerning the treatment needs of the~~
 759.19 ~~child, including disseminating the child's treatment service schedule to all members of the~~
 759.20 ~~service team. Team members must include all mental health professionals working with the~~
 759.21 ~~child, a parent, the child unless the team lead or parent deem it clinically inappropriate, and~~
 759.22 ~~at least two of the following: an individualized education program case manager; probation~~
 759.23 ~~agent; children's mental health case manager; child welfare worker, including adoption or~~
 759.24 ~~guardianship worker; primary care provider; foster parent; and any other member of the~~
 759.25 ~~child's service team.~~

759.26 (r) "Trauma" has the meaning given in section 245I.02, subdivision 38.

759.27 (s) "Treatment supervision" means the supervision described under section 245I.06.

759.28 Sec. 95. Minnesota Statutes 2020, section 256B.0946, subdivision 2, is amended to read:

759.29 Subd. 2. **Determination of client eligibility.** An eligible recipient is an individual, from
 759.30 birth through age 20, who is currently placed in a foster home licensed under Minnesota
 759.31 Rules, parts 2960.3000 to 2960.3340, or placed in a foster home licensed under the
 759.32 regulations established by a federally recognized Minnesota tribe, and has received: (1) a

760.1 ~~standard diagnostic assessment and an evaluation of level of care needed, as defined in~~
 760.2 ~~paragraphs (a) and (b).~~ within 180 days before the start of service that documents that
 760.3 intensive treatment services are medically necessary within a foster family setting to
 760.4 ameliorate identified symptoms and functional impairments; and (2) a level of care
 760.5 assessment as defined in section 245I.02, subdivision 19, that demonstrates that the individual
 760.6 requires intensive intervention without 24-hour medical monitoring, and a functional
 760.7 assessment as defined in section 245I.02, subdivision 17. The level of care assessment and
 760.8 the functional assessment must include information gathered from the placing county, tribe,
 760.9 or case manager.

760.10 ~~(a) The diagnostic assessment must:~~

760.11 ~~(1) meet criteria described in Minnesota Rules, part 9505.0372, subpart 1, and be~~
 760.12 ~~conducted by a mental health professional or a clinical trainee;~~

760.13 ~~(2) determine whether or not a child meets the criteria for mental illness, as defined in~~
 760.14 ~~Minnesota Rules, part 9505.0370, subpart 20;~~

760.15 ~~(3) document that intensive treatment services are medically necessary within a foster~~
 760.16 ~~family setting to ameliorate identified symptoms and functional impairments;~~

760.17 ~~(4) be performed within 180 days before the start of service; and~~

760.18 ~~(5) be completed as either a standard or extended diagnostic assessment annually to~~
 760.19 ~~determine continued eligibility for the service.~~

760.20 ~~(b) The evaluation of level of care must be conducted by the placing county, tribe, or~~
 760.21 ~~case manager in conjunction with the diagnostic assessment as described by Minnesota~~
 760.22 ~~Rules, part 9505.0372, subpart 1, item B, using a validated tool approved by the~~
 760.23 ~~commissioner of human services and not subject to the rulemaking process, consistent with~~
 760.24 ~~section 245.4885, subdivision 1, paragraph (d), the result of which evaluation demonstrates~~
 760.25 ~~that the child requires intensive intervention without 24-hour medical monitoring. The~~
 760.26 ~~commissioner shall update the list of approved level of care tools annually and publish on~~
 760.27 ~~the department's website.~~

760.28 Sec. 96. Minnesota Statutes 2020, section 256B.0946, subdivision 3, is amended to read:

760.29 Subd. 3. **Eligible mental health services providers.** (a) Eligible providers for intensive
 760.30 children's mental health services in a foster family setting must be certified by the state and
 760.31 have a service provision contract with a county board or a reservation tribal council and
 760.32 must be able to demonstrate the ability to provide all of the services required in this section
 760.33 and meet the standards in chapter 245I, as required in section 245I.011, subdivision 5.

761.1 (b) For purposes of this section, a provider agency must be:

761.2 (1) a county-operated entity certified by the state;

761.3 (2) an Indian Health Services facility operated by a tribe or tribal organization under
761.4 funding authorized by United States Code, title 25, sections 450f to 450n, or title 3 of the
761.5 Indian Self-Determination Act, Public Law 93-638, section 638 (facilities or providers); or

761.6 (3) a noncounty entity.

761.7 (c) Certified providers that do not meet the service delivery standards required in this
761.8 section shall be subject to a decertification process.

761.9 (d) For the purposes of this section, all services delivered to a client must be provided
761.10 by a mental health professional or a clinical trainee.

761.11 Sec. 97. Minnesota Statutes 2020, section 256B.0946, subdivision 4, is amended to read:

761.12 Subd. 4. **Service delivery payment requirements.** (a) To be eligible for payment under
761.13 this section, a provider must develop and practice written policies and procedures for
761.14 intensive treatment in foster care, consistent with subdivision 1, paragraph (b), and comply
761.15 with the following requirements in paragraphs (b) to ~~(n)~~ (l).

761.16 ~~(b) A qualified clinical supervisor, as defined in and performing in compliance with~~
761.17 ~~Minnesota Rules, part 9505.0371, subpart 5, item D, must supervise the treatment and~~
761.18 ~~provision of services described in this section.~~

761.19 ~~(c) Each client receiving treatment services must receive an extended diagnostic~~
761.20 ~~assessment, as described in Minnesota Rules, part 9505.0372, subpart 1, item C, within 30~~
761.21 ~~days of enrollment in this service unless the client has a previous extended diagnostic~~
761.22 ~~assessment that the client, parent, and mental health professional agree still accurately~~
761.23 ~~describes the client's current mental health functioning.~~

761.24 ~~(d)~~ (b) Each previous and current mental health, school, and physical health treatment
761.25 provider must be contacted to request documentation of treatment and assessments that the
761.26 eligible client has received. This information must be reviewed and incorporated into the
761.27 standard diagnostic assessment and team consultation and treatment planning review process.

761.28 ~~(e)~~ (c) Each client receiving treatment must be assessed for a trauma history, and the
761.29 client's treatment plan must document how the results of the assessment will be incorporated
761.30 into treatment.

762.1 (d) The level of care assessment as defined in section 245I.02, subdivision 19, and
762.2 functional assessment as defined in section 245I.02, subdivision 17, must be updated at
762.3 least every 90 days or prior to discharge from the service, whichever comes first.

762.4 ~~(e)~~ (e) Each client receiving treatment services must have an individual treatment plan
762.5 that is reviewed, evaluated, and ~~signed~~ approved every 90 days using the team consultation
762.6 and treatment planning process, ~~as defined in subdivision 1a, paragraph (s).~~

762.7 ~~(g)~~ (f) Clinical care consultation, ~~as defined in subdivision 1a, paragraph (a),~~ must be
762.8 provided in accordance with the client's individual treatment plan.

762.9 ~~(h)~~ (g) Each client must have a crisis ~~assistance~~ plan within ten days of initiating services
762.10 and must have access to clinical phone support 24 hours per day, seven days per week,
762.11 during the course of treatment. The crisis plan must demonstrate coordination with the local
762.12 or regional mobile crisis intervention team.

762.13 ~~(i)~~ (h) Services must be delivered and documented at least three days per week, equaling
762.14 at least six hours of treatment per week, unless reduced units of service are specified on the
762.15 treatment plan as part of transition or on a discharge plan to another service or level of care.
762.16 ~~Documentation must comply with Minnesota Rules, parts 9505.2175 and 9505.2197.~~

762.17 ~~(j)~~ (i) Location of service delivery must be in the client's home, day care setting, school,
762.18 or other community-based setting that is specified on the client's individualized treatment
762.19 plan.

762.20 ~~(k)~~ (j) Treatment must be developmentally and culturally appropriate for the client.

762.21 ~~(l)~~ (k) Services must be delivered in continual collaboration and consultation with the
762.22 client's medical providers and, in particular, with prescribers of psychotropic medications,
762.23 including those prescribed on an off-label basis. Members of the service team must be aware
762.24 of the medication regimen and potential side effects.

762.25 ~~(m)~~ (l) Parents, siblings, foster parents, and members of the child's permanency plan
762.26 must be involved in treatment and service delivery unless otherwise noted in the treatment
762.27 plan.

762.28 ~~(n)~~ (m) Transition planning for the child must be conducted starting with the first
762.29 treatment plan and must be addressed throughout treatment to support the child's permanency
762.30 plan and postdischarge mental health service needs.

763.1 Sec. 98. Minnesota Statutes 2020, section 256B.0946, subdivision 6, is amended to read:

763.2 Subd. 6. **Excluded services.** (a) Services in clauses (1) to (7) are not covered under this
763.3 section and are not eligible for medical assistance payment as components of intensive
763.4 treatment in foster care services, but may be billed separately:

763.5 (1) inpatient psychiatric hospital treatment;

763.6 (2) mental health targeted case management;

763.7 (3) partial hospitalization;

763.8 (4) medication management;

763.9 (5) children's mental health day treatment services;

763.10 (6) crisis response services under section ~~256B.0944~~ 256B.0624; and

763.11 (7) ~~transportation;~~ and

763.12 (8) mental health certified family peer specialist services under section 256B.0616.

763.13 (b) Children receiving intensive treatment in foster care services are not eligible for
763.14 medical assistance reimbursement for the following services while receiving intensive
763.15 treatment in foster care:

763.16 (1) psychotherapy and skills training components of children's therapeutic services and
763.17 supports under section ~~256B.0625, subdivision 35b~~ 256B.0943;

763.18 (2) mental health behavioral aide services as defined in section 256B.0943, subdivision
763.19 1, paragraph ~~(m)~~ (l);

763.20 (3) home and community-based waiver services;

763.21 (4) mental health residential treatment; and

763.22 (5) room and board costs as defined in section 256I.03, subdivision 6.

763.23 Sec. 99. Minnesota Statutes 2020, section 256B.0947, subdivision 1, is amended to read:

763.24 Subdivision 1. **Scope.** ~~Effective November 1, 2011, and~~ Subject to federal approval,
763.25 medical assistance covers medically necessary, intensive nonresidential rehabilitative mental
763.26 health services ~~as defined in subdivision 2, for recipients as defined in subdivision 3,~~ when
763.27 the services are provided by an entity meeting the standards in this section. The provider
763.28 entity must make reasonable and good faith efforts to report individual client outcomes to
763.29 the commissioner, using instruments and protocols approved by the commissioner.

764.1 Sec. 100. Minnesota Statutes 2020, section 256B.0947, subdivision 2, is amended to read:

764.2 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings
764.3 given them.

764.4 (a) "Intensive nonresidential rehabilitative mental health services" means child
764.5 rehabilitative mental health services as defined in section 256B.0943, except that these
764.6 services are provided by a multidisciplinary staff using a total team approach consistent
764.7 with assertive community treatment, as adapted for youth, and are directed to recipients
764.8 ~~ages 16, 17, 18, 19, or 20 with a serious mental illness or co-occurring mental illness and~~
764.9 ~~substance abuse addiction~~ who require intensive services to prevent admission to an inpatient
764.10 psychiatric hospital or placement in a residential treatment facility or who require intensive
764.11 services to step down from inpatient or residential care to community-based care.

764.12 (b) "Co-occurring mental illness and substance ~~abuse addiction~~ use disorder" means a
764.13 dual diagnosis of at least one form of mental illness and at least one substance use disorder.
764.14 Substance use disorders include alcohol or drug abuse or dependence, excluding nicotine
764.15 use.

764.16 (c) "Standard diagnostic assessment" ~~has the meaning given to it in Minnesota Rules,~~
764.17 ~~part 9505.0370, subpart 11. A diagnostic assessment must be provided according to~~
764.18 ~~Minnesota Rules, part 9505.0372, subpart 1, and for this section must incorporate a~~
764.19 ~~determination of the youth's necessary level of care using a standardized functional~~
764.20 ~~assessment instrument approved and periodically updated by the commissioner~~ means the
764.21 assessment described in section 245I.10, subdivision 6.

764.22 (d) "~~Education specialist~~" ~~means an individual with knowledge and experience working~~
764.23 ~~with youth regarding special education requirements and goals, special education plans,~~
764.24 ~~and coordination of educational activities with health care activities.~~

764.25 (e) "~~Housing access support~~" ~~means an ancillary activity to help an individual find,~~
764.26 ~~obtain, retain, and move to safe and adequate housing. Housing access support does not~~
764.27 ~~provide monetary assistance for rent, damage deposits, or application fees.~~

764.28 (f) "~~Integrated dual disorders treatment~~" ~~means the integrated treatment of co-occurring~~
764.29 ~~mental illness and substance use disorders by a team of cross-trained clinicians within the~~
764.30 ~~same program, and is characterized by assertive outreach, stage-wise comprehensive~~
764.31 ~~treatment, treatment goal setting, and flexibility to work within each stage of treatment.~~

764.32 (g) (d) "Medication education services" means services provided individually or in
764.33 groups, which focus on:

765.1 (1) educating the client and client's family or significant nonfamilial supporters about
765.2 mental illness and symptoms;

765.3 (2) the role and effects of medications in treating symptoms of mental illness; and

765.4 (3) the side effects of medications.

765.5 Medication education is coordinated with medication management services and does not
765.6 duplicate it. Medication education services are provided by physicians, pharmacists, or
765.7 registered nurses with certification in psychiatric and mental health care.

765.8 ~~(h) "Peer specialist" means an employed team member who is a mental health certified~~
765.9 ~~peer specialist according to section 256B.0615 and also a former children's mental health~~
765.10 ~~consumer who:~~

765.11 ~~(1) provides direct services to clients including social, emotional, and instrumental~~
765.12 ~~support and outreach;~~

765.13 ~~(2) assists younger peers to identify and achieve specific life goals;~~

765.14 ~~(3) works directly with clients to promote the client's self-determination, personal~~
765.15 ~~responsibility, and empowerment;~~

765.16 ~~(4) assists youth with mental illness to regain control over their lives and their~~
765.17 ~~developmental process in order to move effectively into adulthood;~~

765.18 ~~(5) provides training and education to other team members, consumer advocacy~~
765.19 ~~organizations, and clients on resiliency and peer support; and~~

765.20 ~~(6) meets the following criteria:~~

765.21 ~~(i) is at least 22 years of age;~~

765.22 ~~(ii) has had a diagnosis of mental illness, as defined in Minnesota Rules, part 9505.0370,~~
765.23 ~~subpart 20, or co-occurring mental illness and substance abuse addiction;~~

765.24 ~~(iii) is a former consumer of child and adolescent mental health services, or a former or~~
765.25 ~~current consumer of adult mental health services for a period of at least two years;~~

765.26 ~~(iv) has at least a high school diploma or equivalent;~~

765.27 ~~(v) has successfully completed training requirements determined and periodically updated~~
765.28 ~~by the commissioner;~~

765.29 ~~(vi) is willing to disclose the individual's own mental health history to team members~~
765.30 ~~and clients; and~~

766.1 ~~(vii) must be free of substance use problems for at least one year.~~

766.2 (e) "Mental health professional" means a staff person who is qualified according to
 766.3 section 245I.04, subdivision 2.

766.4 ~~(f)~~ (f) "Provider agency" means a for-profit or nonprofit organization established to
 766.5 administer an assertive community treatment for youth team.

766.6 ~~(g)~~ (g) "Substance use disorders" means one or more of the disorders defined in the
 766.7 diagnostic and statistical manual of mental disorders, current edition.

766.8 ~~(h)~~ (h) "Transition services" means:

766.9 (1) activities, materials, consultation, and coordination that ensures continuity of the
 766.10 client's care in advance of and in preparation for the client's move from one stage of care
 766.11 or life to another by maintaining contact with the client and assisting the client to establish
 766.12 provider relationships;

766.13 (2) providing the client with knowledge and skills needed posttransition;

766.14 (3) establishing communication between sending and receiving entities;

766.15 (4) supporting a client's request for service authorization and enrollment; and

766.16 (5) establishing and enforcing procedures and schedules.

766.17 A youth's transition from the children's mental health system and services to the adult
 766.18 mental health system and services and return to the client's home and entry or re-entry into
 766.19 community-based mental health services following discharge from an out-of-home placement
 766.20 or inpatient hospital stay.

766.21 ~~(i)~~ (i) "Treatment team" means all staff who provide services to recipients under this
 766.22 section.

766.23 ~~(j)~~ (j) "Family peer specialist" means a staff person who is qualified under section
 766.24 256B.0616.

766.25 Sec. 101. Minnesota Statutes 2020, section 256B.0947, subdivision 3, is amended to read:

766.26 Subd. 3. **Client eligibility.** An eligible recipient is an individual who:

766.27 (1) is age 16, 17, 18, 19, or 20; and

766.28 (2) is diagnosed with a serious mental illness or co-occurring mental illness and substance
 766.29 ~~abuse addiction~~ use disorder, for which intensive nonresidential rehabilitative mental health
 766.30 services are needed;

767.1 (3) has received a ~~level of care determination, using an instrument approved by the~~
767.2 ~~commissioner~~ level of care assessment as defined in section 245I.02, subdivision 19, that
767.3 indicates a need for intensive integrated intervention without 24-hour medical monitoring
767.4 and a need for extensive collaboration among multiple providers;

767.5 (4) has received a functional assessment as defined in section 245I.02, subdivision 17,
767.6 that indicates functional impairment and a history of difficulty in functioning safely and
767.7 successfully in the community, school, home, or job; or who is likely to need services from
767.8 the adult mental health system within the next two years; and

767.9 (5) has had a recent standard diagnostic assessment, ~~as provided in Minnesota Rules,~~
767.10 ~~part 9505.0372, subpart 1, by a mental health professional who is qualified under Minnesota~~
767.11 ~~Rules, part 9505.0371, subpart 5, item A,~~ that documents that intensive nonresidential
767.12 rehabilitative mental health services are medically necessary to ameliorate identified
767.13 symptoms and functional impairments and to achieve individual transition goals.

767.14 Sec. 102. Minnesota Statutes 2020, section 256B.0947, subdivision 3a, is amended to
767.15 read:

767.16 Subd. 3a. **Required service components.** ~~(a) Subject to federal approval, medical~~
767.17 ~~assistance covers all medically necessary intensive nonresidential rehabilitative mental~~
767.18 ~~health services and supports, as defined in this section, under a single daily rate per client.~~
767.19 ~~Services and supports must be delivered by an eligible provider under subdivision 5 to an~~
767.20 ~~eligible client under subdivision 3.~~

767.21 ~~(b)~~ (a) Intensive nonresidential rehabilitative mental health services, supports, and
767.22 ancillary activities are covered by ~~the~~ a single daily rate per client must include the following,
767.23 as needed by the individual client:

767.24 (1) individual, family, and group psychotherapy;

767.25 (2) individual, family, and group skills training, as defined in section 256B.0943,
767.26 subdivision 1, paragraph (t);

767.27 (3) crisis assistance planning as defined in section 245.4871, subdivision 9a, ~~which~~
767.28 ~~includes recognition of factors precipitating a mental health crisis, identification of behaviors~~
767.29 ~~related to the crisis, and the development of a plan to address prevention, intervention, and~~
767.30 ~~follow-up strategies to be used in the lead-up to or onset of, and conclusion of, a mental~~
767.31 ~~health crisis; crisis assistance does not mean crisis response services or crisis intervention~~
767.32 ~~services provided in section 256B.0944;~~

768.1 (4) medication management provided by a physician or an advanced practice registered
768.2 nurse with certification in psychiatric and mental health care;

768.3 (5) mental health case management as provided in section 256B.0625, subdivision 20;

768.4 (6) medication education services as defined in this section;

768.5 (7) care coordination by a client-specific lead worker assigned by and responsible to the
768.6 treatment team;

768.7 (8) psychoeducation of and consultation and coordination with the client's biological,
768.8 adoptive, or foster family and, in the case of a youth living independently, the client's
768.9 immediate nonfamilial support network;

768.10 (9) clinical consultation to a client's employer or school or to other service agencies or
768.11 to the courts to assist in managing the mental illness or co-occurring disorder and to develop
768.12 client support systems;

768.13 (10) coordination with, or performance of, crisis intervention and stabilization services
768.14 as defined in section ~~256B.0944~~ 256B.0624;

768.15 ~~(11) assessment of a client's treatment progress and effectiveness of services using~~
768.16 ~~standardized outcome measures published by the commissioner;~~

768.17 ~~(12)~~ (11) transition services as defined in this section;

768.18 ~~(13) integrated dual disorders treatment as defined in this section~~ (12) co-occurring
768.19 substance use disorder treatment as defined in section 245I.02, subdivision 11; and

768.20 ~~(14)~~ (13) housing access support that assists clients to find, obtain, retain, and move to
768.21 safe and adequate housing. Housing access support does not provide monetary assistance
768.22 for rent, damage deposits, or application fees.

768.23 ~~(e)~~ (b) The provider shall ensure and document the following by means of performing
768.24 the required function or by contracting with a qualified person or entity:

768.25 ~~(1)~~ client access to crisis intervention services, as defined in section ~~256B.0944~~
768.26 256B.0624, and available 24 hours per day and seven days per week;

768.27 ~~(2) completion of an extended diagnostic assessment, as defined in Minnesota Rules,~~
768.28 ~~part 9505.0372, subpart 1, item C; and~~

768.29 ~~(3) determination of the client's needed level of care using an instrument approved and~~
768.30 ~~periodically updated by the commissioner.~~

769.1 Sec. 103. Minnesota Statutes 2020, section 256B.0947, subdivision 5, is amended to read:

769.2 Subd. 5. **Standards for intensive nonresidential rehabilitative providers.** (a) Services
769.3 ~~must be provided by a provider entity as provided in subdivision 4~~ meet the standards in
769.4 this section and chapter 245I as required in section 245I.011, subdivision 5.

769.5 (b) The treatment team for intensive nonresidential rehabilitative mental health services
769.6 comprises both permanently employed core team members and client-specific team members
769.7 as follows:

769.8 (1) ~~The core treatment team is an entity that operates under the direction of an~~
769.9 ~~independently licensed mental health professional, who is qualified under Minnesota Rules,~~
769.10 ~~part 9505.0371, subpart 5, item A, and that assumes comprehensive clinical responsibility~~
769.11 ~~for clients.~~ Based on professional qualifications and client needs, clinically qualified core
769.12 team members are assigned on a rotating basis as the client's lead worker to coordinate a
769.13 client's care. The core team must comprise at least four full-time equivalent direct care staff
769.14 and must minimally include, ~~but is not limited to:~~

769.15 (i) ~~an independently licensed~~ a mental health professional, ~~qualified under Minnesota~~
769.16 ~~Rules, part 9505.0371, subpart 5, item A,~~ who serves as team leader to provide administrative
769.17 direction and clinical treatment supervision to the team;

769.18 (ii) an advanced-practice registered nurse with certification in psychiatric or mental
769.19 health care or a board-certified child and adolescent psychiatrist, either of which must be
769.20 credentialed to prescribe medications;

769.21 (iii) a licensed alcohol and drug counselor who is also trained in mental health
769.22 interventions; and

769.23 (iv) a mental health certified peer specialist as defined in subdivision 2, paragraph (h)
769.24 who is qualified according to section 245I.04, subdivision 10, and is also a former children's
769.25 mental health consumer.

769.26 (2) The core team may also include any of the following:

769.27 (i) additional mental health professionals;

769.28 (ii) a vocational specialist;

769.29 (iii) an educational specialist with knowledge and experience working with youth
769.30 regarding special education requirements and goals, special education plans, and coordination
769.31 of educational activities with health care activities;

769.32 (iv) a child and adolescent psychiatrist who may be retained on a consultant basis;

- 770.1 (v) a clinical trainee qualified according to section 245I.04, subdivision 6;
- 770.2 ~~(vi) a mental health practitioner, as defined in section 245.4871, subdivision 26~~ qualified
- 770.3 according to section 245I.04, subdivision 4;
- 770.4 ~~(vi)~~ (vii) a case management service provider, as defined in section 245.4871, subdivision
- 770.5 4;
- 770.6 ~~(vii)~~ (viii) a housing access specialist; and
- 770.7 ~~(viii)~~ (ix) a family peer specialist as defined in subdivision 2, paragraph (m).
- 770.8 (3) A treatment team may include, in addition to those in clause (1) or (2), ad hoc
- 770.9 members not employed by the team who consult on a specific client and who must accept
- 770.10 overall clinical direction from the treatment team for the duration of the client's placement
- 770.11 with the treatment team and must be paid by the provider agency at the rate for a typical
- 770.12 session by that provider with that client or at a rate negotiated with the client-specific
- 770.13 member. Client-specific treatment team members may include:
- 770.14 (i) the mental health professional treating the client prior to placement with the treatment
- 770.15 team;
- 770.16 (ii) the client's current substance ~~abuse~~ use counselor, if applicable;
- 770.17 (iii) a lead member of the client's individualized education program team or school-based
- 770.18 mental health provider, if applicable;
- 770.19 (iv) a representative from the client's health care home or primary care clinic, as needed
- 770.20 to ensure integration of medical and behavioral health care;
- 770.21 (v) the client's probation officer or other juvenile justice representative, if applicable;
- 770.22 and
- 770.23 (vi) the client's current vocational or employment counselor, if applicable.
- 770.24 (c) The ~~clinical~~ treatment supervisor shall be an active member of the treatment team
- 770.25 and shall function as a practicing clinician at least on a part-time basis. The treatment team
- 770.26 shall meet with the ~~clinical~~ treatment supervisor at least weekly to discuss recipients' progress
- 770.27 and make rapid adjustments to meet recipients' needs. The team meeting must include
- 770.28 client-specific case reviews and general treatment discussions among team members.
- 770.29 Client-specific case reviews and planning must be documented in the individual client's
- 770.30 treatment record.
- 770.31 (d) The staffing ratio must not exceed ten clients to one full-time equivalent treatment
- 770.32 team position.

771.1 (e) The treatment team shall serve no more than 80 clients at any one time. Should local
 771.2 demand exceed the team's capacity, an additional team must be established rather than
 771.3 exceed this limit.

771.4 (f) Nonclinical staff shall have prompt access in person or by telephone to a mental
 771.5 health practitioner, clinical trainee, or mental health professional. The provider shall have
 771.6 the capacity to promptly and appropriately respond to emergent needs and make any
 771.7 necessary staffing adjustments to ensure the health and safety of clients.

771.8 (g) The intensive nonresidential rehabilitative mental health services provider shall
 771.9 participate in evaluation of the assertive community treatment for youth (Youth ACT) model
 771.10 as conducted by the commissioner, including the collection and reporting of data and the
 771.11 reporting of performance measures as specified by contract with the commissioner.

771.12 (h) A regional treatment team may serve multiple counties.

771.13 Sec. 104. Minnesota Statutes 2020, section 256B.0947, subdivision 6, is amended to read:

771.14 Subd. 6. **Service standards.** The standards in this subdivision apply to intensive
 771.15 nonresidential rehabilitative mental health services.

771.16 (a) The treatment team must use team treatment, not an individual treatment model.

771.17 (b) Services must be available at times that meet client needs.

771.18 (c) Services must be age-appropriate and meet the specific needs of the client.

771.19 (d) ~~The initial functional assessment must be completed within ten days of intake and~~
 771.20 level of care assessment as defined in section 245I.02, subdivision 19, and functional
 771.21 assessment as defined in section 245I.02, subdivision 17, must be updated at least every six
 771.22 ~~months~~ 90 days or prior to discharge from the service, whichever comes first.

771.23 (e) An individual treatment plan must be completed for each client, according to section
 771.24 245I.10, subdivisions 7 and 8, and, additionally, must:

771.25 ~~(1) be based on the information in the client's diagnostic assessment and baselines;~~

771.26 ~~(2) identify goals and objectives of treatment, a treatment strategy, a schedule for~~
 771.27 ~~accomplishing treatment goals and objectives, and the individuals responsible for providing~~
 771.28 ~~treatment services and supports;~~

771.29 ~~(3) be developed after completion of the client's diagnostic assessment by a mental health~~
 771.30 ~~professional or clinical trainee and before the provision of children's therapeutic services~~
 771.31 ~~and supports;~~

772.1 ~~(4) be developed through a child-centered, family-driven, culturally appropriate planning~~
 772.2 ~~process, including allowing parents and guardians to observe or participate in individual~~
 772.3 ~~and family treatment services, assessments, and treatment planning;~~

772.4 ~~(5) be reviewed at least once every six months and revised to document treatment progress~~
 772.5 ~~on each treatment objective and next goals or, if progress is not documented, to document~~
 772.6 ~~changes in treatment;~~

772.7 ~~(6) be signed by the clinical supervisor and by the client or by the client's parent or other~~
 772.8 ~~person authorized by statute to consent to mental health services for the client. A client's~~
 772.9 ~~parent may approve the client's individual treatment plan by secure electronic signature or~~
 772.10 ~~by documented oral approval that is later verified by written signature;~~

772.11 ~~(7)~~ (1) be completed in consultation with the client's current therapist and key providers
 772.12 and provide for ongoing consultation with the client's current therapist to ensure therapeutic
 772.13 continuity and to facilitate the client's return to the community. For clients under the age of
 772.14 18, the treatment team must consult with parents and guardians in developing the treatment
 772.15 plan;

772.16 ~~(8)~~ (2) if a need for substance use disorder treatment is indicated by validated assessment:

772.17 (i) identify goals, objectives, and strategies of substance use disorder treatment;

772.18 (ii) develop a schedule for accomplishing substance use disorder treatment goals and
 772.19 objectives; and

772.20 (iii) identify the individuals responsible for providing substance use disorder treatment
 772.21 services and supports;

772.22 ~~(ii) be reviewed at least once every 90 days and revised, if necessary;~~

772.23 ~~(9) be signed by the clinical supervisor and by the client and, if the client is a minor, by~~
 772.24 ~~the client's parent or other person authorized by statute to consent to mental health treatment~~
 772.25 ~~and substance use disorder treatment for the client; and~~

772.26 ~~(10)~~ (3) provide for the client's transition out of intensive nonresidential rehabilitative
 772.27 mental health services by defining the team's actions to assist the client and subsequent
 772.28 providers in the transition to less intensive or "stepped down" services; and

772.29 (4) notwithstanding section 245I.10, subdivision 8, be reviewed at least every 90 days
 772.30 and revised to document treatment progress or, if progress is not documented, to document
 772.31 changes in treatment.

773.1 (f) The treatment team shall actively and assertively engage the client's family members
773.2 and significant others by establishing communication and collaboration with the family and
773.3 significant others and educating the family and significant others about the client's mental
773.4 illness, symptom management, and the family's role in treatment, unless the team knows or
773.5 has reason to suspect that the client has suffered or faces a threat of suffering any physical
773.6 or mental injury, abuse, or neglect from a family member or significant other.

773.7 (g) For a client age 18 or older, the treatment team may disclose to a family member,
773.8 other relative, or a close personal friend of the client, or other person identified by the client,
773.9 the protected health information directly relevant to such person's involvement with the
773.10 client's care, as provided in Code of Federal Regulations, title 45, part 164.502(b). If the
773.11 client is present, the treatment team shall obtain the client's agreement, provide the client
773.12 with an opportunity to object, or reasonably infer from the circumstances, based on the
773.13 exercise of professional judgment, that the client does not object. If the client is not present
773.14 or is unable, by incapacity or emergency circumstances, to agree or object, the treatment
773.15 team may, in the exercise of professional judgment, determine whether the disclosure is in
773.16 the best interests of the client and, if so, disclose only the protected health information that
773.17 is directly relevant to the family member's, relative's, friend's, or client-identified person's
773.18 involvement with the client's health care. The client may orally agree or object to the
773.19 disclosure and may prohibit or restrict disclosure to specific individuals.

773.20 (h) The treatment team shall provide interventions to promote positive interpersonal
773.21 relationships.

773.22 Sec. 105. Minnesota Statutes 2020, section 256B.0947, subdivision 7, is amended to read:

773.23 Subd. 7. **Medical assistance payment and rate setting.** (a) Payment for services in this
773.24 section must be based on one daily encounter rate per provider inclusive of the following
773.25 services received by an eligible client in a given calendar day: all rehabilitative services,
773.26 supports, and ancillary activities under this section, staff travel time to provide rehabilitative
773.27 services under this section, and crisis response services under section ~~256B.0944~~ 256B.0624.

773.28 (b) Payment must not be made to more than one entity for each client for services
773.29 provided under this section on a given day. If services under this section are provided by a
773.30 team that includes staff from more than one entity, the team shall determine how to distribute
773.31 the payment among the members.

773.32 (c) The commissioner shall establish regional cost-based rates for entities that will bill
773.33 medical assistance for nonresidential intensive rehabilitative mental health services. In
773.34 developing these rates, the commissioner shall consider:

- 774.1 (1) the cost for similar services in the health care trade area;
- 774.2 (2) actual costs incurred by entities providing the services;
- 774.3 (3) the intensity and frequency of services to be provided to each client;
- 774.4 (4) the degree to which clients will receive services other than services under this section;
- 774.5 and
- 774.6 (5) the costs of other services that will be separately reimbursed.
- 774.7 (d) The rate for a provider must not exceed the rate charged by that provider for the
- 774.8 same service to other payers.

774.9 Sec. 106. Minnesota Statutes 2020, section 256B.0949, subdivision 2, is amended to read:

774.10 Subd. 2. **Definitions.** (a) The terms used in this section have the meanings given in this

774.11 subdivision.

774.12 (b) "Agency" means the legal entity that is enrolled with Minnesota health care programs

774.13 as a medical assistance provider according to Minnesota Rules, part 9505.0195, to provide

774.14 EIDBI services and that has the legal responsibility to ensure that its employees or contractors

774.15 carry out the responsibilities defined in this section. Agency includes a licensed individual

774.16 professional who practices independently and acts as an agency.

774.17 (c) "Autism spectrum disorder or a related condition" or "ASD or a related condition"

774.18 means either autism spectrum disorder (ASD) as defined in the current version of the

774.19 Diagnostic and Statistical Manual of Mental Disorders (DSM) or a condition that is found

774.20 to be closely related to ASD, as identified under the current version of the DSM, and meets

774.21 all of the following criteria:

774.22 (1) is severe and chronic;

774.23 (2) results in impairment of adaptive behavior and function similar to that of a person

774.24 with ASD;

774.25 (3) requires treatment or services similar to those required for a person with ASD; and

774.26 (4) results in substantial functional limitations in three core developmental deficits of

774.27 ASD: social or interpersonal interaction; functional communication, including nonverbal

774.28 or social communication; and restrictive or repetitive behaviors or hyperreactivity or

774.29 hyporeactivity to sensory input; and may include deficits or a high level of support in one

774.30 or more of the following domains:

774.31 (i) behavioral challenges and self-regulation;

- 775.1 (ii) cognition;
- 775.2 (iii) learning and play;
- 775.3 (iv) self-care; or
- 775.4 (v) safety.
- 775.5 (d) "Person" means a person under 21 years of age.
- 775.6 (e) "Clinical supervision" means the overall responsibility for the control and direction
775.7 of EIDBI service delivery, including individual treatment planning, staff supervision,
775.8 individual treatment plan progress monitoring, and treatment review for each person. Clinical
775.9 supervision is provided by a qualified supervising professional (QSP) who takes full
775.10 professional responsibility for the service provided by each supervisee.
- 775.11 (f) "Commissioner" means the commissioner of human services, unless otherwise
775.12 specified.
- 775.13 (g) "Comprehensive multidisciplinary evaluation" or "CMDE" means a comprehensive
775.14 evaluation of a person to determine medical necessity for EIDBI services based on the
775.15 requirements in subdivision 5.
- 775.16 (h) "Department" means the Department of Human Services, unless otherwise specified.
- 775.17 (i) "Early intensive developmental and behavioral intervention benefit" or "EIDBI
775.18 benefit" means a variety of individualized, intensive treatment modalities approved and
775.19 published by the commissioner that are based in behavioral and developmental science
775.20 consistent with best practices on effectiveness.
- 775.21 (j) "Generalizable goals" means results or gains that are observed during a variety of
775.22 activities over time with different people, such as providers, family members, other adults,
775.23 and people, and in different environments including, but not limited to, clinics, homes,
775.24 schools, and the community.
- 775.25 (k) "Incident" means when any of the following occur:
- 775.26 (1) an illness, accident, or injury that requires first aid treatment;
- 775.27 (2) a bump or blow to the head; or
- 775.28 (3) an unusual or unexpected event that jeopardizes the safety of a person or staff,
775.29 including a person leaving the agency unattended.
- 775.30 (l) "Individual treatment plan" or "ITP" means the person-centered, individualized written
775.31 plan of care that integrates and coordinates person and family information from the CMDE

776.1 for a person who meets medical necessity for the EIDBI benefit. An individual treatment
776.2 plan must meet the standards in subdivision 6.

776.3 (m) "Legal representative" means the parent of a child who is under 18 years of age, a
776.4 court-appointed guardian, or other representative with legal authority to make decisions
776.5 about service for a person. For the purpose of this subdivision, "other representative with
776.6 legal authority to make decisions" includes a health care agent or an attorney-in-fact
776.7 authorized through a health care directive or power of attorney.

776.8 (n) "Mental health professional" ~~has the meaning given in~~ means a staff person who is
776.9 qualified according to section 245.4871, subdivision 27, clauses (1) to (6) 245I.04,
776.10 subdivision 2.

776.11 (o) "Person-centered" means a service that both responds to the identified needs, interests,
776.12 values, preferences, and desired outcomes of the person or the person's legal representative
776.13 and respects the person's history, dignity, and cultural background and allows inclusion and
776.14 participation in the person's community.

776.15 (p) "Qualified EIDBI provider" means a person who is a QSP or a level I, level II, or
776.16 level III treatment provider.

776.17 Sec. 107. Minnesota Statutes 2020, section 256B.0949, subdivision 4, is amended to read:

776.18 Subd. 4. **Diagnosis.** (a) A diagnosis of ASD or a related condition must:

776.19 (1) be based upon current DSM criteria including direct observations of the person and
776.20 information from the person's legal representative or primary caregivers;

776.21 (2) be completed by either (i) a licensed physician or advanced practice registered nurse
776.22 or (ii) a mental health professional; and

776.23 (3) meet the requirements of ~~Minnesota Rules, part 9505.0372, subpart 1, items B and~~
776.24 € a standard diagnostic assessment according to section 245I.10, subdivision 6.

776.25 (b) Additional assessment information may be considered to complete a diagnostic
776.26 assessment including specialized tests administered through special education evaluations
776.27 and licensed school personnel, and from professionals licensed in the fields of medicine,
776.28 speech and language, psychology, occupational therapy, and physical therapy. A diagnostic
776.29 assessment may include treatment recommendations.

777.1 Sec. 108. Minnesota Statutes 2020, section 256B.0949, subdivision 5a, is amended to
777.2 read:

777.3 Subd. 5a. **Comprehensive multidisciplinary evaluation provider qualification.** A
777.4 CMDE provider must:

777.5 (1) be a licensed physician, advanced practice registered nurse, a mental health
777.6 professional, or a ~~mental health practitioner who meets the requirements of a clinical trainee~~
777.7 ~~as defined in Minnesota Rules, part 9505.0371, subpart 5, item C~~ who is qualified according
777.8 to section 245I.04, subdivision 6;

777.9 (2) have at least 2,000 hours of clinical experience in the evaluation and treatment of
777.10 people with ASD or a related condition or equivalent documented coursework at the graduate
777.11 level by an accredited university in the following content areas: ASD or a related condition
777.12 diagnosis, ASD or a related condition treatment strategies, and child development; and

777.13 (3) be able to diagnose, evaluate, or provide treatment within the provider's scope of
777.14 practice and professional license.

777.15 Sec. 109. Minnesota Statutes 2020, section 256B.25, subdivision 3, is amended to read:

777.16 Subd. 3. **Payment exceptions.** The limitation in subdivision 2 shall not apply to:

777.17 (1) payment of Minnesota supplemental assistance funds to recipients who reside in
777.18 facilities which are involved in litigation contesting their designation as an institution for
777.19 treatment of mental disease;

777.20 (2) payment or grants to a boarding care home or supervised living facility licensed by
777.21 the Department of Human Services under Minnesota Rules, parts 2960.0130 to 2960.0220
777.22 ~~or~~, 2960.0580 to 2960.0700, or 9520.0500 to 9520.0670, or under chapter 245G or 245I,
777.23 or payment to recipients who reside in these facilities;

777.24 (3) payments or grants to a boarding care home or supervised living facility which are
777.25 ineligible for certification under United States Code, title 42, sections 1396-1396p;

777.26 (4) payments or grants otherwise specifically authorized by statute or rule.

777.27 Sec. 110. Minnesota Statutes 2020, section 256B.761, is amended to read:

777.28 **256B.761 REIMBURSEMENT FOR MENTAL HEALTH SERVICES.**

777.29 (a) Effective for services rendered on or after July 1, 2001, payment for medication
777.30 management provided to psychiatric patients, outpatient mental health services, day treatment
777.31 services, home-based mental health services, and family community support services shall

778.1 be paid at the lower of (1) submitted charges, or (2) 75.6 percent of the 50th percentile of
778.2 1999 charges.

778.3 (b) Effective July 1, 2001, the medical assistance rates for outpatient mental health
778.4 services provided by an entity that operates: (1) a Medicare-certified comprehensive
778.5 outpatient rehabilitation facility; and (2) a facility that was certified prior to January 1, 1993,
778.6 with at least 33 percent of the clients receiving rehabilitation services in the most recent
778.7 calendar year who are medical assistance recipients, will be increased by 38 percent, when
778.8 those services are provided within the comprehensive outpatient rehabilitation facility and
778.9 provided to residents of nursing facilities owned by the entity.

778.10 ~~(e) The commissioner shall establish three levels of payment for mental health diagnostic~~
778.11 ~~assessment, based on three levels of complexity. The aggregate payment under the tiered~~
778.12 ~~rates must not exceed the projected aggregate payments for mental health diagnostic~~
778.13 ~~assessment under the previous single rate. The new rate structure is effective January 1,~~
778.14 ~~2011, or upon federal approval, whichever is later.~~

778.15 ~~(d)~~ (c) In addition to rate increases otherwise provided, the commissioner may restructure
778.16 coverage policy and rates to improve access to adult rehabilitative mental health services
778.17 under section 256B.0623 and related mental health support services under section 256B.021,
778.18 subdivision 4, paragraph (f), clause (2). For state fiscal years 2015 and 2016, the projected
778.19 state share of increased costs due to this paragraph is transferred from adult mental health
778.20 grants under sections 245.4661 and 256E.12. The transfer for fiscal year 2016 is a permanent
778.21 base adjustment for subsequent fiscal years. Payments made to managed care plans and
778.22 county-based purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall reflect
778.23 the rate changes described in this paragraph.

778.24 ~~(e)~~ (d) Any rates effective before July 1, 2015, do not apply to early intensive
778.25 developmental and behavioral intervention (EIDBI) benefits described in section 256B.0949.

778.26 Sec. 111. Minnesota Statutes 2020, section 256B.763, is amended to read:

778.27 **256B.763 CRITICAL ACCESS MENTAL HEALTH RATE INCREASE.**

778.28 (a) For services defined in paragraph (b) and rendered on or after July 1, 2007, payment
778.29 rates shall be increased by 23.7 percent over the rates in effect on January 1, 2006, for:

778.30 (1) psychiatrists and advanced practice registered nurses with a psychiatric specialty;

778.31 (2) community mental health centers under section 256B.0625, subdivision 5; and

779.1 (3) mental health clinics ~~and centers~~ certified under ~~Minnesota Rules, parts 9520.0750~~
779.2 ~~to 9520.0870~~ section 245I.20, or hospital outpatient psychiatric departments that are
779.3 designated as essential community providers under section 62Q.19.

779.4 (b) This increase applies to group skills training when provided as a component of
779.5 children's therapeutic services and support, psychotherapy, medication management,
779.6 evaluation and management, diagnostic assessment, explanation of findings, psychological
779.7 testing, neuropsychological services, direction of behavioral aides, and inpatient consultation.

779.8 (c) This increase does not apply to rates that are governed by section 256B.0625,
779.9 subdivision 30, or 256B.761, paragraph (b), other cost-based rates, rates that are negotiated
779.10 with the county, rates that are established by the federal government, or rates that increased
779.11 between January 1, 2004, and January 1, 2005.

779.12 (d) The commissioner shall adjust rates paid to prepaid health plans under contract with
779.13 the commissioner to reflect the rate increases provided in paragraphs (a), (e), and (f). The
779.14 prepaid health plan must pass this rate increase to the providers identified in paragraphs (a),
779.15 (e), (f), and (g).

779.16 (e) Payment rates shall be increased by 23.7 percent over the rates in effect on December
779.17 31, 2007, for:

779.18 (1) medication education services provided on or after January 1, 2008, by adult
779.19 rehabilitative mental health services providers certified under section 256B.0623; and

779.20 (2) mental health behavioral aide services provided on or after January 1, 2008, by
779.21 children's therapeutic services and support providers certified under section 256B.0943.

779.22 (f) For services defined in paragraph (b) and rendered on or after January 1, 2008, by
779.23 children's therapeutic services and support providers certified under section 256B.0943 and
779.24 not already included in paragraph (a), payment rates shall be increased by 23.7 percent over
779.25 the rates in effect on December 31, 2007.

779.26 (g) Payment rates shall be increased by 2.3 percent over the rates in effect on December
779.27 31, 2007, for individual and family skills training provided on or after January 1, 2008, by
779.28 children's therapeutic services and support providers certified under section 256B.0943.

779.29 (h) For services described in paragraphs (b), (e), and (g) and rendered on or after July
779.30 1, 2017, payment rates for mental health clinics ~~and centers~~ certified under ~~Minnesota Rules,~~
779.31 ~~parts 9520.0750 to 9520.0870~~ section 245I.20, that are not designated as essential community
779.32 providers under section 62Q.19 shall be equal to payment rates for mental health clinics
779.33 ~~and centers~~ certified under ~~Minnesota Rules, parts 9520.0750 to 9520.0870~~ section 245I.20,

780.1 that are designated as essential community providers under section 62Q.19. In order to
780.2 receive increased payment rates under this paragraph, a provider must demonstrate a
780.3 commitment to serve low-income and underserved populations by:

780.4 (1) charging for services on a sliding-fee schedule based on current poverty income
780.5 guidelines; and

780.6 (2) not restricting access or services because of a client's financial limitation.

780.7 Sec. 112. Minnesota Statutes 2020, section 256P.01, subdivision 6a, is amended to read:

780.8 Subd. 6a. **Qualified professional.** (a) For illness, injury, or incapacity, a "qualified
780.9 professional" means a licensed physician, physician assistant, advanced practice registered
780.10 nurse, physical therapist, occupational therapist, or licensed chiropractor, according to their
780.11 scope of practice.

780.12 (b) For developmental disability, learning disability, and intelligence testing, a "qualified
780.13 professional" means a licensed physician, physician assistant, advanced practice registered
780.14 nurse, licensed independent clinical social worker, licensed psychologist, certified school
780.15 psychologist, or certified psychometrist working under the supervision of a licensed
780.16 psychologist.

780.17 (c) For mental health, a "qualified professional" means a licensed physician, advanced
780.18 practice registered nurse, or qualified mental health professional under section ~~245.462,~~
780.19 ~~subdivision 18, clauses (1) to (6)~~ 245I.04, subdivision 2.

780.20 (d) For substance use disorder, a "qualified professional" means a licensed physician, a
780.21 qualified mental health professional under section 245.462, subdivision 18, clauses (1) to
780.22 (6), or an individual as defined in section 245G.11, subdivision 3, 4, or 5.

780.23 Sec. 113. Minnesota Statutes 2020, section 295.50, subdivision 9b, is amended to read:

780.24 Subd. 9b. **Patient services.** (a) "Patient services" means inpatient and outpatient services
780.25 and other goods and services provided by hospitals, surgical centers, or health care providers.
780.26 They include the following health care goods and services provided to a patient or consumer:

780.27 (1) bed and board;

780.28 (2) nursing services and other related services;

780.29 (3) use of hospitals, surgical centers, or health care provider facilities;

780.30 (4) medical social services;

- 781.1 (5) drugs, biologicals, supplies, appliances, and equipment;
- 781.2 (6) other diagnostic or therapeutic items or services;
- 781.3 (7) medical or surgical services;
- 781.4 (8) items and services furnished to ambulatory patients not requiring emergency care;
- 781.5 and
- 781.6 (9) emergency services.
- 781.7 (b) "Patient services" does not include:
- 781.8 (1) services provided to nursing homes licensed under chapter 144A;
- 781.9 (2) examinations for purposes of utilization reviews, insurance claims or eligibility,
- 781.10 litigation, and employment, including reviews of medical records for those purposes;
- 781.11 (3) services provided to and by community residential mental health facilities licensed
- 781.12 under section 245I.23 or Minnesota Rules, parts 9520.0500 to 9520.0670, and to and by
- 781.13 residential treatment programs for children with severe emotional disturbance licensed or
- 781.14 certified under chapter 245A;
- 781.15 (4) services provided under the following programs: day treatment services as defined
- 781.16 in section 245.462, subdivision 8; assertive community treatment as described in section
- 781.17 256B.0622; adult rehabilitative mental health services as described in section 256B.0623;
- 781.18 ~~adult~~ crisis response services as described in section 256B.0624; and children's therapeutic
- 781.19 services and supports as described in section 256B.0943; ~~and children's mental health crisis~~
- 781.20 ~~response services as described in section 256B.0944;~~
- 781.21 (5) services provided to and by community mental health centers as defined in section
- 781.22 245.62, subdivision 2;
- 781.23 (6) services provided to and by assisted living programs and congregate housing
- 781.24 programs;
- 781.25 (7) hospice care services;
- 781.26 (8) home and community-based waived services under chapter 256S and sections
- 781.27 256B.49 and 256B.501;
- 781.28 (9) targeted case management services under sections 256B.0621; 256B.0625,
- 781.29 subdivisions 20, 20a, 33, and 44; and 256B.094; and
- 781.30 (10) services provided to the following: supervised living facilities for persons with
- 781.31 developmental disabilities licensed under Minnesota Rules, parts 4665.0100 to 4665.9900;

782.1 housing with services establishments required to be registered under chapter 144D; board
782.2 and lodging establishments providing only custodial services that are licensed under chapter
782.3 157 and registered under section 157.17 to provide supportive services or health supervision
782.4 services; adult foster homes as defined in Minnesota Rules, part 9555.5105; day training
782.5 and habilitation services for adults with developmental disabilities as defined in section
782.6 252.41, subdivision 3; boarding care homes as defined in Minnesota Rules, part 4655.0100;
782.7 adult day care services as defined in section 245A.02, subdivision 2a; and home health
782.8 agencies as defined in Minnesota Rules, part 9505.0175, subpart 15, or licensed under
782.9 chapter 144A.

782.10 Sec. 114. Minnesota Statutes 2020, section 325F.721, subdivision 1, is amended to read:

782.11 Subdivision 1. **Definitions.** (a) For the purposes of this section, the following terms have
782.12 the meanings given them.

782.13 (b) "Covered setting" means an unlicensed setting providing sleeping accommodations
782.14 to one or more adult residents, at least 80 percent of which are 55 years of age or older, and
782.15 offering or providing, for a fee, supportive services. For the purposes of this section, covered
782.16 setting does not mean:

782.17 (1) emergency shelter, transitional housing, or any other residential units serving
782.18 exclusively or primarily homeless individuals, as defined under section 116L.361;

782.19 (2) a nursing home licensed under chapter 144A;

782.20 (3) a hospital, certified boarding care, or supervised living facility licensed under sections
782.21 144.50 to 144.56;

782.22 (4) a lodging establishment licensed under chapter 157 and Minnesota Rules, parts
782.23 9520.0500 to 9520.0670, or under chapter 245D ~~or~~, 245G, or 245I;

782.24 (5) services and residential settings licensed under chapter 245A, including adult foster
782.25 care and services and settings governed under the standards in chapter 245D;

782.26 (6) private homes in which the residents are related by kinship, law, or affinity with the
782.27 providers of services;

782.28 (7) a duly organized condominium, cooperative, and common interest community, or
782.29 owners' association of the condominium, cooperative, and common interest community
782.30 where at least 80 percent of the units that comprise the condominium, cooperative, or
782.31 common interest community are occupied by individuals who are the owners, members, or
782.32 shareholders of the units;

- 783.1 (8) temporary family health care dwellings as defined in sections 394.307 and 462.3593;
- 783.2 (9) settings offering services conducted by and for the adherents of any recognized
783.3 church or religious denomination for its members exclusively through spiritual means or
783.4 by prayer for healing;
- 783.5 (10) housing financed pursuant to sections 462A.37 and 462A.375, units financed with
783.6 low-income housing tax credits pursuant to United States Code, title 26, section 42, and
783.7 units financed by the Minnesota Housing Finance Agency that are intended to serve
783.8 individuals with disabilities or individuals who are homeless, except for those developments
783.9 that market or hold themselves out as assisted living facilities and provide assisted living
783.10 services;
- 783.11 (11) rental housing developed under United States Code, title 42, section 1437, or United
783.12 States Code, title 12, section 1701q;
- 783.13 (12) rental housing designated for occupancy by only elderly or elderly and disabled
783.14 residents under United States Code, title 42, section 1437e, or rental housing for qualifying
783.15 families under Code of Federal Regulations, title 24, section 983.56;
- 783.16 (13) rental housing funded under United States Code, title 42, chapter 89, or United
783.17 States Code, title 42, section 8011; or
- 783.18 (14) an assisted living facility licensed under chapter 144G.
- 783.19 (c) "'I'm okay' check services" means providing a service to, by any means, check on
783.20 the safety of a resident.
- 783.21 (d) "Resident" means a person entering into written contract for housing and services
783.22 with a covered setting.
- 783.23 (e) "Supportive services" means:
- 783.24 (1) assistance with laundry, shopping, and household chores;
- 783.25 (2) housekeeping services;
- 783.26 (3) provision of meals or assistance with meals or food preparation;
- 783.27 (4) help with arranging, or arranging transportation to, medical, social, recreational,
783.28 personal, or social services appointments; or
- 783.29 (5) provision of social or recreational services.
- 783.30 Arranging for services does not include making referrals or contacting a service provider
783.31 in an emergency.

784.1 Sec. 115. **REPEALER.**

784.2 (a) Minnesota Statutes 2020, sections 245.462, subdivision 4a; 245.4879, subdivision
 784.3 2; 245.62, subdivisions 3 and 4; 245.69, subdivision 2; 256B.0615, subdivision 2; 256B.0616,
 784.4 subdivision 2; 256B.0622, subdivisions 3 and 5a; 256B.0623, subdivisions 7, 8, 10, and 11;
 784.5 256B.0625, subdivisions 51, 35a, 35b, 61, 62, and 65; 256B.0943, subdivisions 8 and 10;
 784.6 256B.0944; and 256B.0946, subdivision 5, are repealed.

784.7 (b) Minnesota Rules, parts 9505.0370; 9505.0371; 9505.0372; 9520.0010; 9520.0020;
 784.8 9520.0030; 9520.0040; 9520.0050; 9520.0060; 9520.0070; 9520.0080; 9520.0090;
 784.9 9520.0100; 9520.0110; 9520.0120; 9520.0130; 9520.0140; 9520.0150; 9520.0160;
 784.10 9520.0170; 9520.0180; 9520.0190; 9520.0200; 9520.0210; 9520.0230; 9520.0750;
 784.11 9520.0760; 9520.0770; 9520.0780; 9520.0790; 9520.0800; 9520.0810; 9520.0820;
 784.12 9520.0830; 9520.0840; 9520.0850; 9520.0860; and 9520.0870, are repealed.

784.13 Sec. 116. **EFFECTIVE DATE.**

784.14 This article is effective upon federal approval or July 1, 2022, whichever is later, unless
 784.15 otherwise noted. The commissioner of human services shall notify the revisor of statutes
 784.16 when federal approval is obtained.

784.17 **ARTICLE 19**784.18 **MISCELLANEOUS**784.19 Section 1. **[62A.082] NONDISCRIMINATION IN ACCESS TO TRANSPLANTS.**

784.20 Subdivision 1. **Definitions.** (a) For the purposes of this section, the following terms have
 784.21 the meanings given unless the context clearly requires otherwise.

784.22 (b) "Disability" has the meaning given in section 363A.03, subdivision 12.

784.23 (c) "Enrollee" means a natural person covered by a health plan or group health plan and
 784.24 includes an insured, policy holder, subscriber, covered person, member, contract holder, or
 784.25 certificate holder.

784.26 (d) "Organ transplant" means the transplantation or transfusion of a part of a human
 784.27 body into the body of another for the purpose of treating or curing a medical condition.

784.28 Subd. 2. **Transplant discrimination prohibited.** A health plan or group health plan
 784.29 that provides coverage for anatomical gifts, organ transplants, or related treatment and
 784.30 services shall not:

784.31 (1) deny coverage to an enrollee based on the enrollee's disability;

785.1 (2) deny eligibility, or continued eligibility, to enroll or to renew coverage under the
785.2 terms of the health plan or group health plan solely for the purpose of avoiding the
785.3 requirements of this section;

785.4 (3) penalize or otherwise reduce or limit the reimbursement of a health care provider,
785.5 or provide monetary or nonmonetary incentives to a health care provider, to induce the
785.6 provider to provide care to a patient in a manner inconsistent with this section; or

785.7 (4) reduce or limit an enrollee's coverage benefits because of the enrollee's disability for
785.8 medical services and other services related to organ transplantation performed pursuant to
785.9 this section as determined in consultation with the enrollee's treating health care provider
785.10 and the enrollee.

785.11 Subd. 3. **Collective bargaining.** In the case of a group health plan maintained pursuant
785.12 to one or more collective bargaining agreements between employee representatives and one
785.13 or more employers, any plan amendment made pursuant to a collective bargaining agreement
785.14 relating to the plan which amends the plan solely to conform to any requirement imposed
785.15 pursuant to this section shall not be treated as a termination of the collective bargaining
785.16 agreement.

785.17 Subd. 4. **Coverage limitation.** Nothing in this section shall be deemed to require a health
785.18 plan or group health plan to provide coverage for a medically inappropriate organ transplant.

785.19 Sec. 2. **[119B.195] RETAINING EARLY EDUCATORS THROUGH ATTAINING**
785.20 **INCENTIVES NOW (REETAIN) GRANT PROGRAM.**

785.21 Subdivision 1. **Establishment; purpose.** The retaining early educators through attaining
785.22 incentives now (REETAIN) grant program is established to provide competitive grants to
785.23 incentivize well-trained child care professionals to remain in the workforce. The overall
785.24 goal of the REETAIN grant program is to create more consistent care for children over time.

785.25 Subd. 2. **Administration.** The commissioner shall administer the REETAIN grant
785.26 program through a grant to a nonprofit with the demonstrated ability to manage benefit
785.27 programs for child care professionals. Up to ten percent of grant money may be used for
785.28 administration of the grant program.

785.29 Subd. 3. **Application.** Applicants must apply for the REETAIN grant program using
785.30 the forms and according to timelines established by the commissioner.

785.31 Subd. 4. **Eligibility.** (a) To be eligible for a grant, an applicant must:

785.32 (1) be licensed to provide child care or work for a licensed child care program;

- 786.1 (2) work directly with children at least 30 hours per week;
- 786.2 (3) have worked in the applicant's current position for at least 12 months;
- 786.3 (4) agree to work in the early childhood care and education field for at least 12 months
- 786.4 upon receiving a grant under this section;
- 786.5 (5) have a career lattice step of five or higher;
- 786.6 (6) not be a current teacher education and compensation helps scholarship recipient; and
- 786.7 (7) meet any other requirements determined by the commissioner.

786.8 (b) Grant recipients must sign a contract agreeing to remain in the early childhood care

786.9 and education field for 12 months.

786.10 Subd. 5. **Grant awards.** Grant awards must be made annually and may be made up to

786.11 an amount per recipient determined by the commissioner. Grant recipients may use grant

786.12 money for program supplies, training, or personal expenses.

786.13 Subd. 6. **Report.** By January 1 each year, the commissioner must report to the legislative

786.14 committees with jurisdiction over child care about the number of grants awarded to recipients

786.15 and outcomes of the grant program since the last report.

786.16 Sec. 3. Minnesota Statutes 2020, section 260E.31, subdivision 1, is amended to read:

786.17 Subdivision 1. **Reports required.** (a) Except as provided in paragraph (b), a person

786.18 mandated to report under this chapter shall immediately report to the local welfare agency

786.19 if the person knows or has reason to believe that a woman is pregnant and has used a

786.20 controlled substance for a nonmedical purpose during the pregnancy, including but not

786.21 limited to tetrahydrocannabinol, or has consumed alcoholic beverages during the pregnancy

786.22 in any way that is habitual or excessive.

786.23 (b) A health care professional or a social service professional who is mandated to report

786.24 under this chapter is exempt from reporting under paragraph (a) ~~a woman's use or~~

786.25 ~~consumption of tetrahydrocannabinol or alcoholic beverages during pregnancy~~ if the

786.26 professional is providing or collaborating with other professionals to provide the woman

786.27 with prenatal care, postpartum care, or other health care services, including care of the

786.28 woman's infant. If the woman does not continue to receive regular prenatal or postpartum

786.29 care, after the woman's health care professional has made attempts to contact the woman,

786.30 then the professional is required to report under paragraph (a).

786.31 (c) Any person may make a voluntary report if the person knows or has reason to believe

786.32 that a woman is pregnant and has used a controlled substance for a nonmedical purpose

787.1 during the pregnancy, including but not limited to tetrahydrocannabinol, or has consumed
787.2 alcoholic beverages during the pregnancy in any way that is habitual or excessive.

787.3 (d) An oral report shall be made immediately by telephone or otherwise. An oral report
787.4 made by a person required to report shall be followed within 72 hours, exclusive of weekends
787.5 and holidays, by a report in writing to the local welfare agency. Any report shall be of
787.6 sufficient content to identify the pregnant woman, the nature and extent of the use, if known,
787.7 and the name and address of the reporter. The local welfare agency shall accept a report
787.8 made under paragraph (c) notwithstanding refusal by a voluntary reporter to provide the
787.9 reporter's name or address as long as the report is otherwise sufficient.

787.10 (e) For purposes of this section, "prenatal care" means the comprehensive package of
787.11 medical and psychological support provided throughout the pregnancy.

787.12 Sec. 4. [363A.50] NONDISCRIMINATION IN ACCESS TO TRANSPLANTS.

787.13 Subdivision 1. Definitions. (a) For purposes of this section, the following terms have
787.14 the meanings given unless the context clearly requires otherwise.

787.15 (b) "Anatomical gift" has the meaning given in section 525A.02, subdivision 4.

787.16 (c) "Auxiliary aids and services" include, but are not limited to:

787.17 (1) qualified interpreters or other effective methods of making aurally delivered materials
787.18 available to individuals with hearing impairments;

787.19 (2) qualified readers, taped texts, texts in accessible electronic format, or other effective
787.20 methods of making visually delivered materials available to individuals with visual
787.21 impairments;

787.22 (3) the provision of information in a format that is accessible for individuals with
787.23 cognitive, neurological, developmental, intellectual, or physical disabilities;

787.24 (4) the provision of supported decision-making services; and

787.25 (5) the acquisition or modification of equipment or devices.

787.26 (d) "Covered entity" means:

787.27 (1) any licensed provider of health care services, including licensed health care
787.28 practitioners, hospitals, nursing facilities, laboratories, intermediate care facilities, psychiatric
787.29 residential treatment facilities, institutions for individuals with intellectual or developmental
787.30 disabilities, and prison health centers; or

787.31 (2) any entity responsible for matching anatomical gift donors to potential recipients.

788.1 (e) "Disability" has the meaning given in section 363A.03, subdivision 12.

788.2 (f) "Organ transplant" means the transplantation or infusion of a part of a human body
788.3 into the body of another for the purpose of treating or curing a medical condition.

788.4 (g) "Qualified individual" means an individual who, with or without available support
788.5 networks, the provision of auxiliary aids and services, or reasonable modifications to policies
788.6 or practices, meets the essential eligibility requirements for the receipt of an anatomical
788.7 gift.

788.8 (h) "Reasonable modifications" include, but are not limited to:

788.9 (1) communication with individuals responsible for supporting an individual with
788.10 postsurgical and post-transplantation care, including medication; and

788.11 (2) consideration of support networks available to the individual, including family,
788.12 friends, and home and community-based services, including home and community-based
788.13 services funded through Medicaid, Medicare, another health plan in which the individual
788.14 is enrolled, or any program or source of funding available to the individual, in determining
788.15 whether the individual is able to comply with post-transplant medical requirements.

788.16 (i) "Supported decision making" has the meaning given in section 524.5-102, subdivision
788.17 16a.

788.18 Subd. 2. **Prohibition of discrimination.** (a) A covered entity may not on the basis of a
788.19 qualified individual's mental or physical disability:

788.20 (1) deem an individual ineligible to receive an anatomical gift or organ transplant;

788.21 (2) deny medical or related organ transplantation services, including evaluation, surgery,
788.22 counseling, and postoperative treatment and care;

788.23 (3) refuse to refer the individual to a transplant center or other related specialist for the
788.24 purpose of evaluation or receipt of an anatomical gift or organ transplant;

788.25 (4) refuse to place an individual on an organ transplant waiting list or place the individual
788.26 at a lower-priority position on the list than the position at which the individual would have
788.27 been placed if not for the individual's disability; or

788.28 (5) decline insurance coverage for any procedure associated with the receipt of the
788.29 anatomical gift or organ transplant, including post-transplantation and postinfusion care.

788.30 (b) Notwithstanding paragraph (a), a covered entity may take an individual's disability
788.31 into account when making treatment or coverage recommendations or decisions, solely to
788.32 the extent that the physical or mental disability has been found by a physician, following

789.1 an individualized evaluation of the potential recipient to be medically significant to the
789.2 provision of the anatomical gift or organ transplant. The provisions of this section may not
789.3 be deemed to require referrals or recommendations for, or the performance of, medically
789.4 inappropriate organ transplants.

789.5 (c) If an individual has the necessary support system to assist the individual in complying
789.6 with post-transplant medical requirements, an individual's inability to independently comply
789.7 with those requirements may not be deemed to be medically significant for the purposes of
789.8 paragraph (b).

789.9 (d) A covered entity must make reasonable modifications to policies, practices, or
789.10 procedures, when such modifications are necessary to make services such as
789.11 transplantation-related counseling, information, coverage, or treatment available to qualified
789.12 individuals with disabilities, unless the entity can demonstrate that making such modifications
789.13 would fundamentally alter the nature of such services.

789.14 (e) A covered entity must take such steps as may be necessary to ensure that no qualified
789.15 individual with a disability is denied services such as transplantation-related counseling,
789.16 information, coverage, or treatment because of the absence of auxiliary aids and services,
789.17 unless the entity can demonstrate that taking such steps would fundamentally alter the nature
789.18 of the services being offered or result in an undue burden.

789.19 (f) A covered entity must otherwise comply with the requirements of Titles II and III of
789.20 the Americans with Disabilities Act of 1990, the Americans with Disabilities Act
789.21 Amendments Act of 2008, and the Minnesota Human Rights Act.

789.22 (g) The provisions of this section apply to each part of the organ transplant process.

789.23 Subd. 3. Remedies. In addition to all other remedies available under this chapter, any
789.24 individual who has been subjected to discrimination in violation of this section may initiate
789.25 a civil action in a court of competent jurisdiction to enjoin violations of this section.

789.26 **Sec. 5. CHILD CARE FACILITY REVITALIZATION GRANT PROGRAM.**

789.27 Subdivision 1. Child care facility revitalization grants. (a) The commissioner of human
789.28 services shall distribute child care facility revitalization grant funds to county human services
789.29 agencies for grant awards to eligible child care providers to be used to reopen a closed child
789.30 care program facility or to maintain or improve an operating child care program facility.

789.31 The commissioner shall distribute grant funds to counties on a per capita basis proportionate
789.32 to the county's population.

790.1 (b) The commissioner shall develop a grant application form for use by counties that at
790.2 least requires the applicant to submit a plan and proposed budget for reopening, repairing,
790.3 or improving the child care program. The plan must include amounts and explanations of
790.4 how grant funds will be used to maintain or improve an open child care program facility in
790.5 compliance with the authorized uses of grant funds under subdivision 5.

790.6 (c) The commissioner shall make grant funds available to counties beginning August 1,
790.7 2021.

790.8 Subd. 2. **Eligible programs.** (a) The following programs are eligible to receive a child
790.9 care facility revitalization grant under this section:

790.10 (1) family and group family day care homes licensed under Minnesota Rules, chapter
790.11 9502;

790.12 (2) child care centers licensed under Minnesota Rules, chapter 9503;

790.13 (3) certified license-exempt child care centers under Minnesota Statutes, chapter 245H;
790.14 and

790.15 (4) Tribally licensed child care programs.

790.16 (b) Eligible programs must also be located outside the metropolitan area as defined in
790.17 Minnesota Statutes, section 473.121, subdivision 2, and must not be:

790.18 (1) the subject of a finding of fraud;

790.19 (2) prohibited from receiving public funds under Minnesota Statutes, section 245.095;
790.20 or

790.21 (3) under revocation, suspension, temporary immediate suspension, or decertification,
790.22 regardless of whether the action is under appeal.

790.23 Subd. 3. **Requirements to receive a child care facility revitalization grant.** To receive
790.24 funds under this section, an eligible program must complete the application developed by
790.25 the commissioner and distributed to counties, attesting and agreeing in writing that the
790.26 program intends to remain operating and serving children and that the program will pay
790.27 back any grant award if the program permanently closes within one year of receiving the
790.28 grant award. Providers who close permanently within one year for any reason are subject
790.29 to recovery of funds after program closure. Permanent closures must be reported to the
790.30 Department of Human Services using a form prescribed by the commissioner.

790.31 Subd. 4. **Grant award amounts.** (a) An eligible child care program may receive up to
790.32 \$15,000 to reopen a closed family child care site.

791.1 (b) An eligible child care program may receive up to \$100,000 to reopen a closed child
 791.2 care center site.

791.3 (c) An eligible child care program may receive up to \$7,500 to repair or update an open
 791.4 and operating family child care program setting.

791.5 (d) An eligible child care program may receive up to \$50,000 to repair or update an open
 791.6 and operating child care center.

791.7 Subd. 5. Authorized uses of grant funds. Eligible programs may use child care facility
 791.8 revitalization grant funds for:

791.9 (1) facility maintenance or improvements;

791.10 (2) personal protective equipment or cleaning and sanitation supplies and services;

791.11 (3) purchases or updates to equipment and supplies to respond to the COVID-19 public
 791.12 health emergency; or

791.13 (4) other goods and services necessary to maintain or resume child care services.

791.14 **Sec. 6. COVID-19 PUBLIC HEALTH SUPPORT FUNDS FOR CHILD CARE**
 791.15 **PROGRAMS.**

791.16 Subdivision 1. Public health support funds. (a) The commissioner of human services
 791.17 shall distribute COVID-19 public health support funds to eligible child care programs to
 791.18 support the higher costs to operate safely as defined by state and federal public health
 791.19 guidance, including but not limited to efforts to create smaller and consistent child groupings,
 791.20 screening procedures, quarantine periods, cleaning and sanitation, additional sick leave,
 791.21 substitute teachers, supports for distance learning and incentive pay, and other public health
 791.22 measures that prevent transmission of COVID-19 and protect families and staff.

791.23 (b) The commissioner shall distribute monthly base grant awards under subdivision 4
 791.24 for a distribution period beginning June 2021 through May 2023. Any funds remaining as
 791.25 of June 1, 2023, may be distributed as monthly base grant awards in the same amount
 791.26 distributed for May 2023 until either September 30, 2023, or until the funds expire, whichever
 791.27 is sooner.

791.28 Subd. 2. Eligible programs. (a) The following programs are eligible to receive public
 791.29 health support funds under this section:

791.30 (1) family and group family day care homes licensed under Minnesota Rules, chapter
 791.31 9502;

- 792.1 (2) child care centers licensed under Minnesota Rules, chapter 9503;
- 792.2 (3) certified license-exempt child care centers under Minnesota Statutes, chapter 245H;
- 792.3 and
- 792.4 (4) Tribally licensed child care programs.
- 792.5 (b) Programs must not be:
- 792.6 (1) the subject of a finding of fraud;
- 792.7 (2) prohibited from receiving public funds under Minnesota Statutes, section 245.095;
- 792.8 or
- 792.9 (3) under revocation, suspension, temporary immediate suspension, or decertification,
- 792.10 regardless of whether the action is under appeal.
- 792.11 (c) Public health support funds under this section must be made available to all eligible
- 792.12 programs on a noncompetitive basis.
- 792.13 **Subd. 3. Requirements to receive public health support funds.** (a) To receive funds
- 792.14 under this section, an eligible program must complete a monthly application for COVID-19
- 792.15 public health support funds, attesting and agreeing in writing that the program has been
- 792.16 operating and serving children during each month's funding period. An applicant program
- 792.17 must further attest and agree in writing that the program intends to remain operating and
- 792.18 serving children through the remainder of each month's funding period. Exceptions to this
- 792.19 operating requirement are:
- 792.20 (1) service disruptions that are necessary due to public health guidance to protect the
- 792.21 safety and health of children and child care programs issued by the Centers for Disease
- 792.22 Control and Prevention, commissioner of health, commissioner of human services, or a
- 792.23 local public health agency; and
- 792.24 (2) planned temporary closures for provider vacation and holidays for up to three weeks
- 792.25 over the duration of the funding months beginning June 1, 2021, but not sequentially.
- 792.26 Temporary closures must be reported to the Department of Human Services using a form
- 792.27 prescribed by the commissioner. For licensed and certified centers, only temporary closures
- 792.28 of the entire program need to be reported; classroom closures or other operating adjustments
- 792.29 do not need to be reported.
- 792.30 (b) Providers who close permanently for any reason are subject to recovery of funds for
- 792.31 any period of time after program closure. Permanent closures must be reported to the
- 792.32 Department of Human Services using a form prescribed by the commissioner.

793.1 (c) Notwithstanding paragraphs (a) and (b), if the commissioner determines that the
793.2 temporary or permanent closure of one program is undertaken to ensure the continued
793.3 availability of services to children by another program, the commissioner may issue the
793.4 closed program's public health support funds to the program that has agreed to accept the
793.5 children previously cared for by the closed program whether or not all the children choose
793.6 to go to the remaining program and whether or not the remaining program is already receiving
793.7 public health support funds.

793.8 (d) To receive funds under this section, an eligible program must:

793.9 (1) continue to comply with all other requirements listed in the application for 2021
793.10 COVID-19 public health support funds; and

793.11 (2) prioritize use of these funds during the monthly award periods, and must use the
793.12 funds to cover costs incurred during the peacetime emergency declared by the governor
793.13 relating to COVID-19. At least 72.5 percent of funds must be used for payroll salaries or
793.14 employee benefits.

793.15 Subd. 4. **Maximum base payment to programs.** (a) An eligible family child care
793.16 program may receive up to \$1,200 in monthly public health support funds.

793.17 (b) An eligible licensed child care center may receive up to \$8,500 in monthly public
793.18 health support funds.

793.19 (c) An eligible certified child care center may receive up to \$3,000 in monthly public
793.20 health support funds.

793.21 (d) The commissioner of human services shall calculate monthly base payment amounts
793.22 that are proportionate to the amount of funds available for a given funding period.

793.23 Sec. 7. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; PARENT**
793.24 **AWARE VALIDATION STUDY.**

793.25 The commissioner shall contract with an independent third-party evaluator to complete
793.26 a validation study that evaluates whether the program's standards, indicators, and other
793.27 measures are effectively measuring program quality and educational outcomes. The
793.28 third-party evaluator shall report on the results of the study to the commissioner and the
793.29 chairs and ranking minority members of the legislative committees with jurisdiction over
793.30 child care by February 1, 2024. The commissioner shall not update current Parent Aware
793.31 standards and indicators until the validation study is complete.

794.1 **Sec. 8. GRANTS TO EXPAND ACCESS TO CHILD CARE FOR CHILDREN**
794.2 **WITH DISABILITIES.**

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

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

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

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

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

794.17 (4) based on information gathered throughout the grant period and at the conclusion of
794.18 the grant period, provide a report to the chairs and ranking minority members of the
794.19 legislative committees with jurisdiction over health and human services regarding grant
794.20 activities, with legislative recommendations for implementing inclusive child care statewide.
794.21 The report must be made available to the public.

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

794.25 (1) onetime needs to equip a child care setting to serve children with disabilities, such
794.26 as:

794.27 (i) environmental modifications;

794.28 (ii) accessibility modifications;

794.29 (iii) sensory adaptation;

794.30 (iv) training and staff time for training; or

794.31 (v) equipment purchase;

795.1 (2) ongoing medical or disability-related services for children with disabilities in inclusive
795.2 child care settings, such as:

795.3 (i) mental health supports;

795.4 (ii) inclusion specialist services;

795.5 (iii) home care nursing;

795.6 (iv) behavioral supports;

795.7 (v) coaching or training for staff;

795.8 (vi) substitute teaching time; or

795.9 (vii) enhanced rate for increased staff-to-child ratio; and

795.10 (3) other expenses determined by the grantee and family child care provider or child
795.11 care center partners to be necessary to serve children with disabilities in inclusive child care
795.12 settings.

795.13 Subd. 4. Requirements for grantees. Upon receipt of grant money and throughout the
795.14 grant period, grant recipients must:

795.15 (1) partner with at least three family child care providers or child care centers, each of
795.16 which must meet one of the following criteria:

795.17 (i) serve ten or fewer children, including at least one child with a disability who is not
795.18 a family member of the family child care provider or of an employee of the child care center;

795.19 (ii) serve 11 to 30 children, including at least two children with disabilities; or

795.20 (iii) serve more than 30 children, including at least three children with disabilities;

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

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

795.26 (i) Medicaid or private health insurance coverage;

795.27 (ii) additional grant funding; or

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

795.29 (4) explore and seek opportunities to use existing federal funds to provide ongoing
795.30 support to family child care providers or child care centers serving children with disabilities.

796.1 Grantees must seek to minimize family financial obligations for child care for a child with
 796.2 disabilities beyond what child care would cost for a child without disabilities.

796.3 Subd. 5. **Reporting.** Grantees must report semiannually to the commissioner according
 796.4 to the manner specified by the commissioner on the following:

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

796.7 (2) costs for additional supports;

796.8 (3) billing best practices;

796.9 (4) available funding sources;

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

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

796.16 Sec. 9. **WORKING GROUP; AFFORDABLE HIGH QUALITY CHILD CARE AND**
 796.17 **EARLY EDUCATION FOR ALL FAMILIES.**

796.18 Subdivision 1. **Goal.** It is the goal of the state of Minnesota for all families to have access
 796.19 to affordable high quality child care and early education, for children from birth up to age
 796.20 five, that enriches, nurtures, and supports children and their families. This goal will be
 796.21 achieved by:

796.22 (1) creating a system under which family costs for child care and early education are
 796.23 affordable;

796.24 (2) ensuring that a child's access to high quality child care and early education is not
 796.25 determined by the child's race, income, or zip code; and

796.26 (3) ensuring that Minnesota's early childhood educators are qualified, diverse, supported,
 796.27 and equitably compensated regardless of setting.

796.28 Subd. 2. **Working group; establishment.** (a) The commissioner of human services
 796.29 shall coordinate through the Minnesota Children's Cabinet to establish a working group that
 796.30 includes, but is not limited to members of the State Advisory Council on Early Childhood
 796.31 Care and Education. The group shall include early childhood care and education providers;

797.1 parents; organizations that provide training and other supports to providers; business
797.2 associations; children's advocates; and representatives from the Departments of Human
797.3 Services, Health, and Education. The working group shall be convened as necessary to
797.4 develop a plan to achieve the goal in subdivision 1 by January 1, 2031.

797.5 (b) The plan must incorporate strategies that:

797.6 (1) create a system under which family costs of child care and early education are
797.7 affordable;

797.8 (2) ensure that a child's access to high quality child care and early education is not
797.9 determined by the child's race, income, or zip code; and

797.10 (3) ensure that Minnesota has early childhood educators who are qualified, diverse,
797.11 supported, and equitably compensated regardless of setting.

797.12 Subd. 3. **Required reports.** By July 1, 2022, the working group must submit to the
797.13 governor and the chairs and ranking minority members of the legislative committees with
797.14 jurisdiction over early childhood programs an interim report on the working group's
797.15 preliminary findings and draft implementation plans relating to the plan required under
797.16 subdivision 2. By February 1, 2023, the working group must submit to the governor and
797.17 the chairs and ranking minority members of the legislative committees with jurisdiction
797.18 over early childhood programs a final report on the working group's recommendations and
797.19 implementation proposals relating to the plan required under subdivision 2.

797.20 Sec. 10. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; REPORT**
797.21 **ON PARTICIPATION IN EARLY CHILDHOOD PROGRAMS BY CHILDREN IN**
797.22 **FOSTER CARE.**

797.23 Subdivision 1. **Reporting requirement.** (a) The commissioner of human services shall
797.24 report on the participation in early care and education programs by children under age six
797.25 who have experienced foster care, as defined in Minnesota Statutes, section 260C.007,
797.26 subdivision 18, at any time during the reporting period.

797.27 (b) For purposes of this section, "early care and education program" means Early Head
797.28 Start and Head Start under the federal Improving Head Start for School Readiness Act of
797.29 2007; special education programs under Minnesota Statutes, chapter 125A; early learning
797.30 scholarships under Minnesota Statutes, section 124D.165; school readiness under Minnesota
797.31 Statutes, sections 124D.15 and 124D.16; school readiness plus under Laws 2017, First
797.32 Special Session chapter 5, article 8, section 9; voluntary prekindergarten under Minnesota

798.1 Statutes, section 124D.151; child care assistance under Minnesota Statutes, chapter 119B;
798.2 and other programs as determined by the commissioner.

798.3 Subd. 2. **Report content.** (a) The report shall provide counts and rates of participation
798.4 by early care and education program and child's race, ethnicity, age, and county of residence.
798.5 The report shall use the most current administrative data and include recommendations for
798.6 collecting any data listed in this paragraph that is not currently available.

798.7 (b) The report shall include recommendations to:

798.8 (1) provide the data described in paragraph (a) on an annual basis as part of the report
798.9 required under Minnesota Statutes, section 257.0725;

798.10 (2) facilitate children's continued participation in early care and education programs
798.11 after reunification, adoption, or transfer of permanent legal and physical custody; and

798.12 (3) regularly report measures of early childhood well-being for children who have
798.13 experienced foster care. "Measures of early childhood well-being" include developmental
798.14 screening, school readiness assessments, well-child medical visits, and other indicators as
798.15 determined by the commissioner, in consultation with the commissioners of health, education,
798.16 and management and budget, county social service and public health agencies, and school
798.17 districts.

798.18 (c) The report shall include an implementation plan to increase the rates of participation
798.19 among children and their foster families in early care and education programs, including
798.20 processes for referrals and follow-up. The plan shall be developed in collaboration with
798.21 affected communities and families, incorporating their experiences and feedback. County
798.22 social service and public health agencies and school districts shall also collaborate on the
798.23 plan's development and implementation strategy.

798.24 (d) The report shall identify barriers to be addressed to ensure that early care and
798.25 education programs are responsive to the cultural, logistical, and racial equity concerns and
798.26 needs of children's foster families and families of origin, and the report shall identify methods
798.27 to ensure the experiences and feedback from children's foster families and families of origin
798.28 are included in the ongoing implementation of early care and education programs.

798.29 Subd. 3. **Submission to legislature.** By June 30, 2022, the commissioner shall submit
798.30 an interim report, and by December 1, 2022, the commissioner shall submit the final report
798.31 required under this section to the chairs and ranking minority members of the legislative
798.32 committees with jurisdiction over human services, early childhood, and education.

799.1 **Sec. 11. CHILD CARE AND DEVELOPMENT BLOCK GRANT ALLOCATION;**
799.2 **AFFORDABLE HIGH QUALITY CHILD CARE AND EARLY EDUCATION FOR**
799.3 **ALL FAMILIES WORKING GROUP.**

799.4 The commissioner of human services shall allocate up to \$500,000 in fiscal year 2022
799.5 from the amount that Minnesota received under the American Rescue Plan Act, Public Law
799.6 117-2, section 2201, for the child care and development block grant for the affordable high
799.7 quality child care and early education for all families working group. This is a onetime
799.8 allocation and is available until June 30, 2023.

799.9 **Sec. 12. CHILD CARE AND DEVELOPMENT BLOCK GRANT ALLOCATION;**
799.10 **CHILD CARE WORKFORCE DEVELOPMENT GRANTS.**

799.11 The commissioner of human services shall allocate \$750,000 in fiscal year 2022 and
799.12 \$750,000 in fiscal year 2023 from the amount that Minnesota received under the American
799.13 Rescue Plan Act, Public Law 117-2, section 2201, for the child care and development block
799.14 grant for grants to nonprofit organizations to provide economically challenged individuals
799.15 the jobs skills training, career counseling, and job placement assistance necessary to begin
799.16 a career path in child care. By January 1, 2024, the commissioner shall report to the chairs
799.17 and ranking minority members of the legislative committees with jurisdiction over child
799.18 care on the outcomes of the grant program, including the effects on the child care workforce.
799.19 This is a onetime allocation.

799.20 **Sec. 13. CHILD CARE AND DEVELOPMENT BLOCK GRANT ALLOCATION;**
799.21 **JERRY RELPH FAMILY SUPPORTS AND IMPROVEMENT PLAN.**

799.22 The commissioner of human services shall allocate \$4,500,000 in fiscal year 2022 and
799.23 \$4,500,000 in fiscal year 2023 from the amount that Minnesota received under the American
799.24 Rescue Plan Act, Public Law 117-2, section 2201, for the child care and development block
799.25 grant for grants to counties, beginning October 1, 2021, to coordinate a two-year, voluntary
799.26 information sharing program between county agencies, child care providers, early childhood
799.27 education providers, and parents of families who qualify for or are currently receiving child
799.28 care assistance, to communicate the needs and circumstances of the participating families
799.29 and children that prohibit, complicate, or otherwise limit access to or the effectiveness of
799.30 the child care assistance program, and to evaluate the outcomes of other assistance programs
799.31 for which the families are eligible. The information sharing program may include data
799.32 sharing under Minnesota Statutes, section 13.32, subdivision 12. Grant award amounts shall
799.33 be distributed annually and allocated to counties on a per capita basis, based on the number

800.1 of children enrolled in the child care assistance program as of July 1 of each year in the
800.2 county receiving grant funding. By February 1, 2023, and February 1, 2024, the commissioner
800.3 of human services shall provide an interim and final report to the chairs and ranking minority
800.4 members of the legislative committees with jurisdiction over the child care assistance
800.5 program on the results of the project, including any recommendations for improvements to
800.6 the child care assistance program to better meet the needs of participating families and
800.7 children.

800.8 Sec. 14. **CHILD CARE AND DEVELOPMENT BLOCK GRANT ALLOCATION;**
800.9 **REETAIN GRANT PROGRAM.**

800.10 The commissioner of human services shall allocate \$375,000 in fiscal year 2022 and
800.11 \$375,000 in fiscal year 2023 from the amount that Minnesota received under the American
800.12 Rescue Plan Act, Public Law 117-2, section 2201, for the child care and development block
800.13 grant, for REETAIN grants under Minnesota Statutes, section 119B.195. This is a onetime
800.14 allocation.

800.15 Sec. 15. **CHILD CARE STABILIZATION FUND ALLOCATION; CHILD CARE**
800.16 **PROVIDER STARTUP GRANTS.**

800.17 (a) The commissioner of human services shall allocate \$10,000,000 in fiscal year 2022
800.18 and \$10,000,000 in fiscal year 2023 from the amount that Minnesota received under the
800.19 American Rescue Plan Act, Public Law 117-2, section 2202, for the child care stabilization
800.20 fund for grants to local communities to increase the supply of quality child care providers
800.21 to support economic development. At least 60 percent of grant funds must go to communities
800.22 located outside of the seven-county metropolitan area as defined under Minnesota Statutes,
800.23 section 473.121, subdivision 2. Grant recipients must obtain a 50 percent nonstate match
800.24 to grant funds in either cash or in-kind contributions. Grant funds available under this section
800.25 must be used to implement projects to reduce the child care shortage in the state, including
800.26 but not limited to funding for child care business start-ups or expansion, training, facility
800.27 modifications or improvements required for licensing, and assistance with licensing and
800.28 other regulatory requirements. In awarding grants, the commissioner must give priority to
800.29 communities that have demonstrated a shortage of child care providers in the area. This is
800.30 a onetime allocation.

800.31 (b) Within one year of receiving grant funds, grant recipients must report to the
800.32 commissioner on the outcomes of the grant program, including but not limited to the number

801.1 of new providers, the number of additional child care provider jobs created, the number of
801.2 additional child care slots, and the amount of cash and in-kind local funds invested.

801.3 **Sec. 16. CHILD CARE STABILIZATION FUND ALLOCATION; CHILD CARE**
801.4 **BUSINESS TRAINING PROGRAM.**

801.5 The commissioner of human services shall allocate \$3,000,000 in fiscal year 2022 from
801.6 the amount that Minnesota received under the American Rescue Plan Act, Public Law 117-2,
801.7 section 2202, for the child care stabilization fund for a grant, through a competitive bidding
801.8 process, to a nonprofit organization with expertise in small business advising to operate a
801.9 business training program for child care providers and to create materials that could be used,
801.10 free of charge, for start-up, expansion, and operation of child care businesses statewide,
801.11 with the goal of helping new and existing child care businesses in underserved areas of the
801.12 state become profitable and sustainable. The commissioner shall report data on outcomes
801.13 and recommendations for replication of this training program throughout Minnesota to the
801.14 governor and the chairs and ranking minority members of the committees of the house of
801.15 representatives and the senate with jurisdiction over child care by December 15, 2023. This
801.16 is a onetime allocation and is available until June 30, 2023.

801.17 **Sec. 17. CHILD CARE STABILIZATION FUND ALLOCATION; PUBLIC HEALTH**
801.18 **SUPPORT FUNDS FOR CHILD CARE PROGRAMS.**

801.19 (a) The commissioner of human services shall allocate \$252,000,000 in fiscal year 2022
801.20 from the amount that Minnesota received under the American Rescue Plan Act, Public Law
801.21 117-2, section 2202, for the child care stabilization fund for the public health support funds
801.22 for child care programs in section 36. This is a onetime allocation and is available until
801.23 September 30, 2023.

801.24 (b) Of the amount allocated under paragraph (a), \$60,000,000 is for the three-month
801.25 funding period from June to August 2021; \$50,000,000 is for the three-month funding period
801.26 from September to November 2021; \$40,000,000 is for the three-month funding period
801.27 from December 2021 to February 2022; \$30,000,000 is for the three-month funding period
801.28 from March to May 2022; \$25,000,000 is for the three-month funding period from June to
801.29 August 2022; \$20,000,000 is for the three-month funding period from September to
801.30 November 2022; \$15,000,000 is for the three-month funding period from December 2022
801.31 to February 2023; and \$10,000,000 is for the three-month funding period from March to
801.32 May 2023. The commissioner shall adjust grant award amounts in accordance with the
801.33 amounts available for each three-month funding period.

802.1 (c) Of the amount allocated under paragraph (a), up to \$2,000,000 is for administrative
802.2 costs.

802.3 Sec. 18. CHILD CARE STABILIZATION FUND ALLOCATION; CHILD CARE
802.4 FACILITY REVITALIZATION GRANTS.

802.5 The commissioner of human services shall allocate \$50,000,000 in fiscal year 2022 from
802.6 the amount that Minnesota received under the American Rescue Plan Act, Public Law 117-2,
802.7 section 2202, for the child care stabilization fund for child care facility revitalization grants.
802.8 Of this amount, up to \$1,500,000 is for administrative costs. This is a onetime allocation
802.9 and is available until September 30, 2023.

802.10 **ARTICLE 20**

802.11 **FORECAST ADJUSTMENTS**

802.12 Section 1. DEPARTMENT OF HUMAN SERVICES FORECAST ADJUSTMENT.

802.13 The dollar amounts shown in the columns marked "Appropriations" are added to or, if
802.14 shown in parentheses, are subtracted from the appropriations in Laws 2019, First Special
802.15 Session chapter 9, article 14, from the general fund, or any other fund named, to the
802.16 commissioner of human services for the purposes specified in this article, to be available
802.17 for the fiscal year indicated for each purpose. The figure "2021" used in this article means
802.18 that the appropriations listed are available for the fiscal year ending June 30, 2021.

802.19 **APPROPRIATIONS**
802.20 **Available for the Year**
802.21 **Ending June 30**
802.22 **2021**

802.23 Sec. 2. COMMISSIONER OF HUMAN
802.24 SERVICES

802.25 Subdivision 1. Total Appropriation **\$ (816,996,000)**

802.26 Appropriations by Fund

802.27 2021

802.28 General (745,266,000)

802.29 Health Care Access (36,893,000)

802.30 Federal TANF (34,837,000)

802.31 Subd. 2. Forecasted Programs

802.32 (a) Minnesota Family
802.33 Investment Program

- 803.1 **(MFIP)/Diversionary Work**
 803.2 **Program (DWP)**
- 803.3 Appropriations by Fund
- 803.4 2021
- 803.5 General 59,004,000
- 803.6 Federal TANF (34,843,000)
- 803.7 **(b) MFIP Child Care Assistance** (54,158,000)
- 803.8 **(c) General Assistance** 3,925,000
- 803.9 **(d) Minnesota Supplemental Aid** 3,849,000
- 803.10 **(e) Housing Support** 3,022,000
- 803.11 **(f) Northstar Care for Children** (8,639,000)
- 803.12 **(g) MinnesotaCare** (36,893,000)
- 803.13 This appropriation is from the health care
 803.14 access fund.
- 803.15 **(h) Medical Assistance**
- 803.16 Appropriations by Fund
- 803.17 2021
- 803.18 General (694,938,000)
- 803.19 Health Care Access -0-
- 803.20 **(i) Alternative Care** 247,000
- 803.21 **(j) Consolidated Chemical Dependency**
 803.22 **Treatment Fund (CCDTF) Entitlement** (57,578,000)
- 803.23 **Subd. 3. Technical Activities** 6,000
- 803.24 This appropriation is from the federal TANF
 803.25 fund.
- 803.26 **Sec. 3. EFFECTIVE DATE.**
- 803.27 Sections 1 and 2 are effective the day following final enactment.
- 803.28 **ARTICLE 21**
- 803.29 **APPROPRIATIONS**
- 803.30 **Section 1. HEALTH AND HUMAN SERVICES APPROPRIATIONS.**

804.1 The sums shown in the columns marked "Appropriations" are appropriated to the agencies
 804.2 and for the purposes specified in this article. The appropriations are from the general fund,
 804.3 or another named fund, and are available for the fiscal years indicated for each purpose.
 804.4 The figures "2022" and "2023" used in this article mean that the appropriations listed under
 804.5 them are available for the fiscal year ending June 30, 2022, or June 30, 2023, respectively.
 804.6 "The first year" is fiscal year 2022. "The second year" is fiscal year 2023. "The biennium"
 804.7 is fiscal years 2022 and 2023.

804.8 **APPROPRIATIONS**

804.9 **Available for the Year**

804.10 **Ending June 30**

804.11 **2022 2023**

804.12 **Sec. 2. COMMISSIONER OF HUMAN**
 804.13 **SERVICES**

804.14 **Subdivision 1. Total Appropriation** \$ **9,032,821,000** \$ **9,546,659,000**

	<u>Appropriations by Fund</u>	
	<u>2022</u>	<u>2023</u>
804.16		
804.17	<u>7,901,148,000</u>	<u>8,331,896,000</u>
804.18		
804.19	<u>4,299,000</u>	<u>4,299,000</u>
804.20	<u>828,441,000</u>	<u>923,123,000</u>
804.21	<u>293,477,000</u>	<u>282,885,000</u>
804.22	<u>2,896,000</u>	<u>1,896,000</u>
804.23		
804.24	<u>2,560,000</u>	<u>2,560,000</u>

804.25 The amounts that may be spent for each
 804.26 purpose are specified in the following
 804.27 subdivisions.

804.28 **Subd. 2. TANF Maintenance of Effort**

804.29 **(a) Nonfederal Expenditures.** The
 804.30 commissioner shall ensure that sufficient
 804.31 qualified nonfederal expenditures are made
 804.32 each year to meet the state's maintenance of
 804.33 effort (MOE) requirements of the TANF block
 804.34 grant specified under Code of Federal

805.1 Regulations, title 45, section 263.1. In order
805.2 to meet these basic TANF/MOE requirements,
805.3 the commissioner may report as TANF/MOE
805.4 expenditures only nonfederal money expended
805.5 for allowable activities listed in the following
805.6 clauses:

805.7 (1) MFIP cash, diversionary work program,
805.8 and food assistance benefits under Minnesota
805.9 Statutes, chapter 256J;

805.10 (2) the child care assistance programs under
805.11 Minnesota Statutes, sections 119B.03 and
805.12 119B.05, and county child care administrative
805.13 costs under Minnesota Statutes, section
805.14 119B.15;

805.15 (3) state and county MFIP administrative costs
805.16 under Minnesota Statutes, chapters 256J and
805.17 256K;

805.18 (4) state, county, and tribal MFIP employment
805.19 services under Minnesota Statutes, chapters
805.20 256J and 256K;

805.21 (5) expenditures made on behalf of legal
805.22 noncitizen MFIP recipients who qualify for
805.23 the MinnesotaCare program under Minnesota
805.24 Statutes, chapter 256L;

805.25 (6) qualifying working family credit
805.26 expenditures under Minnesota Statutes, section
805.27 290.0671;

805.28 (7) qualifying Minnesota education credit
805.29 expenditures under Minnesota Statutes, section
805.30 290.0674; and

805.31 (8) qualifying Head Start expenditures under
805.32 Minnesota Statutes, section 119A.50.

806.1 **(b) Nonfederal Expenditures; Reporting.**
806.2 For the activities listed in paragraph (a),
806.3 clauses (2) to (8), the commissioner may
806.4 report only expenditures that are excluded
806.5 from the definition of assistance under Code
806.6 of Federal Regulations, title 45, section
806.7 260.31.

806.8 **(c) Limitation; Exceptions. The**
806.9 commissioner must not claim an amount of
806.10 TANF/MOE in excess of the 75 percent
806.11 standard in Code of Federal Regulations, title
806.12 45, section 263.1(a)(2), except:

806.13 (1) to the extent necessary to meet the 80
806.14 percent standard under Code of Federal
806.15 Regulations, title 45, section 263.1(a)(1), if it
806.16 is determined by the commissioner that the
806.17 state will not meet the TANF work
806.18 participation target rate for the current year;

806.19 (2) to provide any additional amounts under
806.20 Code of Federal Regulations, title 45, section
806.21 264.5, that relate to replacement of TANF
806.22 funds due to the operation of TANF penalties;
806.23 and

806.24 (3) to provide any additional amounts that may
806.25 contribute to avoiding or reducing TANF work
806.26 participation penalties through the operation
806.27 of the excess MOE provisions of Code of
806.28 Federal Regulations, title 45, section 261.43
806.29 (a)(2).

806.30 **(d) Supplemental Expenditures. For the**
806.31 purposes of paragraph (c), the commissioner
806.32 may supplement the MOE claim with working
806.33 family credit expenditures or other qualified
806.34 expenditures to the extent such expenditures

807.1 are otherwise available after considering the
807.2 expenditures allowed in this subdivision.

807.3 **(e) Reduction of Appropriations; Exception.**
807.4 The requirement in Minnesota Statutes, section
807.5 256.011, subdivision 3, that federal grants or
807.6 aids secured or obtained under that subdivision
807.7 be used to reduce any direct appropriations
807.8 provided by law, does not apply if the grants
807.9 or aids are federal TANF funds.

807.10 **(f) IT Appropriations Generally. This**
807.11 appropriation includes funds for information
807.12 technology projects, services, and support.
807.13 Notwithstanding Minnesota Statutes, section
807.14 16E.0466, funding for information technology
807.15 project costs shall be incorporated into the
807.16 service level agreement and paid to the Office
807.17 of MN.IT Services by the Department of
807.18 Human Services under the rates and
807.19 mechanism specified in that agreement.

807.20 **(g) Receipts for Systems Project.**
807.21 Appropriations and federal receipts for
807.22 information systems projects for MAXIS,
807.23 PRISM, MMIS, ISDS, METS, and SSIS must
807.24 be deposited in the state systems account
807.25 authorized in Minnesota Statutes, section
807.26 256.014. Money appropriated for information
807.27 systems projects approved by the
807.28 commissioner of the Office of MN.IT
807.29 Services, funded by the legislature, and
807.30 approved by the commissioner of management
807.31 and budget may be transferred from one
807.32 project to another and from development to
807.33 operations as the commissioner of human
807.34 services considers necessary. Any unexpended
807.35 balance in the appropriation for these projects

808.1 does not cancel and is available for ongoing
 808.2 development and operations.

808.3 **(h) Federal SNAP Education and Training**
 808.4 **Grants.** Federal funds available during fiscal
 808.5 years 2022 and 2023 for Supplemental
 808.6 Nutrition Assistance Program Education and
 808.7 Training and SNAP Quality Control
 808.8 Performance Bonus grants are appropriated
 808.9 to the commissioner of human services for the
 808.10 purposes allowable under the terms of the
 808.11 federal award. This paragraph is effective the
 808.12 day following final enactment.

808.13 **Subd. 3. Central Office; Operations**

808.14	<u>Appropriations by Fund</u>		
808.15	<u>General</u>	<u>162,667,000</u>	<u>157,780,000</u>
808.16	<u>State Government</u>		
808.17	<u>Special Revenue</u>	<u>4,174,000</u>	<u>4,174,000</u>
808.18	<u>Health Care Access</u>	<u>16,966,000</u>	<u>16,966,000</u>
808.19	<u>Federal TANF</u>	<u>100,000</u>	<u>100,000</u>

808.20 **(a) Administrative Recovery; Set-Aside.** The
 808.21 commissioner may invoice local entities
 808.22 through the SWIFT accounting system as an
 808.23 alternative means to recover the actual cost of
 808.24 administering the following provisions:

808.25 (1) Minnesota Statutes, section 125A.744,
 808.26 subdivision 3;

808.27 (2) Minnesota Statutes, section 245.495,
 808.28 paragraph (b);

808.29 (3) Minnesota Statutes, section 256B.0625,
 808.30 subdivision 20, paragraph (k);

808.31 (4) Minnesota Statutes, section 256B.0924,
 808.32 subdivision 6, paragraph (g);

808.33 (5) Minnesota Statutes, section 256B.0945,
 808.34 subdivision 4, paragraph (d); and

809.1 (6) Minnesota Statutes, section 256F.10,
 809.2 subdivision 6, paragraph (b).

809.3 **(b) Background Studies.** \$2,074,000 in fiscal
 809.4 year 2022 is from the general fund to provide
 809.5 a credit to providers who paid for emergency
 809.6 background studies in NETStudy 2.0. This is
 809.7 a onetime appropriation.

809.8 **(c) On-Site Background Study**
 809.9 **Fingerprinting Contract.** \$837,000 in fiscal
 809.10 year 2022 is from the general fund for a
 809.11 qualified contractor to conduct on-site
 809.12 background study fingerprinting to address
 809.13 the background study backlog. This is a
 809.14 onetime appropriation.

809.15 **(d) Fraud Prevention Investigation Grants.**
 809.16 \$425,000 in fiscal year 2022 and \$425,000 in
 809.17 fiscal year 2023 are from the general fund for
 809.18 grants to counties for fraud prevention
 809.19 investigation.

809.20 **(e) Base Level Adjustment.** The general fund
 809.21 base is \$157,169,000 in fiscal year 2024 and
 809.22 \$157,202,000 in fiscal year 2025.

809.23 **Subd. 4. Central Office; Children and Families**

809.24	<u>Appropriations by Fund</u>		
809.25	<u>General</u>	<u>17,684,000</u>	<u>18,189,000</u>
809.26	<u>Federal TANF</u>	<u>2,582,000</u>	<u>2,582,000</u>

809.27 **(a) Indian Child Welfare Training.**
 809.28 \$1,012,000 in fiscal year 2022 and \$993,000
 809.29 in fiscal year 2023 are from the general fund
 809.30 for establishment and operation of the Tribal
 809.31 Training and Certification Partnership at the
 809.32 University of Minnesota, Duluth campus, to
 809.33 provide training, establish federal Indian Child
 809.34 Welfare Act and Minnesota Indian Family

810.1 Preservation Act training requirements for
810.2 county child welfare workers, and develop
810.3 Indigenous child welfare training for American
810.4 Indian Tribes. The general fund base for this
810.5 appropriation is \$1,053,000 in fiscal year 2024
810.6 and \$1,053,000 in fiscal year 2025.

810.7 **(b) Report on Participation in Early**
810.8 **Childhood Programs by Children in Foster**
810.9 **Care.** \$200,000 in fiscal year 2022 and
810.10 \$90,000 in fiscal year 2023 are from the
810.11 general fund for the interim and final reports
810.12 on participation in early childhood programs
810.13 by children in foster care. This is a onetime
810.14 appropriation.

810.15 **(c) Ombudsperson for Child Care**
810.16 **Providers.** \$242,000 in fiscal year 2022 and
810.17 \$242,000 in fiscal year 2023 are from the
810.18 general fund for the ombudsperson for child
810.19 care providers under Minnesota Statutes,
810.20 section 119B.27.

810.21 **(d) Parent Aware Validation Study.**
810.22 \$204,000 in fiscal year 2022 and \$476,000 in
810.23 fiscal year 2023 are from the general fund to
810.24 contract with an independent third-party
810.25 evaluator to conduct a validation study of the
810.26 Parent Aware program. The general fund base
810.27 for this appropriation is \$255,000 in fiscal year
810.28 2024 and \$0 in fiscal year 2025.

810.29 **(e) Base Level Adjustment.** The general fund
810.30 base is \$18,168,000 in fiscal year 2024 and
810.31 \$17,913,000 in fiscal year 2025.

810.32 **Subd. 5. Central Office; Health Care**

811.1	<u>Appropriations by Fund</u>		
811.2	<u>General</u>	<u>23,830,000</u>	<u>23,886,000</u>
811.3	<u>Health Care Access</u>	<u>28,168,000</u>	<u>28,168,000</u>

811.4 **(a) Expanding Telehealth Delivery Options**

811.5 **Study.** \$270,000 in fiscal year 2022 and
 811.6 \$195,000 in fiscal year 2023 are from the
 811.7 general fund for contracts related to the study
 811.8 of the viability of the use of audio-only
 811.9 communication as a permitted option for
 811.10 delivering services through telehealth within
 811.11 the public health care programs. The general
 811.12 fund base for this appropriation is \$20,000 in
 811.13 fiscal year 2024 and \$0 in fiscal year 2025.

811.14 **(b) Base Level Adjustment.** The general fund
 811.15 base is \$23,712,000 in fiscal year 2024 and
 811.16 \$23,296,000 in fiscal year 2025.

811.17 **Subd. 6. Central Office; Continuing Care for**
 811.18 **Older Adults**

811.19	<u>Appropriations by Fund</u>		
811.20	<u>General</u>	<u>19,193,000</u>	<u>19,101,000</u>
811.21	<u>State Government</u>		
811.22	<u>Special Revenue</u>	<u>125,000</u>	<u>125,000</u>

811.23 **Base Level Adjustment.** The general fund
 811.24 base is \$19,161,000 in fiscal year 2024 and
 811.25 \$19,174,000 in fiscal year 2025.

811.26 **Subd. 7. Central Office; Community Supports**

811.27	<u>Appropriations by Fund</u>		
811.28	<u>General</u>	<u>36,041,000</u>	<u>34,645,000</u>
811.29	<u>Lottery Prize</u>	<u>163,000</u>	<u>163,000</u>
811.30	<u>Opiate Epidemic</u>		
811.31	<u>Response</u>	<u>60,000</u>	<u>60,000</u>

811.32 **(a) Substance Use Disorder Provider**

811.33 **Reduction in Regulatory Requirements.**
 811.34 \$125,000 in fiscal year 2022 and \$75,000 in
 811.35 fiscal year 2023 are from the general fund for

812.1 a contract with a vendor to develop statewide
812.2 system improvements to minimize regulatory
812.3 paperwork for substance use disorder
812.4 programs. This is a onetime appropriation.

812.5 **(b) Substance Use Disorder Provider**
812.6 **Payment Modifications.** \$200,000 in fiscal
812.7 year 2022 is from the general fund for a
812.8 contract for a qualified vendor to conduct rate
812.9 modeling and develop frameworks for all
812.10 substance use disorder treatment rates. This
812.11 is a onetime appropriation.

812.12 **(c) Substance Use Disorder Technical**
812.13 **Assistance Centers.** \$250,000 in fiscal year
812.14 2022 and \$250,000 in fiscal year 2023 are
812.15 from the general fund for one or more
812.16 technical assistance centers for substance use
812.17 disorder treatment providers.

812.18 **(d) Study on Sober Housing Program.**
812.19 \$77,000 in fiscal year 2022 and \$13,000 in
812.20 fiscal year 2023 are from the general fund to
812.21 conduct a sober housing program study. This
812.22 is a onetime appropriation.

812.23 **(e) Intensive Rehabilitation Mental Health**
812.24 **Services Modifications.** \$80,000 in fiscal year
812.25 2022 and \$160,000 in fiscal year 2023 are
812.26 from the general fund for a contract with a
812.27 third party to provide specialized age-based
812.28 training to intensive rehabilitation mental
812.29 health treatment teams.

812.30 **(f) Base Level Adjustment.** The general fund
812.31 base is \$34,056,000 in fiscal year 2024 and
812.32 \$33,980,000 in fiscal year 2025. The opiate
812.33 epidemic response fund base is \$60,000 in
812.34 fiscal year 2024 and \$0 in fiscal year 2025.

813.1 **Subd. 8. Forecasted Programs; MFIP/DWP**813.2 Appropriations by Fund813.3 General 91,358,000 88,094,000813.4 Federal TANF 110,140,000 104,819,000813.5 **Subd. 9. Forecasted Programs; MFIP Child Care**813.6 **Assistance** 103,171,000 110,179,000813.7 **Subd. 10. Forecasted Programs; General**813.8 **Assistance** 53,574,000 52,785,000813.9 **(a) General Assistance Standard. The**813.10 commissioner shall set the monthly standard813.11 of assistance for general assistance units813.12 consisting of an adult recipient who is813.13 childless and unmarried or living apart from813.14 parents or a legal guardian at \$203. The813.15 commissioner may reduce this amount813.16 according to Laws 1997, chapter 85, article 3,813.17 section 54.813.18 **(b) Emergency General Assistance Limit.**813.19 The amount appropriated for emergency813.20 general assistance is limited to no more than813.21 \$6,729,812 in fiscal year 2022 and \$6,729,812813.22 in fiscal year 2023. Funds to counties shall be813.23 allocated by the commissioner using the813.24 allocation method under Minnesota Statutes,813.25 section 256D.06.813.26 **Subd. 11. Forecasted Programs; Minnesota**813.27 **Supplemental Aid** 51,779,000 52,486,000813.28 **Subd. 12. Forecasted Programs; Housing**813.29 **Support** 186,039,000 196,054,000813.30 **Subd. 13. Forecasted Programs; Northstar Care**813.31 **for Children** 107,034,000 121,246,000813.32 **Subd. 14. Forecasted Programs; MinnesotaCare**813.32 168,664,000 262,425,000813.33 This appropriation is from the health care813.34 access fund.

814.1 **Subd. 15. Forecasted Programs; Medical**
 814.2 **Assistance**

814.3 Appropriations by Fund

814.4 General 6,108,426,000 6,494,258,000

814.5 Health Care Access 611,178,000 612,099,000

814.6 **(a) Behavioral Health Services. \$1,000,000**

814.7 in fiscal year 2022 and \$1,000,000 in fiscal

814.8 year 2023 are from the general fund for

814.9 behavioral health services provided by

814.10 hospitals identified under Minnesota Statutes,

814.11 section 256.969, subdivision 2b, paragraph

814.12 (a), clause (4). The increase in payments shall

814.13 be made by increasing the adjustment under

814.14 Minnesota Statutes, section 256.969,

814.15 subdivision 2b, paragraph (e), clause (2).

814.16 **(b) Retainer Payments for Home and**

814.17 **Community-Based Service Providers.**

814.18 \$61,070,000 in fiscal year 2022 is from the

814.19 general fund for retainer payments for home

814.20 and community-based service providers. This

814.21 is a onetime appropriation and is available

814.22 until June 30, 2023.

814.23 **(c) Personal Care Assistance Service Rate**

814.24 **Increase. \$18,688,000 in fiscal year 2022 and**

814.25 **\$57,460,000 in fiscal year 2023 are from the**

814.26 **general fund for the personal care assistance**

814.27 **service rate increases described in this act. The**

814.28 **general fund base for this appropriation is**

814.29 **\$60,899,000 in fiscal year 2024 and**

814.30 **\$63,766,000 in fiscal year 2025.**

814.31 **(d) Home Care Service Rate Increase.**

814.32 **\$4,800,000 in fiscal year 2022 and \$4,926,000**

814.33 **in fiscal year 2023 are from the general fund**

814.34 **for home care service rate increases described**

814.35 **in this act. The general fund base for this**

815.1 appropriation is \$5,064,000 in fiscal year 2024
 815.2 and \$5,210,000 in fiscal year 2025.

815.3 **(e) Elderly Waiver Rate Increase.**

815.4 \$6,057,000 in fiscal year 2022 and \$6,136,000
 815.5 in fiscal year 2023 are from the general fund
 815.6 for elderly waiver service rate increases
 815.7 described in this act. The base for this
 815.8 appropriation is \$6,707,000 in fiscal year 2024
 815.9 and \$7,357,000 in fiscal year 2025.

815.10 **Subd. 16. Forecasted Programs; Alternative**
 815.11 **Care**

45,487,000

45,185,000

815.12 **Alternative Care Transfer.** Any money

815.13 allocated to the alternative care program that
 815.14 is not spent for the purposes indicated does
 815.15 not cancel but must be transferred to the
 815.16 medical assistance account.

815.17 **Subd. 17. Forecasted Programs; Behavioral**
 815.18 **Health Fund**

96,255,000

120,721,000

815.19 **Subd. 18. Grant Programs; Support Services**
 815.20 **Grants**

815.21 Appropriations by Fund

815.22 General 8,715,000 8,715,000

815.23 Federal TANF 101,311,000 96,984,000

815.24 **(a) MFIP Consolidated Fund.** \$5,000,000 in
 815.25 fiscal year 2022 and \$673,000 in fiscal year
 815.26 2023 are from the federal TANF fund for the
 815.27 MFIP consolidated fund under Minnesota
 815.28 Statutes, section 256J.626. The federal TANF
 815.29 fund base for this appropriation is \$5,000,000
 815.30 in fiscal year 2024 and \$5,000,000 in fiscal
 815.31 year 2025.

815.32 **(b) Base Level Adjustment.** The federal

815.33 TANF fund base is \$101,311,000 in fiscal year
 815.34 2024 and \$101,311,000 in fiscal year 2025.

816.1	<u>Subd. 19. Grant Programs; Basic Sliding Fee</u>		
816.2	<u>Child Care Assistance Grants</u>		<u>53,350,000</u>
			<u>53,362,000</u>
816.3	<u>Base Level Adjustment.</u> The general fund		
816.4	base is <u>\$53,366,000 in fiscal year 2024 and</u>		
816.5	<u>\$53,366,000 in fiscal year 2025.</u>		
816.6	<u>Subd. 20. Grant Programs; Child Care</u>		
816.7	<u>Development Grants</u>		<u>1,737,000</u>
			<u>1,737,000</u>
816.8	<u>Subd. 21. Grant Programs; Child Support</u>		
816.9	<u>Enforcement Grants</u>		<u>50,000</u>
			<u>50,000</u>
816.10	<u>Subd. 22. Grant Programs; Children's Services</u>		
816.11	<u>Grants</u>		
816.12	<u>Appropriations by Fund</u>		
816.13	<u>General</u>	<u>52,503,000</u>	<u>52,218,000</u>
816.14	<u>Federal TANF</u>	<u>140,000</u>	<u>140,000</u>
816.15	<u>(a) Title IV-E Adoption Assistance.</u> (1) The		
816.16	<u>commissioner shall allocate funds from the</u>		
816.17	<u>Title IV-E reimbursement to the state from</u>		
816.18	<u>the Fostering Connections to Success and</u>		
816.19	<u>Increasing Adoptions Act for adoptive, foster,</u>		
816.20	<u>and kinship families as required in Minnesota</u>		
816.21	<u>Statutes, section 256N.261.</u>		
816.22	<u>(2) Additional federal reimbursement to the</u>		
816.23	<u>state as a result of the Fostering Connections</u>		
816.24	<u>to Success and Increasing Adoptions Act's</u>		
816.25	<u>expanded eligibility for Title IV-E adoption</u>		
816.26	<u>assistance is for postadoption, foster care,</u>		
816.27	<u>adoption, and kinship services, including a</u>		
816.28	<u>parent-to-parent support network.</u>		
816.29	<u>(b) Initial Implementation of</u>		
816.30	<u>Court-Appointed Counsel in Child</u>		
816.31	<u>Protection Proceedings.</u> \$520,000 in fiscal		
816.32	<u>year 2022 and \$520,000 in fiscal year 2023</u>		
816.33	<u>are from the general fund for county costs</u>		
816.34	<u>related to court-appointed counsel in child</u>		
816.35	<u>protection proceedings pursuant to Minnesota</u>		

817.1 Statutes, section 260C.163, subdivision 3. The
 817.2 commissioner shall distribute funds to counties
 817.3 that do not currently provide court-appointed
 817.4 counsel to all parents, guardians, or custodians
 817.5 who qualify for court-appointed counsel at
 817.6 emergency protective care hearings for
 817.7 reimbursement of costs related to providing
 817.8 this counsel.

817.9 **Subd. 23. Grant Programs; Children and**
 817.10 **Community Service Grants**

63,251,000

63,856,000

817.11 **(a) Family First Prevention Services Act**
 817.12 **Implementation.** \$2,000,000 in fiscal year
 817.13 2022 and \$2,000,000 in fiscal year 2023 are
 817.14 from the general fund for grants to lead
 817.15 agencies for reduced Title IV-E federal
 817.16 reimbursement for room and board costs.

817.17 **(b) Additional Funding for Community**
 817.18 **Action Programs.** \$1,000,000 in fiscal year
 817.19 2022 and \$1,000,000 in fiscal year 2023 are
 817.20 from the general fund for community action
 817.21 programs.

817.22 **Subd. 24. Grant Programs; Children and**
 817.23 **Economic Support Grants**

22,990,000

22,740,000

817.24 **(a) Minnesota Food Assistance Program.**
 817.25 Unexpended funds for the Minnesota food
 817.26 assistance program for fiscal year 2022 do not
 817.27 cancel but are available in fiscal year 2023.

817.28 **(b) Grant to Minnesota Association for**
 817.29 **Volunteer Administration.** \$250,000 in fiscal
 817.30 year 2022 is from the general fund for a grant
 817.31 to the Minnesota Association for Volunteer
 817.32 Administration to administer needs-based
 817.33 volunteerism subgrants. This is a onetime
 817.34 appropriation and is available until June 30,
 817.35 2023.

818.1 **Subd. 25. Grant Programs; Health Care Grants**818.2 Appropriations by Fund818.3 General 3,711,000 3,711,000818.4 Health Care Access 3,465,000 3,465,000818.5 **Subd. 26. Grant Programs; Other Long-Term**818.6 **Care Grants** 1,925,000 1,925,000818.7 **Subd. 27. Grant Programs; Aging and Adult**818.8 **Services Grants** 32,995,000 32,995,000818.9 **Customized Living Quality Improvement**818.10 **Grants.** \$500,000 in fiscal year 2022 and818.11 \$500,000 in fiscal year 2023 are from the818.12 general fund for customized living quality818.13 improvement grants under Minnesota Statutes,818.14 section 256.479.818.15 **Subd. 28. Grant Programs; Deaf and**818.16 **Hard-of-Hearing Grants** 2,886,000 2,886,000818.17 **Subd. 29. Grant Programs; Disabilities Grants** 23,291,000 22,903,000818.18 **(a) Parent-to-Parent Peer Support.** \$125,000818.19 in fiscal year 2022 and \$125,000 in fiscal year818.20 2023 are from the general fund for a grant to818.21 an alliance member of Parent to Parent USA818.22 to support the alliance member's818.23 parent-to-parent peer support program for818.24 families of children with a disability or special818.25 health care need.818.26 **(b) Self-Advocacy Grants.** (1) \$143,000 in818.27 fiscal year 2022 and \$143,000 in fiscal year818.28 2023 are from the general fund for a grant818.29 under Minnesota Statutes, section 256.477,818.30 subdivision 1.818.31 **(2) \$105,000 in fiscal year 2022 and \$105,000**818.32 in fiscal year 2023 are from the general fund818.33 for subgrants under Minnesota Statutes,818.34 section 256.477, subdivision 2.

819.1 **(c) Minnesota Inclusion Initiative Grants.**
 819.2 \$150,000 in fiscal year 2022 and \$150,000 in
 819.3 fiscal year 2023 are from the general fund for
 819.4 grants under Minnesota Statutes, section
 819.5 256.4772.

819.6 **(d) Grants to Expand Access to Child Care**
 819.7 **for Children with Disabilities.** \$250,000 in
 819.8 fiscal year 2022 and \$250,000 in fiscal year
 819.9 2023 are from the general fund for grants to
 819.10 expand access to child care for children with
 819.11 disabilities. The commissioner may use up to
 819.12 seven percent of the appropriation for
 819.13 administration and technical assistance. This
 819.14 is a onetime appropriation.

819.15 **(e) Parenting with a Disability Pilot Project.**
 819.16 \$250,000 in fiscal year 2022 and \$250,000 in
 819.17 fiscal year 2023 are from the general fund for
 819.18 the parenting with a disability pilot project.
 819.19 This is a onetime appropriation.

819.20 **(f) Base Level Adjustment.** The general fund
 819.21 base is \$22,403,000 in fiscal year 2024 and
 819.22 \$22,403,000 in fiscal year 2025.

819.23 **Subd. 30. Grant Programs; Housing Support**
 819.24 **Grants**

11,364,000

10,364,000

819.25 **Integrated Community-Based Housing Pilot**
 819.26 **Project.** \$1,000,000 in fiscal year 2022 is from
 819.27 the general fund for competitive grants to
 819.28 nonprofits for the initial phase of the integrated
 819.29 community-based housing pilot project. The
 819.30 commissioner shall award competitive grants
 819.31 for the planning, design, construction,
 819.32 acquisition, and rehabilitation of permanent
 819.33 supportive housing that provides integrated
 819.34 community-based settings for people with
 819.35 disabilities and elderly individuals seeking to

820.1 remain in their communities. This is a onetime
 820.2 appropriation and is available until June 30,
 820.3 2023.

820.4 **Subd. 31. Grant Programs; Adult Mental Health**
 820.5 **Grants**

<u>Appropriations by Fund</u>		
820.6		
820.7	<u>General</u>	<u>83,323,000</u> <u>83,324,000</u>
820.8	<u>Opiate Epidemic</u>	
820.9	<u>Response</u>	<u>2,000,000</u> <u>2,000,000</u>

820.10 **Base Level Adjustment.** The opiate epidemic
 820.11 response fund base is \$2,000,000 in fiscal year
 820.12 2024 and \$2,000,000 in fiscal year 2025.

820.13	<u>Subd. 32. Grant Programs; Child Mental Health</u>		
820.14	<u>Grants</u>	<u>25,726,000</u>	<u>25,726,000</u>

820.15 **Subd. 33. Grant Programs; Chemical**
 820.16 **Dependency Treatment Support Grants**

<u>Appropriations by Fund</u>		
820.17		
820.18	<u>General</u>	<u>2,636,000</u> <u>2,636,000</u>
820.19	<u>Lottery Prize</u>	<u>2,733,000</u> <u>1,733,000</u>
820.20	<u>Opiate Epidemic</u>	
820.21	<u>Response</u>	<u>500,000</u> <u>500,000</u>

820.22 **(a) Problem Gambling.** \$225,000 in fiscal
 820.23 year 2022 and \$225,000 in fiscal year 2023
 820.24 are from the lottery prize fund for a grant to
 820.25 the state affiliate recognized by the National
 820.26 Council on Problem Gambling. The affiliate
 820.27 must provide services to increase public
 820.28 awareness of problem gambling, education,
 820.29 and training for individuals and organizations
 820.30 providing effective treatment services to
 820.31 problem gamblers and their families, and
 820.32 research related to problem gambling.

820.33 **(b) Support Grants Problem Gambling**
 820.34 **Services.** \$2,508,000 in fiscal year 2022 and
 820.35 \$1,508,000 in fiscal year 2023 are from the
 820.36 lottery prize fund for a grant to the state

821.1 affiliate recognized by the National Council
 821.2 on Problem Gambling for problem gambling
 821.3 assessments; nonresidential and residential
 821.4 treatment of problem gambling and gambling
 821.5 disorder; training for gambling treatment
 821.6 providers and other behavioral health services
 821.7 providers; and research projects that evaluate
 821.8 awareness, prevention, education, treatment
 821.9 service, and recovery supports related to
 821.10 problem gambling and gambling disorder.

821.11 **(c) Project ECHO Chemical Dependency**
 821.12 **Support Grants.** Notwithstanding Laws 2019,
 821.13 chapter 63, article 3, section 1, paragraph (f),
 821.14 the opiate epidemic response fund base is
 821.15 increased by \$400,000 in fiscal year 2025 for
 821.16 grants of \$200,000 to CHI St. Gabriel's Health
 821.17 Family Medical Center for the opioid-focused
 821.18 Project ECHO program and \$200,000 to
 821.19 Hennepin Health Care for the opioid-focused
 821.20 Project ECHO program.

821.21 **(d) Base Level Adjustment.** The opiate
 821.22 epidemic response fund base is \$500,000 in
 821.23 fiscal year 2024 and \$400,000 in fiscal year
 821.24 2025.

821.25 **Subd. 34. Direct Care and Treatment -**
 821.26 **Generally**

821.27 **Transfer Authority.** Money appropriated to
 821.28 budget activities under this subdivision and
 821.29 subdivisions 35 to 38 may be transferred
 821.30 between budget activities and between years
 821.31 of the biennium with the approval of the
 821.32 commissioner of management and budget.

821.33 **Subd. 35. Direct Care and Treatment - Mental**
 821.34 **Health and Substance Abuse**

129,197,000

129,197,000

822.1	<u>Transfer Authority. Money appropriated to</u>		
822.2	<u>support the continued operations of the</u>		
822.3	<u>Community Addiction Recovery Enterprise</u>		
822.4	<u>(C.A.R.E.) program may be transferred to the</u>		
822.5	<u>enterprise fund for C.A.R.E.</u>		
822.6	<u>Subd. 36. Direct Care and Treatment -</u>		
822.7	<u>Community-Based Services</u>	<u>17,176,000</u>	<u>17,176,000</u>
822.8	<u>Transfer Authority. Money appropriated to</u>		
822.9	<u>support the continued operations of the</u>		
822.10	<u>Minnesota State Operated Community</u>		
822.11	<u>Services (MSOCS) program may be</u>		
822.12	<u>transferred to the enterprise fund for MSOCS.</u>		
822.13	<u>Subd. 37. Direct Care and Treatment - Forensic</u>		
822.14	<u>Services</u>	<u>115,644,000</u>	<u>115,644,000</u>
822.15	<u>Subd. 38. Direct Care and Treatment - Sex</u>		
822.16	<u>Offender Program</u>	<u>96,285,000</u>	<u>96,285,000</u>
822.17	<u>Transfer Authority. Money appropriated for</u>		
822.18	<u>the Minnesota sex offender program may be</u>		
822.19	<u>transferred between fiscal years of the</u>		
822.20	<u>biennium with the approval of the</u>		
822.21	<u>commissioner of management and budget.</u>		
822.22	<u>Subd. 39. Direct Care and Treatment -</u>		
822.23	<u>Operations</u>	<u>49,855,000</u>	<u>49,837,000</u>
822.24	<u>Plan to Address Effects on Community of</u>		
822.25	<u>Certain State-Operated Services. \$18,000</u>		
822.26	<u>in fiscal year 2022 is from the general fund to</u>		
822.27	<u>develop a plan to ameliorate the effects of</u>		
822.28	<u>repeated incidents occurring at Minnesota</u>		
822.29	<u>state-operated community services programs.</u>		
822.30	<u>This is a onetime appropriation.</u>		
822.31	<u>Subd. 40. Technical Activities</u>	<u>79,204,000</u>	<u>78,260,000</u>
822.32	<u>This appropriation is from the federal TANF</u>		
822.33	<u>fund.</u>		

823.1 **Base Level Adjustment.** The federal TANF
823.2 fund base is \$71,493,000 in fiscal year 2024
823.3 and \$71,493,000 in fiscal year 2025.

823.4 Sec. 3. **COMMISSIONER OF HEALTH**

823.5 Subdivision 1. **Total Appropriation** \$ **256,042,000** \$ **258,539,000**

823.6 Appropriations by Fund

823.7		<u>2022</u>	<u>2023</u>
823.8	<u>General</u>	<u>138,366,000</u>	<u>141,159,000</u>
823.9	<u>State Government</u>		
823.10	<u>Special Revenue</u>	<u>68,451,000</u>	<u>68,835,000</u>
823.11	<u>Health Care Access</u>	<u>37,512,000</u>	<u>36,832,000</u>
823.12	<u>Federal TANF</u>	<u>11,713,000</u>	<u>11,713,000</u>

823.13 The amounts that may be spent for each
823.14 purpose are specified in the following
823.15 subdivisions.

823.16 Subd. 2. **Health Improvement**

823.17 Appropriations by Fund

823.18	<u>General</u>	<u>99,644,000</u>	<u>103,466,000</u>
823.19	<u>State Government</u>		
823.20	<u>Special Revenue</u>	<u>9,140,000</u>	<u>9,140,000</u>
823.21	<u>Health Care Access</u>	<u>37,512,000</u>	<u>36,832,000</u>
823.22	<u>Federal TANF</u>	<u>11,713,000</u>	<u>11,713,000</u>

823.23 (a) **TANF Appropriations.** (1) \$3,579,000 in
823.24 fiscal year 2022 and \$3,579,000 in fiscal year
823.25 2023 are from the TANF fund for home
823.26 visiting and nutritional services listed under
823.27 Minnesota Statutes, section 145.882,
823.28 subdivision 7, clauses (6) and (7). Funds must
823.29 be distributed to community health boards
823.30 according to Minnesota Statutes, section
823.31 145A.131, subdivision 1;

823.32 (2) \$2,000,000 in fiscal year 2022 and
823.33 \$2,000,000 in fiscal year 2023 are from the
823.34 TANF fund for decreasing racial and ethnic
823.35 disparities in infant mortality rates under

824.1 Minnesota Statutes, section 145.928,
824.2 subdivision 7;
824.3 (3) \$4,978,000 in fiscal year 2022 and
824.4 \$4,978,000 in fiscal year 2023 are from the
824.5 TANF fund for the family home visiting grant
824.6 program according to Minnesota Statutes,
824.7 section 145A.17. \$4,000,000 of the funding
824.8 in each fiscal year must be distributed to
824.9 community health boards according to
824.10 Minnesota Statutes, section 145A.131,
824.11 subdivision 1. \$978,000 of the funding in each
824.12 fiscal year must be distributed to tribal
824.13 governments according to Minnesota Statutes,
824.14 section 145A.14, subdivision 2a;
824.15 (4) \$1,156,000 in fiscal year 2022 and
824.16 \$1,156,000 in fiscal year 2023 are from the
824.17 TANF fund for family planning grants under
824.18 Minnesota Statutes, section 145.925; and
824.19 (5) the commissioner may use up to 6.23
824.20 percent of the funds appropriated from the
824.21 TANF fund each fiscal year to conduct the
824.22 ongoing evaluations required under Minnesota
824.23 Statutes, section 145A.17, subdivision 7, and
824.24 training and technical assistance as required
824.25 under Minnesota Statutes, section 145A.17,
824.26 subdivisions 4 and 5.
824.27 **(b) TANF Carryforward.** Any unexpended
824.28 balance of the TANF appropriation in the first
824.29 year of the biennium does not cancel but is
824.30 available for the second year.
824.31 **(c) Comprehensive Advanced Life Support**
824.32 **Educational Program.** \$100,000 in fiscal
824.33 year 2022 and \$100,000 in fiscal year 2023
824.34 are from the general fund for the

- 825.1 comprehensive advanced life support
825.2 educational program under Minnesota Statutes,
825.3 section 144.6062.
- 825.4 **(d) Study on Revenue Recapture and**
825.5 **Uncompensated Care.** \$50,000 in fiscal year
825.6 2022 is from the general fund for an evaluation
825.7 of the impact of the revenue recapture
825.8 provisions under the Revenue Recapture Act
825.9 under Minnesota Statutes, chapter 270A, on
825.10 hospital uncompensated care. The
825.11 commissioner shall submit the results of the
825.12 evaluation to the chairs and ranking minority
825.13 members of the legislative committees with
825.14 jurisdiction over health and human services
825.15 policy and finance by January 1, 2022.
- 825.16 **(e) Study of Telehealth.** \$175,000 in fiscal
825.17 year 2022 and \$1,465,000 in fiscal year 2023
825.18 are from the general fund for contracts related
825.19 to the study of the impact of telehealth
825.20 payment methodologies and expansion on the
825.21 coverage and provision of telehealth services
825.22 under public health care programs and private
825.23 health insurance. The general fund base for
825.24 this appropriation is \$34,000 in fiscal year
825.25 2024 and \$0 in fiscal year 2025.
- 825.26 **(f) Reduced Funding for Statewide Health**
825.27 **Improvement Program.** The health care
825.28 access fund base for the statewide health
825.29 improvement program is reduced by
825.30 \$10,000,000 in fiscal year 2022 and
825.31 \$10,000,000 in fiscal year 2023.
- 825.32 **(g) Increased Funding for Local Public**
825.33 **Health Grants.** The health care access fund
825.34 base is increased by \$10,000,000 in fiscal year
825.35 2022 and \$10,000,000 in fiscal year 2023 for

826.1 local public health grants and \$5,000,000 in
826.2 fiscal year 2022 and \$5,000,000 in fiscal year
826.3 2023 are from the general fund for local public
826.4 health grants.

826.5 **(h) Appropriation Elimination; e-Health**
826.6 **Advisory Committee.** The general fund
826.7 appropriation is reduced by \$97,000 in fiscal
826.8 year 2022 and \$97,000 in fiscal year 2023 for
826.9 the elimination of the e-Health Advisory
826.10 Committee.

826.11 **(i) Evidence-Based Home Visiting Grants;**
826.12 **Base Reallocation.** \$16,500,000 in fiscal year
826.13 2022 and \$16,500,000 in fiscal year 2023 are
826.14 from the general fund base for home visiting
826.15 grants under Minnesota Statutes, section
826.16 145.87.

826.17 **(j) Home Visiting Grants; Base Reduction.**
826.18 The general fund base for home visiting grants
826.19 is reduced by \$400,000 in fiscal year 2022 and
826.20 \$400,000 in fiscal year 2023. This is a onetime
826.21 reduction.

826.22 **(k) Eliminating Health Disparities; Base**
826.23 **Reduction.** The general fund base for
826.24 eliminating health disparities grants under
826.25 Minnesota Statutes, section 145.928, is
826.26 reduced by \$275,000 in fiscal year 2022. This
826.27 is a onetime reduction.

826.28 **(l) Grant for Model Curriculum for**
826.29 **Hospitals on Antiracism and Implicit Bias.**
826.30 \$275,000 in fiscal year 2022 is from the
826.31 general fund for a grant to the University of
826.32 Minnesota to develop a model curriculum on
826.33 antiracism and implicit bias for hospitals with
826.34 obstetric care and birth centers to provide

827.1 continuing education to staff who care for
 827.2 pregnant and postpartum patients. The model
 827.3 curriculum must be evidence-based. This is a
 827.4 onetime appropriation.

827.5 **(m) Nurse Family Partnership Programs.**
 827.6 The general fund base includes \$2,000,000 in
 827.7 fiscal year 2022 and \$2,000,000 in fiscal year
 827.8 2023 for grants to community health boards
 827.9 and tribal nations under Minnesota Statutes,
 827.10 section 145A.145. Any unexpended funds
 827.11 appropriated in the first year of the biennium
 827.12 are available to be awarded as grants under
 827.13 Minnesota Statutes, section 145A.145, in the
 827.14 second year of the same biennium.

827.15 **(n) Base Level Adjustments.** The general
 827.16 fund base is \$101,369,000 in fiscal year 2024
 827.17 and \$101,051,000 in fiscal year 2025.

827.18 The health care access fund base is
 827.19 \$37,432,000 in fiscal year 2024 and
 827.20 \$36,832,000 in fiscal year 2025.

827.21 **Subd. 3. Health Protection**

827.22	<u>Appropriations by Fund</u>	
827.23	<u>General</u>	<u>27,170,000</u> <u>26,141,000</u>
827.24	<u>State Government</u>	
827.25	<u>Special Revenue</u>	<u>59,311,000</u> <u>59,695,000</u>

827.26 **Base Level Adjustments.** The general fund
 827.27 base is \$26,154,000 in fiscal year 2024 and
 827.28 \$26,154,000 in fiscal year 2025.

827.29 **Subd. 4. Health Operations** 11,552,000 11,552,000

827.30 **Sec. 4. HEALTH-RELATED BOARDS**

827.31 **Subdivision 1. Total Appropriation** \$ 27,507,000 \$ 26,943,000

827.32	<u>Appropriations by Fund</u>	
827.33	<u>2022</u>	<u>2023</u>

828.1	<u>State Government</u>		
828.2	<u>Special Revenue</u>	<u>27,431,000</u>	<u>26,867,000</u>
828.3	<u>Health Care Access</u>	<u>76,000</u>	<u>76,000</u>
828.4	<u>This appropriation is from the state</u>		
828.5	<u>government special revenue fund unless</u>		
828.6	<u>specified otherwise. The amounts that may be</u>		
828.7	<u>spent for each purpose are specified in the</u>		
828.8	<u>following subdivisions.</u>		
828.9	<u>Subd. 2. Board of Behavioral Health and</u>		
828.10	<u>Therapy</u>	<u>868,000</u>	<u>868,000</u>
828.11	<u>Subd. 3. Board of Chiropractic Examiners</u>	<u>666,000</u>	<u>666,000</u>
828.12	<u>Subd. 4. Board of Dentistry</u>	<u>4,228,000</u>	<u>3,753,000</u>
828.13	<u>(a) Administrative Services Unit - Operating</u>		
828.14	<u>Costs.</u> Of this appropriation, \$2,738,000 in		
828.15	<u>fiscal year 2022 and \$2,263,000 in fiscal year</u>		
828.16	<u>2023 are for operating costs of the</u>		
828.17	<u>administrative services unit. The</u>		
828.18	<u>administrative services unit may receive and</u>		
828.19	<u>expend reimbursements for services it</u>		
828.20	<u>performs for other agencies.</u>		
828.21	<u>(b) Administrative Services Unit - Volunteer</u>		
828.22	<u>Health Care Provider Program.</u> Of this		
828.23	<u>appropriation, \$150,000 in fiscal year 2022</u>		
828.24	<u>and \$150,000 in fiscal year 2023 are to pay</u>		
828.25	<u>for medical professional liability coverage</u>		
828.26	<u>required under Minnesota Statutes, section</u>		
828.27	<u>214.40.</u>		
828.28	<u>(c) Administrative Services Unit -</u>		
828.29	<u>Retirement Costs.</u> Of this appropriation in		
828.30	<u>fiscal year 2022, \$475,000 is for the</u>		
828.31	<u>administrative services unit to pay for the</u>		
828.32	<u>retirement costs of health-related board</u>		
828.33	<u>employees. This funding may be transferred</u>		
828.34	<u>to the health board incurring retirement costs.</u>		
828.35	<u>Any board that has an unexpended balance for</u>		

829.1 an amount transferred under this paragraph
 829.2 shall transfer the unexpended amount to the
 829.3 administrative services unit. This is a onetime
 829.4 appropriation and is available until June 30,
 829.5 2023.

829.6 **(d) Administrative Services Unit - Contested**
 829.7 **Cases and Other Legal Proceedings.** Of this
 829.8 appropriation, \$200,000 in fiscal year 2022
 829.9 and \$200,000 in fiscal year 2023 are for costs
 829.10 of contested case hearings and other
 829.11 unanticipated costs of legal proceedings
 829.12 involving health-related boards funded under
 829.13 this section. Upon certification by a
 829.14 health-related board to the administrative
 829.15 services unit that costs will be incurred and
 829.16 that there is insufficient money available to
 829.17 pay for the costs out of money currently
 829.18 available to that board, the administrative
 829.19 services unit is authorized to transfer money
 829.20 from this appropriation to the board for
 829.21 payment of those costs with the approval of
 829.22 the commissioner of management and budget.
 829.23 The commissioner of management and budget
 829.24 must require any board that has an unexpended
 829.25 balance for an amount transferred under this
 829.26 paragraph to transfer the unexpended amount
 829.27 to the administrative services unit to be
 829.28 deposited in the state government special
 829.29 revenue fund.

829.30 **Subd. 5. Board of Dietetics and Nutrition**
 829.31 **Practice**

164,000

164,000

829.32 **Subd. 6. Board of Executives for Long-Term**
 829.33 **Services and Supports**

693,000

635,000

829.34 **Subd. 7. Board of Marriage and Family Therapy**

406,000

406,000

829.35 **Subd. 8. Board of Medical Practice**

5,912,000

5,868,000

830.1	<u>Health Professional Services Program.</u> This		
830.2	<u>appropriation includes \$1,002,000 in fiscal</u>		
830.3	<u>year 2022 and \$1,002,000 in fiscal year 2023</u>		
830.4	<u>for the health professional services program.</u>		
830.5	<u>Subd. 9. Board of Nursing</u>	<u>5,345,000</u>	<u>5,355,000</u>
830.6	<u>Subd. 10. Board of Occupational Therapy</u>		
830.7	<u>Practice</u>	<u>456,000</u>	<u>456,000</u>
830.8	<u>Subd. 11. Board of Optometry</u>	<u>238,000</u>	<u>238,000</u>
830.9	<u>Subd. 12. Board of Pharmacy</u>	<u>4,479,000</u>	<u>4,479,000</u>
830.10	<u>Appropriations by Fund</u>		
830.11	<u>State Government</u>		
830.12	<u>Special Revenue</u>	<u>4,403,000</u>	<u>4,403,000</u>
830.13	<u>Health Care Access</u>	<u>76,000</u>	<u>76,000</u>
830.14	<u>The health care access fund base is \$76,000</u>		
830.15	<u>in fiscal year 2024, \$38,000 in fiscal year</u>		
830.16	<u>2025, and \$0 in fiscal year 2026.</u>		
830.17	<u>Subd. 13. Board of Physical Therapy</u>	<u>564,000</u>	<u>564,000</u>
830.18	<u>Subd. 14. Board of Podiatric Medicine</u>	<u>214,000</u>	<u>214,000</u>
830.19	<u>Subd. 15. Board of Psychology</u>	<u>1,355,000</u>	<u>1,355,000</u>
830.20	<u>Subd. 16. Board of Social Work</u>	<u>1,556,000</u>	<u>1,559,000</u>
830.21	<u>Subd. 17. Board of Veterinary Medicine</u>	<u>363,000</u>	<u>363,000</u>
830.22	<u>Sec. 5. EMERGENCY MEDICAL SERVICES</u>		
830.23	<u>REGULATORY BOARD</u>	<u>\$ 4,576,000</u>	<u>\$ 4,576,000</u>
830.24	<u>Regional Grants.</u> \$800,000 in fiscal year		
830.25	<u>2022 and \$800,000 in fiscal year 2023 are for</u>		
830.26	<u>regional emergency medical services</u>		
830.27	<u>programs, to be distributed equally to the eight</u>		
830.28	<u>emergency medical service regions under</u>		
830.29	<u>Minnesota Statutes, section 144E.50.</u>		
830.30	<u>Sec. 6. COUNCIL ON DISABILITY</u>	<u>\$ 1,022,000</u>	<u>\$ 1,038,000</u>
830.31	<u>Sec. 7. OMBUDSMAN FOR MENTAL</u>		
830.32	<u>HEALTH AND DEVELOPMENTAL</u>		
830.33	<u>DISABILITIES</u>	<u>\$ 2,487,000</u>	<u>\$ 2,536,000</u>

831.1	<u>Department of Psychiatry Monitoring.</u>			
831.2	<u>\$100,000 in fiscal year 2022 and \$100,000 in</u>			
831.3	<u>fiscal year 2023 are for monitoring the</u>			
831.4	<u>Department of Psychiatry at the University of</u>			
831.5	<u>Minnesota.</u>			
831.6	Sec. 8. <u>OMBUDSPERSONS FOR FAMILIES</u>	\$	<u>733,000</u>	\$ <u>744,000</u>
831.7	Sec. 9. <u>LEGISLATIVE COORDINATING</u>			
831.8	<u>COMMISSION</u>	\$	<u>222,000</u>	\$ <u>76,000</u>
831.9	<u>(a) Legislative Task Force on Human</u>			
831.10	<u>Services Background Study</u>			
831.11	<u>Disqualifications.</u> \$132,000 in fiscal year			
831.12	2022 and \$76,000 in fiscal year 2023 are from			
831.13	<u>the general fund for the Legislative Task Force</u>			
831.14	<u>on Human Services Background Study</u>			
831.15	<u>Eligibility. This is a onetime appropriation.</u>			
831.16	<u>(b) Task Force on a Public-Private</u>			
831.17	<u>Telepresence Strategy.</u> \$90,000 in fiscal year			
831.18	2022 is from the general fund for the task force			
831.19	<u>on person-centered telepresence platform</u>			
831.20	<u>strategy.</u>			
831.21	Sec. 10. <u>SUPREME COURT</u>	\$	<u>30,000</u>	\$ <u>-0-</u>
831.22	Sec. 11. <u>COMMISSIONER OF</u>			
831.23	<u>MANAGEMENT AND BUDGET</u>	\$	<u>-0-</u>	\$ <u>-0-</u>
831.24	<u>Notwithstanding Laws 2019, chapter 63,</u>			
831.25	<u>article 3, section 1, paragraph (e), the opiate</u>			
831.26	<u>epidemic response fund base is increased by</u>			
831.27	<u>\$300,000 in fiscal year 2025 for the evaluation</u>			
831.28	<u>activities described under Minnesota Statutes,</u>			
831.29	<u>section 256.042, subdivision 1, paragraph (c).</u>			

832.1 Sec. 12. Laws 2008, chapter 364, section 17, is amended to read:

832.2 Sec. 17. **APPROPRIATIONS.**

832.3 ~~(a) \$261,000 is appropriated from the state government special revenue fund to the~~
 832.4 ~~commissioner of health for the purposes of this act for fiscal year 2009. Base level funding~~
 832.5 ~~for this appropriation shall be \$77,000 for fiscal years beginning on or after July 1, 2009.~~

832.6 ~~(b) Of the appropriation in paragraph (a), \$116,000 in fiscal year 2009 is for the study~~
 832.7 ~~and report required in section 12, \$145,000 in fiscal year 2009 shall be transferred to the~~
 832.8 ~~general fund, and \$77,000 shall be transferred for each fiscal year beginning on or after July~~
 832.9 ~~1, 2009.~~

832.10 ~~(e)~~ (a) \$145,000 is appropriated from the general fund to the commissioner of human
 832.11 services for fiscal year 2009 for the actuarial and other department costs associated with
 832.12 additional reporting requirements for health plans and county-based purchasing plans. Base
 832.13 level funding for this appropriation for fiscal years beginning on or after July 1, 2009, shall
 832.14 be \$135,000 each year.

832.15 ~~(d)~~ (b) \$96,000 is appropriated from the general fund to the commissioner of human
 832.16 services for fiscal year 2009 for the study authorized in section 11, clause (3). This
 832.17 appropriation is onetime.

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

832.19 Sec. 13. Laws 2019, First Special Session chapter 9, article 14, section 3, as amended by
 832.20 Laws 2019, First Special Session chapter 12, section 6, is amended to read:

832.21 Sec. 3. **COMMISSIONER OF HEALTH**

832.22				<u>236,188,000</u>	
832.23	Subdivision 1. Total Appropriation	\$	231,829,000	\$	<u>233,979,000</u>

832.24 Appropriations by Fund

832.25		2020	2021
832.26	General	124,381,000	126,276,000
832.27	State Government		61,367,000
832.28	Special Revenue	58,450,000	<u>59,158,000</u>
832.29	Health Care Access	37,285,000	36,832,000
832.30	Federal TANF	11,713,000	11,713,000

833.1 The amounts that may be spent for each
 833.2 purpose are specified in the following
 833.3 subdivisions.

833.4 **Subd. 2. Health Improvement**

833.5 Appropriations by Fund

833.6	General	94,980,000	96,117,000
833.7	State Government		7,558,000
833.8	Special Revenue	7,614,000	<u>6,924,000</u>
833.9	Health Care Access	37,285,000	36,832,000
833.10	Federal TANF	11,713,000	11,713,000

833.11 **(a) TANF Appropriations.** (1) \$3,579,000 in
 833.12 fiscal year 2020 and \$3,579,000 in fiscal year
 833.13 2021 are from the TANF fund for home
 833.14 visiting and nutritional services under
 833.15 Minnesota Statutes, section 145.882,
 833.16 subdivision 7, clauses (6) and (7). Funds must
 833.17 be distributed to community health boards
 833.18 according to Minnesota Statutes, section
 833.19 145A.131, subdivision 1;

833.20 (2) \$2,000,000 in fiscal year 2020 and
 833.21 \$2,000,000 in fiscal year 2021 are from the
 833.22 TANF fund for decreasing racial and ethnic
 833.23 disparities in infant mortality rates under
 833.24 Minnesota Statutes, section 145.928,
 833.25 subdivision 7;

833.26 (3) \$4,978,000 in fiscal year 2020 and
 833.27 \$4,978,000 in fiscal year 2021 are from the
 833.28 TANF fund for the family home visiting grant
 833.29 program under Minnesota Statutes, section
 833.30 145A.17. \$4,000,000 of the funding in each
 833.31 fiscal year must be distributed to community
 833.32 health boards according to Minnesota Statutes,
 833.33 section 145A.131, subdivision 1. \$978,000 of
 833.34 the funding in each fiscal year must be
 833.35 distributed to tribal governments according to

834.1 Minnesota Statutes, section 145A.14,
834.2 subdivision 2a;

834.3 (4) \$1,156,000 in fiscal year 2020 and
834.4 \$1,156,000 in fiscal year 2021 are from the
834.5 TANF fund for family planning grants under
834.6 Minnesota Statutes, section 145.925; and

834.7 (5) The commissioner may use up to 6.23
834.8 percent of the amounts appropriated from the
834.9 TANF fund each year to conduct the ongoing
834.10 evaluations required under Minnesota Statutes,
834.11 section 145A.17, subdivision 7, and training
834.12 and technical assistance as required under
834.13 Minnesota Statutes, section 145A.17,
834.14 subdivisions 4 and 5.

834.15 (b) **TANF Carryforward.** Any unexpended
834.16 balance of the TANF appropriation in the first
834.17 year of the biennium does not cancel but is
834.18 available for the second year.

834.19 (c) **Comprehensive Suicide Prevention.**
834.20 \$2,730,000 in fiscal year 2020 and \$2,730,000
834.21 in fiscal year 2021 are from the general fund
834.22 for a comprehensive, community-based suicide
834.23 prevention strategy. The funds are allocated
834.24 as follows:

834.25 (1) \$955,000 in fiscal year 2020 and \$955,000
834.26 in fiscal year 2021 are for community-based
834.27 suicide prevention grants authorized in
834.28 Minnesota Statutes, section 145.56,
834.29 subdivision 2. Specific emphasis must be
834.30 placed on those communities with the greatest
834.31 disparities. The base for this appropriation is
834.32 \$1,291,000 in fiscal year 2022 and \$1,291,000
834.33 in fiscal year 2023;

835.1 (2) \$683,000 in fiscal year 2020 and \$683,000
835.2 in fiscal year 2021 are to support
835.3 evidence-based training for educators and
835.4 school staff and purchase suicide prevention
835.5 curriculum for student use statewide, as
835.6 authorized in Minnesota Statutes, section
835.7 145.56, subdivision 2. The base for this
835.8 appropriation is \$913,000 in fiscal year 2022
835.9 and \$913,000 in fiscal year 2023;

835.10 (3) \$137,000 in fiscal year 2020 and \$137,000
835.11 in fiscal year 2021 are to implement the Zero
835.12 Suicide framework with up to 20 behavioral
835.13 and health care organizations each year to treat
835.14 individuals at risk for suicide and support
835.15 those individuals across systems of care upon
835.16 discharge. The base for this appropriation is
835.17 \$205,000 in fiscal year 2022 and \$205,000 in
835.18 fiscal year 2023;

835.19 (4) \$955,000 in fiscal year 2020 and \$955,000
835.20 in fiscal year 2021 are to develop and fund a
835.21 Minnesota-based network of National Suicide
835.22 Prevention Lifeline, providing statewide
835.23 coverage. The base for this appropriation is
835.24 \$1,321,000 in fiscal year 2022 and \$1,321,000
835.25 in fiscal year 2023; and

835.26 (5) the commissioner may retain up to 18.23
835.27 percent of the appropriation under this
835.28 paragraph to administer the comprehensive
835.29 suicide prevention strategy.

835.30 **(d) Statewide Tobacco Cessation.** \$1,598,000
835.31 in fiscal year 2020 and \$2,748,000 in fiscal
835.32 year 2021 are from the general fund for
835.33 statewide tobacco cessation services under
835.34 Minnesota Statutes, section 144.397. The base

836.1 for this appropriation is \$2,878,000 in fiscal
836.2 year 2022 and \$2,878,000 in fiscal year 2023.

836.3 **(e) Health Care Access Survey.** \$225,000 in
836.4 fiscal year 2020 and \$225,000 in fiscal year
836.5 2021 are from the health care access fund to
836.6 continue and improve the Minnesota Health
836.7 Care Access Survey. These appropriations
836.8 may be used in either year of the biennium.

836.9 **(f) Community Solutions for Healthy Child**
836.10 **Development Grant Program.** \$1,000,000
836.11 in fiscal year 2020 and \$1,000,000 in fiscal
836.12 year 2021 are for the community solutions for
836.13 healthy child development grant program to
836.14 promote health and racial equity for young
836.15 children and their families under article 11,
836.16 section 107. The commissioner may use up to
836.17 23.5 percent of the total appropriation for
836.18 administration. The base for this appropriation
836.19 is \$1,000,000 in fiscal year 2022, \$1,000,000
836.20 in fiscal year 2023, and \$0 in fiscal year 2024.

836.21 **(g) Domestic Violence and Sexual Assault**
836.22 **Prevention Program.** \$375,000 in fiscal year
836.23 2020 and \$375,000 in fiscal year 2021 are
836.24 from the general fund for the domestic
836.25 violence and sexual assault prevention
836.26 program under article 11, section 108. This is
836.27 a onetime appropriation.

836.28 **(h) Skin Lightening Products Public**
836.29 **Awareness Grant Program.** \$100,000 in
836.30 fiscal year 2020 and \$100,000 in fiscal year
836.31 2021 are from the general fund for a skin
836.32 lightening products public awareness and
836.33 education grant program. This is a onetime
836.34 appropriation.

837.1 **(i) Cannabinoid Products Workgroup.**

837.2 \$8,000 in fiscal year 2020 is from the state
 837.3 government special revenue fund for the
 837.4 cannabinoid products workgroup. This is a
 837.5 onetime appropriation.

837.6 **(j) Base Level Adjustments.** The general fund
 837.7 base is \$96,742,000 in fiscal year 2022 and
 837.8 \$96,742,000 in fiscal year 2023. The health
 837.9 care access fund base is \$37,432,000 in fiscal
 837.10 year 2022 and \$36,832,000 in fiscal year 2023.

837.11 **Subd. 3. Health Protection**

837.12 Appropriations by Fund

837.13	General	18,803,000	19,774,000
837.14	State Government		53,809,000
837.15	Special Revenue	50,836,000	<u>52,234,000</u>

837.16 **(a) Public Health Laboratory Equipment.**

837.17 \$840,000 in fiscal year 2020 and \$655,000 in
 837.18 fiscal year 2021 are from the general fund for
 837.19 equipment for the public health laboratory.
 837.20 This is a onetime appropriation and is
 837.21 available until June 30, 2023.

837.22 **(b) Base Level Adjustment.** The general fund

837.23 base is \$19,119,000 in fiscal year 2022 and
 837.24 \$19,119,000 in fiscal year 2023. The state
 837.25 government special revenue fund base is
 837.26 \$53,782,000 in fiscal year 2022 and
 837.27 \$53,782,000 in fiscal year 2023.

837.28 **Subd. 4. Health Operations** 10,598,000 10,385,000

837.29 **Base Level Adjustment.** The general fund
 837.30 base is \$10,912,000 in fiscal year 2022 and
 837.31 \$10,912,000 in fiscal year 2023.

837.32 **EFFECTIVE DATE.** This section is effective the day following final enactment and
 837.33 the reductions in subdivisions 1 to 3 are onetime reductions.

838.1 **Sec. 14. RETURN OF PAYMENTS FOR JENSEN SETTLEMENT COSTS.**

838.2 If the state receives funds disbursed from the United States District Court for the District
838.3 of Minnesota registry related to Jensen v. Minnesota Department of Human Services, Civ.
838.4 No. 09-1775 (DWF/BRT), then the commissioner shall deposit the disbursed funds, estimated
838.5 to be \$613,000, into an account in the general fund, and the balance of the account is
838.6 appropriated to the commissioner of human services for the disability services system reform
838.7 efforts of the Disability Services Division. The commissioner of human services shall
838.8 allocate all of these funds to the operating budget of the Disability Services Division. By
838.9 January 1, 2023, the commissioner of human services shall report to the chairs and ranking
838.10 minority members of the legislative committees and divisions with jurisdiction over human
838.11 services on the uses of the funds appropriated under this section.

838.12 **EFFECTIVE DATE.** This section is effective retroactively from December 6, 2020.

838.13 **Sec. 15. APPROPRIATION; CORONAVIRUS RELIEF FUND REFINANCING.**

838.14 The commissioner of management and budget shall review all appropriations and transfers
838.15 from the general fund in Laws 2020, chapters 66, 70, 71, and 74, to determine whether those
838.16 appropriations and transfers are eligible expenditures from the coronavirus relief fund. The
838.17 commissioner shall designate \$13,500,000 of general fund appropriations and transfers in
838.18 Laws 2020, chapters 66, 70, 71, and 74, as eligible expenditures from the coronavirus relief
838.19 fund. \$13,500,000 of the appropriations and transfers designated by the commissioner are
838.20 canceled to the general fund. The commissioner may designate a portion of an appropriation
838.21 or transfer for cancellation. \$13,500,000 is appropriated from the coronavirus relief fund
838.22 for the purposes of the original general fund appropriation.

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

838.24 **Sec. 16. APPROPRIATION; REFINANCING AND CANCELLATION OF**
838.25 **EMERGENCY CHILD CARE GRANTS.**

838.26 \$26,623,000 in fiscal year 2020 is appropriated from the federal coronavirus relief fund
838.27 to the commissioner of human services to replace \$26,623,000 of the general fund
838.28 appropriation in Laws 2020, chapter 71, article 1, section 2, subdivision 9. \$26,623,000 of
838.29 the appropriation in Laws 2020, chapter 71, article 1, section 2, subdivision 9, is canceled
838.30 to the general fund. This is a onetime appropriation.

838.31 **EFFECTIVE DATE.** This section is effective retroactively from March 29, 2020.

839.1 Sec. 17. APPROPRIATION; MINNESOTACARE.

839.2 \$44,000 in fiscal year 2021 is appropriated from the health care access fund to the
839.3 commissioner of human services for MinnesotaCare. This is a onetime appropriation.

839.4 EFFECTIVE DATE. This section is effective June 30, 2021.

839.5 Sec. 18. REDUCTION IN APPROPRIATION AND CANCELLATION; HEALTH
839.6 IMPROVEMENT.

839.7 The fiscal year 2021 general fund appropriation in Laws 2019, First Special Session
839.8 chapter 9, article 14, section 3, subdivision 2, is reduced by \$2,410,000 and canceled to the
839.9 general fund.

839.10 EFFECTIVE DATE. This section is effective June 30, 2021.

839.11 Sec. 19. ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGE FOR
839.12 HOME AND COMMUNITY-BASED SERVICES; DEPOSIT.

839.13 Beginning April 1, 2021, the commissioner of management and budget shall deposit in
839.14 the health care access fund all amounts, estimated to be \$478,017,000, attributable to the
839.15 enhanced federal medical assistance percentage for home and community-based services
839.16 authorized in section 9817 of the federal American Rescue Plan Act, Public Law 117-2.

839.17 EFFECTIVE DATE. This section is effective retroactively from April 1, 2021.

839.18 Sec. 20. ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGE FOR
839.19 HOME AND COMMUNITY-BASED SERVICES; TRANSFERS.

839.20 (a) The commissioner of management and budget shall transfer \$76,643,000 in fiscal
839.21 year 2022, \$47,883,000 in fiscal year 2023, \$50,749,000 in fiscal year 2024, and \$53,069,000
839.22 in fiscal year 2025 from the health care access fund to the general fund to meet the
839.23 maintenance of effort requirement under section 9817 of the federal American Rescue Plan
839.24 Act, Public Law 117-2.

839.25 (b) The commissioner of management and budget shall transfer \$249,673,000 in fiscal
839.26 year 2022 from the health care access fund to the general fund to meet the maintenance of
839.27 effort requirement under section 9817 of the federal American Rescue Plan Act, Public Law
839.28 117-2. This section expires June 30, 2025.

840.1 Sec. 21. **ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGE.**

840.2 Notwithstanding Minnesota Statutes, section 256.011, subdivision 3, beginning January
840.3 1, 2022, any amount attributable to the enhanced Federal Medical Assistance Percentage
840.4 (FMAP) under section 6008 of the Families First Coronavirus Response Act, Public Law
840.5 116-127, shall be deposited in the health care access fund.

840.6 Sec. 22. **TRANSFERS.**

840.7 Subdivision 1. Grants. The commissioner of human services, with the approval of the
840.8 commissioner of management and budget, may transfer unencumbered appropriation balances
840.9 for the biennium ending June 30, 2023, within fiscal years among the MFIP, general
840.10 assistance, medical assistance, MinnesotaCare, MFIP child care assistance under Minnesota
840.11 Statutes, section 119B.05, Minnesota supplemental aid program, group residential housing
840.12 program, the entitlement portion of Northstar Care for Children under Minnesota Statutes,
840.13 chapter 256N, and the entitlement portion of the chemical dependency consolidated treatment
840.14 fund, and between fiscal years of the biennium. The commissioner shall inform the chairs
840.15 and ranking minority members of the senate Health and Human Services Finance Division
840.16 and the house of representatives Health and Human Services Finance Committee quarterly
840.17 about transfers made under this subdivision.

840.18 Subd. 2. Administration. Positions, salary money, and nonsalary administrative money
840.19 may be transferred within the Departments of Health and Human Services as the
840.20 commissioners consider necessary, with the advance approval of the commissioner of
840.21 management and budget. The commissioners shall inform the chairs and ranking minority
840.22 members of the legislative committees with jurisdiction over health and human services
840.23 finance quarterly about transfers made under this section.

840.24 Sec. 23. **INDIRECT COSTS NOT TO FUND PROGRAMS.**

840.25 The commissioners of health and human services shall not use indirect cost allocations
840.26 to pay for the operational costs of any program for which they are responsible.

840.27 Sec. 24. **APPROPRIATION ENACTED MORE THAN ONCE.**

840.28 If an appropriation in this act is enacted more than once in the 2021 legislative session,
840.29 the appropriation must be given effect only once.

841.1 Sec. 25. **EXPIRATION OF UNCODIFIED LANGUAGE.**

841.2 All uncodified language contained in this article expires on June 30, 2023, unless a
841.3 different expiration date is explicit.

841.4 Sec. 26. **EFFECTIVE DATE.**

841.5 This article is effective July 1, 2021, unless a different effective date is specified.

16A.724 HEALTH CARE ACCESS FUND.

Subd. 2. **Transfers.** (a) Notwithstanding section 295.581, to the extent available resources in the health care access fund exceed expenditures in that fund, effective for the biennium beginning July 1, 2007, the commissioner of management and budget shall transfer the excess funds from the health care access fund to the general fund on June 30 of each year, provided that the amount transferred in fiscal year 2016 shall not exceed \$48,000,000, the amount in fiscal year 2017 shall not exceed \$122,000,000, and the amount in any fiscal biennium thereafter shall not exceed \$244,000,000. The purpose of this transfer is to meet the rate increase required under section 256B.04, subdivision 25.

(b) For fiscal years 2006 to 2011, MinnesotaCare shall be a forecasted program, and, if necessary, the commissioner shall reduce these transfers from the health care access fund to the general fund to meet annual MinnesotaCare expenditures or, if necessary, transfer sufficient funds from the general fund to the health care access fund to meet annual MinnesotaCare expenditures.

62A.67 SHORT TITLE.

Sections 62A.67 to 62A.672 may be cited as the "Minnesota Telemedicine Act."

62A.671 DEFINITIONS.

Subdivision 1. **Applicability.** For purposes of sections 62A.67 to 62A.672, the terms defined in this section have the meanings given.

Subd. 2. **Distant site.** "Distant site" means a site at which a licensed health care provider is located while providing health care services or consultations by means of telemedicine.

Subd. 3. **Health care provider.** "Health care provider" has the meaning provided in section 62A.63, subdivision 2.

Subd. 4. **Health carrier.** "Health carrier" has the meaning provided in section 62A.011, subdivision 2.

Subd. 5. **Health plan.** "Health plan" means a health plan as defined in section 62A.011, subdivision 3, and includes dental plans as defined in section 62Q.76, subdivision 3, but does not include dental plans that provide indemnity-based benefits, regardless of expenses incurred and are designed to pay benefits directly to the policyholder.

Subd. 6. **Licensed health care provider.** "Licensed health care provider" means a health care provider who is:

(1) licensed under chapter 147, 147A, 148, 148B, 148E, 148F, 150A, or 153; a mental health professional as defined under section 245.462, subdivision 18, or 245.4871, subdivision 27; or vendor of medical care defined in section 256B.02, subdivision 7; and

(2) authorized within their respective scope of practice to provide the particular service with no supervision or under general supervision.

Subd. 7. **Originating site.** "Originating site" means a site including, but not limited to, a health care facility at which a patient is located at the time health care services are provided to the patient by means of telemedicine.

Subd. 8. **Store-and-forward technology.** "Store-and-forward technology" means the transmission of a patient's medical information from an originating site to a health care provider at a distant site without the patient being present, or the delivery of telemedicine that does not occur in real time via synchronous transmissions.

Subd. 9. **Telemedicine.** "Telemedicine" means the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site. A communication between licensed health care providers that consists solely of a telephone conversation, e-mail, or facsimile transmission does not constitute telemedicine consultations or services. A communication between a licensed health care provider and a patient that consists solely of an e-mail or facsimile transmission does not constitute telemedicine consultations or services. Telemedicine may be provided by means of real-time two-way, interactive audio and visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support health care delivery, which facilitate the assessment, diagnosis, consultation, treatment, education, and care management of a patient's health care.

62A.672 COVERAGE OF TELEMEDICINE SERVICES.

Subdivision 1. **Coverage of telemedicine.** (a) A health plan sold, issued, or renewed by a health carrier for which coverage of benefits begins on or after January 1, 2017, shall include coverage for telemedicine benefits in the same manner as any other benefits covered under the policy, plan, or contract, and shall comply with the regulations of this section.

(b) Nothing in this section shall be construed to:

(1) require a health carrier to provide coverage for services that are not medically necessary;

(2) prohibit a health carrier from establishing criteria that a health care provider must meet to demonstrate the safety or efficacy of delivering a particular service via telemedicine for which the health carrier does not already reimburse other health care providers for delivering via telemedicine, so long as the criteria are not unduly burdensome or unreasonable for the particular service; or

(3) prevent a health carrier from requiring a health care provider to agree to certain documentation or billing practices designed to protect the health carrier or patients from fraudulent claims so long as the practices are not unduly burdensome or unreasonable for the particular service.

Subd. 2. **Parity between telemedicine and in-person services.** A health carrier shall not exclude a service for coverage solely because the service is provided via telemedicine and is not provided through in-person consultation or contact between a licensed health care provider and a patient.

Subd. 3. **Reimbursement for telemedicine services.** (a) A health carrier shall reimburse the distant site licensed health care provider for covered services delivered via telemedicine on the same basis and at the same rate as the health carrier would apply to those services if the services had been delivered in person by the distant site licensed health care provider.

(b) It is not a violation of this subdivision for a health carrier to include a deductible, co-payment, or coinsurance requirement for a health care service provided via telemedicine, provided that the deductible, co-payment, or coinsurance is not in addition to, and does not exceed, the deductible, co-payment, or coinsurance applicable if the same services were provided through in-person contact.

136A.29 POWERS; DUTIES.

Subd. 4. **Mutual agreement; staff, equipment, office space.** By mutual agreement between the authority and the office, authority staff employees may also be members of the office staff. By mutual agreement, authority employees may be provided office space in the office of the Office of Higher Education, and said employees may make use of equipment, supplies, and office space, provided that the authority fully reimburses the office for salaries and for space, equipment, supplies, and materials used. In the absence of such mutual agreement between the authority and the office, the authority may maintain an office at such place or places as it may designate.

144E.27 EDUCATION PROGRAMS; BOARD APPROVAL.

Subdivision 1. **Education program instructor.** An education program instructor must be an emergency medical responder, EMT, AEMT, paramedic, physician, physician assistant, or registered nurse.

Subd. 1a. **Approval required.** (a) All education programs for an emergency medical responder must be approved by the board.

(b) To be approved by the board, an education program must:

(1) submit an application prescribed by the board that includes:

(i) type and length of course to be offered;

(ii) names, addresses, and qualifications of the program medical director, program education coordinator, and instructors;

(iii) admission criteria for students; and

(iv) materials and equipment to be used;

(2) for each course, implement the most current version of the United States Department of Transportation EMS Education Standards, or its equivalent as determined by the board applicable to Emergency Medical Responder registration education;

(3) have a program medical director and a program coordinator;

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(4) have at least one instructor for every ten students at the practical skill stations;

(5) retain documentation of program approval by the board, course outline, and student information; and

(6) submit the appropriate fee as required under section 144E.29.

(c) The National EMS Education Standards by the NHTSA, United States Department of Transportation contains the minimal entry level of knowledge and skills for emergency medical responders. Medical directors of emergency medical responder groups may expand the knowledge and skill set.

151.19 REGISTRATION; FEES.

Subd. 3. **Sale of federally restricted medical gases.** (a) A person or establishment not licensed as a pharmacy or a practitioner must not engage in the retail sale or dispensing of federally restricted medical gases without first obtaining a registration from the board and paying the applicable fee specified in section 151.065. The registration must be displayed in a conspicuous place in the business for which it is issued and expires on the date set by the board. It is unlawful for a person to sell or dispense federally restricted medical gases unless a certificate has been issued to that person by the board.

(b) Application for a medical gas dispenser registration under this section must be made in a manner specified by the board.

(c) A registration must not be issued or renewed for a medical gas dispenser located within the state unless the applicant agrees to operate in a manner prescribed by federal and state law and according to the rules adopted by the board. A license must not be issued for a medical gas dispenser located outside of the state unless the applicant agrees to operate in a manner prescribed by federal law and, when dispensing medical gases for residents of this state, the laws of this state and Minnesota Rules.

(d) A registration must not be issued or renewed for a medical gas dispenser that is required to be licensed or registered by the state in which it is physically located unless the applicant supplies the board with proof of the licensure or registration. The board may, by rule, establish standards for the registration of a medical gas dispenser that is not required to be licensed or registered by the state in which it is physically located.

(e) The board must require a separate registration for each medical gas dispenser located within the state and for each facility located outside of the state from which medical gases are dispensed to residents of this state.

(f) Prior to the issuance of an initial or renewed registration for a medical gas dispenser, the board may require the medical gas dispenser to pass an inspection conducted by an authorized representative of the board. In the case of a medical gas dispenser located outside of the state, the board may require the applicant to pay the cost of the inspection, in addition to the license fee in section 151.065, unless the applicant furnishes the board with a report, issued by the appropriate regulatory agency of the state in which the facility is located, of an inspection that has occurred within the 24 months immediately preceding receipt of the license application by the board. The board may deny licensure unless the applicant submits documentation satisfactory to the board that any deficiencies noted in an inspection report have been corrected.

245.462 DEFINITIONS.

Subd. 4a. **Clinical supervision.** "Clinical supervision" means the oversight responsibility for individual treatment plans and individual mental health service delivery, including that provided by the case manager. Clinical supervision must be accomplished by full or part-time employment of or contracts with mental health professionals. Clinical supervision must be documented by the mental health professional cosigning individual treatment plans and by entries in the client's record regarding supervisory activities.

245.4871 DEFINITIONS.

Subd. 32a. **Responsible social services agency.** "Responsible social services agency" is defined in section 260C.007, subdivision 27a.

245.4879 EMERGENCY SERVICES.

Subd. 2. **Specific requirements.** (a) The county board shall require that all service providers of emergency services to the child with an emotional disturbance provide immediate direct access

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to a mental health professional during regular business hours. For evenings, weekends, and holidays, the service may be by direct toll-free telephone access to a mental health professional, a mental health practitioner, or until January 1, 1991, a designated person with training in human services who receives clinical supervision from a mental health professional.

(b) The commissioner may waive the requirement in paragraph (a) that the evening, weekend, and holiday service be provided by a mental health professional or mental health practitioner after January 1, 1991, if the county documents that:

(1) mental health professionals or mental health practitioners are unavailable to provide this service;

(2) services are provided by a designated person with training in human services who receives clinical supervision from a mental health professional; and

(3) the service provider is not also the provider of fire and public safety emergency services.

(c) The commissioner may waive the requirement in paragraph (b), clause (3), that the evening, weekend, and holiday service not be provided by the provider of fire and public safety emergency services if:

(1) every person who will be providing the first telephone contact has received at least eight hours of training on emergency mental health services reviewed by the state advisory council on mental health and then approved by the commissioner;

(2) every person who will be providing the first telephone contact will annually receive at least four hours of continued training on emergency mental health services reviewed by the state advisory council on mental health and then approved by the commissioner;

(3) the local social service agency has provided public education about available emergency mental health services and can assure potential users of emergency services that their calls will be handled appropriately;

(4) the local social service agency agrees to provide the commissioner with accurate data on the number of emergency mental health service calls received;

(5) the local social service agency agrees to monitor the frequency and quality of emergency services; and

(6) the local social service agency describes how it will comply with paragraph (d).

(d) When emergency service during nonbusiness hours is provided by anyone other than a mental health professional, a mental health professional must be available on call for an emergency assessment and crisis intervention services, and must be available for at least telephone consultation within 30 minutes.

245.62 COMMUNITY MENTAL HEALTH CENTER.

Subd. 3. **Clinical supervisor.** All community mental health center services shall be provided under the clinical supervision of a licensed psychologist licensed under sections 148.88 to 148.98, or a physician who is board certified or eligible for board certification in psychiatry, and who is licensed under section 147.02.

Subd. 4. **Rules.** The commissioner shall promulgate rules to establish standards for the designation of an agency as a community mental health center. These standards shall include, but are not limited to:

(1) provision of mental health services in the prevention, identification, treatment and aftercare of emotional disorders, chronic and acute mental illness, developmental disabilities, and alcohol and drug abuse and dependency, including the services listed in section 245.61 except detoxification services;

(2) establishment of a community mental health center board pursuant to section 245.66; and

(3) approval pursuant to section 245.69, subdivision 2.

245.69 ADDITIONAL DUTIES OF COMMISSIONER.

Subd. 2. **Approval of centers and clinics.** The commissioner of human services has the authority to approve or disapprove public and private mental health centers and public and private mental health clinics for the purposes of section 62A.152, subdivision 2. For the purposes of this subdivision

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the commissioner shall promulgate rules in accordance with sections 14.001 to 14.69. The rules shall require each applicant to pay a fee to cover costs of processing applications and determining compliance with the rules and this subdivision. The commissioner may contract with any state agency, individual, corporation or association to which the commissioner shall delegate all but final approval and disapproval authority to determine compliance or noncompliance.

(a) Each approved mental health center and each approved mental health clinic shall have a multidisciplinary team of professional staff persons as required by rule. A mental health center or mental health clinic may provide the staffing required by rule by means of written contracts with professional persons or with other health care providers. Any personnel qualifications developed by rule shall be consistent with any personnel standards developed pursuant to chapter 214.

(b) Each approved mental health clinic and each approved mental health center shall establish a written treatment plan for each outpatient for whom services are reimbursable through insurance or public assistance. The treatment plan shall be developed in accordance with the rules and shall include a patient history, treatment goals, a statement of diagnosis and a treatment strategy. The clinic or center shall provide access to hospital admission as a bed patient as needed by any outpatient. The clinic or center shall ensure ongoing consultation among and availability of all members of the multidisciplinary team.

(c) As part of the required consultation, members of the multidisciplinary team shall meet at least twice monthly to conduct case reviews, peer consultations, treatment plan development and in-depth case discussion. Written minutes of these meetings shall be kept at the clinic or center for three years.

(d) Each approved center or clinic shall establish mechanisms for quality assurance and submit documentation concerning the mechanisms to the commissioner as required by rule, including:

- (1) continuing education of each professional staff person;
- (2) an ongoing internal utilization and peer review plan and procedures;
- (3) mechanisms of staff supervision; and
- (4) procedures for review by the commissioner or a delegate.

(e) The commissioner shall disapprove an applicant, or withdraw approval of a clinic or center, which the commissioner finds does not comply with the requirements of the rules or this subdivision. A clinic or center which is disapproved or whose approval is withdrawn is entitled to a contested case hearing and judicial review pursuant to sections 14.01 to 14.69.

(f) Data on individuals collected by approved clinics and centers, including written minutes of team meetings, is private data on individuals within the welfare system as provided in chapter 13.

(g) Each center or clinic that is approved and in compliance with the commissioner's existing rule on July 1, 1980, is approved for purposes of section 62A.152, subdivision 2, until rules are promulgated to implement this section.

245.735 EXCELLENCE IN MENTAL HEALTH DEMONSTRATION PROJECT.

Subdivision 1. **Excellence in Mental Health demonstration project.** The commissioner shall develop and execute projects to reform the mental health system by participating in the Excellence in Mental Health demonstration project.

Subd. 2. **Federal proposal.** The commissioner shall develop and submit to the United States Department of Health and Human Services a proposal for the Excellence in Mental Health demonstration project. The proposal shall include any necessary state plan amendments, waivers, requests for new funding, realignment of existing funding, and other authority necessary to implement the projects specified in subdivision 3.

Subd. 4. **Public participation.** In developing and implementing CCBHCs under subdivision 3, the commissioner shall consult, collaborate, and partner with stakeholders, including but not limited to mental health providers, substance use disorder treatment providers, advocacy organizations, licensed mental health professionals, counties, tribes, hospitals, other health care providers, and Minnesota public health care program enrollees who receive mental health services and their families.

252.28 COMMISSIONER OF HUMAN SERVICES; DUTIES.

Subdivision 1. **Determinations; redeterminations.** In conjunction with the appropriate county boards, the commissioner of human services shall determine, and shall redetermine at least every four years, the need, anticipated growth or decline in need until the next anticipated redetermination, location, size, and program of public and private day training and habilitation services for persons with developmental disabilities. This subdivision does not apply to semi-independent living services and residential-based habilitation services provided to four or fewer persons at a single site funded as home and community-based services. A determination of need shall not be required for a change in ownership.

Subd. 5. **Appeals.** A county may appeal a determination of need, size, location, or program according to chapter 14. Notice of appeals must be provided to the commissioner within 30 days after the receipt of the commissioner's determination.

252A.02 DEFINITIONS.

Subd. 8. **Public conservator.** "Public conservator" means the commissioner of human services when exercising some, but not all the powers designated in section 252A.111.

Subd. 10. **Conservatee.** "Conservatee" means a person with a developmental disability for whom the court has appointed a public conservator.

252A.21 GENERAL PROVISIONS.

Subd. 3. **Terminology.** Whenever the term "guardian" is used in sections 252A.01 to 252A.21, it shall include "conservator," and the term "ward" shall include "conservatee" unless another intention clearly appears from the context.

256B.0615 MENTAL HEALTH CERTIFIED PEER SPECIALIST.

Subd. 2. **Establishment.** The commissioner of human services shall establish a certified peer specialist program model, which:

- (1) provides nonclinical peer support counseling by certified peer specialists;
- (2) provides a part of a wraparound continuum of services in conjunction with other community mental health services;
- (3) is individualized to the consumer; and
- (4) promotes socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.

256B.0616 MENTAL HEALTH CERTIFIED FAMILY PEER SPECIALIST.

Subd. 2. **Establishment.** The commissioner of human services shall establish a certified family peer specialists program model which:

- (1) provides nonclinical family peer support counseling, building on the strengths of families and helping them achieve desired outcomes;
- (2) collaborates with others providing care or support to the family;
- (3) provides nonadversarial advocacy;
- (4) promotes the individual family culture in the treatment milieu;
- (5) links parents to other parents in the community;
- (6) offers support and encouragement;
- (7) assists parents in developing coping mechanisms and problem-solving skills;
- (8) promotes resiliency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services;
- (9) establishes and provides peer-led parent support groups; and
- (10) increases the child's ability to function better within the child's home, school, and community by educating parents on community resources, assisting with problem solving, and educating parents on mental illnesses.

256B.0622 ASSERTIVE COMMUNITY TREATMENT AND INTENSIVE RESIDENTIAL TREATMENT SERVICES.

Subd. 3. **Eligibility for intensive residential treatment services.** An eligible client for intensive residential treatment services is an individual who:

- (1) is age 18 or older;
- (2) is eligible for medical assistance;
- (3) is diagnosed with a mental illness;

(4) because of a mental illness, has substantial disability and functional impairment in three or more of the areas listed in section 245.462, subdivision 11a, so that self-sufficiency is markedly reduced;

(5) has one or more of the following: a history of recurring or prolonged inpatient hospitalizations in the past year, significant independent living instability, homelessness, or very frequent use of mental health and related services yielding poor outcomes; and

(6) in the written opinion of a licensed mental health professional, has the need for mental health services that cannot be met with other available community-based services, or is likely to experience a mental health crisis or require a more restrictive setting if intensive rehabilitative mental health services are not provided.

Subd. 5a. **Standards for intensive residential rehabilitative mental health services.** (a) The standards in this subdivision apply to intensive residential mental health services.

(b) The provider of intensive residential treatment services must have sufficient staff to provide 24-hour-per-day coverage to deliver the rehabilitative services described in the treatment plan and to safely supervise and direct the activities of clients, given the client's level of behavioral and psychiatric stability, cultural needs, and vulnerability. The provider must have the capacity within the facility to provide integrated services for chemical dependency, illness management services, and family education, when appropriate.

(c) At a minimum:

- (1) staff must provide direction and supervision whenever clients are present in the facility;
- (2) staff must remain awake during all work hours;

(3) there must be a staffing ratio of at least one to nine clients for each day and evening shift. If more than nine clients are present at the residential site, there must be a minimum of two staff during day and evening shifts, one of whom must be a mental health practitioner or mental health professional;

(4) if services are provided to clients who need the services of a medical professional, the provider shall ensure that these services are provided either by the provider's own medical staff or through referral to a medical professional; and

(5) the provider must ensure the timely availability of a licensed registered nurse, either directly employed or under contract, who is responsible for ensuring the effectiveness and safety of medication administration in the facility and assessing clients for medication side effects and drug interactions.

(d) Services must be provided by qualified staff as defined in section 256B.0623, subdivision 5, who are trained and supervised according to section 256B.0623, subdivision 6, except that mental health rehabilitation workers acting as overnight staff are not required to comply with section 256B.0623, subdivision 5, paragraph (a), clause (4), item (iv).

(e) The clinical supervisor must be an active member of the intensive residential services treatment team. The team must meet with the clinical supervisor at least weekly to discuss clients' progress and make rapid adjustments to meet clients' needs. The team meeting shall include client-specific case reviews and general treatment discussions among team members. Client-specific case reviews and planning must be documented in the client's treatment record.

(f) Treatment staff must have prompt access in person or by telephone to a mental health practitioner or mental health professional. The provider must have the capacity to promptly and appropriately respond to emergent needs and make any necessary staffing adjustments to ensure the health and safety of clients.

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(g) The initial functional assessment must be completed within ten days of intake and updated at least every 30 days, or prior to discharge from the service, whichever comes first.

(h) The initial individual treatment plan must be completed within 24 hours of admission. Within ten days of admission, the initial treatment plan must be refined and further developed, except for providers certified according to Minnesota Rules, parts 9533.0010 to 9533.0180. The individual treatment plan must be reviewed with the client and updated at least monthly.

256B.0623 ADULT REHABILITATIVE MENTAL HEALTH SERVICES COVERED.

Subd. 7. **Personnel file.** The adult rehabilitative mental health services provider entity must maintain a personnel file on each staff. Each file must contain:

- (1) an annual performance review;
- (2) a summary of on-site service observations and charting review;
- (3) a criminal background check of all direct service staff;
- (4) evidence of academic degree and qualifications;
- (5) a copy of professional license;
- (6) any job performance recognition and disciplinary actions;
- (7) any individual staff written input into own personnel file;
- (8) all clinical supervision provided; and
- (9) documentation of compliance with continuing education requirements.

Subd. 8. **Diagnostic assessment.** Providers of adult rehabilitative mental health services must complete a diagnostic assessment as defined in section 245.462, subdivision 9, within five days after the recipient's second visit or within 30 days after intake, whichever occurs first. In cases where a diagnostic assessment is available that reflects the recipient's current status, and has been completed within three years preceding admission, an adult diagnostic assessment update must be completed. An update shall include a face-to-face interview with the recipient and a written summary by a mental health professional of the recipient's current mental health status and service needs. If the recipient's mental health status has changed significantly since the adult's most recent diagnostic assessment, a new diagnostic assessment is required.

Subd. 10. **Individual treatment plan.** All providers of adult rehabilitative mental health services must develop and implement an individual treatment plan for each recipient. The provisions in clauses (1) and (2) apply:

(1) Individual treatment plan means a plan of intervention, treatment, and services for an individual recipient written by a mental health professional or by a mental health practitioner under the clinical supervision of a mental health professional. The individual treatment plan must be based on diagnostic and functional assessments. To the extent possible, the development and implementation of a treatment plan must be a collaborative process involving the recipient, and with the permission of the recipient, the recipient's family and others in the recipient's support system. Providers of adult rehabilitative mental health services must develop the individual treatment plan within 30 calendar days of intake. The treatment plan must be updated at least every six months thereafter, or more often when there is significant change in the recipient's situation or functioning, or in services or service methods to be used, or at the request of the recipient or the recipient's legal guardian.

(2) The individual treatment plan must include:

- (i) a list of problems identified in the assessment;
- (ii) the recipient's strengths and resources;
- (iii) concrete, measurable goals to be achieved, including time frames for achievement;
- (iv) specific objectives directed toward the achievement of each one of the goals;

(v) documentation of participants in the treatment planning. The recipient, if possible, must be a participant. The recipient or the recipient's legal guardian must sign the treatment plan, or documentation must be provided why this was not possible. A copy of the plan must be given to the recipient or legal guardian. Referral to formal services must be arranged, including specific providers where applicable;

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- (vi) cultural considerations, resources, and needs of the recipient must be included;
- (vii) planned frequency and type of services must be initiated; and
- (viii) clear progress notes on outcome of goals.

(3) The individual community support plan defined in section 245.462, subdivision 12, may serve as the individual treatment plan if there is involvement of a mental health case manager, and with the approval of the recipient. The individual community support plan must include the criteria in clause (2).

Subd. 11. **Recipient file.** Providers of adult rehabilitative mental health services must maintain a file for each recipient that contains the following information:

(1) diagnostic assessment or verification of its location that is current and that was reviewed by a mental health professional who is employed by or under contract with the provider entity;

(2) functional assessments;

(3) individual treatment plans signed by the recipient and the mental health professional, or if the recipient refused to sign the plan, the date and reason stated by the recipient as to why the recipient would not sign the plan;

(4) recipient history;

(5) signed release forms;

(6) recipient health information and current medications;

(7) emergency contacts for the recipient;

(8) case records which document the date of service, the place of service delivery, signature of the person providing the service, nature, extent and units of service, and place of service delivery;

(9) contacts, direct or by telephone, with recipient's family or others, other providers, or other resources for service coordination;

(10) summary of recipient case reviews by staff; and

(11) written information by the recipient that the recipient requests be included in the file.

256B.0625 COVERED SERVICES.

Subd. 51. **Intensive mental health outpatient treatment.** Medical assistance covers intensive mental health outpatient treatment for dialectical behavioral therapy. The commissioner shall establish:

(1) certification procedures to ensure that providers of these services are qualified; and

(2) treatment protocols including required service components and criteria for admission, continued treatment, and discharge.

Subd. 35a. **Children's mental health crisis response services.** Medical assistance covers children's mental health crisis response services according to section 256B.0944.

Subd. 35b. **Children's therapeutic services and supports.** Medical assistance covers children's therapeutic services and supports according to section 256B.0943.

Subd. 61. **Family psychoeducation services.** Effective July 1, 2013, or upon federal approval, whichever is later, medical assistance covers family psychoeducation services provided to a child up to age 21 with a diagnosed mental health condition when identified in the child's individual treatment plan and provided by a licensed mental health professional, as defined in Minnesota Rules, part 9505.0371, subpart 5, item A, or a clinical trainee, as defined in Minnesota Rules, part 9505.0371, subpart 5, item C, who has determined it medically necessary to involve family members in the child's care. For the purposes of this subdivision, "family psychoeducation services" means information or demonstration provided to an individual or family as part of an individual, family, multifamily group, or peer group session to explain, educate, and support the child and family in understanding a child's symptoms of mental illness, the impact on the child's development, and needed components of treatment and skill development so that the individual, family, or group can help the child to prevent relapse, prevent the acquisition of comorbid disorders, and achieve optimal mental health and long-term resilience.

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Subd. 62. **Mental health clinical care consultation.** Effective July 1, 2013, or upon federal approval, whichever is later, medical assistance covers clinical care consultation for a person up to age 21 who is diagnosed with a complex mental health condition or a mental health condition that co-occurs with other complex and chronic conditions, when described in the person's individual treatment plan and provided by a licensed mental health professional, as defined in Minnesota Rules, part 9505.0371, subpart 5, item A, or a clinical trainee, as defined in Minnesota Rules, part 9505.0371, subpart 5, item C. For the purposes of this subdivision, "clinical care consultation" means communication from a treating mental health professional to other providers or educators not under the clinical supervision of the treating mental health professional who are working with the same client to inform, inquire, and instruct regarding the client's symptoms; strategies for effective engagement, care, and intervention needs; and treatment expectations across service settings; and to direct and coordinate clinical service components provided to the client and family.

Subd. 65. **Outpatient mental health services.** Medical assistance covers diagnostic assessment, explanation of findings, and psychotherapy according to Minnesota Rules, part 9505.0372, when the mental health services are performed by a mental health practitioner working as a clinical trainee according to section 245.462, subdivision 17, paragraph (g).

256B.0943 CHILDREN'S THERAPEUTIC SERVICES AND SUPPORTS.

Subd. 8. **Required preservice and continuing education.** (a) A provider entity shall establish a plan to provide preservice and continuing education for staff. The plan must clearly describe the type of training necessary to maintain current skills and obtain new skills and that relates to the provider entity's goals and objectives for services offered.

(b) A provider that employs a mental health behavioral aide under this section must require the mental health behavioral aide to complete 30 hours of preservice training. The preservice training must include parent team training. The preservice training must include 15 hours of in-person training of a mental health behavioral aide in mental health services delivery and eight hours of parent team training. Curricula for parent team training must be approved in advance by the commissioner. Components of parent team training include:

- (1) partnering with parents;
- (2) fundamentals of family support;
- (3) fundamentals of policy and decision making;
- (4) defining equal partnership;
- (5) complexities of the parent and service provider partnership in multiple service delivery systems due to system strengths and weaknesses;
- (6) sibling impacts;
- (7) support networks; and
- (8) community resources.

(c) A provider entity that employs a mental health practitioner and a mental health behavioral aide to provide children's therapeutic services and supports under this section must require the mental health practitioner and mental health behavioral aide to complete 20 hours of continuing education every two calendar years. The continuing education must be related to serving the needs of a child with emotional disturbance in the child's home environment and the child's family.

(d) The provider entity must document the mental health practitioner's or mental health behavioral aide's annual completion of the required continuing education. The documentation must include the date, subject, and number of hours of the continuing education, and attendance records, as verified by the staff member's signature, job title, and the instructor's name. The provider entity must keep documentation for each employee, including records of attendance at professional workshops and conferences, at a central location and in the employee's personnel file.

Subd. 10. **Service authorization.** Children's therapeutic services and supports are subject to authorization criteria and standards published by the commissioner according to section 256B.0625, subdivision 25.

256B.0944 CHILDREN'S MENTAL HEALTH CRISIS RESPONSE SERVICES.

Subdivision 1. **Definitions.** For purposes of this section, the following terms have the meanings given them.

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(a) "Mental health crisis" means a child's behavioral, emotional, or psychiatric situation that, but for the provision of crisis response services to the child, would likely result in significantly reduced levels of functioning in primary activities of daily living, an emergency situation, or the child's placement in a more restrictive setting, including, but not limited to, inpatient hospitalization.

(b) "Mental health emergency" means a child's behavioral, emotional, or psychiatric situation that causes an immediate need for mental health services and is consistent with section 62Q.55. A physician, mental health professional, or crisis mental health practitioner determines a mental health crisis or emergency for medical assistance reimbursement with input from the client and the client's family, if possible.

(c) "Mental health crisis assessment" means an immediate face-to-face assessment by a physician, mental health professional, or mental health practitioner under the clinical supervision of a mental health professional, following a screening that suggests the child may be experiencing a mental health crisis or mental health emergency situation.

(d) "Mental health mobile crisis intervention services" means face-to-face, short-term intensive mental health services initiated during a mental health crisis or mental health emergency. Mental health mobile crisis services must help the recipient cope with immediate stressors, identify and utilize available resources and strengths, and begin to return to the recipient's baseline level of functioning. Mental health mobile services must be provided on site by a mobile crisis intervention team outside of an inpatient hospital setting.

(e) "Mental health crisis stabilization services" means individualized mental health services provided to a recipient following crisis intervention services that are designed to restore the recipient to the recipient's prior functional level. The individual treatment plan recommending mental health crisis stabilization must be completed by the intervention team or by staff after an inpatient or urgent care visit. Mental health crisis stabilization services may be provided in the recipient's home, the home of a family member or friend of the recipient, schools, another community setting, or a short-term supervised, licensed residential program if the service is not included in the facility's cost pool or per diem. Mental health crisis stabilization is not reimbursable when provided as part of a partial hospitalization or day treatment program.

Subd. 2. Medical assistance coverage. Medical assistance covers medically necessary children's mental health crisis response services, subject to federal approval, if provided to an eligible recipient under subdivision 3, by a qualified provider entity under subdivision 4 or a qualified individual provider working within the provider's scope of practice, and identified in the recipient's individual crisis treatment plan under subdivision 8.

Subd. 3. Eligibility. An eligible recipient is an individual who:

(1) is eligible for medical assistance;

(2) is under age 18 or between the ages of 18 and 21;

(3) is screened as possibly experiencing a mental health crisis or mental health emergency where a mental health crisis assessment is needed;

(4) is assessed as experiencing a mental health crisis or mental health emergency, and mental health mobile crisis intervention or mental health crisis stabilization services are determined to be medically necessary; and

(5) meets the criteria for emotional disturbance or mental illness.

Subd. 4. Provider entity standards. (a) A crisis intervention and crisis stabilization provider entity must meet the administrative and clinical standards specified in section 256B.0943, subdivisions 5 and 6, meet the standards listed in paragraph (b), and be:

(1) an Indian health service facility or facility owned and operated by a tribe or a tribal organization operating under Public Law 93-638 as a 638 facility;

(2) a county board-operated entity; or

(3) a provider entity that is under contract with the county board in the county where the potential crisis or emergency is occurring.

(b) The children's mental health crisis response services provider entity must:

(1) ensure that mental health crisis assessment and mobile crisis intervention services are available 24 hours a day, seven days a week;

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(2) directly provide the services or, if services are subcontracted, the provider entity must maintain clinical responsibility for services and billing;

(3) ensure that crisis intervention services are provided in a manner consistent with sections 245.487 to 245.4889; and

(4) develop and maintain written policies and procedures regarding service provision that include safety of staff and recipients in high-risk situations.

Subd. 4a. Alternative provider standards. If a provider entity demonstrates that, due to geographic or other barriers, it is not feasible to provide mobile crisis intervention services 24 hours a day, seven days a week, according to the standards in subdivision 4, paragraph (b), clause (1), the commissioner may approve a crisis response provider based on an alternative plan proposed by a provider entity. The alternative plan must:

(1) result in increased access and a reduction in disparities in the availability of crisis services; and

(2) provide mobile services outside of the usual nine-to-five office hours and on weekends and holidays.

Subd. 5. Mobile crisis intervention staff qualifications. (a) To provide children's mental health mobile crisis intervention services, a mobile crisis intervention team must include:

(1) at least two mental health professionals as defined in section 256B.0943, subdivision 1, paragraph (o); or

(2) a combination of at least one mental health professional and one mental health practitioner as defined in section 245.4871, subdivision 26, with the required mental health crisis training and under the clinical supervision of a mental health professional on the team.

(b) The team must have at least two people with at least one member providing on-site crisis intervention services when needed. Team members must be experienced in mental health assessment, crisis intervention techniques, and clinical decision making under emergency conditions and have knowledge of local services and resources. The team must recommend and coordinate the team's services with appropriate local resources, including the county social services agency, mental health service providers, and local law enforcement, if necessary.

Subd. 6. Initial screening and crisis assessment planning. (a) Before initiating mobile crisis intervention services, a screening of the potential crisis situation must be conducted. The screening may use the resources of crisis assistance and emergency services as defined in sections 245.4871, subdivision 14, and 245.4879, subdivisions 1 and 2. The screening must gather information, determine whether a crisis situation exists, identify the parties involved, and determine an appropriate response.

(b) If a crisis exists, a crisis assessment must be completed. A crisis assessment must evaluate any immediate needs for which emergency services are needed and, as time permits, the recipient's current life situation, sources of stress, mental health problems and symptoms, strengths, cultural considerations, support network, vulnerabilities, and current functioning.

(c) If the crisis assessment determines mobile crisis intervention services are needed, the intervention services must be provided promptly. As the opportunity presents itself during the intervention, at least two members of the mobile crisis intervention team must confer directly or by telephone about the assessment, treatment plan, and actions taken and needed. At least one of the team members must be on site providing crisis intervention services. If providing on-site crisis intervention services, a mental health practitioner must seek clinical supervision as required under subdivision 9.

(d) The mobile crisis intervention team must develop an initial, brief crisis treatment plan as soon as appropriate but no later than 24 hours after the initial face-to-face intervention. The plan must address the needs and problems noted in the crisis assessment and include measurable short-term goals, cultural considerations, and frequency and type of services to be provided to achieve the goals and reduce or eliminate the crisis. The crisis treatment plan must be updated as needed to reflect current goals and services. The team must involve the client and the client's family in developing and implementing the plan.

(e) The team must document in progress notes which short-term goals have been met and when no further crisis intervention services are required.

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(f) If the client's crisis is stabilized, but the client needs a referral for mental health crisis stabilization services or to other services, the team must provide a referral to these services. If the recipient has a case manager, planning for other services must be coordinated with the case manager.

Subd. 7. **Crisis stabilization services.** Crisis stabilization services must be provided by a mental health professional or a mental health practitioner, as defined in section 245.462, subdivision 17, who works under the clinical supervision of a mental health professional and for a crisis stabilization services provider entity and must meet the following standards:

(1) a crisis stabilization treatment plan must be developed which meets the criteria in subdivision 8;

(2) services must be delivered according to the treatment plan and include face-to-face contact with the recipient by qualified staff for further assessment, help with referrals, updating the crisis stabilization treatment plan, supportive counseling, skills training, and collaboration with other service providers in the community; and

(3) mental health practitioners must have completed at least 30 hours of training in crisis intervention and stabilization during the past two years.

Subd. 8. **Treatment plan.** (a) The individual crisis stabilization treatment plan must include, at a minimum:

(1) a list of problems identified in the assessment;

(2) a list of the recipient's strengths and resources;

(3) concrete, measurable short-term goals and tasks to be achieved, including time frames for achievement of the goals;

(4) specific objectives directed toward the achievement of each goal;

(5) documentation of the participants involved in the service planning;

(6) planned frequency and type of services initiated;

(7) a crisis response action plan if a crisis should occur; and

(8) clear progress notes on the outcome of goals.

(b) The client, if clinically appropriate, must be a participant in the development of the crisis stabilization treatment plan. The client or the client's legal guardian must sign the service plan or documentation must be provided why this was not possible. A copy of the plan must be given to the client and the client's legal guardian. The plan should include services arranged, including specific providers where applicable.

(c) A treatment plan must be developed by a mental health professional or mental health practitioner under the clinical supervision of a mental health professional. A written plan must be completed within 24 hours of beginning services with the client.

Subd. 9. **Supervision.** (a) A mental health practitioner may provide crisis assessment and mobile crisis intervention services if the following clinical supervision requirements are met:

(1) the mental health provider entity must accept full responsibility for the services provided;

(2) the mental health professional of the provider entity, who is an employee or under contract with the provider entity, must be immediately available by telephone or in person for clinical supervision;

(3) the mental health professional is consulted, in person or by telephone, during the first three hours when a mental health practitioner provides on-site service; and

(4) the mental health professional must review and approve the tentative crisis assessment and crisis treatment plan, document the consultation, and sign the crisis assessment and treatment plan within the next business day.

(b) If the mobile crisis intervention services continue into a second calendar day, a mental health professional must contact the client face-to-face on the second day to provide services and update the crisis treatment plan. The on-site observation must be documented in the client's record and signed by the mental health professional.

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Subd. 10. **Client record.** The provider must maintain a file for each client that complies with the requirements under section 256B.0943, subdivision 11, and contains the following information:

- (1) individual crisis treatment plans signed by the recipient, mental health professional, and mental health practitioner who developed the crisis treatment plan, or if the recipient refused to sign the plan, the date and reason stated by the recipient for not signing the plan;
- (2) signed release of information forms;
- (3) recipient health information and current medications;
- (4) emergency contacts for the recipient;
- (5) case records that document the date of service, place of service delivery, signature of the person providing the service, and the nature, extent, and units of service. Direct or telephone contact with the recipient's family or others should be documented;
- (6) required clinical supervision by mental health professionals;
- (7) summary of the recipient's case reviews by staff; and
- (8) any written information by the recipient that the recipient wants in the file.

Subd. 11. **Excluded services.** The following services are excluded from reimbursement under this section:

- (1) room and board services;
- (2) services delivered to a recipient while admitted to an inpatient hospital;
- (3) transportation services under children's mental health crisis response service;
- (4) services provided and billed by a provider who is not enrolled under medical assistance to provide children's mental health crisis response services;
- (5) crisis response services provided by a residential treatment center to clients in their facility;
- (6) services performed by volunteers;
- (7) direct billing of time spent "on call" when not delivering services to a recipient;
- (8) provider service time included in case management reimbursement;
- (9) outreach services to potential recipients; and
- (10) a mental health service that is not medically necessary.

256B.0946 INTENSIVE TREATMENT IN FOSTER CARE.

Subd. 5. **Service authorization.** The commissioner will administer authorizations for services under this section in compliance with section 256B.0625, subdivision 25.

256B.097 STATE QUALITY ASSURANCE, QUALITY IMPROVEMENT, AND LICENSING SYSTEM.

Subdivision 1. **Scope.** (a) In order to improve the quality of services provided to Minnesotans with disabilities and to meet the requirements of the federally approved home and community-based waivers under section 1915c of the Social Security Act, a State Quality Assurance, Quality Improvement, and Licensing System for Minnesotans receiving disability services is enacted. This system is a partnership between the Department of Human Services and the State Quality Council established under subdivision 3.

(b) This system is a result of the recommendations from the Department of Human Services' licensing and alternative quality assurance study mandated under Laws 2005, First Special Session chapter 4, article 7, section 57, and presented to the legislature in February 2007.

(c) The disability services eligible under this section include:

- (1) the home and community-based services waiver programs for persons with developmental disabilities under section 256B.092, subdivision 4, or section 256B.49, including brain injuries and services for those who qualify for nursing facility level of care or hospital facility level of care and any other services licensed under chapter 245D;
- (2) home care services under section 256B.0651;

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- (3) family support grants under section 252.32;
- (4) consumer support grants under section 256.476;
- (5) semi-independent living services under section 252.275; and
- (6) services provided through an intermediate care facility for the developmentally disabled.

(d) For purposes of this section, the following definitions apply:

- (1) "commissioner" means the commissioner of human services;
- (2) "council" means the State Quality Council under subdivision 3;
- (3) "Quality Assurance Commission" means the commission under section 256B.0951; and
- (4) "system" means the State Quality Assurance, Quality Improvement and Licensing System under this section.

Subd. 2. Duties of commissioner of human services. (a) The commissioner of human services shall establish the State Quality Council under subdivision 3.

(b) The commissioner shall initially delegate authority to perform licensing functions and activities according to section 245A.16 to a host county in Region 10. The commissioner must not license or reimburse a participating facility, program, or service located in Region 10 if the commissioner has received notification from the host county that the facility, program, or service has failed to qualify for licensure.

(c) The commissioner may conduct random licensing inspections based on outcomes adopted under section 256B.0951, subdivision 3, at facilities or programs, and of services eligible under this section. The role of the random inspections is to verify that the system protects the safety and well-being of persons served and maintains the availability of high-quality services for persons with disabilities.

(d) The commissioner shall ensure that the federal home and community-based waiver requirements are met and that incidents that may have jeopardized safety and health or violated services-related assurances, civil and human rights, and other protections designed to prevent abuse, neglect, and exploitation, are reviewed, investigated, and acted upon in a timely manner.

(e) The commissioner shall seek a federal waiver by July 1, 2012, to allow intermediate care facilities for persons with developmental disabilities to participate in this system.

Subd. 3. State Quality Council. (a) There is hereby created a State Quality Council which must define regional quality councils, and carry out a community-based, person-directed quality review component, and a comprehensive system for effective incident reporting, investigation, analysis, and follow-up.

(b) By August 1, 2011, the commissioner of human services shall appoint the members of the initial State Quality Council. Members shall include representatives from the following groups:

- (1) disability service recipients and their family members;
- (2) during the first four years of the State Quality Council, there must be at least three members from the Region 10 stakeholders. As regional quality councils are formed under subdivision 4, each regional quality council shall appoint one member;
- (3) disability service providers;
- (4) disability advocacy groups; and
- (5) county human services agencies and staff from the Department of Human Services and Ombudsman for Mental Health and Developmental Disabilities.

(c) Members of the council who do not receive a salary or wages from an employer for time spent on council duties may receive a per diem payment when performing council duties and functions.

(d) The State Quality Council shall:

- (1) assist the Department of Human Services in fulfilling federally mandated obligations by monitoring disability service quality and quality assurance and improvement practices in Minnesota;

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(2) establish state quality improvement priorities with methods for achieving results and provide an annual report to the legislative committees with jurisdiction over policy and funding of disability services on the outcomes, improvement priorities, and activities undertaken by the commission during the previous state fiscal year;

(3) identify issues pertaining to financial and personal risk that impede Minnesotans with disabilities from optimizing choice of community-based services; and

(4) recommend to the chairs and ranking minority members of the legislative committees with jurisdiction over human services and civil law by January 15, 2014, statutory and rule changes related to the findings under clause (3) that promote individualized service and housing choices balanced with appropriate individualized protection.

(e) The State Quality Council, in partnership with the commissioner, shall:

(1) approve and direct implementation of the community-based, person-directed system established in this section;

(2) recommend an appropriate method of funding this system, and determine the feasibility of the use of Medicaid, licensing fees, as well as other possible funding options;

(3) approve measurable outcomes in the areas of health and safety, consumer evaluation, education and training, providers, and systems;

(4) establish variable licensure periods not to exceed three years based on outcomes achieved; and

(5) in cooperation with the Quality Assurance Commission, design a transition plan for licensed providers from Region 10 into the alternative licensing system.

(f) The State Quality Council shall notify the commissioner of human services that a facility, program, or service has been reviewed by quality assurance team members under subdivision 4, paragraph (b), clause (13), and qualifies for a license.

(g) The State Quality Council, in partnership with the commissioner, shall establish an ongoing review process for the system. The review shall take into account the comprehensive nature of the system which is designed to evaluate the broad spectrum of licensed and unlicensed entities that provide services to persons with disabilities. The review shall address efficiencies and effectiveness of the system.

(h) The State Quality Council may recommend to the commissioner certain variances from the standards governing licensure of programs for persons with disabilities in order to improve the quality of services so long as the recommended variances do not adversely affect the health or safety of persons being served or compromise the qualifications of staff to provide services.

(i) The safety standards, rights, or procedural protections referenced under subdivision 2, paragraph (c), shall not be varied. The State Quality Council may make recommendations to the commissioner or to the legislature in the report required under paragraph (c) regarding alternatives or modifications to the safety standards, rights, or procedural protections referenced under subdivision 2, paragraph (c).

(j) The State Quality Council may hire staff to perform the duties assigned in this subdivision.

Subd. 4. Regional quality councils. (a) The commissioner shall establish, as selected by the State Quality Council, regional quality councils of key stakeholders, including regional representatives of:

(1) disability service recipients and their family members;

(2) disability service providers;

(3) disability advocacy groups; and

(4) county human services agencies and staff from the Department of Human Services and Ombudsman for Mental Health and Developmental Disabilities.

(b) Each regional quality council shall:

(1) direct and monitor the community-based, person-directed quality assurance system in this section;

(2) approve a training program for quality assurance team members under clause (13);

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(3) review summary reports from quality assurance team reviews and make recommendations to the State Quality Council regarding program licensure;

(4) make recommendations to the State Quality Council regarding the system;

(5) resolve complaints between the quality assurance teams, counties, providers, persons receiving services, their families, and legal representatives;

(6) analyze and review quality outcomes and critical incident data reporting incidents of life safety concerns immediately to the Department of Human Services licensing division;

(7) provide information and training programs for persons with disabilities and their families and legal representatives on service options and quality expectations;

(8) disseminate information and resources developed to other regional quality councils;

(9) respond to state-level priorities;

(10) establish regional priorities for quality improvement;

(11) submit an annual report to the State Quality Council on the status, outcomes, improvement priorities, and activities in the region;

(12) choose a representative to participate on the State Quality Council and assume other responsibilities consistent with the priorities of the State Quality Council; and

(13) recruit, train, and assign duties to members of quality assurance teams, taking into account the size of the service provider, the number of services to be reviewed, the skills necessary for the team members to complete the process, and ensure that no team member has a financial, personal, or family relationship with the facility, program, or service being reviewed or with anyone served at the facility, program, or service. Quality assurance teams must be comprised of county staff, persons receiving services or the person's families, legal representatives, members of advocacy organizations, providers, and other involved community members. Team members must complete the training program approved by the regional quality council and must demonstrate performance-based competency. Team members may be paid a per diem and reimbursed for expenses related to their participation in the quality assurance process.

(c) The commissioner shall monitor the safety standards, rights, and procedural protections for the monitoring of psychotropic medications and those identified under sections 245.825; 245.91 to 245.97; 245A.09, subdivision 2, paragraph (c), clauses (2) and (5); 245A.12; 245A.13; 252.41, subdivision 9; 256B.092, subdivision 1b, clause (7); and 626.557; and chapter 260E.

(d) The regional quality councils may hire staff to perform the duties assigned in this subdivision.

(e) The regional quality councils may charge fees for their services.

(f) The quality assurance process undertaken by a regional quality council consists of an evaluation by a quality assurance team of the facility, program, or service. The process must include an evaluation of a random sample of persons served. The sample must be representative of each service provided. The sample size must be at least five percent but not less than two persons served. All persons must be given the opportunity to be included in the quality assurance process in addition to those chosen for the random sample.

(g) A facility, program, or service may contest a licensing decision of the regional quality council as permitted under chapter 245A.

Subd. 5. Annual survey of service recipients. The commissioner, in consultation with the State Quality Council, shall conduct an annual independent statewide survey of service recipients, randomly selected, to determine the effectiveness and quality of disability services. The survey must be consistent with the system performance expectations of the Centers for Medicare and Medicaid Services (CMS) Quality Framework. The survey must analyze whether desired outcomes for persons with different demographic, diagnostic, health, and functional needs, who are receiving different types of services in different settings and with different costs, have been achieved. Annual statewide and regional reports of the results must be published and used to assist regions, counties, and providers to plan and measure the impact of quality improvement activities.

Subd. 6. Mandated reporters. Members of the State Quality Council under subdivision 3, the regional quality councils under subdivision 4, and quality assurance team members under subdivision 4, paragraph (b), clause (13), are mandated reporters as defined in sections 260E.06, subdivision 1, and 626.5572, subdivision 16.

256B.4905 HOME AND COMMUNITY-BASED SERVICES POLICY STATEMENT.

Subdivision 1. **Employment first policy.** It is the policy of this state that all working-age Minnesotans with disabilities can work, want to work, and can achieve competitive integrated employment, and that each working-age Minnesotan with a disability be offered the opportunity to work and earn a competitive wage before being offered other supports and services.

Subd. 2. **Employment first implementation for disability waiver services.** The commissioner of human services shall ensure that:

(1) the disability waivers under sections 256B.092 and 256B.49 support the presumption that all working-age Minnesotans with disabilities can work, want to work, and can achieve competitive integrated employment; and

(2) each waiver recipient of working age be offered, after an informed decision-making process and during a person-centered planning process, the opportunity to work and earn a competitive wage before being offered exclusively day services as defined in section 245D.03, subdivision 1, paragraph (c), clause (4), or successor provisions.

Subd. 3. **Independent living first policy.** It is the policy of this state that all adult Minnesotans with disabilities can and want to live independently with proper supports and services and that each adult Minnesotan with a disability be offered the opportunity to live as independently as possible before being offered supports and services in provider-controlled settings.

Subd. 4. **Independent living first implementation for disability waiver services.** The commissioner of human services shall ensure that:

(1) the disability waivers under sections 256B.092 and 256B.49 support the presumption that all adult Minnesotans with disabilities can and want to live independently with proper services and supports as needed; and

(2) each adult waiver recipient be offered, after an informed decision-making process and during a person-centered planning process, the opportunity to live as independently as possible before being offered customized living services provided in a single family home or residential supports and services as defined in section 245D.03, subdivision 1, paragraph (c), clause (3), or successor provisions, unless the residential supports and services are provided in a family adult foster care residence under a shared living option as described in Laws 2013, chapter 108, article 7, section 62.

Subd. 5. **Self-direction first policy.** It is the policy of this state that adult Minnesotans with disabilities and families of children with disabilities can and want to use self-directed services and supports and that each adult Minnesotan with a disability and each family of the child with a disability be offered the opportunity to choose self-directed services and supports before being offered services and supports that are not self-directed.

Subd. 6. **Self-directed first implementation for disability waiver services.** The commissioner of human services shall ensure that:

(1) the disability waivers under sections 256B.092 and 256B.49 support the presumption that adult Minnesotans with disabilities and families of children with disabilities can and want to use self-directed services and supports, including self-directed funding options; and

(2) each waiver recipient be offered, after an informed decision-making process and during a person-centered planning process, the opportunity to choose self-directed services and supports, including self-directed funding options, before being offered services and supports that are not self-directed.

256D.051 SNAP EMPLOYMENT AND TRAINING PROGRAM.

Subdivision 1. **SNAP employment and training program.** The commissioner shall implement a SNAP employment and training program in order to meet the SNAP employment and training participation requirements of the United States Department of Agriculture. Unless exempt under subdivision 3a, each adult recipient in the unit must participate in the SNAP employment and training program each month that the person is eligible for SNAP benefits. The person's participation in SNAP employment and training services must begin no later than the first day of the calendar month following the determination of eligibility for SNAP benefits. With the county agency's consent, and to the extent of available resources, the person may voluntarily continue to participate in SNAP employment and training services for up to three additional consecutive months immediately

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following termination of SNAP benefits in order to complete the provisions of the person's employability development plan.

Subd. 1a. **Notices and sanctions.** (a) At the time the county agency notifies the household that it is eligible for SNAP benefits, the county agency must inform all mandatory employment and training services participants as identified in subdivision 1 in the household that they must comply with all SNAP employment and training program requirements each month, including the requirement to attend an initial orientation to the SNAP employment and training program and that SNAP eligibility will end unless the participants comply with the requirements specified in the notice.

(b) A participant who fails without good cause to comply with SNAP employment and training program requirements of this section, including attendance at orientation, will lose SNAP eligibility for the following periods:

(1) for the first occurrence, for one month or until the person complies with the requirements not previously complied with, whichever is longer;

(2) for the second occurrence, for three months or until the person complies with the requirements not previously complied with, whichever is longer; or

(3) for the third and any subsequent occurrence, for six months or until the person complies with the requirements not previously complied with, whichever is longer.

If the participant is not the SNAP head of household, the person shall be considered an ineligible household member for SNAP purposes. If the participant is the SNAP head of household, the entire household is ineligible for SNAP as provided in Code of Federal Regulations, title 7, section 273.7(g). "Good cause" means circumstances beyond the control of the participant, such as illness or injury, illness or injury of another household member requiring the participant's presence, a household emergency, or the inability to obtain child care for children between the ages of six and 12 or to obtain transportation needed in order for the participant to meet the SNAP employment and training program participation requirements.

(c) The county agency shall mail or hand deliver a notice to the participant not later than five days after determining that the participant has failed without good cause to comply with SNAP employment and training program requirements which specifies the requirements that were not complied with, the factual basis for the determination of noncompliance, and the right to reinstate eligibility upon a showing of good cause for failure to meet the requirements. The notice must ask the reason for the noncompliance and identify the participant's appeal rights. The notice must request that the participant inform the county agency if the participant believes that good cause existed for the failure to comply and must state that the county agency intends to terminate eligibility for SNAP benefits due to failure to comply with SNAP employment and training program requirements.

(d) If the county agency determines that the participant did not comply during the month with all SNAP employment and training program requirements that were in effect, and if the county agency determines that good cause was not present, the county must provide a ten-day notice of termination of SNAP benefits. The amount of SNAP benefits that are withheld from the household and determination of the impact of the sanction on other household members is governed by Code of Federal Regulations, title 7, section 273.7.

(e) The participant may appeal the termination of SNAP benefits under the provisions of section 256.045.

Subd. 2. **County agency duties.** (a) The county agency shall provide to SNAP benefit recipients a SNAP employment and training program. The program must include:

(1) orientation to the SNAP employment and training program;

(2) an individualized employability assessment and an individualized employability development plan that includes assessment of literacy, ability to communicate in the English language, educational and employment history, and that estimates the length of time it will take the participant to obtain employment. The employability assessment and development plan must be completed in consultation with the participant, must assess the participant's assets, barriers, and strengths, and must identify steps necessary to overcome barriers to employment. A copy of the employability development plan must be provided to the registrant;

(3) referral to available accredited remedial or skills training programs designed to address participant's barriers to employment;

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(4) referral to available programs that provide subsidized or unsubsidized employment as necessary;

(5) a job search program, including job seeking skills training; and

(6) other activities, to the extent of available resources designed by the county agency to prepare the participant for permanent employment.

In order to allow time for job search, the county agency may not require an individual to participate in the SNAP employment and training program for more than 32 hours a week. The county agency shall require an individual to spend at least eight hours a week in job search or other SNAP employment and training program activities.

(b) The county agency shall prepare an annual plan for the operation of its SNAP employment and training program. The plan must be submitted to and approved by the commissioner of employment and economic development. The plan must include:

(1) a description of the services to be offered by the county agency;

(2) a plan to coordinate the activities of all public entities providing employment-related services in order to avoid duplication of effort and to provide services more efficiently;

(3) a description of the factors that will be taken into account when determining a client's employability development plan; and

(4) provisions to ensure that the county agency's employment and training service provider provides each recipient with an orientation, employability assessment, and employability development plan as specified in paragraph (a), clauses (1) and (2), within 30 days of the recipient's eligibility for assistance.

Subd. 2a. **Duties of commissioner.** In addition to any other duties imposed by law, the commissioner shall:

(1) based on this section and section 256D.052 and Code of Federal Regulations, title 7, section 273.7, supervise the administration of SNAP employment and training services to county agencies;

(2) disburse money appropriated for SNAP employment and training services to county agencies based upon the county's costs as specified in section 256D.051, subdivision 6c;

(3) accept and supervise the disbursement of any funds that may be provided by the federal government or from other sources for use in this state for SNAP employment and training services;

(4) cooperate with other agencies including any agency of the United States or of another state in all matters concerning the powers and duties of the commissioner under this section and section 256D.052; and

(5) in cooperation with the commissioner of employment and economic development, ensure that each component of an employment and training program carried out under this section is delivered through a statewide workforce development system, unless the component is not available locally through such a system.

Subd. 3. **Participant duties.** In order to receive SNAP assistance, a registrant shall: (1) cooperate with the county agency in all aspects of the SNAP employment and training program; (2) accept any suitable employment, including employment offered through the Job Training Partnership Act, and other employment and training options; and (3) participate in SNAP employment and training activities assigned by the county agency. The county agency may terminate assistance to a registrant who fails to cooperate in the SNAP employment and training program, as provided in subdivision 1a.

Subd. 3a. **Requirement to register work.** (a) To the extent required under Code of Federal Regulations, title 7, section 273.7(a), each applicant for and recipient of SNAP benefits is required to register for work as a condition of eligibility for SNAP benefits. Applicants and recipients are registered by signing an application or annual reapplication for SNAP benefits, and must be informed that they are registering for work by signing the form.

(b) The commissioner shall determine, within federal requirements, persons required to participate in the SNAP employment and training program.

(c) The following SNAP benefit recipients are exempt from mandatory participation in SNAP employment and training services:

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(1) recipients of benefits under the Minnesota family investment program, Minnesota supplemental aid program, or the general assistance program;

(2) a child;

(3) a recipient over age 55;

(4) a recipient who has a mental or physical illness, injury, or incapacity which is expected to continue for at least 30 days and which impairs the recipient's ability to obtain or retain employment as evidenced by professional certification or the receipt of temporary or permanent disability benefits issued by a private or government source;

(5) a parent or other household member responsible for the care of either a dependent child in the household who is under age six or a person in the household who is professionally certified as having a physical or mental illness, injury, or incapacity. Only one parent or other household member may claim exemption under this provision;

(6) a recipient receiving unemployment insurance or who has applied for unemployment insurance and has been required to register for work with the Department of Employment and Economic Development as part of the unemployment insurance application process;

(7) a recipient participating each week in a drug addiction or alcohol abuse treatment and rehabilitation program, provided the operators of the treatment and rehabilitation program, in consultation with the county agency, recommend that the recipient not participate in the SNAP employment and training program;

(8) a recipient employed or self-employed for 30 or more hours per week at employment paying at least minimum wage, or who earns wages from employment equal to or exceeding 30 hours multiplied by the federal minimum wage; or

(9) a student enrolled at least half time in any school, training program, or institution of higher education. When determining if a student meets this criteria, the school's, program's or institution's criteria for being enrolled half time shall be used.

Subd. 3b. Orientation. The county agency or its employment and training service provider must provide an orientation to SNAP employment and training services to each nonexempt SNAP benefit recipient within 30 days of the date that SNAP eligibility is determined. The orientation must inform the participant of the requirement to participate in services, the date, time, and address to report to for services, the name and telephone number of the SNAP employment and training service provider, the consequences for failure without good cause to comply, the services and support services available through SNAP employment and training services and other providers of similar services, and must encourage the participant to view the SNAP benefits program as a temporary means of supplementing the family's food needs until the family achieves self-sufficiency through employment. The orientation may be provided through audio-visual methods, but the participant must have the opportunity for face-to-face interaction with county agency staff.

Subd. 6b. Federal reimbursement. (a) Federal financial participation from the United States Department of Agriculture for SNAP employment and training expenditures that are eligible for reimbursement through the SNAP employment and training program are dedicated funds and are annually appropriated to the commissioner of human services for the operation of the SNAP employment and training program.

(b) The appropriation must be used for skill attainment through employment, training, and support services for SNAP participants.

(c) Federal financial participation for the nonstate portion of SNAP employment and training costs must be paid to the county agency or service provider that incurred the costs.

Subd. 6c. Program funding. Within the limits of available resources, the commissioner shall reimburse the actual costs of county agencies and their employment and training service providers for the provision of SNAP employment and training services, including participant support services, direct program services, and program administrative activities. The cost of services for each county's SNAP employment and training program shall not exceed the annual allocated amount. No more than 15 percent of program funds may be used for administrative activities. The county agency may expend county funds in excess of the limits of this subdivision without state reimbursement.

Program funds shall be allocated based on the county's average number of SNAP eligible cases as compared to the statewide total number of such cases. The average number of cases shall be based on counts of cases as of March 31, June 30, September 30, and December 31 of the previous

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calendar year. The commissioner may reallocate unexpended money appropriated under this section to those county agencies that demonstrate a need for additional funds.

Subd. 7. **Registrant status.** A registrant under this section is not an employee for the purposes of workers' compensation, unemployment benefits, retirement, or civil service laws, and shall not perform work ordinarily performed by a regular public employee.

Subd. 8. **Voluntary quit.** A person who is required to participate in SNAP employment and training services is not eligible for SNAP benefits if, without good cause, the person refuses a legitimate offer of, or quits, suitable employment within 60 days before the date of application. A person who is required to participate in SNAP employment and training services and, without good cause, voluntarily quits suitable employment or refuses a legitimate offer of suitable employment while receiving SNAP benefits shall be terminated from the SNAP program as specified in subdivision 1a.

Subd. 9. **Subcontractors.** A county agency may, at its option, subcontract any or all of the duties under this section to a public or private entity approved by the commissioner of employment and economic development.

Subd. 18. **Work experience placements.** (a) To the extent of available resources, each county agency must establish and operate a work experience component in the SNAP employment and training program for recipients who are subject to a federal limit of three months of SNAP eligibility in any 36-month period. The purpose of the work experience component is to enhance the participant's employability, self-sufficiency, and to provide meaningful, productive work activities.

(b) The commissioner shall assist counties in the design and implementation of these components. The commissioner must ensure that job placements under a work experience component comply with section 256J.72. Written or oral concurrence with job duties of persons placed under the community work experience program shall be obtained from the appropriate exclusive bargaining representative.

(c) Worksites developed under this section are limited to projects that serve a useful public service such as health, social service, environmental protection, education, urban and rural development and redevelopment, welfare, recreation, public facilities, public safety, community service, services to aged citizens or citizens with a disability, and child care. To the extent possible, the prior training, skills, and experience of a recipient must be used in making appropriate work experience assignments.

(d) Structured, supervised volunteer work with an agency or organization that is monitored by the county service provider may, with the approval of the county agency, be used as a work experience placement.

(e) As a condition of placing a person receiving SNAP benefits in a program under this subdivision, the county agency shall first provide the recipient the opportunity:

(1) for placement in suitable subsidized or unsubsidized employment through participation in job search under section 256D.051; or

(2) for placement in suitable employment through participation in on-the-job training, if such employment is available.

(f) The county agency shall limit the maximum monthly number of hours that any participant may work in a work experience placement to a number equal to the amount of the family's monthly SNAP benefit allotment divided by the greater of the federal minimum wage or the applicable state minimum wage.

After a participant has been assigned to a position for nine months, the participant may not continue in that assignment unless the maximum number of hours a participant works is no greater than the amount of the SNAP benefit divided by the rate of pay for individuals employed in the same or similar occupations by the same employer at the same site.

(g) The participant's employability development plan must include the length of time needed in the work experience program, the need to continue job seeking activities while participating in work experience, and the participant's employment goals.

(h) After each six months of a recipient's participation in a work experience job placement, and at the conclusion of each work experience assignment under this section, the county agency shall reassess and revise, as appropriate, the participant's employability development plan.

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(i) A participant has good cause for failure to cooperate with a work experience job placement if, in the judgment of the employment and training service provider, the reason for failure is reasonable and justified. Good cause for purposes of this section is defined in subdivision 1a, paragraph (b).

(j) A recipient who has failed without good cause to participate in or comply with the work experience job placement shall be terminated from participation in work experience job activities. If the recipient is not exempt from mandatory SNAP employment and training program participation under subdivision 3a, the recipient will be assigned to other mandatory program activities. If the recipient is exempt from mandatory participation but is participating as a volunteer, the person shall be terminated from the SNAP employment and training program.

256D.052 LITERACY TRAINING FOR RECIPIENTS.

Subd. 3. **Participant literacy transportation costs.** Within the limits of the state appropriation the county agency must provide transportation to enable Supplemental Nutrition Assistance Program (SNAP) employment and training participants to participate in literacy training under this section. The state shall reimburse county agencies for the costs of providing transportation under this section up to the amount of the state appropriation. Counties must make every effort to ensure that child care is available as needed by recipients who are pursuing literacy training.

259A.70 REIMBURSEMENT OF NONRECURRING ADOPTION EXPENSES.

(a) The commissioner of human services shall provide reimbursement to an adoptive parent for costs incurred in an adoption of a child with special needs according to section 259A.10, subdivision 2. Reimbursement shall be made for expenses that are reasonable and necessary for the adoption to occur, subject to a maximum of \$2,000. The expenses must directly relate to the legal adoption of the child, must not be incurred in violation of state or federal law, and must not have been reimbursed from other sources or funds.

(b) Children who have special needs but are not citizens or residents of the United States and were either adopted in another country or brought to this country for the purposes of adoption are categorically ineligible for this reimbursement program, except if the child meets the eligibility criteria after the dissolution of the international adoption.

(c) An adoptive parent, in consultation with the responsible child-placing agency, may request reimbursement of nonrecurring adoption expenses by submitting a complete application, according to the requirements and procedures and on forms prescribed by the commissioner.

(d) The commissioner shall determine the child's eligibility for adoption expense reimbursement under title IV-E of the Social Security Act, United States Code, title 42, sections 670 to 676. If determined eligible, the commissioner of human services shall sign the agreement for nonrecurring adoption expense reimbursement, making this a fully executed agreement. To be eligible, the agreement must be fully executed prior to the child's adoption finalization.

(e) An adoptive parent who has an adoption assistance agreement under section 259A.15, subdivision 2, is not required to make a separate application for reimbursement of nonrecurring adoption expenses for the child who is the subject of that agreement.

(f) If determined eligible, the adoptive parent shall submit reimbursement requests within 21 months of the date of the child's adoption decree, and according to requirements and procedures prescribed by the commissioner.

Laws 2019, First Special Session chapter 9, article 5, section 90

Sec. 90. DAY TRAINING AND HABILITATION DISABILITY WAIVER RATE SYSTEM TRANSITION GRANTS.

(a) The commissioner of human services shall establish annual grants to day training and habilitation providers that are projected to experience a funding gap upon the full implementation of Minnesota Statutes, section 256B.4914.

(b) In order to be eligible for a grant under this section, a day training and habilitation disability waiver provider must:

(1) serve at least 100 waiver service participants;

(2) be projected to receive a reduction in annual revenue from medical assistance for day services during the first year of full implementation of disability waiver rate system framework rates under Minnesota Statutes, section 256B.4914, of at least 15 percent and at least \$300,000 compared to the annual medical assistance revenue for day services the provider received during the last full year during which banded rates under Minnesota Statutes, section 256B.4913, subdivision 4a, were effective; and

(3) agree to develop, submit, and implement a sustainability plan as provided in paragraph

(c) A recipient of a grant under this section must develop a sustainability plan in partnership with the commissioner of human services. The sustainability plan must include:

(1) a review of all the provider's costs and an assessment of whether the provider is implementing available cost-control options appropriately;

(2) a review of all the provider's revenue and an assessment of whether the provider is leveraging available resources appropriately; and

(3) a practical strategy for closing the funding gap described in paragraph (b), clause (2).

(d) The commissioner of human services shall provide technical assistance and financial management advice to grant recipients as they develop and implement their sustainability plans.

(e) In order to be eligible for an annual grant renewal, a grant recipient must demonstrate to the commissioner of human services that it made a good faith effort to close the revenue gap described in paragraph (b), clause (2).

9505.0370 DEFINITIONS.

Subpart 1. **Scope.** For parts 9505.0370 to 9505.0372, the following terms have the meanings given them.

Subp. 2. **Adult day treatment.** "Adult day treatment" or "adult day treatment program" means a structured program of treatment and care.

Subp. 3. **Child.** "Child" means a person under 18 years of age.

Subp. 4. **Client.** "Client" means an eligible recipient who is determined to have or who is being assessed for a mental illness as specified in part 9505.0371.

Subp. 5. **Clinical summary.** "Clinical summary" means a written description of a clinician's formulation of the cause of the client's mental health symptoms, the client's prognosis, and the likely consequences of the symptoms; how the client meets the criteria for the diagnosis by describing the client's symptoms, the duration of symptoms, and functional impairment; an analysis of the client's other symptoms, strengths, relationships, life situations, cultural influences, and health concerns and their potential interaction with the diagnosis and formulation of the client's mental health condition; and alternative diagnoses that were considered and ruled out.

Subp. 6. **Clinical supervision.** "Clinical supervision" means the documented time a clinical supervisor and supervisee spend together to discuss the supervisee's work, to review individual client cases, and for the supervisee's professional development. It includes the documented oversight and supervision responsibility for planning, implementation, and evaluation of services for a client's mental health treatment.

Subp. 7. **Clinical supervisor.** "Clinical supervisor" means the mental health professional who is responsible for clinical supervision.

Subp. 8. **Cultural competence or culturally competent.** "Cultural competence" or "culturally competent" means the mental health provider's:

A. awareness of the provider's own cultural background, and the related assumptions, values, biases, and preferences that influence assessment and intervention processes;

B. ability and will to respond to the unique needs of an individual client that arise from the client's culture;

C. ability to utilize the client's culture as a resource and as a means to optimize mental health care; and

D. willingness to seek educational, consultative, and learning experiences to expand knowledge of and increase effectiveness with culturally diverse populations.

Subp. 9. **Cultural influences.** "Cultural influences" means historical, geographical, and familial factors that affect assessment and intervention processes. Cultural influences that are relevant to the client may include the client's:

A. racial or ethnic self-identification;

B. experience of cultural bias as a stressor;

C. immigration history and status;

D. level of acculturation;

E. time orientation;

F. social orientation;

G. verbal communication style;

H. locus of control;

I. spiritual beliefs; and

J. health beliefs and the endorsement of or engagement in culturally specific healing practices.

Subp. 10. **Culture.** "Culture" means the distinct ways of living and understanding the world that are used by a group of people and are transmitted from one generation to another or adopted by an individual.

Subp. 11. **Diagnostic assessment.** "Diagnostic assessment" means a written assessment that documents a clinical and functional face-to-face evaluation of the client's mental health, including the nature, severity and impact of behavioral difficulties, functional impairment, and subjective distress of the client, and identifies the client's strengths and resources.

Subp. 12. **Dialectical behavior therapy.** "Dialectical behavior therapy" means an evidence-based treatment approach provided in an intensive outpatient treatment program using a combination of individualized rehabilitative and psychotherapeutic interventions. A dialectical behavior therapy program is certified by the commissioner and involves the following service components: individual dialectical behavior therapy, group skills training, telephone coaching, and team consultation meetings.

Subp. 13. **Explanation of findings.** "Explanation of findings" means the explanation of a client's diagnostic assessment, psychological testing, treatment program, and consultation with culturally informed mental health consultants as required under parts 9520.0900 to 9520.0926, or other accumulated data and recommendations to the client, client's family, primary caregiver, or other responsible persons.

Subp. 14. **Family.** "Family" means a person who is identified by the client or the client's parent or guardian as being important to the client's mental health treatment. Family may include, but is not limited to, parents, children, spouse, committed partners, former spouses, persons related by blood or adoption, or persons who are presently residing together as a family unit.

Subp. 15. **Individual treatment plan.** "Individual treatment plan" means a written plan that outlines and defines the course of treatment. It delineates the goals, measurable objectives, target dates for achieving specific goals, main participants in treatment process, and recommended services that are based on the client's diagnostic assessment and other meaningful data that are needed to aid the client's recovery and enhance resiliency.

Subp. 16. **Medication management.** "Medication management" means a service that determines the need for or effectiveness of the medication prescribed for the treatment of a client's symptoms of a mental illness.

Subp. 17. **Mental health practitioner.** "Mental health practitioner" means a person who is qualified according to part 9505.0371, subpart 5, items B and C, and provides mental health services to a client with a mental illness under the clinical supervision of a mental health professional.

Subp. 18. **Mental health professional.** "Mental health professional" means a person who is enrolled to provide medical assistance services and is qualified according to part 9505.0371, subpart 5, item A.

Subp. 19. **Mental health telemedicine.** "Mental health telemedicine" has the meaning given in Minnesota Statutes, section 256B.0625, subdivision 46.

Subp. 20. **Mental illness.** "Mental illness" has the meaning given in Minnesota Statutes, section 245.462, subdivision 20. "Mental illness" includes "emotional disturbance" as defined in Minnesota Statutes, section 245.4871, subdivision 15.

Subp. 21. **Multidisciplinary staff.** "Multidisciplinary staff" means a group of individuals from diverse disciplines who come together to provide services to clients under part 9505.0372, subparts 8, 9, and 10.

Subp. 22. **Neuropsychological assessment.** "Neuropsychological assessment" means a specialized clinical assessment of the client's underlying cognitive abilities related to thinking, reasoning, and judgment that is conducted by a qualified neuropsychologist.

Subp. 23. **Neuropsychological testing.** "Neuropsychological testing" means administering standardized tests and measures designed to evaluate the client's ability to attend to, process, interpret, comprehend, communicate, learn and recall information; and use problem-solving and judgment.

Subp. 24. **Partial hospitalization program.** "Partial hospitalization program" means a provider's time-limited, structured program of psychotherapy and other therapeutic services, as defined in United States Code, title 42, chapter 7, subchapter XVIII, part E, section 1395x, (ff), that is provided in an outpatient hospital facility or community mental health center that meets Medicare requirements to provide partial hospitalization services.

Subp. 25. **Primary caregiver.** "Primary caregiver" means a person, other than the facility staff, who has primary legal responsibility for providing the client with food, clothing, shelter, direction, guidance, and nurturance.

Subp. 26. **Psychological testing.** "Psychological testing" means the use of tests or other psychometric instruments to determine the status of the recipient's mental, intellectual, and emotional functioning.

Subp. 27. **Psychotherapy.** "Psychotherapy" means treatment of a client with mental illness that applies the most appropriate psychological, psychiatric, psychosocial, or interpersonal method that conforms to prevailing community standards of professional practice to meet the mental health needs of the client.

Subp. 28. **Supervisee.** "Supervisee" means an individual who requires clinical supervision because the individual does not meet mental health professional standards in part 9505.0371, subpart 5, item A.

9505.0371 MEDICAL ASSISTANCE COVERAGE REQUIREMENTS FOR OUTPATIENT MENTAL HEALTH SERVICES.

Subpart 1. **Purpose.** This part describes the requirements that outpatient mental health services must meet to receive medical assistance reimbursement.

Subp. 2. **Client eligibility for mental health services.** The following requirements apply to mental health services:

A. The provider must use a diagnostic assessment as specified in part 9505.0372 to determine a client's eligibility for mental health services under this part, except:

(1) prior to completion of a client's initial diagnostic assessment, a client is eligible for:

(a) one explanation of findings;

(b) one psychological testing; and

(c) either one individual psychotherapy session, one family psychotherapy session, or one group psychotherapy session; and

(2) for a client who is not currently receiving mental health services covered by medical assistance, a crisis assessment as specified in Minnesota Statutes, section 256B.0624 or 256B.0944, conducted in the past 60 days may be used to allow up to ten sessions of mental health services within a 12-month period.

B. A brief diagnostic assessment must meet the requirements of part 9505.0372, subpart 1, item D, and:

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(1) may be used to allow up to ten sessions of mental health services as specified in part 9505.0372 within a 12-month period before a standard or extended diagnostic assessment is required when the client is:

(a) a new client; or

(b) an existing client who has had fewer than ten sessions of psychotherapy in the previous 12 months and is projected to need fewer than ten sessions of psychotherapy in the next 12 months, or who only needs medication management; and

(2) may be used for a subsequent annual assessment, if based upon the client's treatment history and the provider's clinical judgment, the client will need ten or fewer sessions of mental health services in the upcoming 12-month period; and

(3) must not be used for:

(a) a client or client's family who requires a language interpreter to participate in the assessment unless the client meets the requirements of subitem (1), unit (b), or (2); or

(b) more than ten sessions of mental health services in a 12-month period. If, after completion of ten sessions of mental health services, the mental health professional determines the need for additional sessions, a standard assessment or extended assessment must be completed.

C. For a child, a new standard or extended diagnostic assessment must be completed:

(1) when the child does not meet the criteria for a brief diagnostic assessment;

(2) at least annually following the initial diagnostic assessment, if:

(a) additional services are needed; and

(b) the child does not meet criteria for brief assessment;

(3) when the child's mental health condition has changed markedly since the child's most recent diagnostic assessment; or

(4) when the child's current mental health condition does not meet criteria of the child's current diagnosis.

D. For an adult, a new standard diagnostic assessment or extended diagnostic assessment must be completed:

(1) when the adult does not meet the criteria for a brief diagnostic assessment or an adult diagnostic assessment update;

(2) at least every three years following the initial diagnostic assessment for an adult who receives mental health services;

(3) when the adult's mental health condition has changed markedly since the adult's most recent diagnostic assessment; or

(4) when the adult's current mental health condition does not meet criteria of the current diagnosis.

E. An adult diagnostic assessment update must be completed at least annually unless a new standard or extended diagnostic assessment is performed. An adult diagnostic assessment update must include an update of the most recent standard or extended diagnostic assessment and any recent adult diagnostic assessment updates that have occurred since the last standard or extended diagnostic assessment.

Subp. 3. **Authorization for mental health services.** Mental health services under this part are subject to authorization criteria and standards published by the commissioner according to Minnesota Statutes, section 256B.0625, subdivision 25.

Subp. 4. Clinical supervision.

A. Clinical supervision must be based on each supervisee's written supervision plan and must:

- (1) promote professional knowledge, skills, and values development;
- (2) model ethical standards of practice;
- (3) promote cultural competency by:

(a) developing the supervisee's knowledge of cultural norms of behavior for individual clients and generally for the clients served by the supervisee regarding the client's cultural influences, age, class, gender, sexual orientation, literacy, and mental or physical disability;

(b) addressing how the supervisor's and supervisee's own cultures and privileges affect service delivery;

(c) developing the supervisee's ability to assess their own cultural competence and to identify when consultation or referral of the client to another provider is needed; and

(d) emphasizing the supervisee's commitment to maintaining cultural competence as an ongoing process;

(4) recognize that the client's family has knowledge about the client and will continue to play a role in the client's life and encourage participation among the client, client's family, and providers as treatment is planned and implemented; and

(5) monitor, evaluate, and document the supervisee's performance of assessment, treatment planning, and service delivery.

B. Clinical supervision must be conducted by a qualified supervisor using individual or group supervision. Individual or group face-to-face supervision may be conducted via electronic communications that utilize interactive telecommunications equipment that includes at a minimum audio and video equipment for two-way, real-time, interactive communication between the supervisor and supervisee, and meet the equipment and connection standards of part 9505.0370, subpart 19.

(1) Individual supervision means one or more designated clinical supervisors and one supervisee.

(2) Group supervision means one clinical supervisor and two to six supervisees in face-to-face supervision.

C. The supervision plan must be developed by the supervisor and the supervisee. The plan must be reviewed and updated at least annually. For new staff the plan must be completed and implemented within 30 days of the new staff person's employment. The supervision plan must include:

(1) the name and qualifications of the supervisee and the name of the agency in which the supervisee is being supervised;

(2) the name, licensure, and qualifications of the supervisor;

(3) the number of hours of individual and group supervision to be completed by the supervisee including whether supervision will be in person or by some other method approved by the commissioner;

(4) the policy and method that the supervisee must use to contact the clinical supervisor during service provision to a supervisee;

(5) procedures that the supervisee must use to respond to client emergencies; and

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- (6) authorized scope of practices, including:
 - (a) description of the supervisee's service responsibilities;
 - (b) description of client population; and
 - (c) treatment methods and modalities.

D. Clinical supervision must be recorded in the supervisee's supervision record. The documentation must include:

- (1) date and duration of supervision;
- (2) identification of supervision type as individual or group supervision;
- (3) name of the clinical supervisor;
- (4) subsequent actions that the supervisee must take; and
- (5) date and signature of the clinical supervisor.

E. Clinical supervision pertinent to client treatment changes must be recorded by a case notation in the client record after supervision occurs.

Subp. 5. **Qualified providers.** Medical assistance covers mental health services according to part 9505.0372 when the services are provided by mental health professionals or mental health practitioners qualified under this subpart.

A. A mental health professional must be qualified in one of the following ways:

(1) in clinical social work, a person must be licensed as an independent clinical social worker by the Minnesota Board of Social Work under Minnesota Statutes, chapter 148D until August 1, 2011, and thereafter under Minnesota Statutes, chapter 148E;

(2) in psychology, a person licensed by the Minnesota Board of Psychology under Minnesota Statutes, sections 148.88 to 148.98, who has stated to the board competencies in the diagnosis and treatment of mental illness;

(3) in psychiatry, a physician licensed under Minnesota Statutes, chapter 147, who is certified by the American Board of Psychiatry and Neurology or is eligible for board certification;

(4) in marriage and family therapy, a person licensed as a marriage and family therapist by the Minnesota Board of Marriage and Family Therapy under Minnesota Statutes, sections 148B.29 to 148B.39, and defined in parts 5300.0100 to 5300.0350;

(5) in professional counseling, a person licensed as a professional clinical counselor by the Minnesota Board of Behavioral Health and Therapy under Minnesota Statutes, section 148B.5301;

(6) a tribally approved mental health care professional, who meets the standards in Minnesota Statutes, section 256B.02, subdivision 7, paragraphs (b) and (c), and who is serving a federally recognized Indian tribe; or

(7) in psychiatric nursing, a registered nurse who is licensed under Minnesota Statutes, sections 148.171 to 148.285, and meets one of the following criteria:

(a) is certified as a clinical nurse specialist;

(b) for children, is certified as a nurse practitioner in child or adolescent or family psychiatric and mental health nursing by a national nurse certification organization; or

(c) for adults, is certified as a nurse practitioner in adult or family psychiatric and mental health nursing by a national nurse certification organization.

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B. A mental health practitioner for a child client must have training working with children. A mental health practitioner for an adult client must have training working with adults. A mental health practitioner must be qualified in at least one of the following ways:

(1) holds a bachelor's degree in one of the behavioral sciences or related fields from an accredited college or university; and

(a) has at least 2,000 hours of supervised experience in the delivery of mental health services to clients with mental illness; or

(b) is fluent in the non-English language of the cultural group to which at least 50 percent of the practitioner's clients belong, completes 40 hours of training in the delivery of services to clients with mental illness, and receives clinical supervision from a mental health professional at least once a week until the requirements of 2,000 hours of supervised experience are met;

(2) has at least 6,000 hours of supervised experience in the delivery of mental health services to clients with mental illness. Hours worked as a mental health behavioral aide I or II under Minnesota Statutes, section 256B.0943, subdivision 7, may be included in the 6,000 hours of experience for child clients;

(3) is a graduate student in one of the mental health professional disciplines defined in item A and is formally assigned by an accredited college or university to an agency or facility for clinical training;

(4) holds a master's or other graduate degree in one of the mental health professional disciplines defined in item A from an accredited college or university; or

(5) is an individual who meets the standards in Minnesota Statutes, section 256B.02, subdivision 7, paragraphs (b) and (c), who is serving a federally recognized Indian tribe.

C. Medical assistance covers diagnostic assessment, explanation of findings, and psychotherapy performed by a mental health practitioner working as a clinical trainee when:

(1) the mental health practitioner is:

(a) complying with requirements for licensure or board certification as a mental health professional, as defined in item A, including supervised practice in the delivery of mental health services for the treatment of mental illness; or

(b) a student in a bona fide field placement or internship under a program leading to completion of the requirements for licensure as a mental health professional defined in item A; and

(2) the mental health practitioner's clinical supervision experience is helping the practitioner gain knowledge and skills necessary to practice effectively and independently. This may include supervision of:

(a) direct practice;

(b) treatment team collaboration;

(c) continued professional learning; and

(d) job management.

D. A clinical supervisor must:

(1) be a mental health professional licensed as specified in item A;

(2) hold a license without restrictions that has been in good standing for at least one year while having performed at least 1,000 hours of clinical practice;

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(3) be approved, certified, or in some other manner recognized as a qualified clinical supervisor by the person's professional licensing board, when this is a board requirement;

(4) be competent as demonstrated by experience and graduate-level training in the area of practice and the activities being supervised;

(5) not be the supervisee's blood or legal relative or cohabitant, or someone who has acted as the supervisee's therapist within the past two years;

(6) have experience and skills that are informed by advanced training, years of experience, and mastery of a range of competencies that demonstrate the following:

(a) capacity to provide services that incorporate best practice;

(b) ability to recognize and evaluate competencies in supervisees;

(c) ability to review assessments and treatment plans for accuracy and appropriateness;

(d) ability to give clear direction to mental health staff related to alternative strategies when a client is struggling with moving towards recovery; and

(e) ability to coach, teach, and practice skills with supervisees;

(7) accept full professional liability for a supervisee's direction of a client's mental health services;

(8) instruct a supervisee in the supervisee's work, and oversee the quality and outcome of the supervisee's work with clients;

(9) review, approve, and sign the diagnostic assessment, individual treatment plans, and treatment plan reviews of clients treated by a supervisee;

(10) review and approve the progress notes of clients treated by the supervisee according to the supervisee's supervision plan;

(11) apply evidence-based practices and research-informed models to treat clients;

(12) be employed by or under contract with the same agency as the supervisee;

(13) develop a clinical supervision plan for each supervisee;

(14) ensure that each supervisee receives the guidance and support needed to provide treatment services in areas where the supervisee practices;

(15) establish an evaluation process that identifies the performance and competence of each supervisee; and

(16) document clinical supervision of each supervisee and securely maintain the documentation record.

Subp. 6. **Release of information.** Providers who receive a request for client information and providers who request client information must:

A. comply with data practices and medical records standards in Minnesota Statutes, chapter 13, and Code of Federal Regulations, title 45, part 164; and

B. subject to the limitations in item A, promptly provide client information, including a written diagnostic assessment, to other providers who are treating the client to ensure that the client will get services without undue delay.

Subp. 7. **Individual treatment plan.** Except as provided in subpart 2, item A, subitem (1), a medical assistance payment is available only for services provided in accordance with the client's written individual treatment plan (ITP). The client must be involved in the development, review, and revision of the client's ITP. For all mental health services, except

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as provided in subpart 2, item A, subitem (1), and medication management, the ITP and subsequent revisions of the ITP must be signed by the client before treatment begins. The mental health professional or practitioner shall request the client, or other person authorized by statute to consent to mental health services for the client, to sign the client's ITP or revision of the ITP. In the case of a child, the child's parent, primary caregiver, or other person authorized by statute to consent to mental health services for the child shall be asked to sign the child's ITP and revisions of the ITP. If the client or authorized person refuses to sign the plan or a revision of the plan, the mental health professional or mental health practitioner shall note on the plan the refusal to sign the plan and the reason or reasons for the refusal. A client's individual treatment plan must be:

A. based on the client's current diagnostic assessment;

B. developed by identifying the client's service needs and considering relevant cultural influences to identify planned interventions that contain specific treatment goals and measurable objectives for the client; and

C. reviewed at least once every 90 days, and revised as necessary. Revisions to the initial individual treatment plan do not require a new diagnostic assessment unless the client's mental health status has changed markedly as provided in subpart 2.

Subp. 8. **Documentation.** To obtain medical assistance payment for an outpatient mental health service, a mental health professional or a mental health practitioner must promptly document:

A. in the client's mental health record:

(1) each occurrence of service to the client including the date, type of service, start and stop time, scope of the mental health service, name and title of the person who gave the service, and date of documentation; and

(2) all diagnostic assessments and other assessments, psychological test results, treatment plans, and treatment plan reviews;

B. the provider's contact with persons interested in the client such as representatives of the courts, corrections systems, or schools, or the client's other mental health providers, case manager, family, primary caregiver, legal representative, including the name and date of the contact or, if applicable, the reason the client's family, primary caregiver, or legal representative was not contacted; and

C. dates that treatment begins and ends and reason for the discontinuation of the mental health service.

Subp. 9. **Service coordination.** The provider must coordinate client services as authorized by the client as follows:

A. When a recipient receives mental health services from more than one mental health provider, each provider must coordinate mental health services they provide to the client with other mental health service providers to ensure services are provided in the most efficient manner to achieve maximum benefit for the client.

B. The mental health provider must coordinate mental health care with the client's physical health provider.

Subp. 10. **Telemedicine services.** Mental health services in part 9505.0372 covered as direct face-to-face services may be provided via two-way interactive video if it is medically appropriate to the client's condition and needs. The interactive video equipment and connection must comply with Medicare standards that are in effect at the time of service. The commissioner may specify parameters within which mental health services can be provided via telemedicine.

9505.0372 COVERED SERVICES.

Subpart 1. **Diagnostic assessment.** Medical assistance covers four types of diagnostic assessments when they are provided in accordance with the requirements in this subpart.

A. To be eligible for medical assistance payment, a diagnostic assessment must:

(1) identify a mental health diagnosis and recommended mental health services, which are the factual basis to develop the recipient's mental health services and treatment plan; or

(2) include a finding that the client does not meet the criteria for a mental health disorder.

B. A standard diagnostic assessment must include a face-to-face interview with the client and contain a written evaluation of a client by a mental health professional or practitioner working under clinical supervision as a clinical trainee according to part 9505.0371, subpart 5, item C. The standard diagnostic assessment must be done within the cultural context of the client and must include relevant information about:

(1) the client's current life situation, including the client's:

(a) age;

(b) current living situation, including household membership and housing status;

(c) basic needs status including economic status;

(d) education level and employment status;

(e) significant personal relationships, including the client's evaluation of relationship quality;

(f) strengths and resources, including the extent and quality of social networks;

(g) belief systems;

(h) contextual nonpersonal factors contributing to the client's presenting concerns;

(i) general physical health and relationship to client's culture; and

(j) current medications;

(2) the reason for the assessment, including the client's:

(a) perceptions of the client's condition;

(b) description of symptoms, including reason for referral;

(c) history of mental health treatment, including review of the client's records;

(d) important developmental incidents;

(e) maltreatment, trauma, or abuse issues;

(f) history of alcohol and drug usage and treatment;

(g) health history and family health history, including physical, chemical, and mental health history; and

(h) cultural influences and their impact on the client;

(3) the client's mental status examination;

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(4) the assessment of client's needs based on the client's baseline measurements, symptoms, behavior, skills, abilities, resources, vulnerabilities, and safety needs;

(5) the screenings used to determine the client's substance use, abuse, or dependency and other standardized screening instruments determined by the commissioner;

(6) assessment methods and use of standardized assessment tools by the provider as determined and periodically updated by the commissioner;

(7) the client's clinical summary, recommendations, and prioritization of needed mental health, ancillary or other services, client and family participation in assessment and service preferences, and referrals to services required by statute or rule; and

(8) the client data that is adequate to support the findings on all axes of the current edition of the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association; and any differential diagnosis.

C. An extended diagnostic assessment must include a face-to-face interview with the client and contain a written evaluation of a client by a mental health professional or practitioner working under clinical supervision as a clinical trainee according to part 9505.0371, subpart 5, item C. The face-to-face interview is conducted over three or more assessment appointments because the client's complex needs necessitate significant additional assessment time. Complex needs are those caused by acuity of psychotic disorder; cognitive or neurocognitive impairment; need to consider past diagnoses and determine their current applicability; co-occurring substance abuse use disorder; or disruptive or changing environments, communication barriers, or cultural considerations as documented in the assessment. For child clients, the appointments may be conducted outside the diagnostician's office for face-to-face consultation and information gathering with family members, doctors, caregivers, teachers, and other providers, with or without the child present, and may involve directly observing the child in various settings that the child frequents such as home, school, or care settings. To complete the diagnostic assessment with adult clients, the appointments may be conducted outside of the diagnostician's office for face-to-face assessment with the adult client. The appointment may involve directly observing the adult client in various settings that the adult frequents, such as home, school, job, service settings, or community settings. The appointments may include face-to-face meetings with the adult client and the client's family members, doctors, caregivers, teachers, social support network members, recovery support resource representatives, and other providers for consultation and information gathering for the diagnostic assessment. The components of an extended diagnostic assessment include the following relevant information:

(1) for children under age 5:

(a) utilization of the DC:0-3R diagnostic system for young children;

(b) an early childhood mental status exam that assesses the client's developmental, social, and emotional functioning and style both within the family and with the examiner and includes:

- i. physical appearance including dysmorphic features;
- ii. reaction to new setting and people and adaptation during evaluation;
- iii. self-regulation, including sensory regulation, unusual behaviors, activity level, attention span, and frustration tolerance;
- iv. physical aspects, including motor function, muscle tone, coordination, tics, abnormal movements, and seizure activity;
- v. vocalization and speech production, including expressive and receptive language;

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- vi. thought, including fears, nightmares, dissociative states, and hallucinations;
 - vii. affect and mood, including modes of expression, range, responsiveness, duration, and intensity;
 - viii. play, including structure, content, symbolic functioning, and modulation of aggression;
 - ix. cognitive functioning; and
 - x. relatedness to parents, other caregivers, and examiner; and
- (c) other assessment tools as determined and periodically revised by the commissioner;
- (2) for children ages 5 to 18, completion of other assessment standards for children as determined and periodically revised by the commissioner; and
- (3) for adults, completion of other assessment standards for adults as determined and periodically revised by the commissioner.

D. A brief diagnostic assessment must include a face-to-face interview with the client and a written evaluation of the client by a mental health professional or practitioner working under clinical supervision as a clinical trainee according to part 9505.0371, subpart 5, item C. The professional or practitioner must gather initial background information using the components of a standard diagnostic assessment in item B, subitems (1), (2), unit (b), (3), and (5), and draw a provisional clinical hypothesis. The clinical hypothesis may be used to address the client's immediate needs or presenting problem. Treatment sessions conducted under authorization of a brief assessment may be used to gather additional information necessary to complete a standard diagnostic assessment or an extended diagnostic assessment.

E. Adult diagnostic assessment update includes a face-to-face interview with the client, and contains a written evaluation of the client by a mental health professional or practitioner working under clinical supervision as a clinical trainee according to part 9505.0371, subpart 5, item C, who reviews a standard or extended diagnostic assessment. The adult diagnostic assessment update must update the most recent assessment document in writing in the following areas:

- (1) review of the client's life situation, including an interview with the client about the client's current life situation, and a written update of those parts where significant new or changed information exists, and documentation where there has not been significant change;
- (2) review of the client's presenting problems, including an interview with the client about current presenting problems and a written update of those parts where there is significant new or changed information, and note parts where there has not been significant change;
- (3) screenings for substance use, abuse, or dependency and other screenings as determined by the commissioner;
- (4) the client's mental health status examination;
- (5) assessment of client's needs based on the client's baseline measurements, symptoms, behavior, skills, abilities, resources, vulnerabilities, and safety needs;
- (6) the client's clinical summary, recommendations, and prioritization of needed mental health, ancillary, or other services, client and family participation in assessment and service preferences, and referrals to services required by statute or rule; and
- (7) the client's diagnosis on all axes of the current edition of the Diagnostic and Statistical Manual and any differential diagnosis.

Subp. 2. **Neuropsychological assessment.** A neuropsychological assessment must include a face-to-face interview with the client, the interpretation of the test results, and preparation and completion of a report. A client is eligible for a neuropsychological assessment if at least one of the following criteria is met:

A. There is a known or strongly suspected brain disorder based on medical history or neurological evaluation such as a history of significant head trauma, brain tumor, stroke, seizure disorder, multiple sclerosis, neurodegenerative disorders, significant exposure to neurotoxins, central nervous system infections, metabolic or toxic encephalopathy, fetal alcohol syndrome, or congenital malformations of the brain; or

B. In the absence of a medically verified brain disorder based on medical history or neurological evaluation, there are cognitive or behavioral symptoms that suggest that the client has an organic condition that cannot be readily attributed to functional psychopathology, or suspected neuropsychological impairment in addition to functional psychopathology. Examples include:

- (1) poor memory or impaired problem solving;
- (2) change in mental status evidenced by lethargy, confusion, or disorientation;
- (3) deterioration in level of functioning;
- (4) marked behavioral or personality change;
- (5) in children or adolescents, significant delays in academic skill acquisition or poor attention relative to peers;
- (6) in children or adolescents, significant plateau in expected development of cognitive, social, emotional, or physical function, relative to peers; and
- (7) in children or adolescents, significant inability to develop expected knowledge, skills, or abilities as required to adapt to new or changing cognitive, social, emotional, or physical demands.

C. If neither criterion in item A nor B is fulfilled, neuropsychological evaluation is not indicated.

D. The neuropsychological assessment must be conducted by a neuropsychologist with competence in the area of neuropsychological assessment as stated to the Minnesota Board of Psychology who:

(1) was awarded a diploma by the American Board of Clinical Neuropsychology, the American Board of Professional Neuropsychology, or the American Board of Pediatric Neuropsychology;

(2) earned a doctoral degree in psychology from an accredited university training program:

(a) completed an internship, or its equivalent, in a clinically relevant area of professional psychology;

(b) completed the equivalent of two full-time years of experience and specialized training, at least one which is at the postdoctoral level, in the study and practices of clinical neuropsychology and related neurosciences supervised by a clinical neuropsychologist; and

(c) holds a current license to practice psychology independently in accordance with Minnesota Statutes, sections 148.88 to 148.98;

(3) is licensed or credentialed by another state's board of psychology examiners in the specialty of neuropsychology using requirements equivalent to requirements specified by one of the boards named in subitem (1); or

(4) was approved by the commissioner as an eligible provider of neuropsychological assessment prior to December 31, 2010.

Subp. 3. Neuropsychological testing.

A. Medical assistance covers neuropsychological testing when the client has either:

(1) a significant mental status change that is not a result of a metabolic disorder that has failed to respond to treatment;

(2) in children or adolescents, a significant plateau in expected development of cognitive, social, emotional, or physical function, relative to peers;

(3) in children or adolescents, significant inability to develop expected knowledge, skills, or abilities, as required to adapt to new or changing cognitive, social, physical, or emotional demands; or

(4) a significant behavioral change, memory loss, or suspected neuropsychological impairment in addition to functional psychopathology, or other organic brain injury or one of the following:

(a) traumatic brain injury;

(b) stroke;

(c) brain tumor;

(d) substance abuse or dependence;

(e) cerebral anoxic or hypoxic episode;

(f) central nervous system infection or other infectious disease;

(g) neoplasms or vascular injury of the central nervous system;

(h) neurodegenerative disorders;

(i) demyelinating disease;

(j) extrapyramidal disease;

(k) exposure to systemic or intrathecal agents or cranial radiation known to be associated with cerebral dysfunction;

(l) systemic medical conditions known to be associated with cerebral dysfunction, including renal disease, hepatic encephalopathy, cardiac anomaly, sickle cell disease, and related hematologic anomalies, and autoimmune disorders such as lupus, erythematosis, or celiac disease;

(m) congenital genetic or metabolic disorders known to be associated with cerebral dysfunction, such as phenylketonuria, craniofacial syndromes, or congenital hydrocephalus;

(n) severe or prolonged nutrition or malabsorption syndromes; or

(o) a condition presenting in a manner making it difficult for a clinician to distinguish between:

i. the neurocognitive effects of a neurogenic syndrome such as dementia or encephalopathy; and

ii. a major depressive disorder when adequate treatment for major depressive disorder has not resulted in improvement in neurocognitive function, or another disorder such as autism, selective mutism, anxiety disorder, or reactive attachment disorder.

B. Neuropsychological testing must be administered or clinically supervised by a neuropsychologist qualified as defined in subpart 2, item D.

C. Neuropsychological testing is not covered when performed:

- (1) primarily for educational purposes;
- (2) primarily for vocational counseling or training;
- (3) for personnel or employment testing;
- (4) as a routine battery of psychological tests given at inpatient admission or continued stay; or
- (5) for legal or forensic purposes.

Subp. 4. **Psychological testing.** Psychological testing must meet the following requirements:

A. The psychological testing must:

- (1) be administered or clinically supervised by a licensed psychologist with competence in the area of psychological testing as stated to the Minnesota Board of Psychology; and
- (2) be validated in a face-to-face interview between the client and a licensed psychologist or a mental health practitioner working as a clinical psychology trainee as required by part 9505.0371, subpart 5, item C, under the clinical supervision of a licensed psychologist according to part 9505.0371, subpart 5, item A, subitem (2).

B. The administration, scoring, and interpretation of the psychological tests must be done under the clinical supervision of a licensed psychologist when performed by a technician, psychometrist, or psychological assistant or as part of a computer-assisted psychological testing program.

C. The report resulting from the psychological testing must be:

- (1) signed by the psychologist conducting the face-to-face interview;
- (2) placed in the client's record; and
- (3) released to each person authorized by the client.

Subp. 5. **Explanations of findings.** To be eligible for medical assistance payment, the mental health professional providing the explanation of findings must obtain the authorization of the client or the client's representative to release the information as required in part 9505.0371, subpart 6. Explanation of findings is provided to the client, client's family, and caregivers, or to other providers to help them understand the results of the testing or diagnostic assessment, better understand the client's illness, and provide professional insight needed to carry out a plan of treatment. An explanation of findings is not paid separately when the results of psychological testing or a diagnostic assessment are explained to the client or the client's representative as part of the psychological testing or a diagnostic assessment.

Subp. 6. **Psychotherapy.** Medical assistance covers psychotherapy as conducted by a mental health professional or a mental health practitioner as defined in part 9505.0371, subpart 5, item C, as provided in this subpart.

A. Individual psychotherapy is psychotherapy designed for one client.

B. Family psychotherapy is designed for the client and one or more family members or the client's primary caregiver whose participation is necessary to accomplish the client's treatment goals. Family members or primary caregivers participating in a therapy session do not need to be eligible for medical assistance. For purposes of this subpart, the phrase "whose participation is necessary to accomplish the client's treatment goals" does not include shift or facility staff members at the client's residence. Medical assistance payment for family psychotherapy is limited to face-to-face sessions at which the client is present throughout the family psychotherapy session unless the mental health professional believes

the client's absence from the family psychotherapy session is necessary to carry out the client's individual treatment plan. If the client is excluded, the mental health professional must document the reason for and the length of time of the exclusion. The mental health professional must also document the reason or reasons why a member of the client's family is excluded.

C. Group psychotherapy is appropriate for individuals who because of the nature of their emotional, behavioral, or social dysfunctions can derive mutual benefit from treatment in a group setting. For a group of three to eight persons, one mental health professional or practitioner is required to conduct the group. For a group of nine to 12 persons, a team of at least two mental health professionals or two mental health practitioners or one mental health professional and one mental health practitioner is required to co-conduct the group. Medical assistance payment is limited to a group of no more than 12 persons.

D. A multiple-family group psychotherapy session is eligible for medical assistance payment if the psychotherapy session is designed for at least two but not more than five families. Multiple-family group psychotherapy is clearly directed toward meeting the identified treatment needs of each client as indicated in client's treatment plan. If the client is excluded, the mental health professional or practitioner must document the reason for and the length of the time of the exclusion. The mental health professional or practitioner must document the reasons why a member of the client's family is excluded.

Subp. 7. **Medication management.** The determination or evaluation of the effectiveness of a client's prescribed drug must be carried out by a physician or by an advanced practice registered nurse, as defined in Minnesota Statutes, sections 148.171 to 148.285, who is qualified in psychiatric nursing.

Subp. 8. **Adult day treatment.** Adult day treatment payment limitations include the following conditions.

A. Adult day treatment must consist of at least one hour of group psychotherapy, and must include group time focused on rehabilitative interventions, or other therapeutic services that are provided by a multidisciplinary staff. Adult day treatment is an intensive psychotherapeutic treatment. The services must stabilize the client's mental health status, and develop and improve the client's independent living and socialization skills. The goal of adult day treatment is to reduce or relieve the effects of mental illness so that an individual is able to benefit from a lower level of care and to enable the client to live and function more independently in the community. Day treatment services are not a part of inpatient or residential treatment services.

B. To be eligible for medical assistance payment, a day treatment program must:

(1) be reviewed by and approved by the commissioner;

(2) be provided to a group of clients by a multidisciplinary staff under the clinical supervision of a mental health professional;

(3) be available to the client at least two days a week for at least three consecutive hours per day. The day treatment may be longer than three hours per day, but medical assistance must not reimburse a provider for more than 15 hours per week;

(4) include group psychotherapy done by a mental health professional, or mental health practitioner qualified according to part 9505.0371, subpart 5, item C, and rehabilitative interventions done by a mental health professional or mental health practitioner daily;

(5) be included in the client's individual treatment plan as necessary and appropriate. The individual treatment plan must include attainable, measurable goals as they relate to services and must be completed before the first day treatment session. The vendor must review the recipient's progress and update the treatment plan at least every 30 days until the client is discharged and include an available discharge plan for the client in the treatment plan; and

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(6) document the interventions provided and the client's response daily.

C. To be eligible for adult day treatment, a recipient must:

(1) be 18 years of age or older;

(2) not be residing in a nursing facility, hospital, institute of mental disease, or regional treatment center, unless the recipient has an active discharge plan that indicates a move to an independent living arrangement within 180 days;

(3) have a diagnosis of mental illness as determined by a diagnostic assessment;

(4) have the capacity to engage in the rehabilitative nature, the structured setting, and the therapeutic parts of psychotherapy and skills activities of a day treatment program and demonstrate measurable improvements in the recipient's functioning related to the recipient's mental illness that would result from participating in the day treatment program;

(5) have at least three areas of functional impairment as determined by a functional assessment with the domains prescribed by Minnesota Statutes, section 245.462, subdivision 11a;

(6) have a level of care determination that supports the need for the level of intensity and duration of a day treatment program; and

(7) be determined to need day treatment by a mental health professional who must deem the day treatment services medically necessary.

D. The following services are not covered by medical assistance if they are provided by a day treatment program:

(1) a service that is primarily recreation-oriented or that is provided in a setting that is not medically supervised. This includes: sports activities, exercise groups, craft hours, leisure time, social hours, meal or snack time, trips to community activities, and tours;

(2) a social or educational service that does not have or cannot reasonably be expected to have a therapeutic outcome related to the client's mental illness;

(3) consultation with other providers or service agency staff about the care or progress of a client;

(4) prevention or education programs provided to the community;

(5) day treatment for recipients with primary diagnoses of alcohol or other drug abuse;

(6) day treatment provided in the client's home;

(7) psychotherapy for more than two hours daily; and

(8) participation in meal preparation and eating that is not part of a clinical treatment plan to address the client's eating disorder.

Subp. 9. **Partial hospitalization.** Partial hospitalization is a covered service when it is an appropriate alternative to inpatient hospitalization for a client who is experiencing an acute episode of mental illness that meets the criteria for an inpatient hospital admission as specified in part 9505.0520, subpart 1, and who has the family and community resources necessary and appropriate to support the client's residence in the community. Partial hospitalization consists of multiple intensive short-term therapeutic services provided by a multidisciplinary staff to treat the client's mental illness.

Subp. 10. **Dialectical behavior therapy (DBT).** Dialectical behavior therapy (DBT) treatment services must meet the following criteria:

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A. DBT must be provided according to this subpart and Minnesota Statutes, section 256B.0625, subdivision 5l.

B. DBT is an outpatient service that is determined to be medically necessary by either: (1) a mental health professional qualified according to part 9505.0371, subpart 5, or (2) a mental health practitioner working as a clinical trainee according to part 9505.0371, subpart 5, item C, who is under the clinical supervision of a mental health professional according to part 9505.0371, subpart 5, item D, with specialized skill in dialectical behavior therapy. The treatment recommendation must be based upon a comprehensive evaluation that includes a diagnostic assessment and functional assessment of the client, and review of the client's prior treatment history. Treatment services must be provided pursuant to the client's individual treatment plan and provided to a client who satisfies the criteria in item C.

C. To be eligible for DBT, a client must:

- (1) be 18 years of age or older;
- (2) have mental health needs that cannot be met with other available community-based services or that must be provided concurrently with other community-based services;
- (3) meet one of the following criteria:
 - (a) have a diagnosis of borderline personality disorder; or
 - (b) have multiple mental health diagnoses and exhibit behaviors characterized by impulsivity, intentional self-harm behavior, and be at significant risk of death, morbidity, disability, or severe dysfunction across multiple life areas;
- (4) understand and be cognitively capable of participating in DBT as an intensive therapy program and be able and willing to follow program policies and rules assuring safety of self and others; and
- (5) be at significant risk of one or more of the following if DBT is not provided:
 - (a) mental health crisis;
 - (b) requiring a more restrictive setting such as hospitalization;
 - (c) decompensation; or
 - (d) engaging in intentional self-harm behavior.

D. The treatment components of DBT are individual therapy and group skills as follows:

- (1) Individual DBT combines individualized rehabilitative and psychotherapeutic interventions to treat suicidal and other dysfunctional behaviors and reinforce the use of adaptive skillful behaviors. The therapist must:
 - (a) identify, prioritize, and sequence behavioral targets;
 - (b) treat behavioral targets;
 - (c) generalize DBT skills to the client's natural environment through telephone coaching outside of the treatment session;
 - (d) measure the client's progress toward DBT targets;
 - (e) help the client manage crisis and life-threatening behaviors; and
 - (f) help the client learn and apply effective behaviors when working with other treatment providers.

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(2) Individual DBT therapy is provided by a mental health professional or a mental health practitioner working as a clinical trainee, according to part 9505.0371, subpart 5, item C, under the supervision of a licensed mental health professional according to part 9505.0371, subpart 5, item D.

(3) Group DBT skills training combines individualized psychotherapeutic and psychiatric rehabilitative interventions conducted in a group format to reduce the client's suicidal and other dysfunctional coping behaviors and restore function by teaching the client adaptive skills in the following areas:

- (a) mindfulness;
- (b) interpersonal effectiveness;
- (c) emotional regulation; and
- (d) distress tolerance.

(4) Group DBT skills training is provided by two mental health professionals, or by a mental health professional cofacilitating with a mental health practitioner.

(5) The need for individual DBT skills training must be determined by a mental health professional or a mental health practitioner working as a clinical trainee, according to part 9505.0371, subpart 5, item C, under the supervision of a licensed mental health professional according to part 9505.0371, subpart 5, item D.

E. A program must be certified by the commissioner as a DBT provider. To qualify for certification, a provider must:

(1) hold current accreditation as a DBT program from a nationally recognized certification body approved by the commissioner or submit to the commissioner's inspection and provide evidence that the DBT program's policies, procedures, and practices will continuously meet the requirements of this subpart;

(2) be enrolled as a MHCP provider;

(3) collect and report client outcomes as specified by the commissioner; and

(4) have a manual that outlines the DBT program's policies, procedures, and practices which meet the requirements of this subpart.

F. The DBT treatment team must consist of persons who are trained in DBT treatment. The DBT treatment team may include persons from more than one agency. Professional and clinical affiliations with the DBT team must be delineated:

(1) A DBT team leader must:

(a) be a mental health professional employed by, affiliated with, or contracted by a DBT program certified by the commissioner;

(b) have appropriate competencies and working knowledge of the DBT principles and practices; and

(c) have knowledge of and ability to apply the principles and DBT practices that are consistent with evidence-based practices.

(2) DBT team members who provide individual DBT or group skills training must:

(a) be a mental health professional or be a mental health practitioner, who is employed by, affiliated with, or contracted with a DBT program certified by the commissioner;

(b) have or obtain appropriate competencies and working knowledge of DBT principles and practices within the first six months of becoming a part of the DBT program;

(c) have or obtain knowledge of and ability to apply the principles and practices of DBT consistently with evidence-based practices within the first six months of working at the DBT program;

(d) participate in DBT consultation team meetings; and

(e) require mental health practitioners to have ongoing clinical supervision by a mental health professional who has appropriate competencies and working knowledge of DBT principles and practices.

Subp. 11. **Noncovered services.** The mental health services in items A to J are not eligible for medical assistance payment under this part:

A. a mental health service that is not medically necessary;

B. a neuropsychological assessment carried out by a person other than a neuropsychologist who is qualified according to part 9505.0372, subpart 2, item D;

C. a service ordered by a court that is solely for legal purposes and not related to the recipient's diagnosis or treatment for mental illness;

D. services dealing with external, social, or environmental factors that do not directly address the recipient's physical or mental health;

E. a service that is only for a vocational purpose or an educational purpose that is not mental health related;

F. staff training that is not related to a client's individual treatment plan or plan of care;

G. child and adult protection services;

H. fund-raising activities;

I. community planning; and

J. client transportation.

9520.0010 STATUTORY AUTHORITY AND PURPOSE.

Parts 9520.0010 to 9520.0230 provide methods and procedures relating to the establishment and operation of area-wide, comprehensive, community-based mental health, developmental disability, and chemical dependency programs under state grant-in-aid as provided under Minnesota Statutes, sections 245.61 to 245.69. Minnesota Statutes, sections 245.61 to 245.69 are entitled The Community Mental Health Services Act. For purposes of these parts, "community mental health services" includes services to persons who have mental or emotional disorders or other psychiatric disabilities, developmental disabilities, and chemical dependency, including drug abuse and alcoholism.

9520.0020 BOARD DUTIES.

The community mental health board has the responsibility for ensuring the planning, development, implementation, coordination, and evaluation of the community comprehensive mental health program for the mentally ill/behaviorally disabled, developmentally disabled, and chemically dependent populations in the geographic area it serves. It also has the responsibility for ensuring delivery of services designated by statute.

9520.0030 DEFINITIONS.

Parts 9520.0040 and 9520.0050 also set forth definitions of community mental health centers and community mental health clinics.

9520.0040 COMMUNITY MENTAL HEALTH CENTER.

A community mental health center means an agency which includes all of the following:

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A. Established under the provision of Minnesota Statutes, sections 245.61 to 245.69.

B. Provides as a minimum the following services for individuals with mental or emotional disorders, developmental disabilities, alcoholism, drug abuse, and other psychiatric conditions. The extent of each service to be provided by the center shall be indicated in the program plan, which is to reflect the problems, needs, and resources of the community served:

(1) collaborative and cooperative services with public health and other groups for programs of prevention of mental illness, developmental disability, alcoholism, drug abuse, and other psychiatric disorders;

(2) informational and educational services to schools, courts, health and welfare agencies, both public and private;

(3) informational and educational services to the general public, lay, and professional groups;

(4) consultative services to schools, courts, and health and welfare agencies, both public and private;

(5) outpatient diagnostic and treatment services; and

(6) rehabilitative services, particularly for those who have received prior treatment in an inpatient facility.

C. Provides or contracts for detoxification, evaluation, and referral for chemical dependency services (Minnesota Statutes, section 254A.08).

D. Provides specific coordination for mentally ill/behaviorally disabled, developmental disability, and chemical dependency programs. (Minnesota Statutes, sections 254A.07 and 245.61).

E. Has a competent multidisciplinary mental health/developmental disability/chemical dependency professional team whose members meet the professional standards in their respective fields.

F. The professional mental health team is qualified by specific mental health training and experience and shall include as a minimum the services of each of the following:

(1) a licensed physician, who has completed an approved residency program in psychiatry; and

(2) a doctoral clinical, counseling, or health care psychologist, who is licensed under Minnesota Statutes, sections 148.88 to 148.98; and one or both of the following:

(3) a clinical social worker with a master's degree in social work from an accredited college or university; and/or

(4) a clinical psychiatric nurse with a master's degree from an accredited college or university and is registered under Minnesota Statutes, section 148.171. The master's degree shall be in psychiatric nursing or a related psychiatric nursing program such as public health nursing with mental health major, maternal and child health with mental health major, etc.

G. The multidisciplinary staff shall be sufficient in number to implement and operate the described program of the center. In addition to the above, this team should include other professionals, paraprofessionals, and disciplines, particularly in the preventive and rehabilitative components of the program, subject to review and approval of job descriptions and qualifications by the commissioner. If any of the minimum required professional staff are not immediately available, the commissioner may approve and make grants for the operation of the center, provided that the board and director can show evidence acceptable to the commissioner that they are making sincere, reasonable, and ongoing efforts

to acquire such staff and show evidence of how the specialized functions of the required professionals are being met. The services being rendered by employed personnel shall be consistent with their professional discipline.

9520.0050 COMMUNITY MENTAL HEALTH CLINIC.

Subpart 1. **Definitions.** A community mental health clinic is an agency which devotes, as its major service, at least two-thirds of its resources for outpatient mental health diagnosis, treatment, and consultation by a multidisciplinary professional mental health team. The multidisciplinary professional mental health team is qualified by special mental health training and experience and shall include as a minimum the services of each of the following:

A. a licensed physician, who has completed an approved residency program in psychiatry; and

B. a doctoral clinical, or counseling or health care psychologist who is licensed under Minnesota Statutes, sections 148.88 to 148.98; and one or both of the following:

C. a clinical social worker with a master's degree in social work from an accredited college or university; and/or

D. a clinical psychiatric nurse with a master's degree from an accredited college or university and is registered under Minnesota Statutes, section 148.171. The master's degree shall be in psychiatric nursing or a related psychiatric nursing program such as public health with a mental health major, maternal and child health with a mental health major.

Subp. 2. **Other members of multidisciplinary team.** The multidisciplinary team shall be sufficient in number to implement and operate the described program of the clinic. In addition to the above, this team should include other professionals, paraprofessionals and disciplines, particularly in the preventive and rehabilitative components of the program, subject to review and approval of job descriptions and qualifications by the commissioner.

Subp. 3. **Efforts to acquire staff.** If any of the minimum required professional staff are not immediately available, the commissioner may approve and make grants for the operation of the clinic, provided that the board and director can show evidence acceptable to the commissioner that they are making sincere, reasonable, and ongoing efforts to acquire such staff and evidence of how the specialized functions of the required professional positions are being met. The services being rendered by employed personnel shall be consistent with their professional discipline.

9520.0060 ANNUAL PLAN AND BUDGET.

On or before the date designated by the commissioner, each year the chair of the community mental health board or director of the community mental health program, provided for in Minnesota Statutes, section 245.62, shall submit an annual plan identifying program priorities in accordance with state grant-in-aid guidelines, and a budget on prescribed report forms for the next state fiscal year, together with the recommendations of the community mental health board, to the commissioner of human services for approval as provided under Minnesota Statutes, section 245.63.

9520.0070 FISCAL AFFILIATES.

Other providers of community mental health services may affiliate with the community mental health center and may be approved and eligible for state grant-in-aid funds. The state funding for other community mental health services shall be contingent upon appropriate inclusion in the center's community mental health plan for the continuum of community mental health services and conformity with the state's appropriate disability plan for mental health, developmental disability, or chemical dependency. Fiscal affiliates (funded contracting agencies) providing specialized services under contract must meet all rules and standards that apply to the services they are providing.

9520.0080 OTHER REQUIRED REPORTS.

The program director of the community mental health program shall provide the commissioner of human services with such reports of program activities as the commissioner may require.

9520.0090 FUNDING.

All state community mental health funding shall go directly to the community mental health board or to a human service board established pursuant to Laws of Minnesota 1975, chapter 402, which itself provides or contracts with another agency to provide the community mental health program. Such programs must meet the standards and rules for community mental health programs as enunciated in parts 9520.0010 to 9520.0230 in accordance with Laws of Minnesota 1975, chapter 402.

9520.0100 OPERATION OF OTHER PROGRAMS.

When the governing authority of the community mental health program operates other programs, services, or activities, only the community mental health center program shall be subject to these parts.

9520.0110 APPLICATIONS AND AGREEMENTS BY LOCAL COUNTIES.

New applications for state assistance or applications for renewal of support must be accompanied by an agreement executed by designated signatories on behalf of the participating counties that specifies the involved counties, the amount and source of local funds in each case, and the period of support. The local funds to be used to match state grant-in-aid must be assured in writing on Department of Human Services forms by the local funding authority(ies).

9520.0120 USE OF MATCHING FUNDS.

Funds utilized by the director as authorized by the community mental health board to match a state grant-in-aid must be available to that director for expenditures for the same general purpose as the state grant-in-aid funds.

9520.0130 QUARTERLY REPORTS.

The director of the community mental health program shall, within 20 days after the end of the quarter, submit quarterly prescribed reports to the commissioner of human services (controller's office), containing all receipts, expenditures, and cash balance, subject to an annual audit by the commissioner or his/her designee.

9520.0140 PAYMENTS.

Payments on approved grants will be made subsequent to the department's receipt of the program's quarterly reporting forms, unless the commissioner of human services has determined that funds allocated to a program are not needed for that program. Payments shall be in an amount of at least equal to the quarterly allocation minus any unexpended balance from the previous quarter providing this payment does not exceed the program grant award. In the event the program does not report within the prescribed time, the department will withhold the process of the program's payment until the next quarterly cycle.

9520.0150 FEES.

No fees shall be charged until the director with approval of the community mental health board has established fee schedules for the services rendered and they have been submitted to the commissioner of human services at least two months prior to the effective date thereof and have been approved by him/her. All fees shall conform to the approved schedules, which are accessible to the public.

9520.0160 SUPPLEMENTAL AWARDS.

The commissioner of human services may make supplemental awards to the community mental health boards.

9520.0170 WITHDRAWAL OF FUNDS.

The commissioner of human services may withdraw funds from any program that is not administered in accordance with its approved plan and budget. Written notice of such intended action will be provided to the director and community mental health board. Opportunity for hearing before the commissioner or his/her designee shall be provided.

9520.0180 BUDGET TRANSFERS.

Community mental health boards may make budget transfers within specified limits during any fiscal year without prior approval of the department. The specified limit which can be transferred in any fiscal year between program activity budgets shall be up to ten percent or up to \$5,000 whichever is less. Transfers within an activity can be made into or out of line items with a specified limit of up to ten percent or up to \$5,000 whichever is less. No line item can be increased or decreased by more than \$5,000 or ten percent in a fiscal year without prior approval of the commissioner. Transfers above the specified limits can be made with prior approval from the commissioner. All transfers within and into program budget activities and/or line items must have prior approval by the community mental health board and this approval must be reflected in the minutes of its meeting, it must be reported to the commissioner with the reasons therefor, including a statement of how the transfer will affect program objectives.

9520.0190 BUDGET ADJUSTMENTS.

Budget adjustments made necessary by funding limitations shall be made by the commissioner and provided in writing to the director and board of the community mental health center.

9520.0200 CENTER DIRECTOR.

Every community mental health board receiving state funds for a community mental health program shall have a center director, who is the full-time qualified professional staff member who serves as the executive officer. To be considered qualified, the individual must have professional training to at least the level of graduate degree in his/her clinical and/or administrative discipline, which is relevant to MH-DD-CD and a minimum of two years experience in community mental health programs. The center director is responsible for the planning/design, development, coordination, and evaluation of a comprehensive, area-wide program and for the overall administration of services operated by the board.

The center director shall be appointed by the community mental health board and shall be approved by the commissioner of human services.

9520.0210 DEADLINE FOR APPROVAL OR DENIAL OF REQUEST FOR APPROVAL STATUS.

The commissioner shall approve or deny, in whole or in part, an application for state financial assistance within 90 days of receipt of the grant-in-aid application or by the beginning of the state fiscal year, whichever is the later.

9520.0230 ADVISORY COMMITTEE.

Subpart 1. **Purpose.** To assist the community mental health board in meeting its responsibilities as described in Minnesota Statutes, section 245.68 and to provide opportunity for broad community representation necessary for effective comprehensive mental health, developmental disability, and chemical dependency program planning, each community

mental health board shall appoint a separate advisory committee in at least the three disability areas of mental health, developmental disability, and chemical dependency.

Subp. 2. **Membership.** The advisory committees shall consist of residents of the geographic area served who are interested and knowledgeable in the area governed by such committee.

Subp. 3. **Nominations for membership.** Nominations for appointments as members of the advisory committees are to be made to the community mental health board from agencies, organizations, groups, and individuals within the area served by the community mental health center. Appointments to the advisory committees are made by the community mental health board.

Subp. 4. **Board member on committee.** One community mental health board member shall serve on each advisory committee.

Subp. 5. **Nonprovider members.** Each advisory committee shall have at least one-half of its membership composed of individuals who are not providers of services to the three disability groups.

Subp. 6. **Representative membership.** Membership of each advisory committee shall generally reflect the population distribution of the service delivery area of the community mental health center.

Subp. 7. **Chairperson appointed.** The community mental health board shall appoint a chairperson for each advisory committee. The chairperson shall not be a community mental health board member nor a staff member. The power to appoint the chairperson may be delegated by the community mental health board to the individual advisory committee.

Subp. 8. **Committee responsibility to board.** Each advisory committee shall be directly responsible to the community mental health board. Direct communication shall be effected and maintained through contact between the chairperson of the particular advisory committee, or his/her designee, and the chairperson of the community mental health board, or his/her designee.

Subp. 9. **Staff.** Staff shall be assigned by the director to serve the staffing needs of each advisory committee.

Subp. 10. **Study groups and task forces.** Each advisory committee may appoint study groups and task forces upon consultation with the community mental health board. It is strongly recommended that specific attention be given to the aging and children and youth populations.

Subp. 11. **Quarterly meetings required.** Each advisory committee shall meet at least quarterly.

Subp. 12. **Annual report required.** Each advisory committee must make a formal written and oral report on its work to the community mental health board at least annually.

Subp. 13. **Minutes.** Each advisory committee shall submit copies of minutes of their meetings to the community mental health board and to the Department of Human Services (respective disability group program divisions).

Subp. 14. **Duties of advisory committee.** The advisory committees shall be charged by the community mental health board with assisting in the identification of the community's needs for mentally ill/behaviorally disabled, developmental disability, and chemical dependency programs. The advisory committee also assists the community mental health board in determining priorities for the community programs. Based on the priorities, each advisory committee shall recommend to the community mental health board ways in which the limited available community resources (work force, facilities, and finances) can be put to maximum and optimal use.

Subp. 15. **Recommendations.** The advisory committee recommendations made to the community mental health board shall be included as a separate section in the grant-in-aid request submitted to the Department of Human Services by the community mental health board.

Subp. 16. **Assessment of programs.** The advisory committees shall assist the community mental health board in assessing the programs carried on by the community mental health board, and make recommendations regarding the reordering of priorities and modifying of programs where necessary.

9520.0750 PURPOSE.

Parts 9520.0750 to 9520.0870 establish standards for approval of mental health centers and mental health clinics for purposes of insurance and subscriber contract reimbursement under Minnesota Statutes, section 62A.152.

9520.0760 DEFINITIONS.

Subpart 1. **Scope.** As used in parts 9520.0760 to 9520.0870, the following terms have the meanings given them.

Subp. 2. **Application.** "Application" means the formal statement by a center to the commissioner, on the forms created for this purpose, requesting recognition as meeting the requirements of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870.

Subp. 3. **Approval.** "Approval" means the determination by the commissioner that the applicant center has met the minimum standards of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870, and is therefore eligible to claim reimbursement for outpatient clinical services under the terms of Minnesota Statutes, section 62A.152. Approval of a center under these parts does not mean approval of a multidisciplinary staff person of such center to claim reimbursement from medical assistance or other third-party payors when practicing privately. Approval of a center under these parts does not mean approval of such center to claim reimbursement from medical assistance.

Subp. 4. **Case review.** "Case review" means a consultation process thoroughly examining a client's condition and treatment. It includes review of the client's reason for seeking treatment, diagnosis and assessment, and the individual treatment plan; review of the appropriateness, duration, and outcome of treatment provided; and treatment recommendations.

Subp. 5. **Center.** "Center" means a public or private health and human services facility which provides clinical services in the treatment of mental illness. It is an abbreviated term used in place of "mental health center" or "mental health clinic" throughout parts 9520.0750 to 9520.0870.

Subp. 6. **Client.** "Client" means a person accepted by the center to receive clinical services in the diagnosis and treatment of mental illness.

Subp. 7. **Clinical services.** "Clinical services" means services provided to a client to diagnose, describe, predict, and explain that client's status relative to a disabling condition or problem, and where necessary, to treat the client to reduce impairment due to that condition. Clinical services also include individual treatment planning, case review, record keeping required for treatment, peer review, and supervision.

Subp. 8. **Commissioner.** "Commissioner" means the commissioner of the Minnesota Department of Human Services or a designated representative.

Subp. 9. **Competent.** "Competent" means having sufficient knowledge of and proficiency in a specific mental illness assessment or treatment service, technique, method, or procedure, documented by experience, education, training, and certification, to be able to provide it to a client with little or no supervision.

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Subp. 10. **Consultation.** "Consultation" means the process of deliberating or conferring between multidisciplinary staff regarding a client and the client's treatment.

Subp. 11. **Deferral.** "Deferral" means the determination by the commissioner that the applicant center does not meet the minimum standards of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870 and is not approved, but is granted a period of time to comply with these standards and receive a second review without reapplication.

Subp. 12. **Department.** "Department" means the Minnesota Department of Human Services.

Subp. 13. **Disapproval or withdrawal of approval.** "Disapproval" or "withdrawal of approval" means a determination by the commissioner that the applicant center does not meet the minimum standards of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870.

Subp. 14. **Discipline.** "Discipline" means a branch of professional knowledge or skill acquired through a specific course of study and training and usually documented by a specific educational degree or certification of proficiency. Examples of the mental health disciplines include but are not limited to psychiatry, psychology, clinical social work, and psychiatric nursing.

Subp. 15. **Documentation.** "Documentation" means the automatically or manually produced and maintained evidence that can be read by person or machine, and that will attest to the compliance with requirements of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870.

Subp. 16. **Individual treatment plan.** "Individual treatment plan" means a written plan of intervention and treatment developed on the basis of assessment results for a specific client, and updated as necessary. The plan specifies the goals and objectives in measurable terms, states the treatment strategy, and identifies responsibilities of multidisciplinary staff.

Subp. 17. **Mental health practitioner.** "Mental health practitioner" means a staff person providing clinical services in the treatment of mental illness who is qualified in at least one of the following ways:

A. by having a bachelor's degree in one of the behavioral sciences or related fields from an accredited college or university and 2,000 hours of supervised experience in the delivery of clinical services in the treatment of mental illness;

B. by having 6,000 hours of supervised experience in the delivery of clinical services in the treatment of mental illness;

C. by being a graduate student in one of the behavioral sciences or related fields formally assigned to the center for clinical training by an accredited college or university; or

D. by having a master's or other graduate degree in one of the behavioral sciences or related fields from an accredited college or university.

Documentation of compliance with part 9520.0800, subpart 4, item B is required for designation of work as supervised experience in the delivery of clinical services. Documentation of the accreditation of a college or university shall be a listing in Accredited Institutions of Postsecondary Education Programs, Candidates for the year the degree was issued. The master's degree in behavioral sciences or related fields shall include a minimum of 28 semester hours of graduate course credit in mental health theory and supervised clinical training, as documented by an official transcript.

Subp. 18. **Mental health professional.** "Mental health professional" has the meaning given in Minnesota Statutes, section 245.462, subdivision 18.

Subp. 19. **Mental illness.** "Mental illness" means a condition which results in an inability to interpret the environment realistically and in impaired functioning in primary

aspects of daily living such as personal relations, living arrangements, work, and recreation, and which is listed in the clinical manual of the International Classification of Diseases (ICD-9-CM), Ninth Revision (1980), code range 290.0-302.99 or 306.0-316, or the corresponding code in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-III), Third Edition (1980), Axes I, II or III. These publications are available from the State Law Library.

Subp. 20. **Multidisciplinary staff.** "Multidisciplinary staff" means the mental health professionals and mental health practitioners employed by or under contract to the center to provide outpatient clinical services in the treatment of mental illness.

Subp. 21. **Serious violations of policies and procedures.** "Serious violations of policies and procedures" means a violation which threatens the health, safety, or rights of clients or center staff; the repeated nonadherence to center policies and procedures; and the nonadherence to center policies and procedures which result in noncompliance with Minnesota Statutes, section 245.69, subdivision 2 and parts 9520.0760 to 9520.0870.

Subp. 22. **Treatment strategy.** "Treatment strategy" means the particular form of service delivery or intervention which specifically addresses the client's characteristics and mental illness, and describes the process for achievement of individual treatment plan goals.

9520.0770 ORGANIZATIONAL STRUCTURE OF CENTER.

Subpart 1. **Basic unit.** The center or the facility of which it is a unit shall be legally constituted as a partnership, corporation, or government agency. The center shall be either the entire facility or a clearly identified unit within the facility which is administratively and clinically separate from the rest of the facility. All business shall be conducted in the name of the center or facility, except medical assistance billing by individually enrolled providers when the center is not enrolled.

Subp. 2. **Purpose, services.** The center shall document that the prevention, diagnosis, and treatment of mental illness are the main purposes of the center. If the center is a unit within a facility, the rest of the facility shall not provide clinical services in the outpatient treatment of mental illness. The facility may provide services other than clinical services in the treatment of mental illness, including medical services, chemical dependency services, social services, training, and education. The provision of these additional services is not reviewed in granting approval to the center under parts 9520.0760 to 9520.0870.

Subp. 3. **Governing body.** The center shall have a governing body. The governing body shall provide written documentation of its source of authority. The governing body shall be legally responsible for the implementation of the standards set forth in Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870 through the establishment of written policy and procedures.

Subp. 4. **Chart or statement of organization.** The center shall have an organizational chart or statement which specifies the relationships among the governing body, any administrative and support staff, mental health professional staff, and mental health practitioner staff; their respective areas of responsibility; the lines of authority involved; the formal liaison between administrative and clinical staff; and the relationship of the center to the rest of the facility and any additional services provided.

9520.0780 SECONDARY LOCATIONS.

Subpart 1. **Main and satellite offices.** The center shall notify the commissioner of all center locations. If there is more than one center location, the center shall designate one as the main office and all secondary locations as satellite offices. The main office as a unit and the center as a whole shall be in compliance with part 9520.0810. The main office shall function as the center records and documentation storage area and house most administrative functions for the center. Each satellite office shall:

- A. be included as a part of the legally constituted entity;

- B. adhere to the same clinical and administrative policies and procedures as the main office;
- C. operate under the authority of the center's governing body;
- D. store all center records and the client records of terminated clients at the main office;
- E. ensure that a mental health professional is at the satellite office and competent to supervise and intervene in the clinical services provided there, whenever the satellite office is open;
- F. ensure that its multidisciplinary staff have access to and interact with main center staff for consultation, supervision, and peer review; and
- G. ensure that clients have access to all clinical services provided in the treatment of mental illness and the multidisciplinary staff of the center.

Subp. 2. **Noncompliance.** If the commissioner determines that a secondary location is not in compliance with subpart 1, it is not a satellite office. Outpatient clinical services in the treatment of mental illness delivered by the center or facility of which it is a unit shall cease at that location, or the application shall be disapproved.

9520.0790 MINIMUM TREATMENT STANDARDS.

Subpart 1. **Multidisciplinary approach.** The center shall document that services are provided in a multidisciplinary manner. That documentation shall include evidence that staff interact in providing clinical services, that the services provided to a client involve all needed disciplines represented on the center staff, and that staff participate in case review and consultation procedures as described in subpart 6.

Subp. 2. **Intake and case assignment.** The center shall establish an intake or admission procedure which outlines the intake process, including the determination of the appropriateness of accepting a person as a client by reviewing the client's condition and need for treatment, the clinical services offered by the center, and other available resources. The center shall document that case assignment for assessment, diagnosis, and treatment is made to a multidisciplinary staff person who is competent in the service, in the recommended treatment strategy and in treating the individual client characteristics. Responsibility for each case shall remain with a mental health professional.

Subp. 3. **Assessment and diagnostic process.** The center shall establish an assessment and diagnostic process that determines the client's condition and need for clinical services. The assessment of each client shall include clinical consideration of the client's general physical, medical, developmental, family, social, psychiatric, and psychological history and current condition. The diagnostic statement shall include the diagnosis based on the codes in the International Classification of Diseases or the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and refer to the pertinent assessment data. The diagnosis shall be by or under the supervision of and signed by a psychiatrist or licensed psychologist. The diagnostic assessment, as defined by Minnesota Statutes, sections 245.462, subdivision 9, for adults, and 245.4871, subdivision 11, for children, must be provided by a licensed mental health professional in accordance with Minnesota Statutes, section 245.467, subdivision 2.

Subp. 4. **Treatment planning.** The individual treatment plan, based upon a diagnostic assessment of mental illness, shall be jointly developed by the client and the mental health professional. This planning procedure shall ensure that the client has been informed in the following areas: assessment of the client condition; treatment alternatives; possible outcomes and side effects of treatment; treatment recommendations; approximate length, cost, and hoped-for outcome of treatment; the client's rights and responsibilities in implementation of the individual treatment plan; staff rights and responsibilities in the treatment process; the Government Data Practices Act; and procedures for reporting grievances and alleged violation of client rights. If the client is considering chemotherapy, hospitalization, or other

medical treatment, the appropriate medical staff person shall inform the client of the treatment alternatives, the effects of the medical procedures, and possible side effects. Clinical services shall be appropriate to the condition, age, sex, socioeconomic, and ethnic background of the client, and provided in the least restrictive manner. Clinical services shall be provided according to the individual treatment plan and existing professional codes of ethics.

Subp. 5. **Client record.** The center shall maintain a client record for each client. The record must document the assessment process, the development and updating of the treatment plan, the treatment provided and observed client behaviors and response to treatment, and serve as data for the review and evaluation of the treatment provided to a client. The record shall include:

- A. a statement of the client's reason for seeking treatment;
- B. a record of the assessment process and assessment data;
- C. the initial diagnosis based upon the assessment data;
- D. the individual treatment plan;
- E. a record of all medication prescribed or administered by multidisciplinary staff;
- F. documentation of services received by the client, including consultation and progress notes;
- G. when necessary, the client's authorization to release private information, and client information obtained from outside sources;
- H. at the closing of the case, a statement of the reason for termination, current client condition, and the treatment outcome; and
- I. correspondence and other necessary information.

Subp. 6. **Consultation; case review.** The center shall establish standards for case review and encourage the ongoing consultation among multidisciplinary staff. The multidisciplinary staff shall attend staff meetings at least twice monthly for a minimum of four hours per month, or a minimum of two hours per month if the multidisciplinary staff person provides clinical services in the treatment of mental illness less than 15 hours per week. The purpose of these meetings shall be case review and consultation. Written minutes of the meeting shall be maintained at the center for at least three years after the meeting.

Subp. 7. **Referrals.** If the necessary treatment or the treatment desired by the client is not available at the center, the center shall facilitate appropriate referrals. The multidisciplinary staff person shall discuss with the client the reason for the referral, potential treatment resources, and what the process will involve. The staff person shall assist in the process to ensure continuity of the planned treatment.

Subp. 8. **Emergency service.** The center shall ensure that clinical services to treat mental illness are available to clients on an emergency basis.

Subp. 9. **Access to hospital.** The center shall document that it has access to hospital admission for psychiatric inpatient care, and shall provide that access when needed by a client. This requirement for access does not require direct hospital admission privileges on the part of qualified multidisciplinary staff.

9520.0800 MINIMUM QUALITY ASSURANCE STANDARDS.

Subpart 1. **Policies and procedures.** The center shall develop written policies and procedures and shall document the implementation of these policies and procedures for each treatment standard and each quality assurance standard in subparts 2 to 7. The policies shall be approved by the governing body. The procedures shall indicate what actions or accomplishments are to be performed, who is responsible for each action, and any documentation or required forms. Multidisciplinary staff shall have access to a copy of the policies and procedures at all times.

Subp. 2. **Peer review.** The center shall have a multidisciplinary peer review system to assess the manner in which multidisciplinary staff provide clinical services in the treatment of mental illness. Peer review shall include the examination of clinical services to determine if the treatment provided was effective, necessary, and sufficient and of client records to determine if the recorded information is necessary and sufficient. The system shall ensure review of a randomly selected sample of five percent or six cases, whichever is less, of the annual caseload of each mental health professional by other mental health professional staff. Peer review findings shall be discussed with staff involved in the case and followed up by any necessary corrective action. Peer review records shall be maintained at the center.

Subp. 3. **Internal utilization review.** The center shall have a system of internal utilization review to examine the quality and efficiency of resource usage and clinical service delivery. The center shall develop and carry out a review procedure consistent with its size and organization which includes collection or review of information, analysis or interpretation of information, and application of findings to center operations. The review procedure shall minimally include, within any three year period of time, review of the appropriateness of intake, the provision of certain patterns of services, and the duration of treatment. Criteria may be established for treatment length and the provision of services for certain client conditions. Utilization review records shall be maintained, with an annual report to the governing body for applicability of findings to center operations.

Subp. 4. **Staff supervision.** Staff supervision:

A. The center shall have a clinical evaluation and supervision procedure which identifies each multidisciplinary staff person's areas of competence and documents that each multidisciplinary staff person receives the guidance and support needed to provide clinical services for the treatment of mental illness in the areas they are permitted to practice.

B. A mental health professional shall be responsible for the supervision of the mental health practitioner, including approval of the individual treatment plan and bimonthly case review of every client receiving clinical services from the practitioner. This supervision shall include a minimum of one hour of face-to-face, client-specific supervisory contact for each 40 hours of clinical services in the treatment of mental illness provided by the practitioner.

Subp. 5. **Continuing education.** The center shall require that each multidisciplinary staff person attend a minimum of 36 clock hours every two years of academic or practical course work and training. This education shall augment job-related knowledge, understanding, and skills to update or enhance staff competencies in the delivery of clinical services to treat mental illness. Continued licensure as a mental health professional may be substituted for the continuing education requirement of this subpart.

Subp. 6. **Violations of standards.** The center shall have procedures for the reporting and investigating of alleged unethical, illegal, or grossly negligent acts, and of the serious violation of written policies and procedures. The center shall document that the reported behaviors have been reviewed and that responsible disciplinary or corrective action has been taken if the behavior was substantiated. The procedures shall address both client and staff reporting of complaints or grievances regarding center procedures, staff, and services. Clients and staff shall be informed they may file the complaint with the department if it was not resolved to mutual satisfaction. The center shall have procedures for the reporting of suspected abuse or neglect of clients, in accordance with Minnesota Statutes, sections 611A.32, subdivision 5; 626.556; and 626.557.

Subp. 7. **Data classification.** Client information compiled by the center, including client records and minutes of case review and consultation meetings, shall be protected as private data under the Minnesota Government Data Practices Act.

9520.0810 MINIMUM STAFFING STANDARDS.

Subpart 1. **Required staff.** Required staff:

A. The multidisciplinary staff of a center shall consist of at least four mental health professionals. At least two of the mental health professionals shall each be employed or under contract for a minimum of 35 hours a week by the center. Those two mental health professionals shall be of different disciplines.

B. The mental health professional staff shall include a psychiatrist and a licensed psychologist.

C. The mental health professional employed or under contract to the center to meet the requirement of item B shall be at the main office of the center and providing clinical services in the treatment of mental illness at least eight hours every two weeks.

Subp. 2. **Additional staff; staffing balance.** Additional mental health professional staff may be employed by or under contract to the center provided that no single mental health discipline or combination of allied fields shall comprise more than 60 percent of the full-time equivalent mental health professional staff. This provision does not apply to a center with fewer than six full-time equivalent mental health professional staff. Mental health practitioners may also be employed by or under contract to a center to provide clinical services for the treatment of mental illness in their documented area of competence. Mental health practitioners shall not comprise more than 25 percent of the full-time equivalent multidisciplinary staff. In determination of full-time equivalence, only time spent in clinical services for the treatment of mental illness shall be considered.

Subp. 3. **Multidisciplinary staff records.** The center shall maintain records sufficient to document that the center has determined and verified the clinical service qualifications of each multidisciplinary staff person, and sufficient to document each multidisciplinary staff person's terms of employment.

Subp. 4. **Credentialed occupations.** The center shall adhere to the qualifications and standards specified by rule for any human service occupation credentialed under Minnesota Statutes, section 214.13 and employed by or under contract to the center.

9520.0820 APPLICATION PROCEDURES.

Subpart 1. **Form.** A facility seeking approval as a center for insurance reimbursement of its outpatient clinical services in treatment of mental illness must make formal application to the commissioner for such approval. The application form for this purpose may be obtained from the Mental Illness Program Division of the department. The application form shall require only information which is required by statute or rule, and shall require the applicant center to explain and provide documentation of compliance with the minimum standards in Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870.

Subp. 2. **Fee.** Each application shall be accompanied by payment of the nonrefundable application fee. The fee shall be established and adjusted in accordance with Minnesota Statutes, section 16A.128 to cover the costs to the department in implementing Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870.

Subp. 3. **Completed application.** The application is considered complete on the date the application fee and all information required in the application form are received by the department.

Subp. 4. **Coordinator.** The center shall designate in the application a mental health professional as the coordinator for issues surrounding compliance with parts 9520.0760 to 9520.0870.

9520.0830 REVIEW OF APPLICANT CENTERS.

Subpart 1. **Site visit.** The formal review shall begin after the completed application has been received, and shall include an examination of the written application and a visit to the center. The applicant center shall be offered a choice of site visit dates, with at least one date falling within 60 days of the date on which the department receives the complete application. The site visit shall include interviews with multidisciplinary staff and examination

of a random sample of client records, consultation minutes, quality assurance reports, and multidisciplinary staff records.

Subp. 2. **Documentation.** If implementation of a procedure is too recent to be reliably documented, a written statement of the planned implementation shall be accepted as documentation on the initial application. The evidence of licensure or accreditation through another regulating body shall be accepted as documentation of a specific procedure when the required minimum standard of that body is the same or higher than a specific provision of parts 9520.0760 to 9520.0870.

9520.0840 DECISION ON APPLICATION.

Subpart 1. **Written report.** Upon completion of the site visit, a report shall be written. The report shall include a statement of findings, a recommendation to approve, defer, or disapprove the application, and the reasons for the recommendation.

Subp. 2. **Written notice to center.** The applicant center shall be sent written notice of approval, deferral, or disapproval within 30 days of the completion of the site visit. If the decision is a deferral or a disapproval, the notice shall indicate the specific areas of noncompliance.

Subp. 3. **Noncompliance with statutes and rules.** An application shall be disapproved or deferred if it is the initial application of a center, when the applicant center is not in compliance with Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870.

Subp. 4. **Deferral of application.** If an application is deferred, the length of deferral shall not exceed 180 days. If the areas of noncompliance stated in the deferral notice are not satisfactorily corrected by the end of the deferral period, the application shall be disapproved. The applicant center shall allow the commissioner to inspect the center at any time during the deferral period, whether or not the site visit has been announced in advance. A site visit shall occur only during normal working hours of the center and shall not disrupt the normal functioning of the center. At any time during the deferral period, the applicant center may submit documentation indicating correction of noncompliance. The application shall then be approved or disapproved. At any time during the deferral period, the applicant center may submit a written request to the commissioner to change the application status to disapproval. The request shall be complied with within 14 days of receiving this written request. The applicant center is not an approved center for purposes of Minnesota Statutes, section 62A.152 during a deferral period.

Subp. 5. **Effective date of decision.** The effective date of a decision is the date the commissioner signs a letter notifying the applicant center of that decision.

9520.0850 APPEALS.

If an application is disapproved or approval is withdrawn, a contested case hearing and judicial review as provided in Minnesota Statutes, sections 14.48 to 14.69, may be requested by the center within 30 days of the commissioner's decision.

9520.0860 POSTAPPROVAL REQUIREMENTS.

Subpart 1. **Duration of approval.** Initial approval of an application is valid for 12 months from the effective date, subsequent approvals for 24 months, except when approval is withdrawn according to the criteria in subpart 4.

Subp. 2. **Reapplication.** The center shall contact the department for reapplication forms, and submit the completed application at least 90 days prior to the expected expiration date. If an approved center has met the conditions of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870, including reapplication when required, its status as an approved center shall remain in effect pending department processing of the reapplication.

Subp. 3. **Restrictions.** The approval is issued only for the center named in the application and is not transferable or assignable to another center. The approval is issued only for the center location named in the application and is not transferable or assignable to another location. If the commissioner is notified in writing at least 30 days in advance of a change in center location and can determine that compliance with all provisions of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870 are maintained, the commissioner shall continue the approval of the center at the new location.

Subp. 4. **Noncompliance.** Changes in center organization, staffing, treatment, or quality assurance procedures that affect the ability of the center to comply with the minimum standards of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870 shall be reported in writing by the center to the commissioner within 15 days of occurrence. Review of the change shall be conducted by the commissioner. A center with changes resulting in noncompliance in minimum standards shall receive written notice and may have up to 180 days to correct the areas of noncompliance before losing approval status. Interim procedures to resolve the noncompliance on a temporary basis shall be developed and submitted in writing to the commissioner for approval within 30 days of the commissioner's determination of the noncompliance. Nonreporting within 15 days of occurrence of a change that results in noncompliance, failure to develop an approved interim procedure within 30 days of the determination of the noncompliance, or nonresolution of the noncompliance within 180 days shall result in the immediate withdrawal of approval status.

Serious violation of policies or procedures, professional association or board sanctioning or loss of licensure for unethical practices, or the conviction of violating a state or federal statute shall be reported in writing by the center to the commissioner within ten days of the substantiation of such behavior. Review of this report and the action taken by the center shall be conducted by the commissioner. Approval shall be withdrawn immediately unless the commissioner determines that: the center acted with all proper haste and thoroughness in investigating the behavior, the center acted with all proper haste and thoroughness in taking appropriate disciplinary and corrective action, and that no member of the governing body was a party to the behavior. Failure to report such behavior within ten days of its substantiation shall result in immediate withdrawal of approval.

Subp. 5. **Compliance reports.** The center may be required to submit written information to the department during the approval period to document that the center has maintained compliance with the rule and center procedures. The center shall allow the commissioner to inspect the center at any time during the approval period, whether or not the site visit has been announced in advance. A site visit shall occur only during normal working hours of the center and shall not disrupt the normal functioning of the center.

9520.0870 VARIANCES.

Subpart 1. **When allowed.** The standards and procedures established by parts 9520.0760 to 9520.0860 may be varied by the commissioner. Standards and procedures established by statute shall not be varied.

Subp. 2. **Request procedure.** A request for a variance must be submitted in writing to the commissioner, accompanying or following the submission of a completed application for approval under Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870. The request shall state:

- A. the standard or procedure to be varied;
- B. the specific reasons why the standard or procedure cannot be or should not be complied with; and
- C. the equivalent standard or procedure the center will establish to achieve the intent of the standard or procedure to be varied.

Subp. 3. **Decision procedure.** Upon receiving the variance request, the commissioner shall consult with a panel of experts in the mental health disciplines regarding the request. Criteria for granting a variance shall be the commissioner's determination that subpart 2, items A to C are met. Hardship shall not be a sufficient reason to grant a variance. No variance shall be granted that would threaten the health, safety, or rights of clients. Variances granted by the commissioner shall specify in writing the alternative standards or procedures to be implemented and any specific conditions or limitations imposed on the variance by the commissioner. Variances denied by the commissioner shall specify in writing the reason for the denial.

Subp. 4. **Notification.** The commissioner shall send the center a written notice granting or not granting the variance within 90 days of receiving the written variance request. This notice shall not be construed as approval or disapproval of the center under Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870.

9530.6800 ASSESSMENT OF NEED FOR TREATMENT PROGRAMS.

Subpart 1. **Assessment of need required for licensure.** Before a license or a provisional license may be issued, the need for the chemical dependency treatment or rehabilitation program must be determined by the commissioner. Need for an additional or expanded chemical dependency treatment program must be determined, in part, based on the recommendation of the county board of commissioners of the county in which the program will be located and the documentation submitted by the applicant at the time of application.

If the county board fails to submit a statement to the commissioner within 60 days of the county board's receipt of the written request from an applicant, as required under part 9530.6810, the commissioner shall determine the need for the applicant's proposed chemical dependency treatment program based on the documentation submitted by the applicant at the time of application.

Subp. 2. **Documentation of need requirements.** An applicant for licensure under parts 9530.2500 to 9530.4000 and Minnesota Statutes, chapter 245G, must submit the documentation in items A and B to the commissioner with the application for licensure:

A. The applicant must submit documentation that it has requested the county board of commissioners of the county in which the chemical dependency treatment program will be located to submit to the commissioner both a written statement that supports or does not support the need for the program and documentation of the rationale used by the county board to make its determination.

B. The applicant must submit a plan for attracting an adequate number of clients to maintain its proposed program capacity, including:

- (1) a description of the geographic area to be served;
- (2) a description of the target population to be served;
- (3) documentation that the capacity or program designs of existing programs are not sufficient to meet the service needs of the chemically abusing or chemically dependent target population if that information is available to the applicant;
- (4) a list of referral sources, with an estimation as to the number of clients the referral source will refer to the applicant's program in the first year of operation; and
- (5) any other information available to the applicant that supports the need for new or expanded chemical dependency treatment capacity.

9530.6810 COUNTY BOARD RESPONSIBILITY TO REVIEW PROGRAM NEED.

When an applicant for licensure under parts 9530.2500 to 9530.4000 or Minnesota Statutes, chapter 245G, requests a written statement of support for a proposed chemical dependency treatment program from the county board of commissioners of the county in

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which the proposed program is to be located, the county board, or the county board's designated representative, shall submit a statement to the commissioner that either supports or does not support the need for the applicant's program. The county board's statement must be submitted in accordance with items A and B:

A. the statement must be submitted within 60 days of the county board's receipt of a written request from the applicant for licensure; and

B. the statement must include the rationale used by the county board to make its determination.